PRESENTATION OF THE 2018 ANNUAL REPORT
56TH DIRECTING COUNCIL OF THE PAN AMERICAN HEALTH ORGANIZATION
70TH SESSION OF THE REGIONAL COMMITTEE OF
WHO FOR THE AMERICAS
23-27 SEPTEMBER 2018

- President of the 56th Directing Council of the Pan American Health Organization, Honorable Dr. Duane Sands, Minister of Health of the Commonwealth of the Bahamas

- Other Distinguished Members of the Head Table

- Honorable Ministers and Secretaries of Health of PAHO-WHO Member States of the Pan American Health Organization

- Distinguished Member State Delegates

- Eminent Members of the Diplomatic Corps

- Representatives of Nongovernmental Organizations in formal relations with the Pan American Health Organization

- Representatives of the United Nations and Other Specialized Agencies

- Fellow PAHO and WHO colleagues

- Honored guests

- Esteemed Ladies and Gentlemen

Once again- A very Good Morning to You All

It is my distinct pleasure to present to you the 2018 Annual Report of the Director of the Pan American Health Organization, which covers the period August 2017 through June 2018.

The report that I presented at the 29th Pan American Sanitary Conference- PASC29- in September 2017 was a Quinquennial Report, which covered my first term as the Director of PAHO, 2013-2017. In that report, I summarized our collective vision for the next five-year period as follows- *That all peoples of the Americas, particularly the underserved, achieve the highest attainable standard of health and well-being that allows them to enjoy dignified and productive lives*.

Pursuant to that vision, the overarching theme for this term is- *Advancing health and well-being, leaving no one behind*. The focus of this first annual report is *Primary Health Care - the time is now*, as I consider the topic highly pertinent to the collective work of the Secretariat and the Members States as we mark the fortieth anniversary of the 1978 Alma-Ata Declaration. I believe that it is most fitting to analyze and reflect on both the gains made and the remaining gaps in health, health systems, programs, and primary health care, four decades after the original declaration that brought a people-centered approach to health and propelled the concept of *Health for All* to global prominence.

The development of resilient health systems based on the Primary Health Care [PHC] approach, and a renewed focus on equitable health for all,

particularly women, children, Afrodescendant and other ethnic groups, indigenous populations, and persons living in conditions of vulnerability, remain critical milestones on the road to universal health.

Ensuring that *no one is left behind* -a byword in the 2030 Sustainable Development Agenda and the theme of my second term- is not simply a buzzword or catchphrase. Rather, it is a measurable outcome of the Bureau's technical cooperation with PAHO Member States in their progressive realization of the right to health.

This year's report identifies the interlinkages between PHC and universal health, and allows us to take stock of where we stand some 40 years after Alma Ata. It provides an opportunity to collectively reconsider the meaning of equitable health, in a world that regrettably seems more prone to marginalization and exclusion. The report also records progress at the first level of care to improve health outcomes and reflects on how best to overcome barriers to universal health and the reduction of inequities through strengthened PHC, building on lessons learned. It also reviews key programmatic and administrative developments that have taken place during the past year.

Ladies and Gentlemen

Allow me to share with you some key highlights of our work:

Under the rubric of reducing inequities for universal health, we launched a regional movement for universal health at a multistakeholder forum in Ecuador in December 2017, and established a High-level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata, under the dynamic leadership of Her Excellency Dr. Michelle Bachelet, recently appointed UN High Commissioner for Human Rights. A key output of the work of this Commission will be a high-level report that will include recommendations for strengthening health systems and empowering people and communities in order to advance progress towards Universal Health in the Region of the Americas.

This report will also focus on future perspectives; the achievement of the right to health, equity, and solidarity; the development and strengthening of mechanisms and activities to promote social dialogue, accountability, and multisector collaboration, within a context of health systems evolution. These are crucial elements for achieving the Sustainable Health Agenda of the Americas 2018-2030. Along with other issues, this Commission will provide guidance on how to promote greater social participation in policy-making for health.

The Commission on Equity and Health Inequalities in the Americas, which I established in 2016, has been working assiduously under the able leadership of Sir Michael Marmot, a globally recognized persuasive advocate on the social determinants of health, and their report will be

available by the end of this year. During the course of this Directing Council, we will advise of the progress made and the recommendations for specific priority objectives and actions. In working to reduce inequality in the Americas, we have an obligation to focus on the health needs of persons in situations of vulnerability, such as indigenous people, Afrodescendants, LGBT persons, youth, persons with special needs, and migrants.

In order to advance the transformation of health systems to integrated health services delivery networks with a focus on PHC, we enhanced our country focus, tailoring our technical cooperation to the situation in each country, in recognition of the many roads that can lead to the goal of universal health. We also worked sub-regionally where Member States of integration entities have systems with common features that could facilitate national adoption and-or adaptation of regional public goods.

