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**WELCOMING REMARKS BY THE DIRECTOR OF
THE PAN AMERICAN SANITARY BUREAU
DR. MIRTA ROSES PERIAGO**

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Thank you, Mr. President [Dr. José Gomes Temporão, Minister of Health of Brazil], for presiding over our 48th Directing Council and the opening of this one.

My special thanks to the distinguished officers and, especially, to the Director-General of the World Health Organization, Dr. Margaret Chan, who has had to accompany the six Regional Committees of WHO, circling the globe several times.

It has been a great joy to have ministers and vice ministers with us who sacrifice their time to assume responsibilities in the management of PAHO. To those of you who are here for the first time, welcome to this, your house, the Americas' House of Health.

There is no doubt that in 2009 we have been living in "interesting times" with the arrival of the new influenza A(H1N1) virus. The Region became the first trench in this battle and was able to rise to this enormous health challenge. We declare our solidarity with the countries and families who have suffered the loss of human lives and the additional economic impact of the pandemic. The Region's critical contribution to global public health has been widely recognized, and having done our duty is a source of satisfaction. However, the experience has also left us clear-cut lessons about the fundamental value of preparedness, prevention, solidarity, risk communication, evidence-based policies, and integrated networks to respond to challenges of such magnitude.

The regional response capacity was heavily influenced by preparedness, fruit of the far-sighted decision adopted by the Directing Council in this regard back in 2005, the generosity of the international community, and the action taken by the Secretariat and Member States to implement it. The immeasurable value of prevention in health was also evident. The pandemic response in the Region has clearly reflected the solidarity among the Member States. The first countries to be stricken responded decisively and effectively, setting an example of solidarity among themselves and with others. That initial valiant and transparent response gained critical time that enabled the rest of the countries to fine-tune the instruments needed to face this challenge.

The response to the influenza pandemic has been decisively influenced by the adoption of policies based on scientific evidence, and this should continue in future stages to guarantee successful, effective, and efficient interventions. An extensive health network has been operating in practice throughout the Region, integrating the work of hundreds of thousands of people, from scientists in the laboratories, staff in the health services, and communicators to the experts who provide technical cooperation and the decision-makers, whether mayors, congressmen, ministers, or heads of State, into a single uniform public health effort, activating the International Health Regulations to protect the peoples of the Region.

The Member States and their work teams, guided by their health authorities, have distinguished themselves in this operation. Permit me here to recognize the leadership of Dr. Chan, our Director-General, at the helm of the extraordinary team of the Secretariat, which has provided technical cooperation throughout this process--a renowned interdisciplinary team committed to its mission. I am proud today to welcome and introduce a prominent member of that team, a man with a distinguished record of scientific and academic achievement and service to public health, Dr. Jon K. Andrus, who has been selected as Deputy Director of our Organization, a position that he will fully assume next Monday, 5 October.

Nevertheless, however satisfied we are with what we have accomplished, our work must continue because the challenges and trials ahead are still enormous.

The global economic crisis has threatened health and development achievements throughout the Region. The Economic Commission for Latin America and the Caribbean (ECLAC) forecast a 1.7% reduction in the Region's 2009 Gross Domestic Product, which would produce a contraction in per capita income for the first time in almost a decade. The substantial reduction in remittances to countries and the rise in food and fuel prices have exacerbated poverty and food insecurity in some Member States.

These trends will have health implications, increasing the number of vulnerable people and shrinking contributions to social security systems, leading to lower participation in health insurance plans, private or public. This in turn will result in greater use of free public services and the services provided by already overburdened volunteer organizations. People will put off seeking health care, reducing compliance with instructions about medication and nutrition and increasing the risk of complications, incurring enormous medical expenditures that can drag entire families down into poverty.

Government revenues have also fallen substantially, which means that if the historical model of procyclical public spending in the Region holds, public financing for health will be lower than the average 3.4% of GDP of the past five

years, a figure that was already lower than what countries with extensive social protection invest in health. Although several countries in the Region are putting anticyclical fiscal policies in place to cushion the impact of the crisis, most are focusing on job creation and infrastructure investments, not on social or health investment. We view with a great deal of concern the fact that in countries that have cut public spending, the budget allocated to the health sector has been disproportionately reduced.

Meanwhile, the impact of climate change is reflected in the spread of diseases to new regions, putting greater pressure on health systems and also on the food supply, which has been reduced by the droughts and fires that are the sequelae of El Niño, with the corresponding impact on the levels of acute hunger and malnutrition.

Given challenges of this magnitude, in addition to those that we face daily in health, we must apply the lessons that I have already mentioned and turn to preparedness, prevention, and solidarity to design evidence-based health policies and utilize integrated health networks to make very efficient and effective use of the limited resources allocated to public health.

This is reflected in the intense and ambitious agenda that this Directing Council will take up in the coming days, which ranges from the influenza pandemic and definition of the next steps to take, including the role of the Revolving Fund for Vaccine Procurement, to an analysis of the safe hospitals strategy, the Plan of Action for the Prevention of Avoidable Blindness and Visual Impairment, and the health research policy up to the discussion of proposals for the elimination of neglected diseases and other poverty-related infections, the Pan American Alliance for Nutrition and Development for the achievement of Millennium Development Goals, and integrated health services networks based on primary health care.

Within the framework of the Health Agenda for the Americas 2008-2017, we maintain our commitment to protecting achievements, tackling the unfinished agenda, and preparing for present and future challenges in health. To this end, we have the experience and technical expertise demonstrated throughout the history of this over a century-old institution, with the commitment of the Member States to securing the highest attainable level of health. We have our sights on the targets proposed within the framework of Millennium Development Goals and are aware of what this means in terms of hope and improvement in the living conditions of our most neglected populations. We are convinced that the democratic and sustainable progress of nations is inextricably linked to the well-being and health of peoples. Health has a fundamental role to play on the road to happiness, unity, and peace in the Americas. It is up to you, Ministers of Health, and PAHO will support you in every way.

Thank you very much.