



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

28th PAN AMERICAN SANITARY CONFERENCE
64th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 17-21 September 2012

CSP28/DIV/5
ORIGINAL: ENGLISH

**OPENING REMARKS BY THE DIRECTOR-GENERAL
OF THE WORLD HEALTH ORGANIZATION AT THE 64th SESSION OF THE WHO
REGIONAL COMMITTEE FOR THE AMERICAS**

Dr. MARGARET CHAN

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Mr President,
Honourable Ministers
Distinguished Delegates
Honourable Mirta Roses, Director,
Ladies and Gentlemen

Let me begin by thanking Dr Mirta Roses for so many years of wonderful and instructive collaboration. The Region of the Americas has often been first in the world of health achievements.

Like polio eradication. Like the elimination of measles, rubella, and congenital rubella syndrome. Like the first vaccination weeks, that are now taking place worldwide.

Like getting the price of essential medicines down, including antiretrovirals. Like your steadfast commitment to primary health care and universal health coverage as ethical and political imperatives.

Like policy innovations, including conditional cash transfers, that have had such an impact on access to care, including preventive care.

And like the introduction of healthy public policies that address the social determinants of health and achieve policy coherence across multiple sectors of government.

Dr Roses leaves behind quite a solid and impressive legacy. I am proud of this region's achievements. I am proud of the leadership of your Regional Director.

WHO and its Member States face two big assignments where we absolutely must get things right.

The first is WHO reform. The second is placing health on the post-2015 development agenda.

WHO reform is on your agenda. Your document on this item notes the emphasis given to country engagement in the reform process.

Let me thank you for devoting so much time to this important process, both before and during this session, and for making a special effort to gather advice at the country level, where it matters most.

From the outset, the reform process has been in the hands of Member States. You have before you drafts of the 12th general programme of work and the next programme budget.

These documents let you see how priority setting works in practice.

Member States have asked that both documents be reviewed by Regional Committees and subsequently revised by the Secretariat. Please keep in mind that both documents are works in progress.

Ladies and gentlemen,

The target date for reaching the Millennium Development Goals is fast approaching. The debate about the post-2015 development agenda is in full swing. **Rest assured. WHO is taking a leadership role** in moving this debate through procedures aimed at collecting a broad range of views.

As I said, we absolutely must get this right. The MDGs strongly influenced development priorities and directed resource flows.

The temptation will be great to expand the number of goals, rather than keep the agenda sharp, focused, and feasible.

The MDGs taught us that health deserves a high place on any development agenda. Health is a precondition of development. It is a powerful driver of socioeconomic progress.

Because its determinants are so broad, health is a sensitive indicator of the impact that policies in all sectors of government have on the well-being of citizens.

As just one example, if trade policies, tariffs, and agricultural subsidies cause food prices to soar, the adverse effects will be most visible in the health sector. **Changes in health status will** also be the most readily and reliably measured signal that policies need to be adjusted.

This is another reason why I am proud of countries in this region. You have proved that at least some economists got things wrong.

Some conventional economic thinking dictates that developing countries should first achieve economic growth before investing in social services, including health.

Experiences in this region tell us otherwise. Some Latin American countries that invested first in their human and social capital were among the first to achieve and sustain economic growth.

We can all be pleased that the final outcome document of the Rio +20 summit gave health a central place as a precondition for development and an indicator of development.

That document also stressed the importance of universal health coverage in enhancing health, social cohesion, and sustainable human and economic development.

The MDGs were a compact between developing countries and their needs, and wealthy countries that promised to address these needs through the commitment of funds, expertise, and innovation.

In short: a compact between the haves and the have-nots aimed at reducing gaps in living conditions, alleviating poverty, and relieving vast human misery.

When we consider the nature of today's threats to health, a simple compact between the haves and the have-nots fails to capture the complexity of these threats.

I am talking about a changing climate, more emergencies and disasters, more hot zones of conflict, soaring health care costs, soaring food prices, demographic ageing, rapid urbanization, and the globalization of unhealthy lifestyles.

I am talking about an enduring economic downturn, financial insecurity, shrinking opportunities, especially for youth and the middle classes, poverty that keeps getting deeper, and social inequalities that keep growing wider.

These are universal trends, and many of them are driving the relentless rise of noncommunicable diseases.

In my view, one of the best ways to respond to all these challenges is to make universal health coverage part of the post-2015 development agenda. In my view, universal coverage is the single most powerful social equalizer.

At a time when policies in so many sectors are actually increasing social inequalities, I would be delighted to see health lead the world towards greater fairness in ways that matter to each and every person on this planet.

Thank you.