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**WELCOMING REMARKS BY DR. JARBAS BARBOSA DA SILVA JR.,
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
AND REGIONAL DIRECTOR OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS**

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Distinguished members of the Directing Council, excellencies, colleagues, ladies and gentlemen, welcome. A special thanks to the esteemed Ministers of Health from across our Region that were able to join us in person today.

It's an honor to be here, surrounded by so many valued colleagues and partners who I have had the privilege of working with over the years.

We are all bound together by our deep and lasting commitment to the PAHO vision of health equity across the Region. A vision built on cooperation and solidarity among all the countries of the Americas.

I am humbled by your dedication to our shared goal. It is truly a privilege to address this Council for the first time as Director. Thank you for your confidence and the privilege of serving the people of our Region.

I began my tenure in February—just a few months before the official end of the COVID-19 public health emergency of international concern. My early days in office have been marked by the urgency to recover from the pandemic, and deploy the lessons learned to make PAHO and our Region's health systems stronger.

Since day one, my team has been acting to transform PAHO and the way we work so that we may better serve our Member States and the diverse health needs of the Americas. The lasting impact of COVID-19 is just one of the many health priorities we must address.

The risk of vaccine-preventable diseases remains too high, which underscores the critical need to increase surveillance and immunization coverage. We must also improve maternal, neonatal, and child health, and address the rising burden of noncommunicable diseases, including mental health conditions. The effects of climate change, such as extreme weather events and the spread of disease vectors, pose a serious threat to health and well-being in every country of the Americas.

In my inauguration speech, I outlined five pillars to guide PAHO's work under my leadership. Today I'd like to share the progress we have made so far, and the opportunities and new initiatives on the horizon. I'm proud to say that these are not just ideas—efforts are well underway, with support from the remarkable PAHO workforce and many of you in this room.

Our first pillar is to help Member States to end the pandemic in the Americas. While COVID-19 is no longer an emergency, it remains a public health priority. Thanks to tireless work over the past few years, our Region reports some of the highest COVID-19 vaccination coverage in the world.

PAHO is committed to continue strengthening surveillance, including the network of 25 countries performing genomic surveillance in our Region, and ensuring vaccines continue to be available for all, when and where they are needed.

But pandemic recovery does not end here. It is equally urgent that we make up ground on issues countries were struggling with before the COVID-19 pandemic, and where the pandemic caused serious setbacks. I must call out two specific areas where we need to do much, much better: maternal mortality and immunization. Overcoming the losses during COVID-19 is not enough—we can and must aim higher. We have no option but to address service delivery and structural gaps that have been in place way before the pandemic.

The second pillar, closely linked to the first, is to apply the lessons learned from the pandemic. Our organizations, our health systems, all of us were put to the test. It is our responsibility to take stock of our shortcomings and figure out how to have our Region and the world better prepared for the next pandemic. We owe this to the future generations.

We are supporting and facilitating the participation of our Member States in the global debate about the new instrument to respond to future pandemics that can address relevant global failures, such as the lack of equitable access to vaccines.

PAHO commissioned an external evaluation of our COVID-19 response to document the gaps in our actions and understand how to strengthen our response to future threats. This was the first such evaluation among all WHO regions, exemplifying our commitment to accountability, transparency, and learning.

The COVID-19 vaccine rollout made it clear that we need more manufacturing capacity in Latin America and the Caribbean so that we will never again be last in line in a public health emergency. This will also help us address the need for essential medicines, routine immunizations, and diagnostics. We are continuing to strengthen the PAHO Regional Platform on Access and Innovation for Health Technologies with projects aiming to develop and produce mRNA vaccines in Argentina and Brazil to serve all of our Region, and the quality certification hub in Central America, El Salvador, for PPEs, among many others.

We are also strengthening our procurement mechanisms, the Revolving and Strategic Funds, so that they can better serve countries in Latin America and the Caribbean to not only procure supplies at fair prices, but also increase our ability to accelerate access to innovation and support regional production.

Our third guiding pillar is to ensure timely and equitable access to health innovations for all countries in the Region. To accelerate health progress, we must update and adapt our efforts to take advantage of the best tools available.

This is an area where we need to be ambitious. The speed with which we bring the best available health tools to all who need them translates directly into lives saved. This is why I am announcing the relaunch during this Directing Council—and reimagination—of the *PAHO Disease Elimination Initiative*. This is a new effort to mobilize new global allies, the full force of PAHO's technical teams, and our country partners to eliminate more than 30 communicable diseases and related conditions in the Americas by 2030.

