OPENING REMARKS BY DR. MARGARET CHAN
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION
AT THE 52nd DIRECTING COUNCIL OF PAHO, 65th SESSION OF THE WHO REGIONAL COMMITTEE FOR THE AMERICAS
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30 September 2013
Washington, D.C.

Mr President
Honourable Ministers
Distinguished Delegates
Dr. Etienne
Ladies and Gentlemen

This is my first opportunity to address this Regional Committee under its new Director, Dr. Carissa Etienne.

Carissa served previously as my Assistant Director-General for Health Systems and Services.

I know her qualities well, and I know you are in good hands.

Under her leadership, I am sure that this Region’s long-standing commitment to equity, to the values and approaches of primary health care, and to solidarity in health development will continue to grow.

The Region of the Americas has long led the world in primary health care, and we expect the same leadership as more and more countries around the world, at all stages of development, make a commitment to universal health coverage.

This Region led the way forward in demonstrating the stunning achievements made possible by well-managed national immunization programmes.

You are doing so again, as you work to strengthen the capacity of programmes to ground their decisions in evidence, including evidence from economic models.

This becomes especially important as countries plan for the introduction of expensive new vaccines into routine immunization services.

By integrating economic studies into the decision-making process, you help ensure that the expansion of immunization services is sustainable and that finite resources deliver the maximum health impact.
Demand for wider application of the tools and guidance you have developed has led this Region to support similar cost-effectiveness studies in parts of Africa, Europe, and the Eastern Mediterranean.

Countries in this Region also led the world forward in calling for greater political attention to noncommunicable diseases.

As noted in the plan of action you will be considering, the burden of NCDs in the Americas is already staggering, and it is rising.

These diseases are responsible for three of every four deaths in the Americas. More than a third of these deaths are premature.

Distribution of the NCD burden strongly reflects socioeconomic inequities.

As countries in the Region have demonstrated, activities aimed at extending social protection and reducing levels of exclusion are essential to keep these costly diseases from driving more and more people below the poverty line. Social inequalities, all around the world, are already unacceptable. We cannot allow these diseases to increase the gaps even further.

With the Region’s rich history of solidarity and cooperation in health development, it is no surprise that many approaches, experiences, and best practices for South-South cooperation have their roots here.

As you build on this experience, you are taking a systematic approach to the assessment of results and impact, the collection of lessons learned, and the identification of best practices.

Like many others, I welcome the inclusion of an item on chronic kidney disease in agricultural communities in Central America.

This type of kidney disease, which has not been linked to well-established causes, disproportionately affects underprivileged young men engaged in hard agricultural labour under conditions of extreme heat. The upward trend in cases is alarming.

This puzzling and costly disease that ends the lives of poor labourers has strong social determinants.
It is a catastrophic disease in terms of its impact on workers, their families and communities, and health system capacities.

Governments in affected countries are deeply concerned. They have been instrumental in defining the research agenda and stimulating targeted studies.

Your document rightly calls for urgent public health action in the areas of surveillance, prevention, early detection, and timely treatment. Public health cannot wait for science to answer all the questions or solve all the mysteries before taking action.

An editorial published two weeks ago in the American Journal of Public Health speculated that this rapidly progressive disease is probably a hitherto unrecognized global problem, and raised the possibility that climate change will dramatically increase the population at risk.

Again, this is a major and urgent health problem of concern beyond the affected areas.

You are addressing it in the spirit of solidarity that has given this Region its international reputation for leadership.

I wish you a most productive session.

Thank you.