



60th DIRECTING COUNCIL

75th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 25–29 September 2023

CD60/DIV/6
Original: English

**PRESENTATION OF THE 2023 ANNUAL REPORT,
DR. JARBAS BARBOSA DA SILVA JR.,
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
AND REGIONAL DIRECTOR
OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS**

**PRESENTATION OF THE 2023 ANNUAL REPORT,
DR. JARBAS BARBOSA DA SILVA JR.,
DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
AND REGIONAL DIRECTOR
OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS**

25 September 2023

**60th Directing Council
75th Session of the WHO Regional Committee for the Americas**

Excellencies
Esteemed Ministers of Health
Ambassadors
Permanent Representatives and Permanent Observers
Secretaries
Directors and other professionals of the Organization of American States
Dear colleagues
Specially invited guests

Good morning to you all again and thank you for being here. I am pleased to present my first Annual Report as Director of the Pan American Sanitary Bureau (PASB or the Bureau), which covers the period July 2022 to June 2023, and reflects a time of transition on many fronts.

We have finally emerged from the acute phase of the COVID-19 pandemic and into the post-pandemic recovery. The past few years' intense focus on emergency response has shifted to a broader effort to implement lessons learned and reinvigorate disrupted service provision.

And, within the Bureau itself, we have transitioned from one administration to another.

Periods of transition can create disturbance. However, with sufficient reflection, they can also present important opportunities.

I want to make certain that the momentum of change is harnessed in the most beneficial way. To help us work together to identify and address long-standing challenges across the Region—and within the Bureau—and make valuable course corrections that better equip us to achieve our shared goals.

Reflecting on my first months as Director of PAHO, I take great pride in assuming the leadership of an organization whose footprint, visibility, and impact were already growing under the wise, compassionate, and steadfast leadership of my predecessor, Dr. Etienne, a much-valued colleague and friend.

We saw some landmark regional initiatives launched during her tenure—such as the High-Level Commission on Mental Health, which I will refer to again in a few minutes—which significantly contributed to enhancing the health and well-being of the people of the Americas long into the future.

However, with global attention now palpably shifting to the post-pandemic phase, we at PAHO must make a corresponding shift to safeguard our successes and maintain the prominence of health in the development agenda.

We must clearly and firmly make the case for sustained investment in health. To ensure that the galvanizing force of the pandemic is used to maximum effect, to protect the Region's people from future disease and suffering.

Earlier this morning, I talked about the five pillars I set out during my inaugural address, which are intended to guide the Organization's work over the next five years.

I also described PAHO Forward, my organization-wide initiative to increase the Bureau's efficiency, transparency, and accountability, creating the internal systems that, I hope, will form a robust platform on which to build up the Organization's relevance and leadership in the Region of the Americas and globally.

This Director's Annual Report—which is substantially different in length, format, and content from previous years—is an excellent example of how we are putting these principles into action.

Providing better visibility to our work is a crucial part of a more accountable and transparent organization.

We want to capture and communicate our results in a way that presents a clear, concise image of the impact of what we have achieved. And to tell our stories in ways that showcase successes, celebrate our partnerships, value our financial supporters, and recognize the tremendous efforts of our Member States, against backdrops of huge fiscal, economic, social, and health constraints.

The report documents the many ways in which the Bureau has capitalized on the opportunity presented by the sudden prominence of health during the pandemic, to reinforce its position as the preferred health sector partner in countries of the Region.

We have demonstrated our convening power, technical expertise, analytical capacity, and close relationships with Ministries of Health. We have upgraded our systems, incorporated new technologies, and scaled up our technical cooperation to meet the huge increase in demand.

These investments—in both reputation and function—will continue to yield benefits going forward.

Overall, this report demonstrates how our commitment to acknowledging weaknesses and gaps exposed by the COVID-19 pandemic—and learning its hard lessons—is already delivering results.

It is this approach that will drive the accelerated progress the Region desperately needs to get back on track to achieve the Sustainable Development Goals and deliver a truly sustainable post-pandemic recovery.

I now want to highlight a few of the key achievements the report presents.

First, thanks to the generous support of several donors, we are proud of having been able to support countries to sustain and scale up their pandemic response activities, right to the end of the acute phase of the pandemic.

Focusing on vaccination, procurements, health system strengthening, and generation of technical knowledge, the Bureau supported countries to increase the total number of COVID-19 vaccine doses administered in the Region from just under 1.5 billion to over 2 billion, surpassing the WHO target of 70% coverage for the Region as a whole.

Direct procurements, which absorbed the majority of implemented funds, were used to deliver 50 million units of supplies to countries, amounting to a total of 31 shipments to 25 countries and territories.

These are huge achievements. Not only in helping countries directly, but also in demonstrating PAHO's ability to implement significant amounts of financing, rapidly and effectively, and ensure alignment of donor investments with country needs and priorities. This would not have been possible without our long-established country coordination mechanisms and dedicated subregional and country-office teams.

Importantly, knowledge and capacities developed through these activities—for example, training and equipping primary health care clinics and staff to provide clinical care for patients with COVID-19, and our work to understand and address vaccination access barriers among the most vulnerable, underserved groups—are now contributing to sustainable recoveries based on renewed primary health care.

