



**Pan American
Health
Organization**



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

30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

CSP30/DIV/5*
Original: English

**PRESENTATION OF THE QUINQUENNIAL REPORT 2018-2022,
DR. CARISSA F. ETIENNE,
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU AND
REGIONAL DIRECTOR OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS**

* This version contains minor editorial adjustments.

**PRESENTATION OF THE QUINQUENNIAL REPORT 2018-2022,
DR. CARISSA F. ETIENNE,
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU AND
REGIONAL DIRECTOR OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS**

26 September 2022

**30th Pan American Sanitary Conference
74th Session of the WHO Regional Committee for the Americas**

Excellencies, colleagues, staff, ladies, and gentlemen.

I need to warn you this is a long report. It is a report of the five years of our work and so I beg your indulgence and we shall begin.

Today, I have the distinct honor, a priceless privilege, and immense pleasure to present to you the 2022 Quinquennial Report of the Director of the Pan American Health Organization, which covers the period August 2017 through June 2022. This is my second quinquennial report—and my last—to this august body, and its theme, *Championing Health Equity for Sustainable Development*, encapsulates the frameworks under which PAHO has functioned during my ten years as Director of this Organization.

This theme represents the work that we have undertaken to enable and support countries in their progress towards reaching the goals of the 2030 Agenda for Sustainable Development, recognizing that health is essential for the achievement of all of the targets of the 17 SDGs.

Equity is not only one of PAHO's core values, but it also mirrors and reinforces the principles of the 1978 Declaration of Alma Ata, especially the importance of the primary health care strategy, and of the 2030 Agenda, which asserts that no one should be left behind in the quest for national sustainable development.

While the terminologies may have changed over the years, the underlying tenet has, however, remained constant: namely that Equity- and human rights-based, whole-of-government, whole-of-society, health-in-all-policies, and people-centered approaches and strategies are critical for health, and for national development, in which all people participate, and are enabled to realize their full potential and to live their best lives.

The COVID-19 pandemic, ongoing since March 2020, has both unmasked and magnified the inequities that exist in and among countries globally and in the Region of the Americas. The more optimistic among us were no doubt hoping that COVID-19 would have retreated significantly as time passed, but here we are today, more than two and a half years into the pandemic, in a situation where cases wax and wane, and viral variants of concern continue to emerge. The inequities and inequalities exacerbated by the pandemic have underscored the complex and challenging journey that we will face in building back better and fairer, and in building societies that do not trample upon or disregard those individuals or population groups in situations of

vulnerability, but rather seek to help them attain optimal physical, mental, and spiritual health and wellbeing.

We have seen a greater appreciation of the fact that people with lived experiences of all types—those living in poverty, with HIV, non-communicable diseases, mental health conditions, COVID-19, or any other condition—are experts regarding their own experiences and perspectives, much as scientists, technocrats, and other professionals are experts in their own fields of specialization. No one else has lived their unique experiences of those who are affected. They have valuable inputs to make into policies and programs that affect them, and they must be included and involved in the planning, implementation, monitoring, and evaluation of such interventions.

This Organization with its embedded values of equity, excellence, solidarity, respect, integrity, and Pan Americanism, will be 120 years old on the 2nd of December 2022. The well-known Caribbean calypsonian Slinger Francisco, also known as “The Mighty Sparrow,” sings that *Age is just a Number* and, in this case, he is certainly right. PAHO remains vibrant, innovative, eager to learn, ready to build on successes, and to face emerging challenges, with personnel and partners dedicated to the service of the health of the people of the Americas.

Here, I must highlight the superb efforts of the personnel of the Pan American Sanitary Bureau along with those of PAHO Member States and increasingly diverse partners, not only in mounting a response to the pandemic, but also in continuing to work on other priority public health areas, lest we lose many of the gains made over the years.

Let me now touch on some of the areas that I wish to highlight from the 2022 Quinquennial Report.

