

Inaugural Address

Dr. Carissa F. Etienne

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Dr. Carlos Ignacio Morínigo Aguilera, Minister of Health and Social Welfare of Paraguay, Representing Paraguay in the Country's capacity as President of the 29th Pan American Sanitary Conference, Honorable Eric D. Hargan, Deputy Secretary of Health and Human Services of the United States of America, Mr. Luis Almagro Lemes, Secretary-General of the Organization of American States, Honorable Ambassador Irwin LaRocque, Secretary-General of the Caribbean Community, Honorable Ministers of Health/ Vice Ministers, Distinguished Members of the Diplomatic Corps, Director Emeritus of PAHO – Sir George Alleyne, PAHO Colleagues in Room A, overflow rooms and Country Offices, Specially Invited Guests, Esteemed Ladies and Gentlemen:

It is the first of February, 2018 and I find myself at the mid-point of my tenure as the Director of Pan American Sanitary Bureau. Let me thank each of you for your kind messages and expressed expectations for the future. I may have to being this term by managing these expectations. Five years have gone by and five years remain. I presented an account of the achievements of the past five years to the PAHO Executive Committee in June, and in the Quinquennial Report to the Pan American Sanitary Conference in September 2017. Today, I ask you to look forward with me. To imagine what we can achieve, together.

But before I look to our strategic priorities for the coming years, I would like to share with you some of the personal experiences I have had as PAHO Director, that drive my own enthusiasm, resolve and sense of urgency:

- I have literally seen the lame walk and the blind see, because they had been discovered by community volunteers and taken to primary care services that truly cared for them.
- I saw deep gratitude in the eyes of the mother who told me her joyful story: that her child of 16 years, who had never taken a step, was now able to walk thanks to intensive physiotherapy. I saw the young lady taking her steps proudly!
- I shared the thrilling moment when a man who was blind for years realized that he could now see. He had cataracts removed in a modest facility in the primary care service.
- I met a family who had lived many years in a small hut with dirt floor, no beds, and an open fire pit on the floor. They now stood in a new home with three rooms, bunk beds, a new safe wood burning stove, a toilet and irrigation system to grow vegetables. I witnessed their sheer joy as the little girl hugged a doll and a little boy played with his new toy truck, and I shared their mother's tears of happiness.
- I have felt the enthusiasm and pride of young primary care physicians who daily load their mochillas on their backs, to take healthcare to rural indigenous populations. These doctors walk for miles with heavy backpacks to deliver their life-changing services. Mr. President I lifted one of the mochillas on to my back, and I can tell you they are truly back-breaking!

- I have travelled in the Amazon and listened to the tales of proud primary care nurses and workers who must travel up river for two to three weeks at a time to ensure that families are vaccinated, and receive crucial primary care interventions.
- I have shared in the tears of a grateful elderly mother in her very modest home who received wheel-chairs to help her care for her two bed-ridden adult children.
- I have been in a room with dozens of empowered, motivated, persons who live with disabilities, and who had mobilized and organized to ensure better opportunities for others just like them.
- I was able to visit with and experience the joy and hope of scores of persons whose slums had been rehabilitated, and who now had safe access to new schools, health clinics, and community centers – a new sense of freedom.
- I have also witnessed the despondency and sometimes apathy of people who must live every day in extremely poor conditions without adequate food, clean water, in unsafe neighborhoods littered with garbage, without sanitation and with little hope.
- In these great Americas, I have seen little children in city streets, stunted, big bellied and with little soiled faces begging for bread. It is so painful to see!
- I have seen pregnant women and mothers who had recently given birth sharing one hospital bed, two or three women to a bed, and their tiny babies also two or three in a bassinet or incubator.

My friends, in all of these situations and many more I have witnessed the determination, commitment and dedication of our health care workers. I have met resolute community leaders, and volunteers who are so motivated to making a difference. I have met politicians who really care and who strive to meet the real needs of their people. These experiences and many more like them have fueled the passion, the zeal and the deep sense of vocation and mission which burns within me.

Mr. President, in this region, most although not all, of our countries have reached the stage where many of the “easy” public health gains have already been achieved. The “low hanging fruits” have been picked. Which means that each incremental improvement in the health of our peoples requires a redoubling of our efforts, in order to reach those most vulnerable and marginalized individuals that still lack health care. Increased overall investment in health in and of itself is not sufficient. Targeted interventions that make a tangible difference in the lives of underserved populations will be the key to our success; this targeted approach will figure throughout PAHO’s strategies and interventions in the coming years. It is by reaching those most in need, by changing individual lives one at a time that we can also shift the national health indicators for morbidity and mortality. Simultaneously, we will contribute to the virtuous circle of social development and economic prosperity that improves all of our societies.

I would like to focus for a moment on this link between the micro and the macro. I believe that as good health strategists, we must always focus on both perspectives. We must keep in mind our strategic direction (which I will talk more about in a moment). At the same time, each small action we take to improve the life of each individual is not only of immense moral importance, it also takes us one step further along the road towards our goals. And when thousands of health workers across dozens of countries work daily to reach all those in need, when those of us in public and private health systems do our jobs even though we are often tired and

under-resourced, and when our leaders keep their focus on social justice, human rights and development, we can all contribute to achieve the greatest impact. Let me suggest to you that at the end of the day, the success of our joint efforts must be judged by the health and social development of the poorest in our societies; "Verily I say unto you, inasmuch as ye have done it unto one of the least of these my brethren, ye have done it to me".

