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ANNUAL REPORT OF THE DIRECTOR 2012-2013

Building on the Past and Moving Into the Future with Confidence

Dr. Carissa F. Etienne
Director of the Pan American Sanitary Bureau

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Honorable President
Honorable Ministers of Health
Distinguished Delegates
Distinguished Members of the Diplomatic Corps
Ladies and Gentlemen

Good morning. I am privileged to share the Annual Report of the Pan American Sanitary Bureau for the 2012-2013 period, which covers the last months of the administration of PAHO's most immediate past Director, Dr. Mirta Roses Periago, and the first months of my own. The work reflected in the Report speaks to the Organization's leadership, as it continues to strive toward realizing a vision of a Region where all individuals enjoy the fullness and dignity of their basic human right to live healthy and productive lives.

PAHO, as do our many partners around the world, faces the complex challenge of advancing health and sustainable development, with constrained resources. We know that we must find new ways and develop new alliances in order to continue to serve our Member States well, and to remain a positive force for global health and for health within the Region.

I am confident that our Organization can rise to meet the challenge.

As you read the Report, you will find an extensive account of the progress and achievements of a remarkable network of actors who share a commitment to the universal human right to health. Through your readings, you will be able to trace how our countries are advancing toward the goals of achieving universal health coverage and reducing the inequities in the social determinants of health. In December we will conduct a full analysis of the impact of this work over the biennium.

Allow me to draw your attention to some of the Report's highlights, including:

- PAHO's efforts to strengthen health systems, based on the strategies of primary health care;
- our approach to improving health throughout the life course;

- the Region's progress in meeting the targets of the Millennium Development Goals;
- our work in noncommunicable and neglected infectious diseases;
- our efforts in reducing the burden of infectious diseases and reducing the epidemics of communicable diseases;
- our achievements in building the capacity of countries and the Region in key areas, including epidemic alert and response, and disaster preparedness and risk reduction.

PAHO's network extends across ever-expanding and ever-deepening relationships among our partners. It is because of this network that,

- The people of the Americas are healthier and stronger.
- Our Region is stronger, so too are our countries.
- Our influence is stronger.
- Our Organization is stronger, as we restructure our internal operations and as we move towards a fuller integration of technology into all we do.

What's more, I can report that from this position of **strengths multiplied** – PAHO is ready—indeed eager—to press forward on the Strategic Plan for 2014-2019.

First and foremost, let me re-confirm what has been recognized and applauded in multiple global reports. The outcome of your leadership and efforts within your countries and across our Region is that the people of the Americas are healthier and stronger, by most every measure.

Estimated life expectancy in the Region rose to 76.2 years at the end of 2010, and is projected to rise to 82.7 years by 2050. The Region's mortality rate continues to drop, despite an aging population. The same positive trend is seen in infant mortality, which declined 62% between 1990 and 2011.

Maternal mortality has also declined in the Region, although not as steeply as the average global reduction

The Region has made significant progress in meeting the health-related MDGs, including reducing infant mortality, reducing the incidence of malaria and tuberculosis, and reducing the spread of HIV/AIDS. We have the highest annual rate of decline in TB incidence of any WHO Region. In addition, the Region shows positive trends in providing safe drinking water, access to reproductive health, to affordable essential drugs and to treatment for people living with HIV/AIDS.

We have no intention of letting the next two years become lost opportunities, as countries continue their final push to meet the targets of the MDGs before turning the

page on this era. Most recently, in September 2013, PAHO signed the Declaration of Panama, A Promise Renewed for the Americas, committing to redouble its efforts to reduce inequities in reproductive, maternal, neonatal and child health through multisectoral interventions. We joined partners and sponsors from the IDB, UNAIDS, UNFPA, UNICEF, USAID, and the World Bank, and 30 countries and 16 international agencies.

The Annual Report before you shows what countries throughout the Region have achieved, with PAHO's support, during 2012-2013.

Countries are successfully confronting old problems, existing problems and new emerging challenges. Colombia—after 16 years of efforts—became the first country in the world to eliminate onchocerciasis, or river-blindness, in 2013, when WHO verified the country as transmission free. This effort was led by Colombia's National Institute of Health and the Ministry of Health and Social Protection with support from PAHO, the Carter Center's Onchocerciasis Elimination Program of the Americas, and Merck Laboratories' Mectizan Donation Program.

