



## **59th DIRECTING COUNCIL**

**73rd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Virtual Session, 20-24 September 2021*

---

CD59/DIV/9\*  
Original: English

**PRESENTATION OF THE 2021 ANNUAL REPORT  
DR. CARISSA F. ETIENNE  
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU AND  
REGIONAL DIRECTOR FOR THE AMERICAS OF  
THE WORLD HEALTH ORGANIZATION**

---

\* This version contains minor editorial adjustments.

---

**PRESENTATION OF THE 2021 ANNUAL REPORT  
DR. CARISSA F. ETIENNE  
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU AND  
REGIONAL DIRECTOR FOR THE AMERICAS OF  
THE WORLD HEALTH ORGANIZATION**

**20 September 2021**

**59th Directing Council of PAHO  
73rd Session of the WHO Regional Committee for the America**

President of the 59th Directing Council of the Pan American Health Organization,  
Honorable Dr. Christopher Tufton, Minister of Health and Wellness of Jamaica  
Other Distinguished Members of the Head Table  
Honorable Ministers and Secretaries of Health of Member States of the Pan American Health  
Organization  
Distinguished Member State Delegates  
Eminent Members of the Diplomatic Corps  
Representatives of Nongovernmental Organizations in Formal Relations with  
the Pan American Health Organization  
Representatives of the United Nations and Other Specialized Agencies  
Fellow PAHO and WHO Colleagues, Honored Guests  
Esteemed Ladies and Gentlemen

Once again, a very good morning to you all.

It is my distinct pleasure to present to you the 2021 Annual Report of the Director of the Pan American Sanitary Bureau, which covers the period 1 July 2020 through 30 June 2021. The theme of this report—*Working through the COVID-19 Pandemic*—was chosen to reflect the difficult times and unprecedented challenges through which we navigated to deliver our technical cooperation during these last twelve months of the continuing global COVID-19 pandemic. I am happy to report that despite the immense hardships and complications, the Organization’s work continued undiminished, striving, as always, to fulfill PAHO’s values of equity, excellence, solidarity, respect, and integrity, within the overarching framework of Pan Americanism.

However, our satisfaction is tempered by the catastrophic health, social, and economic impacts of the COVID-19 pandemic and its causative agent, SARS-CoV-2, which has put at risk many of the gains made by the countries of this Region of the Americas. Indeed, too many lives have been lost and continue to be lost.

As of 30 June 2021, almost 72.5 million cases of COVID-19 had been recorded in the Region of the Americas, representing roughly 40 percent of the total cases reported globally, with almost 2 million deaths, approximating 48 percent of the total deaths, worldwide.

Of those persons who have survived COVID-19, many are suffering from ‘long COVID’, the full spectrum of which is still unfolding. Despite our best intentions and efforts, access to

COVID-19 vaccines remains inequitable and the uptake of the vaccine—even when available—has been suboptimal in many areas and among certain population groups due to vaccine hesitancy as well as widespread misinformation, pervasive myths, and disinformation.

This, coupled with weaknesses in surveillance for conditions such as acute flaccid paralysis, which aims to detect polio; overly stretched health services such as at hospitals and intensive care; gaps in health coverage for populations such as pregnant women; and reduced public health services such as routine immunization of children and screening of persons with NCDs, are causing many—including myself—to worry. There is a probable threat of reemergence of vaccine-preventable diseases, which had been previously eliminated in our Region.

The social consequences of the pandemic have been significant. Feelings of isolation, loneliness, frustration, and even anger are common. There have been increased reports of mental health problems—including among youth—and conflicts, including domestic violence.

The path to recovery from the devastating economic consequences of this pandemic will be long, especially so for low- and middle-income countries. We have witnessed extensive job losses and layoffs as businesses closed, and persons struggled to pay their bills and support themselves and their families, and governments had to dig deeply into the public purse or acquire substantial loans to cover the costs of their pandemic responses.

Many inequities were unmasked as health systems and social safety nets strained to cope; and even while we applauded our front-line workers, we often fell short of adjusting systems to better protect them now, and into the future, and to adequately remunerate them.

I must also express my personal disappointment at the fragmentation and inequity as countries sought to access vaccines in the quickest possible time.

While some of the Region's better-resourced countries successfully procured and pre-positioned vaccines for their populations, the sharing of excess and unused doses has been less than optimal, especially in the face of rising deaths and severe illness in low-resourced countries and despite the clear evidence that no one is safe until all are safe.

Notwithstanding these disheartening developments, I would like to reassure you that — consistent with its 120-year history of adaptation and self-reinvention to remain relevant—PAHO has refused to be deterred. Both PAHO Member States and the Secretariat have demonstrated a boundless capacity for resilience in the face of such obstacles and time and time again have sought to find opportunity amidst despair.

In that vein, the Bureau adapted to the restrictions imposed by the pandemic and the associated responses, and continued its technical cooperation with Member States, focusing on preparedness and response to the pandemic and other emergencies, while simultaneously addressing other priority areas.