The Bureau maintained a diligent focus on supporting countries to make progress on universal health coverage and universal access to health—that is, universal health. In April 2019, I launched the Regional Compact on Primary Health Care for Universal Health, PHC 30-30-30 in Mexico City, calling on PAHO Member States to advance health sector reforms based on the primary health care approach. PHC 30-30-30 established goals to eliminate barriers to access health by at least 30 percent; increase public spending on health to at least 6 percent of GDP, with 30 percent of these resources being invested in the first level of care; and transform health systems to provide equitable, inclusive, comprehensive, quality services based on the primary health care approach.

Timely and affordable access to essential medicines, supplies, and health technologies is also an essential component of universal health, and the PAHO Revolving Fund for Strategic Public Health Supplies—the PAHO Strategic Fund—continued to play a major cooperative role in facilitating Member States’ acquisition, and even more important in mitigating stockouts due to the COVID-19-related disruptions in global supply chains, as countries struggled not only to respond to the pandemic, but also to maintain essential health services.

PASB’s collaboration with the World Health Organization (WHO) to produce the first Global Benchmarking Tool to evaluate national drug regulatory capacity, based on our regional tool, represented a significant milestone. This tool enabled countries to identify and prioritize

areas for institutional development to ensure effective action to procure and distribute quality, safe, and effective medicines, and health technologies.

The PAHO Virtual Campus for Public Health markedly increased its reach because of the prevailing travel and other restrictions implemented during the pandemic, and demonstrated its immense value, given the extraordinary demand for capacity building in support of the COVID-19 response. The Virtual Campus for Public Health has been instrumental in providing COVID-19 technical guidance to more than 2 million national counterparts and partners, as well as advice for the public.

As you can well imagine, this aspect of the Bureau's technical cooperation, which was conducted within the framework of the ten pillars of the PAHO COVID-19 Response Strategy, constituted a substantial proportion of our overall activities. The Bureau provided strategic risk communication, capacity building, technical guidance in many formats including written documentation in multiple languages, and logistical support to address all of these pillars, in addition to mobilizing financial and human resources at the national, subregional and regional levels to assist with the response.

Capacities built through the Region's long-standing Severe Acute Respiratory Infections network [SARI-net], a collaboration of professionals—drawn from hospitals, laboratories, and other entities—who participate in surveillance across the Region, paved the way for the establishment of COVIGEN, the COVID-19 Genomic Surveillance Regional Network, in March 2020. Genomic sequencing of SARS-CoV-2, the causative agent of COVID-19, allowed for characterization of the virus involved in this outbreak as well as for the subsequent monitoring of its evolution, with identification of variants of concern and the development of diagnostic protocols and guidance.

The Smart Hospitals initiative once again proved its worth as a component of efforts to maintain essential health services during the pandemic and in other emergency and disaster situations. This project—which commenced in 2015 with initial funding from the United Kingdom Department for International Development, and with more recent additional support from Global Affairs Canada—ends in December of this year. It has supported the retrofitting of a total of 50 health facilities in seven participating Caribbean countries to make them not only safe, but also green, climate-smart, and resilient. This project has created a *Smart Movement* that has spread beyond the health sector, the Caribbean subregion, and the Region of the Americas.

Reduction in maternal mortality with an emphasis on the management of obstetric hemorrhage was the Bureau's focus in ten countries, which has the highest indicators for maternal mortality. Using an inter-programmatic approach and multilevel action across the Bureau together with the provision of additional technical advisors, capacities were strengthened to reach women who were most at risk, technical curricula were updated, and plans were developed and implemented based on new evidence. This initiative yielded a measurable reduction in maternal deaths that we will continue to monitor and support.

Vaccination has remained a cornerstone of our technical cooperation. The tool has been a key component of the COVID-19 response, and we have worked assiduously to promote and to develop strategies for increasing the uptake of the COVID-19 vaccines. While naysayers point to the fact that

these vaccines do not prevent SARS-CoV-2 infections, they often ignore the notable evidence of their effectiveness in preventing or reducing severe COVID-19 infections, complications, hospitalizations, and death in a majority of persons.

