



## **58th DIRECTING COUNCIL**

***72nd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS***

*Virtual Session, 28-29 September 2020*

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**PRESENTATION OF THE 2020 ANNUAL REPORT  
DR. CARISSA F. ETIENNE  
DIRECTOR OF THE PAN AMERICAN HEALTH ORGANIZATION AND  
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**28 September 2020**

**58th Directing Council of PAHO  
72nd Session of the WHO Regional Committee for the Americas**

President of the 58th Directing Council of the Pan American Health Organization,  
Honorable Fernando Ruiz Gómez, Minister of Health and Social Protection of  
Colombia,  
Other Special Invitees,  
Honorable Ministers and Secretaries of Health of Member States of the Pan American  
Health Organization  
Distinguished Member State Delegates,  
Eminent Members of the Diplomatic Corps,  
Representatives of Non-Governmental 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.

It gives me immense pleasure to present to you the 2020 Annual Report of the  
Director of the Pan American Sanitary Bureau, which this year is entitled - Saving Lives  
and Improving Health and Well-being.

This report covers the period July 2019 to June 2020, and as most of you already  
know, the Pan American Sanitary Bureau and PAHO Member States have faced many  
significant and daunting challenges during this review period. We have all had to confront  
and respond to the COVID-19 pandemic and its colossal impact on the health of our  
populations together with its devastating effects on our health systems, our economies as  
well as our social protection mechanisms, the overall results being severe disruptions  
in almost every aspect of life, work, and business, not only in Member States but also  
at the Bureau.

In addition to COVID-19, we at the Bureau were challenged by an unprecedented financial crisis due to non-payment of a significant proportion of Member States Assessed Contributions and a freeze in some voluntary contributions, which severely tested our own resilience and our capacity to function efficiently and effectively. This financial crisis resulted in our having to implement substantial cost-containment measures, while simultaneously responding to the innumerable needs of our Member States generated by the pandemic.

However, I am extremely grateful that with solidarity and in the deep-rooted spirit of Pan Americanism, we confronted these challenges, transforming systems and processes, innovating, and producing results to improve the health of the peoples of the Region of the Americas, especially those living in conditions of vulnerability. While the full 2020 Annual Report of the PASB Director is at your disposal, I would like to take this special opportunity to highlight some of our results and related interventions.

### **Progress in universal health**

COVID-19 has harshly demonstrated the negative impact of inequities and the chronic lack of access to the social determinants of health. Universal health- with the primary health care (PHC) approach at its core- is critical for reducing inequities. The Bureau advanced progress in universal health by promoting the leadership and governance aspects of the updated Essential Public Health Functions, including at the parliamentary level in Central and South America, and by strengthening Integrated Health Service Delivery Networks. We continued to promote PHC-30-30-30, the Regional Compact on Primary Health Care for Universal Health, which was launched in Mexico City in April 2019, using every opportunity to strongly advocate for reducing barriers that hinder access to health by at least 30 percent; for increasing public expenditure on health to at least 6 percent of GDP; and for allocating at least 30 percent of those resources to the first level of care by 2030. Our COVID-19 experiences have explicitly demonstrated that these are essential components for an effective response to this pandemic and for post- COVID national rebuilding well into the future.

### **Continued procurement of essential supplies**

Disruptions in global supply chains, which occurred as a result of far-reaching COVID-19 related travel and transport restrictions together with reduced or redirected manufacturing of many products including active pharmaceutical ingredients, raised the specter of shortages of essential medicines, diagnostic kits, vector control supplies, vaccines and other health technologies in Member States. The PAHO Regional Revolving Fund for Strategic Public Health Supplies [the Strategic Fund] and the PAHO Revolving Fund for Access to Vaccines [the Revolving Fund for Vaccines] demonstrated their practical and functional utility as foundational pillars of our technical cooperation as they greatly facilitated Member States' access to quality, safe and affordable vaccines and supplies, including Personal Protective Equipment, test kits, anti-retroviral, anti-TB and

anti-malarial medicines, and for the first time a biotherapeutic biosimilar, thus helping to mitigate these disruptions and enable continuation of treatment for persons with certain diseases.

Very early in the pandemic and separate from the Strategic Fund, we made some early donations to countries, such that by 28 February 2020, 29,512 COVID-19 PCR tests were dispatched to 24 countries; and by 15 March 2020, 9.72 tons of PPEs had been forwarded to 25 countries from the Organization's strategic stockpile based in Panama.