The Annual Report of the Director of PAHO summarizes our achievements, innovations, the challenges encountered, and the lessons learned as we look towards the future, confident in the ability of

both the Member States and the Secretariat to collaborate and work together for the health and well-being of our peoples and towards sustainable development of the Region.

This report is a comprehensive one, diligently documenting for posterity the work of the organization during this extraordinary time. I would respectfully recommend it for your reading. However, in view of the virtual context of this meeting, I will only provide brief remarks, indicating some of the highs and lows, as well as the new imperatives for technical cooperation—based on your guidance and cooperation—to continue our forward march, in collaboration with all of our valued partners.

In *confronting the COVID-19 pandemic*, we focused on the ten pillars of the PAHO COVID-19 response strategy, which is closely aligned with the WHO COVID-19 strategic preparedness and response plan. Actions within the framework of these pillars, which covered areas ranging from planning and financing to risk communication, laboratories and diagnostics, international travel and transport, strengthening of essential health services and systems, and vaccination, were all coordinated by the Bureau's Incident Management Support Teams across all organizational levels and programs.

In *reorienting health systems to the pandemic response*, emphasis was placed on promoting the essential public health functions, strengthening of primary health care, advocating for pro-equity policies, and regaining momentum towards our goal of universal access to health and universal health coverage.

The critical importance of efficient, effective action at the first level of care became more evident, to enable health promotion and management of persons with mild COVID-19 in that setting, with referral of more severely ill persons to higher levels of care.

We continued *striving for fairer outcomes over the life course*, taking cognizance of the increased vulnerabilities of women, mothers, children, adolescents, and older persons during the pandemic, and sounding the alarm on the particular impact of COVID-19 on pregnant women. Even as we worked intensely to enable equitable access to COVID-19 vaccines, the Bureau continued to promote and facilitate routine vaccinations in an effort to protect those gains already achieved through elimination and to avert an outbreak of a vaccine-preventable disease such as poliomyelitis.

Under the theme, *Vaccines Bring Us Closer*, the annual Vaccination Week in the Americas was launched virtually with the participation of 45 countries and territories. Our wide-ranging efforts focused not only on the continuity of routine vaccinations, but also on counteracting the pervasive misinformation and disinformation surrounding vaccines in general and the COVID-19 vaccines, in particular.

The Bureau continued its technical cooperation in *advancing the reduction and elimination of communicable diseases and environmental threats*. We worked to strengthen national responses to HIV and other sexually transmitted infections, as well as to malaria, tuberculosis, and neglected infectious diseases, to maintain coverage and to reduce the risk of co-infection with COVID-19. We also enhanced countries' capacities to detect and prevent antimicrobial resistance.

As a complement to those efforts, we advanced interventions related to water, sanitation, and hygiene, particularly to control the spread of COVID-19, and integrated environmental surveillance into routine health surveillance systems within the context of the pandemic. The Bureau also worked to ensure

food safety and contributed to mitigating the impact of climate change, especially in the vulnerable Small Island Developing States of the Caribbean.

The Bureau expended significant time, effort, and resources in *promoting new perspectives on the prevention and control of noncommunicable diseases (NCDs), including mental, neurological, and substance use disorders*, in the face of overwhelming evidence of worse COVID-19-related outcomes in persons living with these conditions.

We assessed and piloted WHO Emergency NCD Kits, which provide essential medicines and diagnostic supplies in selected countries; expanded the HEARTS program to prevent and manage cardiovascular disease; advanced interventions to address the main NCD risk factors; and focused on improving coordination, service delivery, capacity building, and communication for mental health and psychosocial support.

In light of the ongoing COVID-19-related restrictions, the Bureau continued *building on pandemic-inspired innovations for digital transformation and decision making in health*. In this regard, we advised countries on how to adopt or adapt information technologies to more effectively enable their responses to COVID-19; we monitored social inequalities and facilitated research to advance health equity; we supported countries in translating knowledge into action; we disseminated information widely via active distribution lists, searchable platforms and other modalities; and we implemented knowledge management strategies.

Lessons learned from the Bureau's information systems for health initiative and our publications in the Pan American Journal of Public Health played important roles in these efforts, as did IRIS, the Bureau's digital library.

In fulfilment of PAHO's values, the Bureau's efforts in *enhancing equity- and human rights-based approaches* did not falter. We accelerated work to develop health equity indicators and made recommendations for reducing inequities; we assessed the implementation of the PAHO Gender Policy and conducted analyses to document gender-related differentials in the impact of the COVID-19 pandemic.

We also ensured the meaningful participation of indigenous peoples and Afro-descendant populations in discussions of their needs and rights, particularly within the context of the pandemic; and provided guidance on addressing the health of migrants in the current situation.

PAHO is a learning organization with a long-standing culture of continuous quality improvement. The Bureau's institutional strengthening interventions supported the enhanced performance of the enabling functions for technical cooperation and for rapid, quality responses to the evolving pandemic. We created organizational development interventions to guide institutional improvements; we took actions to protect our greatest asset—which is our human resources; adjusted our planning and budgeting to manage the evolving situation, constantly ensuring prudent management of our limited finances; established new partnerships and alliances, while strengthening traditional ones; we mobilized resources for the pandemic response; enabled uninterrupted functioning of our Governing Bodies; enhanced our information technology and communications, while paying close attention to cybersecurity; we improved

our infrastructure where needed and as appropriate; and ensured ethical and transparent operations within PAHO's Constitution, which is determined by our legal framework.

