



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE
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66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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**WELCOMING REMARKS BY DR. CARISSA F. ETIENNE, DIRECTOR OF THE PAN AMERICAN
SANITARY BUREAU AND REGIONAL DIRECTOR FOR THE AMERICAS
OF THE WORLD HEALTH ORGANIZATION**

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

Honorable President,
Honorable Ministers of Health,
Honorable Deputy Director-General of the World Health Organization,
Distinguished Delegates,
Distinguished Members of the Diplomatic Corps,
Colleagues,
Esteemed Ladies and Gentleman:

A very good morning to you all.

I would like to take this opportunity to extend a very warm welcome to each of you and to thank you all for taking the time to attend and participate in this 53rd meeting of the PAHO Directing Council. This week we have a very interesting and challenging agenda to complete, but before I briefly describe some of its highlights, I would like to take a few minutes to reflect on a couple of observations that I have made over the course of the year, mainly because they are directly related to resolutions that we made at last year's Directing Council meeting.

I believe that together we are creating living policy reforms that extend from the halls of parliaments and political leaders to the municipalities, communities and families that make up the general population of all of the member states. Some examples of the impact of our policies can be cited as follows: Our Region is on track to eliminate mother to child transmission of HIV and congenital syphilis. Ours has been the first to eradicate poliomyelitis, small pox, measles and congenital rubella syndrome. We have made significant advances to-date with the implementation of the Framework Convention on Tobacco control and its mandates. Substantial progress has also been made in the march towards the elimination of neglected infectious diseases such as onchocerciasis. In this regard, Ecuador is going to share some welcome and important news with us later in this session. Our Region has always been and will continue to be a trailblazer, as a result of your collective and committed leadership and your tireless hard work in improving the social conditions and health systems within your countries.

When I visit your countries, I am able to see first-hand the impact of our collective efforts. During my discussions with your elected and government officials, I earnestly try to raise policy issues that could have a positive impact on health. During these visits, I also have the opportunity to see some of these initiatives in action first hand. You probably do not see the transformation occurring quickly enough as the process from conception to paper to action can be long and arduous. But as I go along, I see sterling examples of the policies we create, improving access to care, strengthening primary care services and providing services to people regardless of their financial status.

I visited a village in Nicaragua, where I met a gentleman who was really overjoyed that he could see again. The difference was that for the first time, there was a small facility with an ophthalmologist where cataract surgery could be performed. Volunteers visit communities to ascertain who may have health needs and to connect them to available services. It was really rewarding to see how these efforts have a direct impact on people's lives.

Recently, in Suriname, I had the privilege to visit a One Stop Shop, which was a primary care clinic for the comprehensive management of Non-communicable Diseases [NCDs], principally diabetes, combined with the care of patients with HIV-AIDS. This integrated facility provided holistic care for these conditions without exposing patients to the stigmatization associated with attendance at HIV-specific clinics. National staff have reported demonstrable improvements in outcomes, including markedly reduced rates of lower limb amputations. I have noted similar integrated health care facilities in Guyana and St. Lucia.

It is hoped that the decisions and resolutions that will emanate from our discussions this week will result in major health benefits for all, and especially those people most in need.

There are important milestones to be celebrated, such as those achieved through the implementation of the 2008-2013 Strategic Plan and the 2012-2013 Biennial Work Plan. I would like to point out one or two of these, such as the expansion of health coverage in the region, the growth of the health workforce and the increase in public sector spending on health. However, we all recognize that much remains to be accomplished. In this regard, our 53rd Directing Council will not only provide updates on technical, administrative and financial matters, but will also focus attention on key program policy issues including universal access to care, vaccine procurement, maternal and infant mortality, childhood obesity, disabilities and prevention of blindness, which are pressing issues.

Moreover, in light of the Ebola crisis, it is critical that we focus our efforts on strengthening the core capacities under the IHR, especially those related to surveillance, early detection and outbreak management and response and in building even greater capacity for disaster preparedness. This Ebola epidemic is a dire situation, and it is going to get worse before it gets better. I am, however, very proud of the work that PAHO is undertaking with the Member States and WHO to support global prevention efforts.

