



**Pan American
Health
Organization**



REGIONAL OFFICE FOR THE

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Organization**
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**OPENING REMARKS BY MR. HÉCTOR SALAZAR SÁNCHEZ,
SOCIAL SECTOR MANAGER, INTER-AMERICAN DEVELOPMENT BANK**

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Good morning everyone: delegates, leaders, authorities, distinguished members of the head table: Mr. Juan Orlando Hernández, President of Honduras; Ms. Sylvia Mathews Burwell, Secretary of the United States Department of Health; Mr. Luis Almagro Lemes, Secretary General of the Organization of American States; Dr. Hans Troedsson, Assistant Director-General for General Management of the World Health Organization; Dr. Carissa Etienne, and others in attendance.

The President of the Inter-American Development Bank, Mr. Luis Alberto Moreno, sends his regards. I am here in representation of the Bank as manager of the Social Sector, which covers the very important areas of health, social protection, and education.

As a Region, we are closing the gaps in global health. Chile, Costa Rica, and Cuba, as you know, have significantly reduced their rates of preventable death to figures comparable with those of developed countries. This year we achieved 97% of the regional goal for the reduction in mortality in children under 5 years of age and 83% of the goal for mortality in children under 1 year old. However, despite reducing persistent disparities, Haiti, for example, has 14 times more maternal deaths than Chile—350 versus 24 maternal deaths per 100,000 live births—and in Guatemala, eight times more children suffer from chronic malnutrition than in Costa Rica.

Health systems in the countries of the Region are in different stages of development and this is reflected in their varying capacities and performance. Conservative approaches coexist with innovative ones. The persistence of vertical strategies to control specific illnesses indicates a conservative trend, but innovative approaches have led to health system reforms aimed at achieving universal coverage, reducing inequalities, providing specific benefits, and guaranteeing financial protection. Many countries in the Region are models in this regard.

Efforts to improve primary health care as a gateway to more integrated service networks are also gathering new impetus, resulting in more equitable health services with greater response capacity. As we know, many different approaches are coherent with local contexts, for example: the Community Family Health teams in El Salvador; the

Family and Community Health model in Nicaragua, the Comprehensive Health Care Model in Ecuador; the SUMAR Program in Argentina, and the national strategy for the prevention and control of noncommunicable chronic diseases and health promotion in Mexico, among others, all of which offer important lessons to us all. The family health strategy of Brazil's Unified Health System is also a very well-known reference point.

However, the picture is complicated by the shift in the burden of disease toward noncommunicable chronic diseases, as well as injuries due to accidents and violence; 68% of deaths in the Region are caused by chronic diseases. Despite the progress, disparities remain in the access of the most vulnerable segments of the population to publicly funded, quality health services and this continues to be a major challenge. These complex problems require the coordination of many different actors and innovative responses supported by good governance—responses that need to be institutionalized in order to become common practice.

Our countries need to strengthen governance in order to improve the performance of health systems and have an impact on the health of the population. Health governance involves responsible, transparent, effective, and efficient decision-making processes that minimize waste, thereby reducing inequity and moving toward sustainable health systems.

Precarious governance is a key issue that is visible at the community and national levels in many of our countries' health systems. For example, at the community level, the epidemic of chikungunya virus has underscored the urgent need to strengthen epidemiological surveillance systems and health services in order to respond to this and other risks.

At the national level, the move toward universal coverage has revealed the need to improve evidence-based decision-making processes, results-based planning, projections of medium-term expenditures, human resources policies, and collaboration among technical areas and between the central and subnational levels, among other aspects. Global interest is no longer focused only on how health systems function, but on measuring and improving their performance; hence, the emphasis on the issue of governance that I have mentioned.

We must continue efforts to identify what has worked and what has failed to achieve the expected results, identify the political and social dimensions of reforms, and strengthen decision-making tools, for example, the prioritization and definition of benefits packages, and resource mobilization strategies.

The political will to reduce inequity and provide access to services is not sufficient in itself: it must result in the implementation of governance policies that achieve these goals. For example, despite greater health expenditure, many people still

pay out of pocket due to inadequate service coverage and the poor quality of services provided through public funding. Indeed, 33% of health expenditure in Latin America and the Caribbean continues to be out-of-pocket, compared with 14% for OECD countries (Organization for Economic Cooperation and Development). Although this percentage is declining,— in the year 2000 it stood at 38%—it remains an indicator that is very important to emphasize; and it is troubling that it remains so high.

In conclusion, health governance in the countries of Latin America and the Caribbean needs to evolve so that health systems can respond to the major challenges we face in achieving tangible results in universal coverage and in order to bridge the equity gaps in public health.

Thank you.