Amidst all of these efforts, the Bureau never lost sight of its *raison d'être*, maintaining its country focus and ensuring that technical cooperation, whether undertaken at regional, subregional, or country level, benefited the health of the peoples of the Region. We ensured that the work on the pandemic did not eclipse our responsibilities to advance our commitments to the priority outcomes in the Biennial Program Budget, the Sustainable Health Agenda for the Americas (SHAA) and other mandates, necessary for sustainable national development.

Of course, we have faced many *challenges*, among them the apparent misunderstanding, by many, of who we are and what we do; constrained finances; gaps in national resources for effective performance of the essential public health functions, including human resources for health and health data disaggregated by equity stratifiers; and, not least, the infodemic, characterized by misinformation and disinformation spread particularly on social media.

We have also taken note of the several *lessons learned*, including the need for improvements in communications that target a multiplicity of different audiences; the importance of strengthening integration of the Organization's cross-cutting themes of gender, ethnicity, equity, and human rights into all aspects of its work; the critical nature of resilient health systems based on the primary health care approach, and utilizing integrated health service delivery networks to advance universal health; the value of networks that encompass all levels of the Bureau, partner organizations, and countries; also the need for acceleration and equitable expansion of the use of virtual platforms and tools; importantly, the need for digital transformation of the health sector using innovative technologies, the imperative need for building regional self-sufficiency in access to health technology including medicines and vaccines, and the crucial importance of inter-programmatic, intersectoral, people-centered collaboration.

Let me state that we have been, and are still being, tested by the pandemic and its far-reaching consequences. Today we are witnessing greater numbers of cases in the Region as compared to the same time last year. We are observing new surges and repeated waves of infections in countries in which restrictions and other public health measures have been relaxed and borders opened. The continued emergence of variants of concern, some with increased transmissibility and the potential for increasing severity of disease or reducing or even negating the efficacy of available vaccines, is indeed frightening.

We must continue to promote vaccination, increase accessibility to vaccines—especially in resource constrained settings and for persons in conditions of vulnerability—and observe the recommended public health measures. The emergence and spread of SARS-CoV-2 variants has placed us all at risk, and—I want to repeat again—until everyone is safe, no one is safe. If nothing else, this pandemic has taught us that we are, indeed, “our brother's keeper”.

As we embrace this age of digital interdependence, and considering the urgent need to access critical data and strategic information at the right time, place, and format, we are pleased to announce the launch of two major platforms: Health in the Americas, our well-known flagship publication that today brings us a key analysis, supported by dynamic dashboards on Potentially avoidable premature mortality in our region, and also the Core Indicators platform, a renewed virtual space that will be key for supporting informed policies and decision-making processes, that contains datasets with over 270+ key health and

health-related indicators for the Region of the Americas. As I mentioned in 2017 at the previous Pan American Sanitary Conference, "we can't wait five years to present data in public health". Quality data can save lives, and this is something that we all need to understand and support. And this is why this week we will also pass two important resolutions related to Digital Transformation and Health Data Science.

Distinguished Ministers and Delegates, I have every confidence that we—the PAHO Member States, with the Secretariat, and partners—will continue to rise to the occasion, learning from the lessons of the COVID-19 pandemic, and focusing even more on the following:

- *Building resilient health systems for universal health*, with primary health care, a life-course approach, and social protection as critical and indispensable components;
- *Assuring social inclusion* that meaningfully engages persons in conditions of vulnerability, and puts them at the center of health policies, plans, and programs;
- *Addressing explicitly the social, economic, environmental, commercial, and other determinants of health*, with promotion of, and support for multisectoral, whole-of-society, whole-of-government, health-in-all-policies approaches;
- *Assuring equity- and rights-based interventions* that reduce inequities and contribute to the progressive realization of the right to health and other human rights; and
- *Harnessing the Region's capacities and potential to build self-sufficiency in health technology* including medicines and vaccines through solidarity that results in Regional public goods and equitable access for all of our Member States.

With progress in the health and development of the Region's people at stake, we cannot but embrace the truism that *failure is not an option*. We must move forward together, working assiduously to ensure better and fairer health and development outcomes that leave no one behind. As we continue to toil to put this pandemic behind us, let us recapture our Pan American spirit of solidarity, which has underpinned the region's greatest achievements to date. It is only together that we will overcome, because again until all of us are safe, none of us are safe.

Let me thank you, our Member States, and our valued partners for your unstinting support and noteworthy collaboration over these grueling last twelve months, without which none of these achievements would have been possible. Finally, I wish to convey my sincerest thanks and appreciation to the entire Secretariat team for their selfless dedication, their tenacious commitment, their creative adaptability, and boundless resilience, without which our mission would not be possible.

Together, we will overcome. We have got this!

Thank you.

- - -