Universal access and universal health coverage are the cornerstone of our agenda. The overarching goal is to ensure that all people, regardless of their ability to pay, have equitable access to comprehensive, quality, people- and community-centered health services without differences in quality and without financial risk. We must ensure that individuals who need the most protection, both in urban and rural populations, have access to quality health care services that meet their needs.

Another important agenda item relates to maternal and infant mortality, which remain a challenge in our region, even though there have been improvements in these health parameters. Maternal and child health was one of the driving forces that influenced my decision to become involved in the medical profession. We need to do more to ensure that this challenge is effectively addressed. Innovative and culturally sensitive initiatives could go a long way in ensuring that expectant mothers and babies receive adequate care.

In Mexico, for instance, they are making quality care accessible to people where they are, while addressing cultural sensitivities. I visited one such clinic in an indigenous community, where mothers and fathers were being encouraged to attend. Trained midwives assisted them with both traditional and modern deliveries, ensuring that newborns and infants receive the best care from the start.

In Nicaragua, pregnant women, who live in remote areas with no access to safe delivery facilities, can go to designated centers where they can stay for a few weeks before the delivery in order to receive services that are not available in their communities.

But our concerns do not end after birth. As we review health parameters along the life course, another area of concern is child obesity. The growing childhood obesity epidemic needs to be urgently addressed, as we very much recognize that being overweight or obese during childhood has severe health consequences far into adulthood, such as high cholesterol, high blood pressure, type 2 diabetes, sleep apnea and joint problems.

An unhealthy diet is one of the multiple causes of childhood and adult obesity. Regulations for the food industry have been enacted in some Member States such as

Mexico, Peru, Ecuador and the United States. In some instances, these efforts have been met with resistance, and consequently we must work together, with the executive branch, the legislatures and other government entities to support public policies and other strategies in order to respond to this epidemic. We must engage in multi-sectoral, multi-level approaches, working with policymakers, healthcare professionals, the food and beverage industries and the media. In addition to regulatory changes, we must also focus on creating supportive environments and on prevention, teaching parents and children about the importance of healthier food choices, exercise and a healthy lifestyle.

Multilateral approaches are also critical for tackling other health issues such as, new vaccine procurement. While we recognize that we cannot dictate vaccine prices, it is an issue on which we can work together on a negotiated approach so these life-saving public health goods can be available for those who need them and on a timely basis. This will require a renewed commitment to solidarity.

Having healthier individuals will lead to healthier communities, and healthier communities will lead to healthier economies and a better quality of life. As we work this week on these and other pressing issues, we could set an example for the world on the way we communicate and work together in solidarity. Coordination between the different sectors of the government, health care professionals, non-profit organizations and the philanthropic sector within the countries is essential for effectively mobilizing resources and ensuring that we make quality and affordable health services available to all.

For about 25 years, Uruguay has been utilizing a mechanism, where the government deposits money into a fund, which an independent committee oversees and manages, disseminating these funds so that Uruguayans can have access to costly diagnostics, procedures and medications when needed. This funding is replenished yearly, thereby, ensuring that resources are available and that poor and vulnerable persons have access to care.

Increasingly, I note that education, sanitation and health are being better linked, through social development efforts, to provide services for underserved populations. I have seen great examples of this multi-sectoral collaboration in Peru, El Salvador, Ecuador and Uruguay. In Argentina, integrated networks of care are being enabled, as e-health technology is being utilized to link primary, secondary and tertiary levels of care.

Having adequate funding is critical to our success, if we are to accomplish our mission. We recognize that we must continue to actively engage WHO to ensure that PAHO receives its fair share of the WHO budget. Simultaneously, we are working to

improve and strengthen our internal systems and procedures in order to be more effective, efficient and better positioned for resource mobilization.

I am eagerly looking forward to this week's discussions and decisions as we continue to work together to achieve our mutually agreed goals and objectives. I look forward to the possibilities that lie ahead, including those presented by the post 2015 Sustainable Development Agenda. We have a long road ahead of us, but encouraged by our achievements and inspired by your committed leadership I am fully confident that we will have a successful journey together.

Thank you very much.

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