



**Pan American
Health
Organization**



**World Health
Organization**

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ANNUAL REPORT OF THE DIRECTOR 2015-2016

***Championing Health for Sustainable Development and Equity:
Catalyzing Public Health Action***

Dr. Carissa F. Etienne
Director of the Pan American Sanitary Bureau

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**26 September 2016
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**55TH Directing Council of PAHO
68th Session of the WHO Regional Committee for the Americas**

Honorable President of the 55th Directing Council, Dr. Edna Yolani Batres,
Honorable Ministers & Secretaries of Health of PAHO Member States,
Director General of the World Health Organization, Dr. Margaret Chan,
Deputy Director General of WHO, Dr. Asamoah Baah,
Distinguished Delegates,
Distinguished Members of the Diplomatic Corps,
Representatives of Non-Governmental Organizations in formal relations with the Pan
American Health Organization,
Representatives of the United Nations and Other Specialized Agencies,
Fellow PAHO and WHO Colleagues,
Esteemed Ladies & Gentlemen:

A very good morning to you all

This morning I have the distinct honor and privilege of presenting to you the 2016 Annual Report of the Pan American Sanitary Bureau, the Secretariat of the Pan American Health Organization. This report provides an account of the Bureau's technical cooperation with its Member States during the period, July 2015 through June 2016.

As has been our practice, we selected a focus around which to anchor this annual report based on the most salient achievements as well as those significant challenges encountered during the review period. This 2016 report is focused on the Bureau's leadership and its support to Member States during the several health emergencies that occurred, beginning with the most complex health emergency of the period, the Zika epidemic. I believe that this focus is both timely and pointedly relevant

given the international debate on the role of the World Health Organization during health emergencies.

In reviewing this report, I have been especially pleased to note that as a Bureau we were consistently proactive, timely and effective in providing leadership and technical guidance, well managed coordination and support during these health emergencies. I believe that our responses during this review period are firmly anchored in our century old record of providing regional coordination during disease outbreaks and in supporting disaster preparedness, risk reduction and response for more than four decades, prudently guided by the lessons that we have learned and the best practices that have emerged over these many decades. I do hope that you will join us in celebrating the fortieth anniversary of our Disaster Program later this week.

This year's report also confirms the Bureau's enhanced effectiveness in coordinating the implementation and operations of the International Health Regulations within the Region of the Americas. Indeed, I do believe that we at the Bureau together with our Member States stoutheartedly rose to the challenges presented by Zika and the other emergencies, in large part due to our diligent efforts to fulfill those responsibilities ascribed to us under the IHR as well as our ongoing endeavors to assist countries with the development of the required IHR core competencies.

As you are all keenly aware, Zika has been an especially challenging public health problem for us all during this review period. After its first detection in Brazil in May 2015, the virus quickly spread to other neighboring countries and beyond, enabled by the presence of an immunologically naïve population together with the ubiquitous presence of the *Aedes aegypti* mosquito vector. The presence and rapid spread of the Zika virus once again highlighted our region's historical failure to control the *Aedes aegypti* mosquito, the consequence of which is that our populations continue to be vulnerable to recurrent outbreaks of dengue fever and chikungunya.

The public health management of this newly-emerging, rapidly-spreading, unfamiliar virus was complicated by two other significant factors. The first was that the severe negative health impacts of the Zika virus infection, as microcephaly and other congenital neurologic defects only became explicitly apparent over time. Secondly, we had to respond to numerous technical enquiries- ranging from the duration of virus survivability in multiple body fluids including semen to a host of sexual and reproductive issues with associated ethical and human rights implications- in a proactive manner despite the limited availability of scientific knowledge and information.

For the Bureau's part, our guiding principle during this period was to act with caution but with commensurate urgency, relying on the best available supporting evidence and drawing on soundest public health practices, while communicating openly

and transparently about uncertainties and giving extra weight to the ethical imperative to protect the most vulnerable. At this juncture, I would like to record our sincerest thanks and heartfelt appreciation to those national authorities in Brazil, the United States of America, France, Colombia and elsewhere, whose research institutes and public health agencies worked assiduously to elucidate the many unknowns of the Zika virus puzzle. The enabling and coordinating functions undertaken by WHO in this regard were also notable and highly valued.

As Bureau staff closely monitored the unfolding of this outbreak on a daily basis, I was able to proactively establish measures to scale-up our actions and response from expanding our Alert and Response Team into a larger Zika-Event Management Team and to formally activating the PAHO Zika Incident Management System in December 2015. Our Epidemic Emergency Fund provided the required financial resources together with a contribution of US\$ 2million from WHO with which we were able to rapidly mobilize additional human and material resources. During the period under review, we were able to successfully mobilized additional funding from the Department for International Development of the United Kingdom, Canada, the Inter-American Development Bank [IDB], the Gates Foundation and Norway.

