

World Health Day 2013
Remarks of PAHO Director Carissa F. Etienne

Hon. Ambassadors, Mr. Bill Corr, Deputy Secretary, U.S. Dept. of Health and Human Services,
Distinguished Speakers, Executive Management Team, Colleagues and Media.

Good morning, welcome, and thank you all for joining us today for World Health Day!

I especially welcome everyone who is participating remotely today from countries around the Americas.

World Health Day is a special once-a-year event for us, a kind of birthday of WHO, a celebration to mark the founding of the World Health Organization in 1948.

But it's also a serious occasion. Over the years, it has been an opportunity for us to focus on an issue that is a priority concern for global public health.

Few would dispute the importance of this year's campaign, which focuses on the number-one risk factor for illness and death in countries around the world.

In the countries of the Americas, it affects between 30% and 48% of the population.

It strikes developed and developing countries alike, without discriminating between rich and poor.

We sometimes call it "the silent killer." In its early stages, it often has no symptoms and, as a result, often goes undiagnosed. Yet it is the leading risk factor for heart attack and strokes, and can also cause kidney failure, blindness, and other health problems.

In combination with other risk factors such as tobacco, harmful use of alcohol, obesity, diabetes, and high cholesterol, it becomes even more dangerous.

This silent, indiscriminate killer is hypertension.

In the Americas, at least one in three people—and in some countries, nearly one in two—has hypertension, meaning blood pressure that is 140 over 90 or higher which puts them at risk of serious, often fatal health problems.

What are some of the reasons for this high prevalence? They include aging of the population, unhealthy diets, physical inactivity and obesity, all of which—like hypertension and tobacco—are risk factors for cardiovascular diseases. And cardiovascular diseases are the leading cause of preventable and premature deaths and illness in the Americas and around the world.

But not all the risk factors for hypertension are behavioral. The risk of high blood pressure increases with age, due to the hardening of blood vessels.

But blood-vessel aging can be slowed through healthy living, including healthy eating and reduced salt intake. So we know that behavior change is important, however difficult it may be to bring about, and many of us know this difficulty; as with weight gain, it can be a constant struggle.

People's behaviors are heavily influenced by the conditions in which they live, work, play and eat. Multi-sectoral approaches to address their underlying conditions have proven very effective in the prevention and control of hypertension. In this regard, public sector policies and regulations are fundamental to the prevention of chronic noncommunicable disease and their risk factors.

We also know that behavioral factors are influenced by people's living and working conditions. Low-income people are more exposed to risk factors, and at the same time, they have fewer resources to cope with health problems, for example, by accessing health services or the benefits of social programs. They are also less able to protect their families from the disruptions that result from disability, loss of income, or out-of-pocket health costs.

These are important considerations. In low- and middle-income countries, many people do not seek treatment for hypertension because it is prohibitively expensive. Families can then end up spending a substantial share of their income on hospitalization and care needed for complications such as heart attacks, stroke or kidney failure.

Indeed, millions of people fall into poverty every year due to catastrophic health spending or loss of family income due to death or disability, all as a result of hypertension and its complications.

In all these ways, a condition that does not discriminate against rich or poor can and does have a greater impact on vulnerable people. And it has a negative impact on communities, societies and entire economies as well.

But the good news is that hypertension is both preventable and treatable.

So what can we say to help people reduce their chances of developing high blood pressure? We can urge them to:

Reduce their salt intake

Eat a healthy and balanced diet

Avoid harmful use of alcohol

Engage in regular physical activity

And maintain a healthy body weight.

For individuals, it is also vitally important to get their blood pressure checked regularly. That's why we chose the slogan "Know your numbers" for PAHO's World Health Day campaign.

This is a personal responsibility, but it's also a professional responsibility for doctors, nurses and other healthcare workers.

But in tackling hypertension, it's just as important to take action at the population level. In the Americas, some of our member countries are doing just that. Countries like Colombia have promoted physical activity through urban planning and transportation, and through the immensely popular Ciclovías, or "Sunday bikeways."

Bolivia and Ecuador both have strong healthy-living initiatives that include active living and healthy eating. Like Peru, they are promoting their countries' traditional cuisines as much healthier than the modern, over-processed foods that are increasingly replacing traditional foods in people's diets.

Argentina has worked with its food industry to reduce the salt content in breads and industrially processed foods, and now other countries are following in its footsteps.

Mexico is pioneering efforts to remove junk food and sugar-sweetened beverages from schools and to promote healthy foods to reduce overweight and obesity in schoolchildren.

Here in the United States, states such as New York, Pennsylvania, and Tennessee have similar initiatives that are showing real benefits.

But in addition to these important prevention initiatives, it's also important to make sure that healthcare providers ensure early detection and treatment of hypertension.

For hypertension, the most important goal is control. People who are diagnosed with hypertension can be treated and controlled over the long term, which significantly boosts their chances of having a long, healthy, and productive life.

We do not have as much data from our region as we would like, but recent studies in Latin America show that control rates are generally low, ranging from 12% to 41%. By comparison, Canada, Cuba and the United States have control rates of more than 50%.

But efforts in our own region are starting to show returns. Costa Rica and El Salvador have improved the quality of primary healthcare services, including care for hypertension and other noncommunicable diseases. Chile has expanded its guaranteed coverage for these conditions, and Brazil is providing free medicines for hypertension and diabetes through its Popular Pharmacy program.

A growing number of countries are taking advantage of PAHO's own Strategic Fund, which pools purchases of drugs to create economies of scale that make essential medicines more affordable. We invite all our countries to use the Fund to purchase drugs for treatment of hypertension and other chronic conditions.

In May, the World Health Assembly will consider a Global NCD Action Plan for 2013-2020 that provides a roadmap for WHO Member States to address noncommunicable diseases and their risk

factors, including hypertension, as well as a Global Monitoring Framework that proposes a global reduction in high blood pressure of 25% by the year 2025.

To support action toward this and other NCD goals, WHO has developed a cost-effective and affordable “total cardiovascular risk approach” that can be implemented in primary health care even in lower-income countries.

We’re also recommending evidence-based strategies to address behavioural risk factors, such as tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.

World Health Day gives us an opportunity to raise awareness of hypertension but also—just as important—an opportunity to move forward on noncommunicable diseases, which are one of the greatest challenges for us in the 21st century.

Our member countries in the Caribbean have been at the forefront of efforts to give NCDs the attention they deserve, and I wish to thank them for their success in getting this addressed at the U.N. High-Level Meeting on NCDs in 2011.

All of us —public health advocates, health workers, the academic community, civil society, the private sector, families and individuals— have a role to play in supporting this agenda.

At the Pan American Health Organization, we will work to keep up the momentum of World Health Day throughout the 2013 calendar year and beyond, coordinating with other campaigns including Wellness Week and world days that are focused on other noncommunicable diseases and risk factors, including tobacco, heart disease, kidney health, and diabetes.

I look forward to your support for all these efforts as the year goes forward. And I thank you again for being with us here today.