Issues addressed included governance and stewardship; health financing; health legislation and service delivery models. In the area of health financing, special attention was given to the planning of social protection and social insurance programs that facilitate universal health, thus enabling access to health for the poor and other persons in situations of vulnerability. We finalized the Monitoring Framework for Universal Health, using it to analyze countries' progress in increasing utilization of health services, eliminating barriers to access, and reducing health inequities.

The PHC path to universal health demands strong public health policies from across all sectors, not just exclusively the Ministries of Health. Many in the non-health sectors do not yet fully appreciate the crucial role that they play in maintaining the health of the population, and they sometimes lose interest in any issue that includes the word *health*, perceiving it as the sole responsibility of the Ministry of Health. We worked to strengthen multisectoral and intersectoral action and regional capacity through the health-in-all-policies [HiAP] approach. Our online HiAP platform is available to all, and we are developing a capacity-building virtual course, the first online adaptation of the WHO HiAP Training Manual, to facilitate sustainability.

While the *Health- in All Policies* approach is pertinent for all health issues, its application is absolutely essential for the effective prevention and control of non-communicable diseases [NCDs] and their risk factors, which place a massive burden on the health of the peoples of the Americas. Our technical cooperation has focused on relevant fiscal, legislative, and regulatory measures to make the healthy choice the easy choice. We supported countries to impose taxes on products harmful to health, such as sugar-sweetened beverages, and to ban the marketing and sale of unhealthy products to children, especially in the school setting.

While it is imperative that we vigorously address the four main NCDs [cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases]

and their common risk factors of tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol, I wish to emphasize we must also direct our attention to integrating mental health into primary care services. In this regard, we worked to build capacity for implementation of the Mental Health Gap Action Program [mhGAP], which aims to scale-up services at the first level of care for mental, neurological, and substance use disorders, especially in those low and lower-middle countries of the Region.

In our quest to strengthen PHC and make it truly people-centered, we promoted intercultural approaches, including traditional, complementary, and integrative medicine [TCIM]. Technical cooperation with Member States has sought to strengthen their capacity to integrate TCIM into national health systems, and in March 2018 we launched the Virtual Health Library on Traditional, Complementary, and Integrative Medicine to support informed decision-making.

The approval of the Strategy on Human Resources for Universal Access to Health and Universal Health Coverage by PASC-29 led to the development of a Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023, which will be presented to you during this 56th Directing Council. Human resources are fundamental components for advancing universal health and in this regard, we developed the Indicators for Social Accountability Tool [ISAT]. The purpose of this tool is to assist educational institutions dedicated to the health

professions to measure the extent to which their programs are aligned with social needs and include training in the primary care context in which graduates are expected to serve.

We supported a study on the migration of health workers from the Caribbean, given the continued brain-drain of its health professionals and the resulting impacts suffered by that subregion. These results will inform implementation of the Caribbean Plan of Action on Human Resources for Universal Health [HRUH] 2019-2023, which is well-aligned with both the new regional PAHO Plan of Action on Human Resources for Universal Health as well as with CARICOM's health agenda as defined in its Caribbean Cooperation in Health [CCH] document. As a deliberate development, the PAHO Virtual Campus in Public Health [VCPH] established new nodes for the English-speaking Caribbean, in collaboration with the Caribbean Public Health Agency [CARPHA], and a updated the node in Central America in collaboration with the Council of Ministers of Health of Central America [COMISCA].

An essential component of access to health is access to appropriate, affordable, cost-effective medicines and health technologies. During the past year, our technical cooperation in this area was focused on strengthening and institutionalizing health technology assessments [HTAs] in several countries. We continued to partner with national regulatory authorities to enhance their capacities, while collaborating with CARPHA on the

development of the Caribbean Regulatory System. The PAHO Strategic Fund and the PAHO Revolving Fund continued to play critical roles in countries' procurement, respectively, of medicines and other health technologies, and vaccines.

Timely, quality, health and health-related information to drive decision-making continues to be less than optimal throughout the region. In order to address this long-standing issue, we collaborated closely with WHO to develop an innovative framework for information systems for health [IS4H], based on health tenets aimed at ensuring universal, free, and timely access to quality and open data and strategic information. The framework takes advantage of information communication technology [ICT] advances for cost-effective, interoperable, and interconnected systems, as well as data and information management, to facilitate improved decision-making. Given the common issues in several countries, a subregional approach to IS4H has proven effective in supporting national efforts.

