

Madam Chair,

Members of the Executive Board,

Madam Director-General,

Dear friends,

Even three decades of international public health service cannot prepare anyone for such a generous resolution and for the gracious comments from delegates and representatives. I have always done my best to fulfill the duties and responsibilities bestowed upon me by you and the countries of the Americas. My recognition goes to my respected WHO colleagues and companions for the many battles we have waged together in the pursuit of the Health for All dream goals. For this meaningful honor, allow me a heartfelt thank you!

The activities undertaken are reflected in the Quinquennial Reports of the Director for 2003-2007 and 2008-2012. The powerful principles of cooperation, solidarity, equity, transparency, best available evidence and accountability have provided the foundation for the decision-making process in all aspects of my work.

The global and regional public health architecture becomes more complex everyday as new partnerships and networks are created. At the same time, only WHO has the stated mandates, the legal basis and the universal and equal participation of all nations to be both credible and capable of delivering on norms and standards and to act as honest broker on policy advice. The continued and creative forging of new alliances for public health, with international, national, non-governmental, private and community-based actors is critical to better address global, regional and country health needs. WHO leadership requires strengthening and support from all partners to be able to confront these challenges and to remain both relevant and fit for purpose.

Unity in diversity is one of the basic principles of the universe. Diversity is also an asset for survival, creativity and innovation. The WHO founding visionaries understood this, as well as the system principle that structure follows functions. Therefore, they were bold enough to carve a very distinct institution: An organization capable of defining common goals and of recognizing the wide differences in health and wellbeing among countries, able to work closer to the people and with the people.

They also committed to promote engagement, ownership, sharing of knowledge and resources, capacity building, autonomy and sovereignty, and so, WHO's work is centered in strengthening the stewardship role of Ministries of Health and relies on collaborating centers, expert panels, technical advisory groups, NGOs, training centers and has also

been able to forge binding agreements like the IHR and the FCTC.

WHO was designed with a decentralized structure and a drive for country presence in order to perform better in protecting peoples' health. This was quite revolutionary in the very unequal situation of the world 65 years ago and it also relates to the experience and success already achieved at that time by PAHO which celebrated its 110th anniversary last December, 2012. In the last decades the world has become a global village and nations have created new groupings and integrations systems. WHO is very well positioned to relate to these different arrangements and to develop the mechanisms and instruments of cooperation that will allow for the unity in diversity to achieve Health for All through universal health care. The international diplomatic language has evolved into harmonization and alignment rather than uniformity and single formulas. Similar problems may require different solutions and be context-specific as we are seeing every day with the polio endgame. There is a growing consensus on the fact that to achieve the common goals, different roads may need to be explored.

These have been the lessons learnt that paved the road to the successful launching of World Immunization Week, the UN High level meeting on NCDs, the centrality of health in the global development agenda reflected in the Millennium Declaration, the call for Health in all policies, the eradication and elimination initiatives, and the development of new technologies and innovation in health care and disease prevention. These have been the lessons learnt from the strengthened governance provided by the GPG under the leadership of the DG. These have been the lessons learned from the Paris declaration and the Health diplomacy movements.

As the late Lee Jong-wook said in the 11th GPW preface: “a realistic view of the future requires an informed understanding of the past”.

Solidarity and the pursuit of equity are the common threads in the complex web of public health. That is why the MDGs are not an exercise in data reporting but a change in people's conditions of living through stronger action on their determinants. That is why we confront stigma and discrimination which underpins HIV/AIDS dissemination, maternal mortality patterns, the persistence of neglected infectious diseases, and the lack of access to quality health services. That is why we insist in defining priority populations and vulnerable countries to focus our efforts on and not only on priority health topics.

The first influenza pandemic of the new millennium began in the Americas and spread throughout the world within months. It put to test the transparency and solidarity required for an effective public health response. Natural disasters like the tsunami in Banda Aceh, the earthquake in Haiti and the Fukushima nuclear plant were testing moments for the WHO global leadership as well as for member states to reaffirm their willingness to share information and resources. We mourn our losses and mistakes but we are also proud for

having responded to the best of our knowledge and capacity to the call and to have protected people's health.

I have been extremely privileged to serve this organization for 29 years. I have had extraordinary mentors, role models, supervisors, peers, collaborators, assistants, colleagues, and above all the common people that have allowed me to learn from their suffering and expectations. I have been extremely lucky in being able to see diseases eradicated from the world and from my Region. I have been part of the strengthening of WHO and the UN and I have accompanied the creation of new integration institutions, the most recent among them UNASUR (Union of Nations of South America) and CARPHA (Caribbean Public Health Agency). I was present during the renewal of Primary Health Care and witnessed the harnessing of new information and communication technologies for improving people's health and institutional performance.

It has been an exciting journey and I would not change any part of it. I know that my family and my home country Argentina also share this sentiment with me.

I am certain WHO will continue to respond to future public health challenges, taking advantage of the transformation efforts developed during the last few years as well as of the reservoir of deeply talented and committed individuals and teams, the decisive support of the Member States, allies and partners, and -in my specific case- the capability of my successor Dr. Carissa Etienne to whom I express my best wishes and pledge my full support. I will always have a debt of gratitude to all my colleagues: in Geneva, in the Regional and Country Offices, in the Americas. To the Ministries of Health, thanks for their kindness, advice and generous support. It has been a particular honor to work with five WHO Director Generals from Dr. Halfdan Mahler to Dr. Margaret Chan, and two Regional Directors Dr. Carlyle Guerra de Macedo and Dr. George Alleyne. To all my dear friends present today and those around the world, THANK YOU!

Mirta Roses Periago