Though we know unequivocally that vaccination saves lives, over the past few years regional routine immunization coverage has fallen for a number of reasons, including weakened technical guidance as EPI programs were decentralized in some countries as part of health sector reform initiatives; a reduction in EPI resources at national and regional levels; increased workloads of national staff and having to respond to various outbreaks; population complacency and growing anti-vaccination sentiments and vaccine hesitancy together with the negative impacts of the pandemic on health services are all responsible for this drop in coverage.

The Bureau and its partners will vigorously renew our joint efforts to advocate for and promote COVID-19 and other routine immunizations, and we hope we can count on you to do this. This has galvanized by the current situation of circulating vaccine-derived poliovirus type 2 isolated from an unvaccinated adult as well as from several environmental wastewater samples in New York. We should all remember that polio had been previously eliminated in the Americas some thirty years ago. I firmly believe that the apathetic attitude towards vaccination as a public health good is often due to the fact that many persons are now totally unfamiliar with those diseases which have been prevented by vaccination, and those diseases that were once a scourge among populations, especially children, causing much death and disability.

We should never again have to witness or experience those unfortunate and tragic outcomes, as the burden in morbidity and mortality will be high and the opportunity costs to control and prevent such outbreaks would be exorbitant. Consequently, we will continue to grow and market the PAHO Revolving Fund for Access to Vaccines. This mechanism has been and remains a powerful testament to regional solidarity for over forty years.

A continued strategic priority and focus of the Bureau has been the reduction of health inequities. PASB strengthened its incorporation of the four cross-cutting themes of cultural diversity, equity, gender, and human rights into its technical cooperation, and played a leadership role in enabling their integration into countries' advances towards universal health.

In April 2019, the Bureau developed a Guidance Note on Health Disaster Risk Management with Indigenous Peoples. We also elaborated Health Plans for Afro-descendant and Indigenous Youth in Latin America and the Caribbean in 2018; a Strategy and Plan of Action on Ethnicity and Health 2019-2025; a regional report on the Health of Afro-descendant peoples in Latin America in 2021; and published a special issue of the Pan American Journal of Public Health in 2021 that was devoted to Health Equity in the Americas after COVID-19.

We promoted knowledge dialogues—also called intercultural dialogues—aimed at improving access to health services that would equitably serve people, groups, and communities from different backgrounds and cultures, and we worked with partners to expand COVID-19 vaccine coverage in populations living in situations of vulnerability.

We enhanced health worker appreciation of strategies for promoting gender equality—including the production of a regional report on masculinities and men's health in 2019, which

was updated in 2020— and promoted human rights and health at the highest policy-making levels, focusing on legislation as a critical framework for the realization of the right to health and other human rights. As part of a broader strategy to raise awareness and build capacities related to human rights-based approaches, PASB published a series of technical notes, summarizing the main international human rights instruments and standards of the UN and the Inter-American Human Rights systems, with recommendations for measures to make them effective.

We continued the drive towards disease elimination in the Region, and we have made measurable progress with malaria, trachoma, lymphatic filariasis, dog-transmitted rabies, Chagas disease, and foot-and-mouth disease, in selected countries. The Bureau's technical cooperation has resulted in considerable advances towards the elimination of mother-to-child transmission of HIV and syphilis, especially in several Caribbean countries and territories.

Measures to address antimicrobial resistance (AMR) using the One Health approach were advanced—including through a Cooperation among Countries for Health Development, a project which involved Argentina and Member States of the Caribbean Community. A significant achievement in the Region was the development of national AMR action plans in all 35 PAHO Member States, steered by One Health intersectoral committees.

A key contributing factor to the success of elimination of vaccine preventable diseases has been the PAHO Revolving Fund for Access to Vaccines, a critical component of the program to prevent and control vaccine-preventable diseases. The PAHO Revolving Fund is a key pillar of the Bureau's technical cooperation, not only in facilitating equitable access by Member States to quality, safe, and affordable vaccines, but also in playing a fundamental role in forecasting vaccine demand and guaranteeing a single lowest price approach.

