



**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE  
**Americas**

**55th DIRECTING COUNCIL**  
**68th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**  
*Washington, D.C., USA, 26-30 September 2016*

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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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**26 September 2016  
Washington, D.C.**

**55th Directing Council of PAHO  
68th Session of the WHO Regional Committee for the Americas**

Honorable President of the 54th Directing Council, Dr. Violeta Menjivar,  
Honorable Ministers and Secretaries of Health of PAHO-WHO Member States,  
Director-General of the World Health Organization, Dr. Margaret Chan,  
Deputy Director-General of the World Health Organization, Dr. Asamoah Baah,  
Distinguished Delegates,  
Distinguished 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:

A very Good Morning to you all.

This morning it gives me immense pleasure to extend to each of you a very warm welcome to this our fifty-fifth annual meeting of the PAHO Directing Council and sixty-eighth Session of the Regional Committee of WHO for the Americas. I am particularly delighted to welcome on behalf of the Pan American Sanitary Bureau and our Member States the Director-General of the World Health Organization, Dr. Margaret Chan together with the Deputy Director-General, Dr. Anarfi Asamoah-Baah.

We are indeed grateful for the presence of all of you and are very appreciative that you have set aside this time to spend with us. We greatly value your bold new ideas, your judicious advice and prudent guidance that the Secretariat has been receiving from the Member States for more than a century.

As you are all aware, our world is changing minute by minute. While the international community has embraced the 2030 Sustainable Development Goals and we together with our Member States, our sister agencies of the Inter-American and the United Nations Systems have been engaged in anticipatory planning for supporting the

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achievement of these goals, we have all had to grapple with some significant ongoing challenges, some of which I would like to highlight.

From a health perspective, the world has seen major advances as a result of which, people are generally living longer and healthier lives. However, substantial challenges to global health persist, ranging from the unanticipated emergence and re-emergence of infectious diseases, such as the Ebola and Zika viruses to the increasing burden of the chronic non-communicable diseases [NCDs] and their risk factors to the prohibitive costs of health care, particularly in developing countries.

From an economic perspective, despite huge gains in global output, there is evidence that our current financial systems are inadequate to eliminate the pervasive inequality in the Region. The 2008 global financial crisis exposed significant weaknesses in monetary systems and revealed some of the vulnerabilities that can result from such an interconnected global market. Several years after this crisis, the world economy is still struggling with slow growth, unconventional monetary policies in major economies, and constrained government budgets. In Latin America and the Caribbean, a crucial challenge is that the recent economic downturn has resulted in a slowdown in inequality reduction rates and an increase in the number of poor, for the first time in a decade.

From a climatological perspective, we are already experiencing the notable impacts of climate change as weather events such as droughts and storms have become more frequent and intense, while rainfall and temperature patterns have become more unpredictable. If global temperatures were to rise more than 2 degrees Centigrade by 2100, Latin America and the Caribbean, the world's second most disaster prone region, will be one of the regions most affected by the extremes of climate change. In an effort to fight and mitigate these impacts, it was heartening to note that all Latin American countries signed the historic Paris Declaration on Climate Change in December 2015. Climate change is also negatively impacting agricultural and food outputs and as a consequence is hampering our ability to achieve food security and improved nutrition.

Regarding equity and inequality, despite considerable progress, 10 of the 15 most unequal countries in the world are located in Latin America and the Caribbean, according to a recent UNDP report. UNDP has estimated that over 220 million people in the region have neither been able to rise into the middle class, nor are they classified as poor. Most of these are the women and men of the region, who live under conditions of vulnerability, subsisting on slightly more than the US \$4 per day, the poverty line, but who are at risk of falling into poverty as soon as a financial or health crisis strikes or a natural disaster occurs. Amongst the most vulnerable are women and youth – particularly in poor or rural communities as well as those of African and indigenous descent.

Achieving gender equality has been another challenge that we have had to face. Equality between men and women in all aspects of life, from access to health and education to political power and earning potential, is fundamental to whether and how societies thrive. Although we have been making progress towards reaching gender equity as a Region, this change has not occurred as rapidly as we would have hoped.

Technologically, we have entered the age of the Fourth Industrial Revolution, a technological transformation driven by the ubiquitous and mobile internet. The internet has and continues to change the way we live, work, produce, consume and recreate. With such an extensive reach, digital technologies cannot help but disrupt many of our existing models of business and government. As a collective, our challenge is to manage this seismic change in a way that does not produce societal fragmentation, exclusion or damage but rather ensures that its potential can be purposefully harnessed for the greatest benefit of all including its use for the deployment of an array of new healthcare solutions that could significantly assist with the prevention and treatment of disease even in low-income settings.

Before proceeding further, I would like to draw your attention to three notable and far-reaching developments in our region. The first of these relates to Colombia and in this regard, I would like to take this opportunity to convey our heartiest congratulations to the Government of Colombia on the occasion of the signing of the historic peace agreement. For those of you who may not know, during the 1980s PAHO had developed an initiative entitled Health as a Bridge for Peace which was successfully applied in Central America and has now been adopted in several countries with conflicts across the globe. The many lessons learned and best practices emerging from this initiative will now be considered in Colombia to build the technical base required to strengthen the health sector in those areas affected by this age-old conflict. We will continue to collaborate closely with the national authorities in Colombia and partners in order to ensure that all peoples have equitable access to quality health services.