We continued our proud tradition of producing and disseminating quality information products that are trusted sources of authoritative, scientific, technical information on public health in the Americas, and that share countries' experiences and lessons learned. The 15th edition of PAHO's flagship report, Health in the Americas+ 2017, was launched at PASC29 and is available in both print and electronic format. In support of strengthened population health literacy, we conducted capacity-building exercises and

provided tools for countries to implement knowledge management policies and programs that reach a wide range of stakeholders.

The Region of the Americas continued to experience outbreaks of communicable diseases and natural disasters that tested national and regional preparedness and response capacities. Some of these events included yellow fever in Brazil; diphtheria in Haiti; and measles, diphtheria, and malaria in Venezuela and neighboring countries, aggravated by increased population movement across borders. These events triggered technical cooperation to halt and reverse the occurrence of these diseases. Working closely with national and local authorities, other United Nations agencies and development partners, and collectively with countries affected, we procured medicines, vaccines, and other disease management modalities; trained persons; conducted vaccination campaigns; and strengthened surveillance, laboratory capacity, early detection and treatment, and health education.

Hurricanes Irma and Maria, and the eruption of Guatemala's Fuego volcano resulted in regrettable fatalities, widespread destruction, and significant population dislocation. In every instance, the Bureau responded early and was present on the ground to assist national and local authorities, and to collaborate with other partners. We focused our cooperation on damage and needs assessments; restoration of health care delivery capacity and access to health services; epidemiological surveillance; access to safe water and

emergency sanitation; resource mobilization; and the efficient coordination and management of information to effectively meet urgent humanitarian needs. In the recovery phase, we continued to work on strengthening Member States' health response capacities in emergencies, including their early warning and rapid response systems for epidemics, and Emergency Operations Center infrastructure and technical functioning.

In collaboration with the Spanish Agency for International Development Cooperation, the United States Department of Health and Human Services, and WHO's Health Emergencies Program, we financed and undertook technical cooperation for the establishment and certification of Emergency Medical Teams [EMTs]. Last year, Ecuador received WHO certification for its own EMTs that met international quality standards, the second country in the region to do so, after Costa Rica.

During the year under review, our partnership with the United Kingdom Department for International Development [DFID] in the Smart Hospitals initiative continued to bear fruit, to the benefit of the participating countries in the Caribbean.

Attaining the core capacities for implementation of the International Health Regulations [IHR] is a critical component of countries' enhanced response to various hazards. There are marked differences in the status of the core capacities among the subregions, and we partnered with the International

Atomic Energy Agency and the WHO Collaborating Center for the Public Health Management of Chemical Exposures to strengthen the capacity of several Caribbean countries to respond to chemical and radiation-related hazards. Through *bottom-up* collaboration with the WHO Office for the Western Pacific Region, we adapted the IHR Joint External Evaluation Tool for use by Small Island Developing states [SIDS], and have shared proposals for after-action reviews and simulation exercises in SIDS with WHO Headquarters.

PAHO continued its thrust to assist countries not only in controlling certain diseases, but also in eliminating them, where feasible. Mother-to-child transmission [MTCT] of HIV and congenital syphilis is eminently eliminable, and the Bureau actively collaborated with partners, including UNAIDS, UNICEF and the US Centers for Disease Control and Prevention [CDC] to verify the achievement of elimination targets and facilitate WHO's recognition of six countries in the Caribbean as having achieved elimination of MCTC. Such verification, as well as the strengthening and sustainability of the EMTCT strategy, will be made easier by the full rollout of the Perinatal Information System [SIP]—developed by PAHO's Latin American Center for Perinatology, Women, and Reproductive Health [CLAP/WR]—that took place in several Caribbean countries this past year.

Facilitating cooperation among countries for exchange of knowledge and expertise has long been a unique function of PAHO, and this past year was

no exception. We observed bilateral cooperation between countries with similar levels of health development; multilateral cooperation between more- and less- developed countries; cooperation between countries and subregions; and cooperation between subregions. The Gran Chaco project entitled- *Towards Universal Health among the Population of the South American Chaco*- commenced in 2017. Argentina, Bolivia, Brazil, and Paraguay are collaborating, with our technical cooperation support, to advance universal health for approximately 400,000 persons living in conditions of vulnerability, including indigenous people and rural populations. The rich mix of opportunities and issues that PAHO's cooperation between countries for health development [CCHD] provides is of immeasurable value and greatly appreciated. CCHD affords Member States an opportunity not only to showcase their achievements and expertise, but also to learn from each other as they strengthen PHC and advance to universal health.

Under the rubric of institutional strengthening, the Bureau continued to implement its own managerial and administrative reforms for improvements in efficiency and effectiveness, and to align with ongoing WHO reform and strategic planning, while respecting PAHO's status as an independent international organization directly accountable to the Member States of the Americas.