In June 2012, PAHO partnered with UNICEF, the U.S. CDC, AECID, and AIDIS to launch the Regional Coalition for Water and Sanitation to Eliminate Cholera in Hispaniola. The Coalition—which now has 20 members—provided technical support for the governments of Haiti and the Dominican Republic to develop national plans of action for eliminating cholera by 2022. By mid-2013, the Coalition had secured pledges of more than US\$ 200 million to support the plans' implementation, and it continues to work to mobilize additional resources.

You will also find details within the Report of PAHO's life-course approach, which focuses on the comprehensive development of children from infancy through adolescence, with a special emphasis over the reporting period on reducing maternal and neonatal mortality.

PAHO has long been recognized for its leadership in the eradication and elimination of vaccine preventable diseases. Over the past year, countries of the Americas continued to pave the way for introducing new vaccines through their national immunization programs. At the end of 2012, 86% of all children under age 1 in the Region were covered by the rotavirus vaccine; and 81% received the pneumococcal vaccine.

Our Region's strength is a result of your leadership in the health sector and your influence in improving those social conditions and structural determinants that promote health within your own countries.

As a result of the Region's social policies and programs, over 60 million people in Latin America and the Caribbean had moved out of poverty by 2010, and that trend continued up through the end of last year, and until today. The Region's Human Development Index is now at 0.704, just shy of the UNDP marker for "high

development.” With almost universal access to primary education throughout the Region, one of the most critical conditions for health, economic productivity, social mobility, poverty reduction, and citizenship-building has been met.

Pan American solidarity, which has always played a role in the public health of the Region, continues today as our population ages and their disease burden shifts. PAHO’s Member States have mandated a multi-stakeholder, collaborative, “whole of government and whole of society” approach to fight the rising epidemic of noncommunicable diseases.

PAHO also worked with Member States throughout 2012-2013 to strengthen health systems based on a renewed primary health care strategy.

We created the Primary Health Care Collaborative Network, which now has 450 members and 14 regional communities of practice, to exchange information and best practices across countries.

We have partnered with Schools of Public Health on analyses of hospital and emergency services, on efficiency and quality of health care, and costing and financing of health-care services. We have supported ministries of health and their local counterparts on policy, planning, and management of the health workforce.

In September 2012, our Member States approved a new Regional Strategy for Noncommunicable Diseases that seeks to raise the profile of NCDs on countries’ development and economic agendas.

In February 2013, PAHO launched the Women’s Cancer Initiative, an alliance of public and private organizations committed to reducing breast and cervical cancer, the leading women’s cancers in Latin America and the Caribbean. Also in 2013, the *SaltSmart* consortium endorsed a multi-year plan to cut dietary salt consumption to reduce hypertension and cardiovascular disease.

PAHO has supported countries during this reporting period through legislative and improved regulations related to the risk factors of noncommunicable diseases. This has included attention to: tobacco control; the advertising, promotion, and labeling of industrial processed foods and their marketing to children; new norms and guidelines for healthy school meals; new taxes on sugar-sweetened beverages; and new regulations to reduce the salt content of industrially produced bread.

In addition, PAHO defined a set of essential and affordable medicines for treatment of NCDs, which member countries can now purchase through the PAHO Strategic Fund.

Without reservation, I can tell you that PAHO’s collaborative networks are wider and stronger, as they increasingly need to be. And for that we are thankful to all we have joined and all who have joined with us.

We have worked, for example, with international partners including Canada, the United States and the United Kingdom, to develop the Caribbean Public Health Agency (CARPHA), merging five regional health institutions with the mandate to coordinate action among Caribbean countries in the core areas including disease surveillance, human resources for health, emergency preparedness and response, health promotion and communication and policy development. CARPHA became operational on 1 January 2013.

Coordinating the work of partnerships and networks becomes even more critical—and more challenging—as economic difficulties at the global, regional, and national levels mean that we are all called upon to “do more with less.”

