



## **53rd DIRECTING COUNCIL**

**66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Washington, D.C., USA, 29 September-3 October 2014*

---

CD53/DIV/2  
Original: Spanish

**OPENING REMARKS BY THE OUTGOING PRESIDENT OF THE  
PAHO DIRECTING COUNCIL, MS. CARINA VANCE MAFLA  
MINISTER OF HEALTH OF ECUADOR**

---

**OPENING REMARKS BY THE OUTGOING PRESIDENT OF THE  
PAHO DIRECTING COUNCIL, MS. CARINA VANCE MAFLA  
MINISTER OF HEALTH OF ECUADOR**

**29 September 2014  
Washington, D.C.**

**53rd Directing Council of PAHO  
66th Session of the WHO Regional Committee for the Americas**

Ministers and Secretaries of Health,  
Delegates of the Member States,  
Assistant Director-General of the World Health Organization,  
Director of the Pan American Health Organization,  
Invited Agency Representatives,  
Colleagues:

On behalf of the Ecuadorian people and the Government of the Citizen Revolution, led by President Rafael Correa, allow me to offer a warm and fraternal greeting to everyone present.

I want to thank you all for having entrusted Ecuador with the presidency of the 52nd Directing Council of the Pan American Health Organization.

This has been a year of important events in global public health.

We have seen the appearance of the Chikungunya epidemic, which has had considerable impact in the Caribbean, Central America, and now, South America. Despite the advances in epidemiological surveillance and control systems, this epidemic is one of the biggest health problems in our Region, bringing to light the challenges facing us in our efforts to impact the social determinants of health and focus on the promotion of healthier environments.

Of even greater concern is the current public health emergency facing us with the epidemic of Ebola virus disease—an unprecedented epidemic that poses major risks due to its magnitude, severity, and complexity. The Ebola virus has revealed our vulnerabilities and the importance of developing response and mitigation plans for this and other threats.

We are working in coordination with PAHO/WHO to provide concrete support to help contain this epidemic.

However, we know that, as countries and as a Region, we are moving in the right direction.

On 22 September 2014—a week ago—WHO recognized Ecuador as a country free of onchocerciasis.

Ecuador is the second country in the world to eliminating the disease, after Colombia. However, for the entire Region of the Americas, this achievement reflects the work done on the social determinants of health, as well as the comprehensive approach to health with active community participation.

For Ecuador and for the Region, the elimination of onchocerciasis is a further step toward poverty reduction, substantially improving the quality of life of our citizens. Ecuador reaffirms its commitment to continue working to eliminate the so-called *diseases of poverty* to achieve good living.

Communicable diseases represent an enormous challenge to public health at the hemispheric and global levels. However, today also we face the epidemic of chronic noncommunicable diseases, which kill millions of people every year and also require decisive action.

The epidemic of overweight and obesity is present in all corners of our Region. We need to limit the reach of processed and highly processed foods, which have very limited nutritional value and, in many cases, are toxic when ingested in large quantities. We should move forward in strengthening the leadership of the health authorities and developing regulations to guarantee our peoples' right to health.

On August 29 this year, Ecuador implemented regulations for labeling processed foods for human consumption. Through a system of color codes, we are alerting the population to the high salt, sugar, and fat content found in foods.

We have already achieved results: 20% of large and mid-size companies have reduced these contents in at least one product.

Ecuador is also working on proposals for new taxes on harmful consumption. In our countries, this kind of consumption generates major costs in the care of preventable diseases; interventions of this kind, together with other regulatory policies, have had a significant impact on the health of the population.

We are taking this action in the context of broader policies that include:

- restricting access to foods high in fat, salt, and sugar in school cafeterias;
- fomenting family agriculture;
- promoting sports and physical activity.

Despite all this, the fight against chronic noncommunicable diseases requires joint action and a regional partnership: The Plan of Action for the Prevention of Obesity in Children and Adolescents represents critical progress in the Region. We must continue to develop key policy and regulatory components to fight obesity. We need to work on an intersectoral basis, involving other actors in areas such as education, housing, sports, agriculture, finance, and production for true implementation of the health-in-all-policies approach. We need to forge regional and global partnerships to protect our citizens' right to health.

To guarantee the right to health, we know it is not enough to have health facilities, equipment, and human talent: We need to take a disease prevention and health promotion approach.

Without doubt, we face new public health challenges that will require us to seek innovative ways to build societies based on solidarity and equity. Fighting for universal access to health and universal health coverage gives us the opportunity to build a Region with the values of inclusion and social participation, helping reduce inequities and social injustice. Without the right to health as a linchpin of our policies, universal access and coverage are impossible.

All our actions should be based on the principle that health is a right, necessary for the realization of other rights. In the search for *sumak kawsay* or "good living", health is both a principle and a goal.

Thank you.

---