With these expanded resources the Bureau was able to mobilize 62 missions to 27 member countries and territories, utilizing 96 experts in areas ranging from neurology, neonatology, virology and obstetrics to epidemiology, vector control, and health services organization. We also developed new guidelines and recommendations and updated others, as indicated, while spearheading numerous capacity-building efforts to train national staff on all aspects of an effective response. I would like to emphasize that we had undertaken significant work well in advance of the WHO's declaration of a Public Health Emergency of International Concern in February 2016.

The Zika epidemic was not the only health emergency for which the Bureau provided support to PAHO Member States, although it was indeed the most complex during the period under review. The Bureau also mobilized staff and resources to respond to at least nine other emergencies with negative health impacts, including a catastrophic 7.8-magnitude earthquake that struck Ecuador in April 2016; Hurricane Joaquin that devastated some islands in the Commonwealth of the Bahamas in October 2015; and Tropical Storm Erika that ravaged Dominica in August 2015. Additionally, we provided support to Paraguay in the wake of severe floods that they experienced as well as to Guatemala for a nutrition-related crisis precipitated by a prolonged dry spell. The events in Paraguay and Guatemala are both related to the El Niño weather phenomenon.

In addition to these natural disasters, the Bureau provided technical assistance to Paraguay following the release of toxic fumes from a burning storage depot, and

supported Colombia, Costa Rica, Cuba, and Haiti in coping with and responding to major unanticipated migrant traffic during the period. An important contribution of our support was in ensuring that migrants and displaced persons being housed at shelters had access to basic health care and sanitation services.

The numerous health emergencies and disasters to which we responded during this review period once again confirmed that an effective response to any health emergency was predicated upon countries having strong and resilient health systems. In this regard, our ongoing technical cooperation programs in health systems and services strengthening continued to be highly relevant. In addition to developing the policy document on resilient health systems that is on this week's agenda, we continued to provide collaborative support to our Member States for advancing their implementation of the regional Strategy for Universal Access to Health and Universal Health Coverage that was approved by this Council in 2014.

One of the key elements of the strategy on universal health is the proposition that 6 percent of national GDP is the minimum level of the health investment required to achieve universal health. To assist our Member States advance towards this goal, the Bureau developed an important conceptual framework for the creation of fiscal space to allow countries to mobilize additional finances from domestic sources such as increased taxes on harmful products. Greater efficiency in health systems financing, public health spending and tax administration were also cited as specific items requiring greater attention and improvements by countries. Equally important were our ongoing technical cooperation programs to strengthen health systems through laws and legal frameworks for health, improving human resources for health, and strengthening regulatory capacity to expand access to safe and efficacious medicines and health technologies.

During this review period a number of noteworthy health achievements were also recorded. Following the 2015 announcement that Cuba was the first country in the world to have eliminated mother-to-child transmission of HIV and syphilis, the Bureau received official requests from several countries and territories in the Americas to initiate similar validation exercises. By the end of 2015, 17 countries and territories in our Region were reporting data that was suggestive of having reached these elimination targets. Validation exercises have now been initiated in fifteen countries.

As you all know, our Region was the first to eliminate smallpox in 1971 and poliomyelitis in 1991. During this past review period, we as a region continued to support global polio eradication efforts through our active participation in the process that will eventually result in the global withdrawal of oral polio vaccines. That somewhat complicated, phased process is described in much greater detail in the annual report. However, I am extremely pleased to report that all of our Member States did comply with the recommendations to switch from trivalent to bivalent oral polio vaccine, and to

introduce at least one dose of inactivated polio vaccine into their immunization schedules. By August 2016, forty four Member States and territories had submitted reports on their containment of wild and vaccine-derived poliovirus as part of the Polio Endgame initiative. I can also report that all of our Member States and territories are currently working on the containment of infectious and potentially infectious Sabin type 2 virus materials.

In the case of measles, the Bureau supported the work of the International Expert Committee in verifying that no local transmission of measles had occurred in the Americas during the 12 months after the last outbreak in Ceará, Brazil, in July 2015. As a follow-up, the Bureau requested Member States to provide updated measles elimination reports for the period, 2012-2015. These submissions were compiled into a regional report by our immunization team and presented to the International Expert Committee just last month. In order to avoid stealing the thunder of the IEC, I would solicit your patience until tomorrow, at which time you will learn of the outcome of the deliberations of the International Expert Committee.