This mindset of championing activities whose benefits multiply over time is key to maximizing our impact.

Another good example of this approach is the Elimination Initiative, which lays out a vision for a future free of more than 30 communicable diseases, and which has been the driver of more integrated, effective, and equitable health services.

Although the COVID-19 pandemic temporarily halted its implementation, PAHO will be relaunching the Elimination Initiative in the post-pandemic era as a core component of recovery and resilience.

As part of this effort, countries that have completed action plans to strengthen the essential public health functions—another important and far-reaching health system strengthening initiative—have committed to include elimination actions within their national health plans and other health planning instruments.

Let me now switch to Spanish.

While planning for future resilience, however, we must not neglect the fact that the pandemic has left a lasting mark on the complex epidemiology of the Region.

Mental health, for example, was already a serious public health issue among countries in the Region due to a high burden of disease, low treatment coverage, and rising suicide rates which, worryingly, oppose global trends.

Against this backdrop, the pandemic spurred the development of new mental health conditions and worsened pre-existing ones, while disrupting access to essential mental health care.

Data indicates that major depressive disorders and anxiety disorders rose by 35% and 32%, respectively, in Latin America and the Caribbean in 2020. Women, young people, Indigenous populations, Afro-descendants and members of other ethnic groups, and people living in poverty are among those most severely impacted.

In 2022, my predecessor, Dr. Etienne, had the foresight to establish the High-Level Commission on Mental Health and COVID-19 to prioritize mental health in the Region and provide guidance to Member States on strengthening mental health during and after the pandemic.

In June 2023, the Commission published its final report—a broad and articulate Call to Action.

PAHO's Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas, presented for discussion at this Directing Council, is informed by the High-Level Commission's recommendations. It emphasizes that an intersectoral response is needed to prioritize mental health and suicide prevention and mobilize resources to meet the growing demand for care.

Mirroring mental health trends in the general population, the pandemic also had severe detrimental effects on health workers. Between 14.7% and 22% of health workers in most countries reported symptoms suggesting a depressive episode and 16% of the total health workforce in the Region, which is estimated at 15 million, were directly affected by COVID-19 disease.

These figures are alarming in light of the chronic shortfall in human resources in the Region's health systems, which WHO projects as at least 600,000 thousand health professionals in Latin America and the Caribbean by 2030.

An impending crisis such as this makes the new Policy on the Health Workforce 2030, also presented for discussion at this Council, particularly noteworthy for its goal of guiding efforts to strengthen human resources for health as the core of resilient health systems.

I spoke earlier of one of my main technical initiatives to incorporate noncommunicable disease into primary care. But I have not yet broached the topic of determinants of this growing disease burden, and how much of ill health in adulthood is related to modifiable risk factors early in life.

The four NCD key risk factors—tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity—commonly become lifelong habits during childhood and adolescence. This trend is worsened by the fact that these groups are often targeted with marketing messages encouraging tobacco use or consumption of ultra-processed foods.

With a prevalence of obesity among children and adolescents aged 5–19 years of 14.4% in 2016, the latest year for which regional data are available, up from just 3% in 1975, this Region is among the worst affected in the world.

To be effective, prevention interventions must target this critical time, as the new Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults, recommends. It provides strategic and technical guidance for NCD interventions for children, adolescents, and young adults, drawing on a set of cost-effective and evidence-based NCD interventions proposed and recently updated by WHO.

While these and many more of the Bureau's activities and achievements are described in detail in the full Annual Report, there are some important additional achievements that highlight PAHO's global profile that deserve to be mentioned:

- a) PAHO's leadership on Indigenous health, and as a point of reference to guide decision-making at a global level, has been recognized thanks to our key role in the United Nations Permanent Forum on People of African Descent and other international forums.
- b) Our world-leading procurement innovations, including robotic process automation and cloud-based digital solutions, which were developed for PAHO's Strategic and Revolving Funds and help to maintain transparency, rigor, and trust in the procurement process, were recognized with a Global Procurement Award for Digital Impact from industry body Procurement Leaders.
- c) The continued expansion and success of the Virtual Campus, our online health worker education platform, reached the milestone of 2.5 million users during this year.
- d) And the continuing rapid roll out of telehealth models at the first level of care which, with PAHO support to boost digital literacy among the health workforces, including as part of our Virtual Campus activities, are poised to revolutionize health care.

Clear demonstrations of results like these, which build on, scale up, and institutionalize lessons learned from the pandemic, while supporting countries to reorientate towards primary health care and recover full health system function, are the essence of what the five pillars were designed to achieve.

Ladies and gentlemen, ministers, delegates here present, the pandemic showed us that our struggle as the most unequal Region in the world underpins many of our current and future health challenges. But I am convinced that, by learning its lessons, capturing innovations, and sharing them in effective and engaging ways, as I hope we have succeeded to do with this report, we have an opportunity to put the Region on an accelerated trajectory toward Health For All and deliver a truly sustainable post-pandemic recovery.

Thank you for your attention.

- - -