### **Progress in the elimination of communicable diseases**

Under the rubric of PAHO's Disease Elimination Initiative, which was approved by the 2019 Directing Council, we enhanced our partnerships with the Global Fund, USAID, the European Union, FIOCRUZ and the US CDC, among others, and advanced progress towards the elimination of HIV, hepatitis B, malaria, and tuberculosis, as well as neglected infectious diseases such as rabies. El Salvador and Belize reported no indigenous cases of malaria in 2019 making them good candidates for elimination certification in 2020 and 2022, respectively. With funding from the World Bank and in collaboration with the Ministry of Agriculture, we undertook a successful canine anti-rabies vaccination initiative in nine of ten Departments in Haiti achieving a coverage rate of 79.4 percent. We collaborated to strengthen the implementation of the One Health approach in controlling zoonotic infections and to enhance the surveillance of, and diagnostic capacity for, antimicrobial resistance.

Through its Immunization Program, the Bureau intensively supported countries and territories to maintain their vaccination programs and to begin to lay the necessary groundwork in preparation for the introduction of a potential COVID-19 vaccine. The Bureau has been closely following the COVID-19 vaccine development pipeline and collaborating with global partners to advocate for possible vaccines to be made accessible and affordable to all countries regardless of their income classification. Through rigorous interventions by the RFV, we were able to minimize potential stock-outs in measles, diphtheria and yellow fever vaccines as we worked with countries to battle outbreaks of these three vaccine preventable diseases in Venezuela, Haiti and Brazil, respectively. Additionally, the RFV was able to successfully secure and deliver 24 million doses of seasonal influenza vaccines to Member States in the Southern Hemisphere in order to protect their populations and limit the potential negative impacts of dual epidemics of COVID-19 and influenza during this fall and winter. Some 70 million persons in the Southern Hemisphere have received the Flu vaccine.

### **Addressing the climate change crisis**

The small island developing states of the Caribbean remain extremely vulnerable to effects of climate change. The European Union-funded CARIFORUM project on Strengthening Climate Resilient Health Systems in the Caribbean will effectively support the implementation of the Caribbean Action Plan on Health and Climate Change

2019-2023 which will address the health impacts of the climate crisis and contribute to a reduction in mortality and morbidity from the expected health consequences of climate change in Caribbean countries. This action plan includes linkages to the environmental determinants of health and actions to address COVID-19 through the strengthening of climate-resilient health systems.

### **Enhancing disaster and emergency preparedness and response**

The COVID-19 response benefitted from our past cooperation, including that provided by the following technical programs:- The expansion of the Smart Health Care Facilities initiative; preparedness for influenza and other respiratory viruses; strengthening core capacities to implement the International Health Regulations- 2005 and responding to other emergencies, disasters, and crises; addressing critical public health needs in Venezuela and neighboring countries, and cholera elimination in Haiti. Additionally, extensive work was undertaken by the Bureau with countries during the last quarter of 2019 to enhance Pandemic Influenza Preparedness in our Region. These efforts included strengthening of surveillance for severe acute respiratory and influenza-like illnesses as well as enhancing the functioning and capabilities of the National Influenza Centers [NIC]. This intense technical engagement with the laboratory network of NICS provided a strong foundation and significant collateral benefits for the COVID-19 response as it enabled the swift introduction of molecular testing for the emerging virus.

### **A Multi-faceted Response to COVID-19**

The Bureau's response to COVID-19 was well aligned with the nine pillars of the global Strategic Preparedness and Response Plan for COVID-19. We provided strategic technical advice and guidance to Member States on pandemic-related issues through online high-level meetings; webinars; publication of guidelines, including on risk communication, maintenance of essential services, management of persons with specific disorders and in specific circumstances, and mental health and psychosocial support. Several of the materials were translated into multiple languages, including some spoken by indigenous people, in order to reach the widest audiences possible and ensure social inclusion.

The Bureau assisted with procurement of medicines, equipment, and supplies, including personal protective equipment, and, importantly, given the pandemic's economic impact, we expanded our partnerships and resource mobilization efforts. We launched a US \$200 million appeal through the end of 2020 and established a new donation page on the PAHO website which, for the first time in PAHO's history, allows individuals to donate directly to support the Organization's emergency assistance and technical cooperation.

Our COVID-19 response integrated the PAHO crosscutting themes of equity, gender, ethnicity, and human rights, raising awareness of the potential for increased domestic violence; signaling the particular burden that women bear both as caregivers

within the family as well as the fact that they constitute the majority of health care workers; and emphasizing the need to focus on afro-descendants, indigenous peoples, and other groups living under conditions of vulnerability.

### **Maintaining health through the life course**

During this review period, we worked to maintain maternal, neonatal, and child health as well as the health of older persons. The first Caribbean Congress on Adolescent and Youth Health took place in October 2019 in Trinidad and Tobago, and we established the PAHO Youth for Health Group, aimed at institutionalizing youth engagement and empowerment within the Bureau's work. In October 2019, we launched a course on maternal and perinatal mortality surveillance and response for professionals involved in maternal and perinatal health via PAHO's Virtual Campus for Public Health. We are happy to report that by mid-June 2020, 1015 participants from 40 countries had enrolled in this course, including some from outside of our Region.