It has also enabled the rapid expansion of vaccine portfolios of participating Member States—including COVID-19 vaccines.

In advancing and justifying the multisectoral approach to the prevention and control of noncommunicable diseases, PASB emphasized the economic case for investing in NCDs, and strengthened the capacity of national health authorities to adopt and incorporate economic arguments and evidence into their dialogues and advocacy with other sectors. The Bureau also partnered with WHO and the United Nations Development Programme to develop a series of investment cases for NCDs and mental health, neurological, and substance use disorders.

The Bureau strongly advocated for fiscal and health policy coherence on the application of excise taxes on unhealthy products such as tobacco, alcohol, and sugar-sweetened beverages, and scaled up its work on technical and legislative interventions for tobacco control aligned with the Framework Convention on Tobacco Control. In 2019, Brazil became the second country in the world—after Turkey—to implement all six measures of the WHO MPOWER policy package for tobacco control, and in that same year, Canada and Uruguay became the first countries in the Region to introduce tobacco plain packaging. In 2020, South America became the first subregion of the Americas—and the first multi-nation continent globally—to enact regulations for completely smoke-free public spaces.

Obesity prevention and control, including childhood obesity prevention, was a major focus for the Bureau, with the provision of guidance on issues ranging from breastfeeding to school-based activities, implementation of policies for front-of-package labeling that was based on the PAHO Nutrient Profile model, and restrictions on the marketing of unhealthy food products to children.

The Bureau's health promotive and capacity-building interventions resulted in the expansion of the HEARTS program for reduction of cardiovascular disease in the Region, which is aimed at standardizing hypertension treatment in PHC settings. PASB also contributed to progress in the development and implementation of policies, plans, and legislation to address mental substance abuse disorders. These latter focused on reducing the role of psychiatric hospitals through deinstitutionalization and the integration of mental health into PHC and community-based management; human rights-based approaches; and programs to promote mental health and prevent these disorders. In 2022 the Director launched a Commission to document and analyze the mental health situation in the wake of COVID-19. The Bureau has also integrated mental health and psychosocial support into its technical cooperation for responses to emergencies and disasters—including to COVID-19.

The collection, analysis, dissemination, and use of information and evidence are essential underpinnings for action and accountability in public health. The Bureau streamlined its interventions to strengthen information systems for health and digital transformation in the Region, including the development and application in all PAHO Member States of a standardized maturity assessment tool for information systems for health.

The Bureau enhanced health analysis and equity metrics related to the SDGs, working to develop indicators that not only reflect advances towards SDG 3 targets, but also the reduction of inequities in making such progress.

With the approval of the Strategy and Plan of Action on Health Promotion in the Context of the SDGs 2019-2030, the Bureau obtained an operational framework for the Region's commitment to address the social, economic, political, commercial, environmental, and other determinants of health.

The framework facilitated the strengthening of skills and competencies for multisectoral, multistakeholder action in the Region, which is essential to effectively address the social and other determinants of health, to ensure healthy and safe environments, and to reduce inequities. In addition to the Bureau's overall technical cooperation in this area, five countries in the Region have committed to participate in the WHO Multi-Country Special Initiative for Action on the Social Determinants of Health, which aims to demonstrate the effectiveness of strategies, policies, models, and practices that address the social determinants of health.

PASB also contributed to the enhancement of workers' health, by determining and documenting the impact of occupations on workers' health, including those in informal sectors, and building capacities in occupational health and safety for health institutions.

In response to the worsening climate crisis, the Bureau established a program on climate change and health and strengthened intersectoral health and climate change governance and

partnerships, exemplified by the development and implementation of the Caribbean Action Plan on Health and Climate Change, the Andean Plan on Health and Climate Change, and the 2018 Declaration of Ministers of Health of MERCOSUR and Associated States on Health and Climate Change. PASB gave priority to technical cooperation for the finalization of health national adaptation plans (H-NAPs) for climate change.