These diseases, which we have the knowledge and tools to eliminate, affect the poorest among us. They feed the vicious cycle between poverty and disease. Ending them is a moral and ethical imperative—our clearest path to reduce poverty and inequality in this Region.

I will now switch to Spanish.

Take cervical cancer for example: We have new tools to prevent tens of thousands of needless deaths each year. We can scale up the use of PrEP to stop HIV transmission. We can continue the march to eliminate trachoma and other neglected diseases in the Region of the Americas. We can take on malaria, tuberculosis, viral hepatitis: the list of conditions that still take an unnecessary toll in our Region is too long.

We cannot accept the status quo. We can get the best technology to where it is needed. We can train health workers to use new tools. We can scale up innovative strategies for service delivery. This is all possible, and it is the key to better health for all.

This announcement is an invitation to you all to bring your expertise and knowledge, your resources and your ambition, to meet the goals of the Disease Elimination Initiative. Together we can make a real impact for people across our Region.

Efforts to ensure equitable access to health innovations complement our fourth guiding pillar: to build resilient national health systems based on strong primary health care. Primary health care is the backbone of any health system. It's an instrument for equity, as it brings care closer to those who need it. It's our first line of defense against outbreaks, as it enables early warning systems. And it's our best investment to improve health indicators, as it creates a bond of trust between health workers and the community they serve.

To further strengthen primary health care across our Region, today I am pleased to announce Better Care for Noncommunicable Diseases—a new initiative to accelerate the incorporation of NCDs such as hypertension, diabetes, and asthma into primary health care.

There is no better place to prevent, detect, and treat noncommunicable diseases than in the primary health care system. Every country in our Region is struggling with an increasingly complex and growing NCD burden. Relying on tertiary care to address it is a recipe for failure and for poor health, with huge economic costs. We must act quickly to improve outcomes, and PAHO is committed to supporting Member States in this essential effort.

Individual countries are already implementing important initiatives on NCDs, but we can do more, faster if we work together.

With the Better Care initiative, PAHO will support countries to develop specific plans to improve integration of NCD services into primary health care. We will work alongside you to reach underserved populations, and assist in training health workers in screening, diagnosis, and treatment. In keeping with our commitment to expand access to the best health tools, we will also increase the availability and quality of NCD essential medicines and diagnostic technologies across the Americas, including through the PAHO Strategic Fund.

Underlying our success in all of this is PAHO's capacity to support its Members—our fifth guiding pillar. We have a remarkable legacy and track record to be proud of. But we must keep looking forward, building to respond to the challenges of today and tomorrow.

This is why I launched PAHO Forward—an initiative to update our structure and operations so that we can better respond to the needs of Member States. This initiative is underway and is reflected in the organizational changes announced earlier this year. As we work to further strengthen our internal structure and processes, we hope to become a more efficient, transparent, and accountable organization, and a better organization to you all.

We aim to empower PAHO staff to embrace innovation and focus on impact, by reducing unnecessary administrative burden that costs time and money. We have changed internal processes to reduce bureaucracy and increase autonomy.

We are sharing evaluation reports, audits, and other key documents with Member States in order to boost the transparency of our operational processes, finances, and metrics.

We hope that these improvements in how we operate as an organization will translate into more impactful support to Member States and the people we serve.

In summary, one of our top priorities is to strengthen our in-country presence, where the core of our work happens and where the most pressing needs can be found. We are allocating virtually all of our new resources to the work at the country level, so that we can offer direct technical support where it makes the most difference.

In addition to supporting Member States directly, PAHO's role is to advocate for our Region. Too often, international financial organizations have a vision that does not prioritize Latin America and the Caribbean in global conversations. But our gaps cannot be ignored: investment here must be compatible and proportional to our needs. We must leverage all opportunities for investment to boost the remarkable potential of our Region and its institutions. Under my leadership, PAHO will push for Latin America and the Caribbean to obtain its fair share of global health resources—and for our voice to be heard loud and clear.

I firmly believe that with those resources, and with the right tools, our Region has the capacity to overcome all the health challenges we face, to achieve the PAHO vision for health equity across the Region, and to meet the goal of universal health care.

The beauty of our field lies in the potential to overcome barriers that seem insurmountable to transform the world around us. This is what drew me to public health and what motivates me every day.

As public health leaders, we have the opportunity to change the lives of millions of people. I pledge to put the full force of our Organization—an organization that is growing stronger every day—toward achieving the goals we have discussed today. I hope that we can work together, with the same ambition, to improve the health of all people in the Region of the Americas.

Thank you very much.