With our technical cooperation, seventeen countries upgraded the Perinatal Information System (SIP) to SIP Plus—the expanded, web-based version that facilitates strengthening of the quality and monitoring of women's, maternal, adolescent, and neonatal care. In observance of Vaccination Week in the Americas at the end of April 2020, the Bureau utilized virtual platforms to promote interventions for improving immunization coverage and advised on innovative strategies for their implementation. While we have been highly successful with new vaccine introductions in this Region, it is worrying to observe a deepening decline in DPT-3 coverage in infants under one year of age. At the end of 2019, there were 2.1 million children under one, who had not as yet received their DPT-3 vaccine, representing an overall coverage rate of 85 percent in that cohort for that antigen. There is, therefore, much work still to be done on this unfinished agenda. On 24 October 2019, poliovirus type-3 was declared eradicated globally, and in this regard, I would like to sincerely thank you- our Member States, our many partners as well as our Bureau staff for their long-term commitment to this goal as well as for their indefatigable efforts towards reaching this historic milestone.

### **Accelerating NCD prevention and control**

Studies undertaken during the COVID-19 pandemic quickly demonstrated the severe impact of the COVID-19 pandemic on persons living with underlying conditions such as NCDs. We conducted a rapid assessment of the impact of the pandemic on NCD services, which revealed service disruptions in 83 percent of the 29 Member States that responded. Reasons for these findings included partial reassignment of NCD staff to COVID-19 activities; partial closure of clinics; cancelation of elective care; and client non-attendance for fear of contracting COVID-19. We recognize that this issue must be addressed through enhancing the resilience of health systems and refocusing attention on universal health, with greater involvement of persons living with NCDs.

In continuing its work towards NCD reduction, PASB contributed to the promotion of breastfeeding through expansion of the Baby-Friendly Hospital Initiative; extension of the HEARTS and SAFER technical packages to address cardiovascular disease and the harmful use of alcohol, respectively; and strengthening of early detection and treatment services for children with cancer; supporting Member States in tobacco control legislation and regulation; and enhancing capacities for formulating drug policies with a public health orientation.

### **Emphasizing mental health and neurological conditions**

Mental health in emergencies has emerged as an important public health problem following the back-to-back monster hurricanes experienced in the Region during these last few years. However, the COVID-19 pandemic has also incontestably demonstrated its psychosocial and mental health impacts on populations. With funding support from the Caribbean Development Bank, we have been collaborating with the Government of the British Virgin Islands to implement and strengthen Mental Health and Psychosocial Support [MHPSS] services in disaster management and as of 30 June 2020, 150 professionals and community members have been trained in psychological first aid and other related subjects. In August 2019, a few weeks prior to the onslaught of Hurricane Dorian, PASB supported the Government of the Bahamas in developing standard operating procedures for Mental health and PsychoSocial support. This advance work enabled MHPSS services to be rapidly rolled out in those areas most affected by Hurricane Dorian and will also facilitate the integration of MHPSS into the Bahamas' COVID-19 response. We have made progress with the integration of mental health into primary health care through application of the Mental Health Global Action Program. Online self-learning courses on Psychological First Aid and the prevention of self-harm were launched on PAHO's Virtual Campus for Public Health. We also expanded partnerships for mental health to include the Caribbean Alliance of National Psychologists Association and Alzheimer's Disease International. Significant guidance on mental health and psychosocial support was provided as part of the COVID-19 response.

### **Promotion and management of information for health**

We are all aware of the infodemic associated with the COVID-19 pandemic. There was, and is, no shortage of information on COVID-19, including through social media platforms. PAHO has strived to maintain its reputation as a trusted source of up-to-date, accurate information on public health issues, and an important aspect of our information and communication interventions was countering misinformation and disinformation about COVID-19. In this regard and in collaboration with our partners, we responded rapidly and was one of the first regions in the world to implement a series of actions for supporting countries and territories, which included the development of a highly curated evidence portal composed of trusted information for decision and policy-making authorities, researchers, health professionals, and individuals. Very importantly, we undertook big data analyses to improve our understanding of on-line search behavior in

order to adapt our content to better serve client needs. For example, we have noted that persons may search for terms other than face masks in order to enhance their knowledge on a specific topic.

The Bureau's technical cooperation prioritized, among related issues, the strengthening of information systems for health, including greater disaggregation of data—necessary to identify inequities—and the adoption of digital health solutions. Some of these- including telehealth and online meetings- have proved critical during COVID-19. We also prioritized metrics, analytics, and forecasting, with health equity being integrated into our health analyses; the management of scientific and technical information and exchange of knowledge; generation of evidence that informs policy development; and fostering innovation in the health sector. In addition, the Bureau established the COVID-19 guidance and the latest research in the Americas portal, which facilitates access to, and use of, evidence-based information to strengthen health systems and services and promote research.