I continue to feel blessed as I start this second term, as our strategic direction is clear. We have the Sustainable Development Agenda and the SDGs, which give us an inter-sectoral framework for social and economic development across all countries. Of course we focus on SDG3, but we have several health-related targets in the other SDGs. This panorama reminds us of the importance of reaching beyond the health sector, of engaging with our partners inside and outside of government in a common, coordinated approach. We must engage communities and individuals, and work together with civil society organizations. We do not simply ask "what can you do for us in health?" but "what can health do for you?"

This year marks 40 years since Alma Ata, where the historic movement of health for all began. In December I launched a Regional Forum on Universal Health in the 21st Century. This Forum will review the achievements since Alma Ata, and examine remaining challenges and gaps in progress towards universal health coverage and universal access in the Americas. I am pleased to inform you that I have designated a high-level Commission to work with the Forum to prepare actionable recommendations for PAHO; this Commission will be headed by President Michelle Bachelet of Chile.

At the global level we have the new WHO General Programme of Work, or GPW. This document, which all Member States have had a chance to contribute to, sets out WHO's vision and objectives through 2023. It is firmly in line with the SDGs, and will inform PAHO's own Strategic Plan 2020 to 2025. PAHO's Strategic Plan will of course be developed as one of the key means to implement the Sustainable Health Agenda for the Americas 2030. This seminal document, approved by the Pan American Sanitary Conference last year, provides a vision for health development in the Region for the next 13 years, and constitutes the highest level of strategic planning and policy framework for health in the Americas. The Agenda also defines measurable targets for health impact that will help us focus our efforts to ensure that we meet and even exceed the challenging targets set out in the SDGs.

Let me take this opportunity to call for the active participation of Member States and PAHO staff in the preparation of the next Strategic Plan, which will begin following the March meeting of the Subcommittee on Program Budget and Administration. In PAHO's results-based planning and budgeting model, the Strategic Plan is not a document that sits on a shelf, but it guides every element of the PAHO universe, from programmatic results to funding allocations. The Strategic Plan and the accompanying biennial Program and Budgets are the main instruments for corporate accountability of this Organization, and I encourage all of us to devote the necessary time and energy to ensure that they are the best they can be.

A crucial objective for all of our countries is to ensure adequate financing for health. This includes both public funding for the health sector, as well as other financing mechanisms to help pay for health care in each Member State. The PAHO Secretariat plays a key role in advocating for increased (and well spent) financing for health. We are partners, we are here to support the Ministries of Health as they seek to ensure sustainable, adequate,

and efficiently utilized health financing. Investment in health does not mean merely new hospitals, but targeted investments in the first level of care, to reach many of our most vulnerable peoples. It has been well established that for maximum benefit such investments must be made in line with the primary health care approach.

Another important area is health information. We cannot develop evidence-based policies and plans without strong health information systems. From individual patient care up to national level and on to regional level, we need robust, inter-operable systems that capture necessary information efficiently and effectively. We must be able to disaggregate data in order to identify inequities and vulnerabilities. Sometimes development partners pay too much attention to GDP as an indicator of development, when truly it is the indicators of social development that matter most. I am determined to ensure PAHO is the go-to source for health statistics and health development data in this hemisphere. We will also perform trend analyses of health data in order to help forecast health needs and resource requirements for the future. In this regard, we have recently created a new department in PAHO to lead these efforts, the Evidence and Information for Health department.

Climate change is a major threat globally and in our Region, with clear and significant consequences for public health. Despite overwhelming scientific evidence, political action and commensurate funding has been inadequate. The Paris Agreement provides a strong overall framework, including specific reference to the right to health, and PAHO will work to implement and support all health-related aspects of the agreement.

Related to the topic of climate change, I cannot neglect to mention the major impact of hurricanes on our Region last year, especially in the Caribbean subregion. My own homeland Dominica was among the hardest hit. I am glad to say that the planning process for building a resilient country has begun. I have no doubt that the combination of external assistance with local determination will make for rapid progress. A key part of ensuring the health sector responds adequately to natural disasters is developing resilient health systems, and PAHO is at the forefront of this work in the Caribbean and elsewhere.

Five years may seem like a long time, but when shaping public health outcomes it can be all too short. I feel a deep sense of urgency. Our shared vision will guide us on this journey, but make no mistake it is a long and hard road, with many challenges. So, like Moses I pray God go with us. And I pledge today to our Member States, and to my own staff, that I stand with you as we face these challenges together. I have full faith and confidence that we will not only achieve our objectives, but that we will touch the lives of every man, woman and child in these great Americas.

I would like to take a moment to speak more specifically to PAHO staff members. It is an old saying that but still true: our staff is our greatest asset. In my second term I will renew my commitment to building a climate of respect and diversity, with zero tolerance for harassment and abuse. At PAHO we respect each other, and support one another to develop to our greatest potential, all in a safe and enabling environment.

We strive to ensure PAHO is truly "fit for purpose" with the best and brightest individuals performing functions that fulfill them both personally and professionally. I will support the creation of new opportunities for staff development, recognition of excellence, gender parity, and ethnic and geographic diversity. I call upon all PAHO managers across the organization to coach staff members, to treat them fairly, to prevent and resolve conflicts, and to lead by example. I know what our staff are capable of, and I expect nothing less than daily excellence,

with each of us doing our own small part to collectively make dramatic improvements in the health of the Americas.

I will close by thanking all of you who have joined me on this important occasion, both here in this room and remotely. I thank you for your support today, but even more so I thank you in advance for all the hard work I know that together we will deliver over the next five years!

On a personal note, I would like to thank my family, many of whom are in this room. Each of you has helped me to be where I am today, and I remain deeply grateful.

Thank you and God bless you all.