Coordination in the delivery of technical cooperation is essential in priority countries, such as Haiti and Guatemala, as well as around initiatives, such as the *Every Women Every Child* campaign and around thematic issues such as HIV and AIDS and noncommunicable diseases.

The need for effective coordination is especially urgent in the case of emergencies and disasters. In 2012-2013, following extensive consultations with countries and other stakeholders, PAHO revised its Emergency Preparedness and Disaster Relief Program around three main lines of work:

- Improving the capacity of Member States to provide timely and appropriate response to disasters, complex emergencies, and other crises;
- Enhancing capacity of national health systems for emergency preparedness and disaster risk reduction; and
- Increasing the effectiveness and the coordination of PAHO and the U.N. Health Cluster in responding to emergencies.

Colleagues:

As encouraging as all these accomplishments are, we must acknowledge that not all our people are benefitting equally. Women and children living in poverty have been left behind.

So have our indigenous, Afro-descendant and marginalized populations, as have those living in crowded urban centers or in remote rural areas, and those socially excluded and discriminated.

Member States supported by PAHO bear a responsibility to each and every individual in the Americas who is unable to fully enjoy their human right to health and live up to their full potential.

Inequalities and inequities within and across our countries take their human toll, as too many of our people, especially our children, become ill needlessly as a result. Needlessly.

We are accountable, to ourselves most of all, for each and every one of the deaths and illnesses within our Region that could have been prevented.

The challenge of inequity—in health and its social determinants—continues to be our Region’s defining challenge. I believe that achieving universal health coverage will take us far toward overcoming this challenge, and I have promised to dedicate my efforts to this goal as PAHO’s highest priority.

Just as your leadership has been the key factor in the achievements described in this Report, it will continue to be the essential factor in whether we are successful in advancing the cause of universal health coverage.

I am confident that PAHO will be stronger for the changes in our internal structure and corporate services we have undertaken in 2012-2013, described in some detail in this Report.

As excited and optimistic as I was when I first was elected as Director, I am even more enthused today—PAHO’s core values are holding fast: universality, equity, and Pan American solidarity.

Our focus is where it has always been: on the world within which people live, on the social structures and the conditions of their daily lives that make the difference in whether they and their families enjoy their right to health and live with dignity.

Our commitment to human rights still underpins all we do; and the principles of primary health care are still our principles.

PAHO’s best resources for improving public health in every country in the Americas are what they have always been: the knowledge, expertise, and wisdom of our Member States.

PAHO’s job, as we understand it, is to connect the dots among you, serving as your strategic partner in mobilizing political will at the global, regional, and national levels.

But as the world changes and societies do too, so do the challenges before our Member States: the diseases are different, the social and economic climates are different, and the development community is different. The way people access information is different, and so are their expectations of what to expect from their governments and partner organizations.

Our Region is different than it was. Inequities that divided us before, divide us still. But they are deeper and more entrenched. At the same time, several of our countries have expanded their global markets, others are recognized as emerging economies and others are among the new leaders of the global economy.

And so, for all these changes, PAHO must also change to remain relevant and true to its mission.

Open to change and renewal, PAHO's people have embraced innovation in the service of our mission. We believe we have put a structure in place to better support Member States; and we will be working out the kinks over the coming months so that Member States will find us more responsive, more flexible and more transparent in all our dealings.

Our priorities, as presented within the Strategic Plan for 2014-2019, are clear, easily understood and communicated, and fully supported throughout the Organization.

As we strive toward universal health coverage and focus on reducing the inequities in the social determinants of health, we will prioritize our efforts around the thematic areas:

- (1) Communicable Diseases
- (2) Noncommunicable Diseases
- (3) Promoting Health throughout the Life Cycle
- (4) Health Systems
- (5) Preparedness, Surveillance, and Response

To close, let me assure you once more that PAHO is prepared and ready for the future.

Prepared and ready for our new strategic plan.

Prepared and ready for the post-2015 development era.

Prepared and ready to support Member States in their drive towards the goal of universal health coverage as the first and most necessary step toward realizing our vision of our Region as one where every individual lives a long life of dignity, health, and productivity. As is their right and is the world's responsibility to ensure.