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Washington, D.C.

Mr President,
Honourable Ministers,
Distinguished Delegates,
Dr Roses,
Ladies and gentlemen,

I am pleased to participate in the opening of the 63rd session of the Regional Committee for the Americas.

This year, the countries in this region have been fortunate. You have been spared much of the turmoil that has beset large parts of the world.

The economic downturn has deepened. Money is tight nearly everywhere. But this region has not experienced roller-coaster uncertainty on a scale equivalent to Europe's debt crisis.

The Americas are notoriously disaster-prone, but the region has been spared the scale of Japan's triple tragedies, which quickly became the most costly natural disaster on record.

The Region is also better prepared to cope with disasters than most parts of the world.

I appreciate the solidarity shown in re-building Haiti's health infrastructure, virtually from scratch. This rebuilding takes time, of course, but the continuing threat of cholera adds urgency to the task.

As noted in your documents, the three major contributions to the burden of disease in this region are violence, alcohol abuse, and tobacco use.

The continuing violence in Mexico and Central America is of deep concern. But your countries have been spared game-changing events like the Arab awakening that began early in the year and continues today, at times highly inspiring, at times deeply disquieting.

Like the financial crisis of 2008, this swelling tide of uprisings and protests seemed to take the world by surprise.

With the advantage of hindsight, political and economic analysts have identified root causes which make the turmoil understandable, even predictable.

They cite vast inequalities in income levels, in opportunities, especially for youth, and in access to social services as the cause.

And they conclude that greater social equality must be the new political and economic imperative for a safer and more secure world.

The importance of reducing inequities will not be news for any minister of health in this room. This is the region with the greatest inequities in access to care and in health outcomes.

But this is also the region that is making the greatest headway in addressing inequities, thanks to your unwavering commitment to primary health care, backed by the dedicated support of your Regional Director.

The formidable recent advances in immunization coverage, reaching every child, are just one example.

Ladies and gentlemen,

The Region has been fortunate in many ways, but your countries have not been protected from the onslaught of chronic noncommunicable diseases.

No country in the world is protected.

NCDs face no North-South, tropical-temperate, rich-poor divide. These diseases are now everywhere, driven as they are by universal forces, like urbanization and the globalization of unhealthy lifestyles.

As last week's high-level UN meeting made clear, these diseases pose a threat to health and economies unlike any ever faced before.

CARICOM countries made this high-level event happen.

I thank CARICOM for an initiative that has significantly raised the profile of heart disease, diabetes, cancer, and chronic respiratory diseases.

The UN General Assembly session demonstrated the magnitude of the broad-based threat and signalled the urgent need for equally broad-based action, overseen by governments at their highest level.

We expect that this attention to whole-of-government approaches will rise even higher during next month's World Conference on Social Determinants of Health, being held in Brazil.

There is another bright side to the UN event, and that is the emphasis given to primary health care.

Consensus is now solid that a robust primary health care system is the only way that countries will be able to cope with the growing burden of these diseases.

You will be addressing components of the response to NCDs in your items on urbanization and the harmful use of alcohol.

Admirable efforts to introduce tough tobacco control measures, here in the USA and elsewhere, are feeling the heat from an industry with dirty laundry and increasingly dirty tactics, now including aggressive litigation.

Big Tobacco can afford to hire the best lawyers and PR firms. Big Money can speak louder than any moral, ethical, or public health argument, and can trample even the most damning scientific evidence.

We have seen this happen before.

Bearing the financial burden of commercial and investment arbitrations is difficult for any country, but most especially so for a small country like Uruguay.

My strong plea: don't cave in. If one country gives in to these scare tactics, others will fall like dominos.

This is exactly what the tobacco industry wants.

WHO is deeply committed to combating the tobacco epidemic with the aim of stopping this industry's massive contribution to morbidity and mortality dead in its tracks.

We stand behind every country making this effort.

I know that countries in the Americas will do the same, in this region's famous spirit of solidarity and mutual support for better health.

Thank you.