

---

# PONTIFICAL ACADEMY FOR LIFE WORKSHOP

## PUBLIC HEALTH IN GLOBAL PERSPECTIVE: THE CASE OF COVID-19

---

27 SEPTEMBER 2021

Remarks of the PAHO Director, Dr. Carissa Etienne

“Pandemic and Public Health in Latin America”

*Archbishop Vincenzo Paglia, President, Pontifical Academy for Life (Vatican City)*

*Organizers of this event*

*Members of the Head table*

*Distinguished Participants*

*A very good day to you.*

Thank you for extending an invitation to me to address this important forum. I so wanted to be with you in Vatican City, but alas COVID has dictated otherwise. I truly had looked forward to visiting again and having an audience with His Holiness.

The Pan American Health Organization which I have the privilege to lead, was established 119 years ago and comprises of 51 Member States and territories. It is the specialized international health agency for the Americas and also serves as the Regional Office of the World Health Organization for the Americas.

The Organization has been working assiduously to address the needs of millions of people in the Americas that have been impacted by COVID-19 through illness, mental stress, loss-of life, and economic hardship. We have been working under emergency provisions, reacting to ever changing trends in transmission and the emergence of variants, and to the imperative need to save lives. And while doing so, we continue to adjust and adapt, building capacity in pandemic response and control, advocating for equitable access to vaccines, urging the rapid deployment of vaccines and other critical supplies, and assisting countries to improve access and care for essential health programs.

The Americas has been greatly affected by COVID 19, registering some 87 million cases and more than 2 million deaths, representing 46% of all deaths globally.

We continue to be the Region most affected by the pandemic with recurring waves of transmission.

An average thirty percent of the population of the region are fully vaccinated, but this average hides the disparity in coverage where some countries have already achieved 70% while others are below 10% coverage, and three countries in the Region are still in single digits. And that is in a Region that has been so disproportionately affected.

During this unprecedented time, I did not hesitate to accept this invitation, recognizing the critical role of the Pontifical Academy for Life in shaping the future actions of global and national leaders of generations of care givers and health care managers, of advocates and actors including the private sector, in bringing this pandemic to an end and in shaping more just societies in the post pandemic era.

This can only be achieved through concerted action in public health to address the complex series of challenges we face in defeating this virus and in a manner whereby we recognize the shortcomings of our human nature, without judgement, but with understanding and resolve.

I want to recognize His Holiness, Pope Francis, for his leadership and vision in these difficult times, and of course, as the very first Pope from the Region of Latin America!

Pope Francis in his teachings has consistently defended the dignity of human life, expressing concern for the most vulnerable and defenseless human beings, including children, the disabled and the elderly. He has called for the recognition of and let me quote 'equal dignity of every human person,' placing 'human rights at the heart of all policies, including development cooperation policies, even when this means going against the tide. 'These rights he posited are, quote 'universal, indivisible, interdependent and interconnected' and they are rooted in the nature of the human person, as an 'inseparable unity of body and soul.'

These are the rights, values and principles that have shaped my own life, as a young physician working in primary health care in a small Caribbean island - my beloved country Dominica-, and as a servant of public health at the global and regional level. They have consistently guided me, in my actions to tackle this terrible pandemic, and more broadly to address persistent inequity, and to promote and protect Health for All.

*Pre-pandemic Deficiencies have Impacted COVID-19 Evolution and Response.*

Nineteen months following the declaration of a pandemic, COVID-19 continues to exact a toll on the lives, health and wellbeing of people, their communities, and countries. The pandemic continues unabated in the Americas, its impact exacerbated by lack of leadership, the politicization of science, global inequities in access to life saving vaccines and other health technologies, vaccine hesitancy, and preexisting deficiencies in public health and health systems capacities. These challenges are prolonging the pandemic, facilitating the generation and proliferation of ever more dangerous variants.

At the same time, the COVID-19 pandemic has cast a spotlight on how health, the economy and social development are intrinsically intertwined, where universal access to health becomes a prerequisite for national and global health security and development. The path to recovery, where sustained transmission is controlled, where people can once again work and live with dignity, where social interaction can sustain our mental and wellbeing, and where economies again can flourish, is through concerted action in three key areas:

- First, controlling the spread of COVID-19, including its variants:
- Secondly, maintaining surge capacity in health systems and services to tackle COVID-19 while addressing other priority health needs; and,
- Finally, and most importantly, ensuring equitable access to safe and effective vaccines that are delivered to all!

The challenges that all our countries have faced in responding to COVID-19 are a consequence of persistent inequity and social injustice, long-term structural deficiencies in the health sector, years of inadequate attention and public investment in health, and lack of preparedness and leadership.

Over the past decades, public spending in health, while slowly increasing, has been persistently low in the Americas, and in many cases, inadequate, averaging 3.7% of GDP, far below PAHO's recommended 6% of GDP. A third of health care costs are borne by the household. As a result, 95 million people suffer catastrophic health expenditure and 12 million are thrust into poverty.

Health systems in our Region are segmented into public, private, and social security systems, each with a different set of services and benefits, and with different barriers to access, either geographical, financial, or administrative in nature. Our health services are fragmented, with treatment limited by the type of insurance coverage you may have, with limited referral options, and lack of continuity in care. Inequities in access and quality remain prevalent by race and income throughout the Region, impacting the most vulnerable.

Health care delivery networks have been developed that are hospital-centric instead of being people and community centered; that are focused on resource generation instead of health outcomes; on illness and disease instead of the holistic health and wellbeing of the individual.