In addition to our technical cooperation work, I would like to draw your attention to a number of institutional advances that were made during this review period. I am particularly proud to report the completion of the joint country-Bureau End-of-Biennium Assessment of the PAHO Program and Budget for 2014-2015, the first of its kind in any WHO region. All fifty one member countries and territories participated in this new accountability initiative and I would like to take this opportunity to sincerely thank all of our Member States for their full participation in this exercise.

Another development that merits attention is the new partnership that has been forged between the PAHO Strategic Fund and the Global Fund's Pooled Procurement Mechanism, which positions the Bureau to significantly scale-up its procurement of high-cost medicines for Member States. Internally, the Bureau has also made notable progress in implementing and consolidating the new PASB Management Information System [PMIS] and the Respectful Workplace Initiative.

Before I close, I would like to share with you some brief points as we look ahead to the future. We recognize that our work related to Zika virus will remain a significant part of our unfinished agenda for many years to come or until such time as a safe, affordable and efficacious vaccine is produced. Ongoing research will be needed to better elucidate a number of issues, such as what may be other competent non-vector modes of Zika virus transmission and its pathogenesis. The Zika outbreak also brought into sharp focus the need for us to redouble our technical cooperation efforts in order to markedly increase access to comprehensive sexual and reproductive health services in PAHO Member States.

Our efforts to advance universal health through the removal of client-patient payments at the point of service must be strongly supported by key partners in the multilateral community, as the perpetuation of these practices can have a significant negative impact on access to health services, particularly for those persons, who live under conditions of vulnerability.

We must continue to determine how best to counter the influence of industries such as tobacco, alcohol, processed and ultra-processed foods and sugary beverages on national efforts to strengthen regulatory capacity. These industries, which are usually global conglomerates that are financially powerful and politically influential, have sought to influence the development of laws, standards, and regulations that seek to reduce NCD risk factors.

As we turn our attention to the 2030 Sustainable Development Agenda and its goal of poverty reduction we must strive to develop innovative and targeted initiatives that specifically address the differentiated needs of vulnerable groups including indigenous peoples and afro-descendants, recognizing that one shoe size does not fit all feet.

Given the current constrained nature of our economies, it is vital that social development policies and health system transformation initiatives be built on principles of equity and solidarity, while simultaneously ensuring efficiency. To this end, it will be necessary to minimize both the segmentation and fragmentation that currently exist within our health systems. In this regard improving the pooling and allocation of collected revenues in accordance with national health priorities is an imperative. We must ensure that NO ONE is left behind.

Recognizing that the achievement of the 2030 Development Goals will require active engagement with and input from all sectors together with a whole-of-government approach, I urge you all to reach out to stakeholders from across all sectors of society including the private sector and civil society in order to ensure the genesis of a true and meaningful partnership for health and development.

Finally, as we look ahead, we cannot help but acknowledge the rapid aging of the population in this region. As I indicated in my opening remarks, the population of Latin America and the Caribbean is projected to reach 763 million persons in 2050, of which 186 million will be aged 60 and over. ECLAC reports indicate that by 2050, the older population in our region is expected to outnumber the youth population by 30 percent. What are the implications of these demographic changes and how are we planning for this unprecedented shift in our population structures, given that this older population will have a higher prevalence of chronic non-communicable diseases, disabilities and dementia.

I believe that the Bureau has unequivocally demonstrated its added value to Member State efforts to improve the health and well-being of their populations. We have exhibited leadership in our technical cooperation not only in relation to our agreed work programs, but also in responding to the many unanticipated emergencies with which we were confronted during the past year. We have provided expert technical guidance based on the experiences and the lessons learned over many decades and we have successfully mobilized additional resources in support of the emergency responses.

As we look forward to this new era of the Sustainable Development Agenda, we will continue to provide visionary leadership in public health; to expand our partnerships that add value and extend the reach of our technical cooperation; and to increase our engagement and dialogue with Member States in order to ensure that our work remains focused, relevant and well aligned with their needs.

In closing, I wish to take this opportunity to convey my heartfelt thanks and appreciation to each and every member of the Bureau for your dedicated service and continued hard work both individually and collectively in support of our Members States. I wish to thank you our Member States for your faith in us that is evidenced by your continued political and financial commitment to the Bureau. Thank you to our fellow UN and Inter-American Systems Agencies for your tremendous cooperation and partnerships with us in health and beyond and to all of our donors and NGO partners for helping to bridge resource gaps and extend the reach of our technical cooperation.

We do hope that the stewardship that has been demonstrated during this review period will serve to bolster your continued confidence in us.

Thank you for your kind attention.