During this review period, we initiated a participatory process for development of the PAHO 2020-2025 Strategic Plan. During this process,

national priorities for health were actively considered in concert with other relevant themes drawn from the United Nations Sustainable Development Goals [SDGs]; the PAHO Sustainable Health Agenda for the Americas 2018-2030 [SHAA2030] and the WHO 13th General Program of Work [GPW]. The findings emerging from the final evaluation of PAHO's Health Agenda for the Americas 2008-2017 as well as from the end-of-biennium assessment of the PAHO 2016-2017 Program and Budget were also taken on board as part of this process. The implementation of this new Strategic Plan will, therefore, contribute to Member States' achievement of the objectives of several frameworks for health that they have endorsed, and for which they will be held accountable.

We also continued to fine-tune the PAHO Management Information System [PMIS] to enhance managerial and administrative efficiencies to better support the delivery of our technical cooperation. We strengthened our Enterprise Risk Management program to improve forecasting and management of risks to the Organization and its work. We enhanced our information technology and security and adopted a new Communications Strategic Plan 2018-2022. We improved our human resources planning, management, and accountability, with interventions that addressed the efficient and effective functioning of our most valued assets in a learning, respectful, ethical work environment.

Ladies and Gentlemen, switching gears, I would like to now share with you some of the challenges that we have had to manage and overcome over the past year as well as some of the lessons learned.

- The political landscape of the Region has changed considerably over the past year. As an intergovernmental agency, we have had to judiciously navigate these changes, while simultaneously promoting public health- without reservation- as a regional good for all and maintaining our focus on the goal of leaving no one behind.
- The health-in-all-policies approach and multisectoral action for health remain rudimentary in many countries, as do meaningful social participation in policy development, social protection, and truly rights-based methodologies for health. Segmentation and fragmentation of health services persist, with traditional, rather than priority-based health financing and budgeting systems in many countries, and limited access to quality services for those who cannot afford to pay.

- The prevention and control of NCDs and their risk factors remain challenging for countries as some of the evidenced-based recommended solutions, such as the application of taxes as a method of reducing the consumption and use of harmful products, do not appear to be acceptable to some national authorities.

- Disease outbreaks are still occurring in the region and several factors, such as inadequate financing of health programs and limited acceptance of evidence-based information, are putting at-risk the gains that have been achieved in communicable disease prevention and control in some countries.

- Even though many countries may be able to adequately manage minor and moderate natural and manmade emergencies, large or multi-hazard events often require external assistance. Furthermore, in those instances where the impact of an event is overwhelming, the national capacity to coordinate such assistance may be deficient, contributing to a worse situation.

- Information systems for health, providing disaggregated data from health and non-health sectors, are inadequate. Without reliable, timely information that permits not only evidence-based planning, but also monitoring and evaluation of interventions, accountability will continue to be a second or third-rate consideration in many PAHO Member States.

There were many lessons to be learned from this first year of my new term, but I will leave you with a few that I consider critical in moving forward.

- The saying "Not everyone can do everything, but everyone can do something" is very applicable to strengthening PHC and making

progress to universal health. Even in times of economic hardships, it is possible to increase public investment in health, using the existing fiscal space for health, improving efficiency and management, and identifying new sources of public health resources- financial, human, and infrastructural.

- Innovation, creativity, and strong partnerships, including with civil society, can help Member States to get closer to their defined priority goals. Partnerships have been critical for our successes, and we intend to continue to strengthen productive partnerships, and seek new alliances and collaboration.

We must never tire but must continue to be persuasive advocates and enablers for-

- Greater social participation and inclusion, with special focus on persons in situations of vulnerability;
- The establishment and strengthening of integrated health services delivery networks;
- The scaling-up of capacity-building of human resources for universal health;
- Adequate health financing and budgeting that aligns with evidence-based policies and priorities;
- Efficient procurement and delivery of relevant supplies;
- Judicious use of medicines and health technologies; and

- Good governance and visionary leadership for the good of the people's health and inclusive national development.

The 162nd Executive Committee in June 2018 agreed that as an Organization, we must recommit to ensuring the delivery of quality, affordable, people-centered health care services and the development of resilient health systems that will move us further towards universal health, social justice, and reduction of inequities. Of necessity, we must continue to put our shoulders to the wheel, individually and collectively, to reduce inequities in health access and to address the unmet needs of many in this Region. Our values of integrity, respect, solidarity, excellence, and equity demand nothing less.

With your ongoing collaboration and dedicated support, the PASB Team and I will be untiring and unwavering in our efforts to strengthen the PHC approach in the countries that we serve, accompanying them on the road to universal health and sustainable health development in the Americas, leaving no one behind. The time is now!

I thank you.