#### **Innovations in administrative and management systems**

In response to the COVID-19 emergency, the Bureau implemented special measures to maintain business continuity, ensure the safety and well-being of its personnel, and comply with local public health mandates both at PAHO's Headquarters and at its country offices. In regard to the profound financial crisis faced by PASB, we adopted several cost-saving measures, including a hiring freeze and a reduction in operational expenses in order to prudently manage that crisis while simultaneously providing supportive resources and counselling services for our PASB personnel during this stressful period, which was further exacerbated by the closure of work places and schools, teleworking and other impacts generated by the pandemic. I would like to sincerely thank all PAHO personnel for their extra-ordinary patience, collaboration, dedication and commitment during these trying times.

We accelerated the process of digital transformation already underway in the Bureau to adapt to the shift to nearly universal staff teleworking and restrictions on international travel resulting from the pandemic. We gave priority to providing secure, cost-effective, cloud-based services, implementing remote-access tools, modernizing user devices, expanding paperless initiatives, and enhancing connectivity at headquarters, country offices and specialized centers. These efforts were very much enabled by the optimized, cloud-based PASB Management Information System (PMIS) which was adopted in 2016.

PASB implemented innovations in its procurement operations to help Member States access health supplies, and collaborated with WHO, the United Nations Children's Program (UNICEF), and other partners through the UN COVID-19 Supply Chain System and the Access to COVID-19 Tools Accelerator (ACT-Accelerator).



The Bureau also ensured that PAHO's governance would not be put on hold. After cancelation of the meeting of the Subcommittee on Program, Budget, and Administration in March 2020, PASB's governance functions resumed, using virtual video platforms. We need no greater proof of the success of those efforts than this virtual 58th Directing Council meeting.

We have seen clearly that COVID-19 has put persons with certain underlying health conditions, as well as those residing in conditions of vulnerability, at increased risk of illness and death. Postponement and interruptions in health care have the potential to reverse public health gains, and there is a growing body of evidence, which suggests that excess mortality and morbidity are increasing in the Region as a consequence of the impact of COVID-19 on priority health programs. The health, social, and economic impacts of the pandemic will have far-reaching effects on progress for the achievement of national, subregional, regional, and global health goals; on health financing and resource mobilization; and on our efforts and aspirations for health development with equity.

The Economic Commission for Latin America and the Caribbean, ECLAC, has forecasted a regional average decline of -9.1 percent in gross domestic product, GDP, in 2020. Although recovery is predicted to commence in 2021, the recession may constitute the worst economic crisis of the past 80 years. However, we cannot be deterred or deflected from our mission. PAHO and ECLAC have agreed to work jointly to develop a new model that defines resilient health systems and universal health as key inputs for social protection and sustained economic growth post-COVID-19, and have collaborated to provide high-level guidance for countries on the need for convergence between health and the economy as a crucial aspect of the response to COVID-19 and its aftermath.

In conclusion, and cognizant of the fact that the Region of the Americas must confront the unprecedented challenge of saving lives and protecting the health and well-being of all people within the context of COVID-19, the resulting fiscal and economic crises and the fragile health and social protection systems, we fully recognize that massive and sustained interventions will be required- both in the immediate and foreseeable future- to control and contain COVID-19, to tackle increasing poverty levels, to reduce health and social inequalities and, very importantly, to position health at the center of equitable and sustainable development.

We will need to ensure that our strategies of technical cooperation foster greater efficiencies and produce effective and impactful results- not only to repress COVID-19- but also as we assiduously address other priority health issues and public health programs to avoid excess mortality, increased morbidity and the loss of those hard-fought public health gains that we have achieved over the past decades.

Looking ahead, the Bureau must therefore reinforce the importance of universal health anchored in the primary health care approach as a cornerstone for building resilience. There must be adequate health financing; equitable access to essential

medicines, vaccines and health technologies; well-trained and equitably distributed human resources for health; governance and leadership that promote and effect multisectorality, collaboration, partnerships, and networking to mobilize resources, address the social and other determinants of health, and promote equity; as well as effective communication with a variety of audiences, digital transformation, the use of virtual platforms, and strong information systems for health.

We must learn from the innovations, revised procedures, improved systems, and partnerships that COVID-19 has catalyzed. I do look forward to working with Member States, the PASB team, and diverse partners to build on the successes and address the gaps highlighted over this reporting period.

I am a firm believer in the maxim “behind every cloud there is a silver lining”, and I anticipate that in the next Annual Report of the Director, we will be able to highlight achievements that demonstrate the silver lining behind the cloud cast by the COVID-19 pandemic.

I thank you for your kind attention.

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