Insufficient attention has been placed on the first level of care, or primary care, where we believe that 70% of health needs of the population can be successfully addressed, and yet where financial investment remains minimal.

If we are to close the gaps that were laid bare and exacerbated by this pandemic and address the systemic and structural deficiencies that have been exposed in our health systems by COVID-19, I believe there is a need for a major shift in how we envision health and wellbeing.

I believe that Universal Access to Care and Universal Health Coverage are overarching tenets and drivers of health and sustainable development, where everyone has the right to access comprehensive, quality, and integrated health services, without incurring financial hardship. I believe that all countries and stakeholders, including faith leaders and their communities, should commit to this goal:

And that is - the achievement of Universal Access to Health and Universal Health Coverage, where we leave no-one behind. This can be an important model for the transformation of education, labor, social and economic sectors, as we strive for sustainable development that is people focused, that eradicates poverty and seeks to achieve the well-being and dignity of each human being.

I am convinced that we need adaptive and responsive health systems, organized in well managed health care delivery networks, built on a highly resolute first level of care to address the needs of the population and the individual. This is the premise for the Primary Health Care approach, a concept that dates back to 1978 and the Declaration of Alma Ata, where health systems are built around the needs of people, within the community, and with the community. The Primary Health Care approach has proven itself time and time again to be an effective strategy to support the achievement of Universal Access to Health and Universal Health Coverage. And when combined with the digital tools and technologies we have in the 21<sup>st</sup> century, it constitutes a very powerful transformational approach to improve the health of the population, in a most cost-effective manner.

I believe that we must strengthen essential public health functions and ensure that our public health programs are not siloed or segmented but are fully embedded with care services throughout the health delivery network, addressing both individual and population health needs. COVID-19 has highlighted the need for greater attention to emergency preparedness that is risk based, and for the delivery of emergency health services at a moment's notice.

I am convinced that we need increased levels of health financing, and improved utilization of resources to address inequities, eliminating out of pocket expenditures, and increasing efficiency within our systems. Greater investment in health research is required, to apply scientific evidence in public policy making, and in a manner whereby politics and ill-informed ideology cannot distort health decisions based on science. And most importantly, investments in science, technology and the industrial base in developing countries is essential so that we build self-sufficiency and are better able to respond to future health emergency needs when they occur.

Leadership in health is key to transform our thinking and the way we envision health. Pope Francis has said that, and I quote 'leadership is a call' and as evidenced from our experience in this pandemic, a call that needs urgent answering. We need leaders to build people-centered resilient health systems that are responsive and adaptive to the needs of the population, both in pandemic times, as well as in non-pandemic times.

We need leaders to place people at the center of our social and economic policies, addressing the needs of the most vulnerable. And we need leaders that have the capacity to translate the explicit annunciation of the rights-based approach to health and wellbeing, into policy and action on the ground.

This is the vision of health and wellbeing that I would like to present to you; for the inclusive, sustainable development of all our people and societies; for greater resilience in facing the next pandemic and one that is central to the achievement of Health for All.

The realization of this vision however requires us to look deeply inward: to balance individualism with the interests of the collective; to replace fear of the unknown with hope in the goodness of mankind; and to take action based on the core principles of solidarity and empathy for all human beings.

The virus does not recognize borders, nor is it concerned about race, creed, or political affiliation.

It adversely and disproportionately affects the most vulnerable; the elderly, those with underlying health conditions, the indigenous and afrodescendant populations and the poor. And it thrives in countries and communities that do not have the capacity to respond.

The Universal Declaration of Human Rights was adopted in 1948 as a landmark global agreement setting down the foundations for freedom, justice, and peace throughout the world. As we look forward to its 75<sup>th</sup> anniversary, we must take stock now, in the midst of the COVID-19 pandemic, of the basic rights and fundamental freedoms that have been affirmed by 193 nations, recognizing universality as inherent, inalienable, and applicable to all human beings. I did say Health is a right, and its protection and guarantee are obligations of the State. This right to the highest attainable standard of health is firmly embedded in the constitution of the World Health Organization, founded in the same year as the Universal Declaration and is embedded in many National Constitutions.

Such rights however cannot be realized until the principle of equity and social justice in health guides our action in international cooperation. Developing countries, including those in Latin America and the Caribbean must be prioritized through international solidarity, for intensified support in the face of COVID-19.

COVID-19 vaccines must be made available to less-well off nations, and solidarity-based mechanisms such as COVAX, must be supported not just with offers of financing from countries, but with concrete and sustained commitments of vaccines by the private sector. It is simply incomprehensible that rich countries will move forward with booster doses of vaccines for the general population, while poorer nations still struggle to ensure access to sufficient vaccines to protect the essential health workforce.

The structural barriers to access technology, including vaccine production technology should be removed, and incentives provided to support increased production capacity in developing countries. Vaccine geo-politics must stop in the interest of global public health, and in the interest of rich and poor countries alike, because we are reminded that until everyone is safe, no-one is safe.

Colleagues, Member States of the World Health Organization have committed to review the agreement or instrument for pandemic preparedness and response.

I am hopeful that equity and social justice will guide the nations' leaders in the negotiation of an eventual agreement, and that the commitments made will be in the interest of all God's people, irrespective of what country or community they have been born into.

It is only through solidarity and action to address global inequities can we effectively confront this and future pandemics

And it is only by safeguarding the rights and freedoms of each of our fellow men that we can better prepared for a better future.

As is so well stated in Proverbs 22: 2, *'The rich and the poor have a common bond, The Lord is the maker of them all.'*

Thank you for this opportunity.