



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



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**25th ANNIVERSARY OF THE PAHO/WHO INTERNATIONAL  
HEALTH PROGRAM**

**REMARKS BY DR. MARÍA ISABEL RODRÍGUEZ  
MINISTER OF HEALTH OF EL SALVADOR**

**25th ANNIVERSARY OF THE PAHO/WHO INTERNATIONAL  
HEALTH PROGRAM**

**Dr. María Isabel Rodríguez  
Minister of Health of El Salvador**

**28 September 2011**

**51st DIRECTING COUNCIL  
Washington, D.C.**

Honorable President  
Honorable Ministers of Health  
Distinguished Delegates  
Distinguished Members of the Diplomatic Corps  
Dr. Mirta Roses, Director of the Pan American Sanitary Bureau  
Ladies and Gentlemen:

In 1985, the Pan American Health Organization launched a human resources development program in the field of international health that has contributed not only to the enrichment and reorientation of young public health specialists in the Region, but to the production of new knowledge in international health and, especially, to the furthering of one of its basic activities: technical cooperation in health.

The creation of the Training Program in International Health was associated with WHO's search for strategies in the early the 1980s to meet the goal of Health For All and was specifically related to its call to increase the critical mass of leaders in the countries, bilateral and multilateral agencies, nongovernmental organizations, and WHO itself to make Health For All a reality.

The Program was launched at a particularly favorable juncture, arising from the redefinition of PAHO's mission in 1983 by the new Director at the time, Dr. Carlyle Guerra de Macedo.

The WHO initiative produced a major response in the Region of the Americas through PAHO's Human Resources Development Program, headed by Dr. José Roberto Ferreira. We intended at the time to offer a comprehensive response by developing three major lines of action: getting universities involved in the interdisciplinary approach to health, promoting and supporting higher education in public health, and offering the Training Program in International Health in the Organization itself.

One of the factors behind the positive response to the Program in our Region was evidence that the wealth of theory and experience and, especially, the commitment required for working in international health

were not part of the training of health workers, either in the services, educational institutions, or research. What is more, these aspects were not addressed in our countries' graduate programs in public health.

The late Milton Terris, referring to the International Health Program and the critical issue of leadership, used to say that the Americas needed to train a new generation of leaders that had not yet been molded to the old-fashioned, classical ways of working—leaders who could think for themselves and were capable of developing new concepts in international health and new, more in-depth approaches to its practice. And, referring to North-South cooperation, he said that PAHO should be congratulated on the orientation of the Program, since it advocated the transformation of international health from a field of domination and dependency to one of independence and cooperation.

I would like to remind the ministers of health of the Americas that the Training Program in International Health laid a sound theoretical foundation, that, given the global changes in health and effects on our Organization, possessed a remarkable explanatory and predictive capacity.

One of the key components of this approach was the view of health as an international matter—that is, as a foreign policy issue and a matter of State interest in the global political and economic dynamic. Today, we can say that health has indeed become an international matter, as never before in history.

In the context immediately following the Conference of Alma-Ata, in a bipolar world and at the twilight of the Cold War, public health issues of international concern, and eventually of international controversy, were debated and resolved in the multilateral arena of WHO.

Multilateralism is currently on the defensive and under suspicion .

In 1990, five years after the creation of the Program, international health assistance totaled US\$ 5.6 billion. Today, that figure has quintupled, and that assistance continues to be largely of public origin, although its management no longer rests with representatives of the public sector.

Despite the dizzying rise in international health assistance, our multilateral health cooperation agencies are in the throes of a deep and unprecedented financial crisis.

Furthermore, although increased funding for global health is promising, it is troubling that the funds are not necessarily geared to the needs of the countries receiving the assistance or to strengthening their health systems.

At the same time, the world is also in the throes of the most serious economic and political crisis since the Great Depression of 1929, where the philosophy of the market economy is once more gaining ground, not only in the economic sphere but in the political sphere as well. As a result, despite the democratic mechanisms in place, the policies and the future of nations are not always determined by the nations themselves.

Social inequality has worsened, poverty remains an enormous challenge in our countries, working conditions have deteriorated, and our health systems, after the long night of neoliberal reforms, are fighting for more resources to achieve universal access, stubbornly pursuing comprehensive primary health care this time, considered very correctly by WHO in its World Report 2008 as “now more necessary than ever”.

We are witnessing a change of political and economic regime on the international scene in matters related to health, with growing implications for every country—a change that is undermining the foundations and objectives of WHO, taking the major decisions that are the purview of the Member States out of their hands.

I would like you to think about this important issue, which I believe is central to the discussions of the proposed reform of WHO.

As we affirmed at the last World Health Assembly, the times we live in are forcing us to work intensely to strengthen unity of thought and action. The Alma-Ata principles of equity, solidarity, and social justice must be brought back . The struggle for unity, for mutual understanding and solidarity among all the peoples of the world, must be a fundamental part of strengthening our multilateral agencies.

Issues like these should constitute the agenda of any leadership program in public health and international health.