The Bureau's agility in adapting its technical cooperation programs and interventions to incorporate and prioritize the COVID-19 response—while continuing its support for, and contribution to, other important health programs—was anchored by its enabling functions.

The Bureau ensured that effective governance of the Organization was maintained, using technological advances and redesigning work processes to convene meetings of PAHO's Governing Bodies, and made institutional strengthening more systematic through the Organizational Development Initiatives established in June 2020 to make adjustments as needed to maintain PAHO fit-for-purpose.

Transparency and ethics were bolstered through the establishment of an independent Investigations Office in 2018, separating the ethics and investigative functions of the Bureau. PASB issued new ethics-related policies on sexual exploitation and abuse, and the use of social media by its personnel, and revised and updated policies related to conflicts of interest, accountability for assets, and protection against retaliation for persons who speak up [whistle-blowers] when policies are breached.

There was considerable improvement in the Bureau's strategic planning and accountability processes, with enhanced consultative and participatory development of the PAHO Strategic Plan 2020-2025; more rigorous analysis of the impact of biennial technical cooperation; strengthening of the evaluation function; a greater degree of integration of PAHO's cross-cutting themes; and an increased country focus. The country focus is a hallmark of the Bureau's technical cooperation, and was strengthened through the incorporation of national success stories into technical cooperation reports; regional adaptation of the global approach to developing country cooperation strategies were also highlighted; restructuring of subregional programs to engage subregional integration mechanisms at the highest political levels; and increased promotion and use of the country cooperation for health development program, to share experiences and catalyze mutual learning among PAHO Member States.

Other transformed and/or adapted enabling functions that were driven by the COVID-19 response included the scaled-up resource mobilization, with mobilization of approximately US\$ 1.2 billion since 2018, and approximately US\$ 530 million over a two-year period to support the pandemic response in the Americas; coupled with increased efficiency of financial operations and management, to navigate the Organization's budgetary crisis of 2019 and 2020, and ensuring appropriate and effective use of resources.

Agile human resources management ensured that key positions were kept filled even during the financial crisis, that positions were reprofiled to meet evolving programmatic needs, and remote learning systems were implemented to maintain and upgrade the skills and competencies of PASB's personnel.

Also critical to the Bureau's effective functioning were its strategic communications, especially related to COVID-19, targeting various stakeholders—including populations in situations of vulnerability—and refuting misinformation and disinformation. Information and communication technology was essential to successfully navigate the pandemic workplace and remote working. Other critical functions included procurement—particularly in light of the unprecedented demands of Member States for procurement of vaccines and other medical supplies and equipment to respond to the pandemic—and legal services to provide frameworks for continued strengthening of PASB policies and functions, management of issues of reputational risk, and safeguarding of PAHO's Privileges and Immunities, and its status as an independent health organization.

It is a given that PAHO's technical cooperation, like life itself, is never going to be without its challenges. Together, we faced many during the period under review, some long-standing and others, new.

The COVID-19 pandemic and the Organization's severe financial crisis constituted the two major, unexpected challenges that the Bureau faced. Though very different in nature, both developed into emergency situations that put PASB's technical cooperation at risk.

The pandemic-associated infodemic, with rampant misinformation and disinformation resulted in confusion and rejection of scientific and evidence-based information, while the Region's dependence on external sources for, and importation of, essential medicines, vaccines, equipment, and supplies led to unavailability or insufficiency of adequate quantities of these life-saving commodities.

Some of the other important challenges included:

Changes in the political, social, and economic landscapes in the Region;

Inadequate attention to, and resources, for, impactful advances to universal health;

Weak mechanisms for the multisectoral, multistakeholder approaches that are fundamental for reducing inequities and achieving desired health outcomes;

Inadequate preparedness for and response to emergencies and disasters;

Constraints in resource mobilization, especially for priorities such as NCDs;

Uneven progress in the digital transformation of the health sector and availability of ICT, which has the potential to aggravate health inequities; and

The need for continued institutional strengthening of the Bureau, providing flexibility while ensuring transparency, ethical operations, and accountability.