Secondly, on 20th September 2016, the Secretary General of the United Nations, Ban Ki-moon, expressed “tremendous regret and sorrow at the profound suffering of Haitians affected by the cholera outbreak in Haiti.” He further indicated that the United Nations had a moral responsibility to the victims of the cholera outbreak and pledged to ease their plight, better their lives and support Haiti in building sound water, sanitation and health systems. The PAHO Secretariat welcomes the Secretary General’s change of perspective.

As you may know, PAHO has been a founding member of, and serves as Secretariat for, the Regional Coalition to Eliminate Cholera on the island of Hispaniola. Through the work of this coalition substantial progress has been made in water and sanitation improvements in Haiti. Regrettably, however, the mobilization of adequate financial resources has remained a persistent challenge. We are now hopeful that this

challenge will be ameliorated based on the remarks of the Secretary General. PAHO has continued to give technical cooperation and support to Haiti in cholera vaccination, water and sanitation, and management of health services to treat and contain the cholera cases.

The third important development that I would like to reference revolves around the topic of anti-microbial resistance as the UN General Assembly recently convened a one-day high-level meeting on this subject with its Member States, non-governmental organizations, civil society, the private sector and academic institutions. The primary objectives of this meeting were to increase and improve awareness of antimicrobial resistance and to garner and maintain strong national, regional and international political commitment for addressing this critical issue comprehensively, utilizing multi-sectoral approaches.

That meeting emphasized the important role and the responsibilities of governments, as well as the crucial role of relevant inter-governmental organizations, particularly the World Health Organization within its mandate and in coordination with the Food and Agricultural Organization [FAO] and the International Office of Epizootics [OIE]. This meeting also underscored the imperative need for multi-sectorial and cross-sectorial efforts and engagement with all relevant sectors of society in responding to the challenges of antimicrobial resistance. We must take urgent action now on this major threat to human health and in this regard, I wish to point out that PAHO has already initiated work with its Member States on the preparation of national plans guided by the five strategic objectives of WHO's Global Action Plan. In July of this year, during the 17th RIMSA meeting, we met with the Agriculture and Health community, including Ministers, NGO's and practitioners, to discuss the One Health and the use of antimicrobials.

Shifting gears, I would like to record that during these past twelve months, the Secretariat continued to work collaboratively with our Member States in addressing a wide range of technical issues within the framework of our Strategic Plan 2014-2019 and specifically defined in our biennial work programs agreed to with our Member States. Some of these included planned activities for building resilient health systems and advancing universal health; continuing our initiatives in eliminating infectious diseases such as mother-to-child transmission of HIV and syphilis, onchocerciasis and measles; combatting NCDs and their risk factors, especially tobacco, the consumption of sugary beverages, high salt, high fat foods and processed foods.

Concurrently, however, we responded to a series of disease and health emergencies and disasters, which included an unprecedented epidemic due to the newly emerging Zika virus in our region; a 7.8 magnitude earthquake in Ecuador; multiple hurricanes and tropical storms in the Caribbean; and unanticipated movement

of migrants across Central America. The details of our work in relation to these events will be more fully addressed in my 2016 Annual Report to you.

While we delivered active technical cooperation to our Member States, we also sought to renew ourselves institutionally as we collaborated on key WHO reforms, which included the new Framework on Engagement with Non-State Actors, more familiarly known as FENSA, as well as new Health Emergencies Program. In response to the WHO reforms on Health Emergencies, I am very pleased to announce that we have now created a PAHO Health Emergencies Department that brings together the former Department of Emergency Preparedness and Disaster Relief and the Unit of International Health Regulations, Epidemic Alert and Response and Water-borne Diseases in a single consolidated management structure. This new department will functionally align its work in emergencies to WHO's new Health Emergencies Program while maintaining priority areas of work that are specific for the Region of the Americas.

I believe that we have achieved much over these past twelve months, despite the numerous and newly emerging challenges that we have encountered along the way. I have absolutely no doubt that these achievements were made possible because of the hard work of the Secretariat staff in catalyzing public health action; the unwavering political and financial commitments of governments; the unstinting dedication and persistent work of health care workers in all of our Member States; and the synergistic contributions of our numerous partners, donors, NGOs etc, who together have contributed to extend the reach of our technical cooperation.

As we look ahead, we must pause to note that the Economic Commission for Latin America and the Caribbean [ECLAC] has projected that the regional population of Latin America and the Caribbean will reach 763 million persons by 2050, of which 186 million will be aged 60 and over. Regional health systems will need to adjust to these massive changes in population growth, which will be concentrated in the poorest countries, as well as to an increasing number of elderly persons. This will necessitate shifting the current focus from the treatment of sick people towards preventing illness and preserving the health of populations. My question to you all is how will we cope with this huge demographic shift and ensure that our regional healthcare systems are fit for the future.

I would like to emphasize that building a few more hospitals alone will not result in improved health for any nation. We must revisit our health system structures and financing if we are to make tangible progress towards universal access to health and universal health coverage and ensure the long-term sustainability of our health systems. We must begin to invest more substantially in primary care systems that are fully integrated with other levels of care including health promotion and prevention. In this regard, I would, therefore, urge Member States to re-prioritize primary health care in their national agenda.

In closing, I note that we have a full and very interesting agenda before us, including a number of notable side events. We will address a wide variety of topics, ranging from public health issues to critical programmatic and policy issues, in addition to being updated on several technical, administrative, and financial matters. I have no doubt that we will have a highly successful and productive week under your expert guidance, unified by our wholehearted dedication to the health and well-being of those who live in the Americas and with our eyes collectively focused on that 2030 horizon.

I thank you all.

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