In conclusion, it would be fair to say that over these past five years we have faced the oncoming challenges frontally, including the devastating blow struck by the COVID-19 pandemic, and I dare say we have done well. While COVID-19 slowed the Region's progress towards its health goals, it did not paralyze us, but rather has provided many lessons and experiences that we can use to redouble our efforts and make up for the reversals in some areas.

Prominent among the lessons learned is that we must continue to place equity at the heart of health in order to leave no one behind. There must be concerted, multisectoral, multistakeholder actions to address the social, economic, political, environmental, commercial, and other determinants of health, with strong social protection systems in place to ensure that the plight of persons in situations of vulnerability is not aggravated by situations over which they have little or no control.

Long-term investments in public health must be a priority—spanning changes in political administrations—in order to prepare and respond to external shocks and unexpected events such as the COVID-19 pandemic. Our leaders must make increased and strategic investments in health to boost actions at the first level of care and in specific areas such as NCD prevention and control. Strengthened and reoriented health systems based on primary health care approaches are essential for the achievement of universal health.

Regional solidarity and regional public goods such as self-sufficiency in access to essential medicines, vaccines, and health technologies are needed to ensure that the health of the peoples of the Americas is not put at serious risk by disruptions in international supply chains. Solidarity and collaboration in building sustainable manufacturing and distribution capacity in the Region must be pursued to reduce our dependence on the importation on these and other essential products. PAHO has already begun by establishing the platform, and two of our countries are beginning work on mRNA vaccine production. We have also identified two countries that were strengthened.

We have also seen the importance of strong disease surveillance systems; efficient laboratory diagnostic and clinical management capacities; well-trained and equitably distributed human resources for health; and strategic communication that targets key stakeholders, including the public, to counter and manage misinformation and disinformation.

Even as I demit office and look towards 2030, I am hopeful of the Bureau's accelerated action in addressing current and emerging challenges, guided by our Governing Bodies; national, regional, and global frameworks for health; and in close collaboration with strategic partners.

Let me state unequivocally that though many may see equity, human rights, sustainability, multisectoral engagement, social inclusion, and participation as simply buzzwords to be used at meetings and in documents to demonstrate good intentions and political correctness, these are key principles on which our work is steadfastly anchored.

It is said that *A journey of a thousand miles begins with a single step*. Though we have taken many steps along this journey to sustainable and equitable health for all, there are many more steps to trod—and, no doubt, many more challenges to encounter before we arrive at 2030. However, we must keep our eyes fixed on the destination, focused on leaving no one behind in our quest for health for all and a better world.

Let me say again it has been an immense pleasure, a profound honor, and my greatest professional achievement to have served as the Director of the Pan American Health Organization for the past ten years. The successes have far outweighed the challenges, and I have had the exceptional good fortune to work with a team of consummate, hard-working professionals who

are dedicated to the cause of public health. I again express my gratitude to all personnel—regardless of contractual status—at all of the Bureau’s entities at the regional, subregional, and country levels.

Without the tireless efforts of PAHO Member States and the subregional integration entities, and the health workers in our countries there would be no advances in public health. So, I want to thank them for their unstinting cooperation, their invaluable contributions, and for their tangible demonstrations of solidarity and Pan Americanism for health in the Region.

To all our partners—WHO and our sister UN agencies; non-governmental organizations; philanthropic foundations; the media; international financing institutions; the public, the so-called ‘man on the street’ or *de los barrios*; the health-supporting private sector; and all the others that are too numerous to mention—I wish to convey my sincerest appreciation for your support, your advice, your contributions, and your camaraderie.

I pass the baton in this marathon relay for another 120 years of uninterrupted PAHO service with excellence and value-added to the Region and I wish the next Director and PASB team every success in their stewardship of, and contribution to the health and well-being of the peoples of the Americas and the Region’s sustainable development.

Mr. President, trying to encapsulate five years of intense delivery is difficult, hence the length of the presentation.

I thank all of you.
