

AMRO: REGIONAL STATEMENT FOR WHA68

GENERAL DEBATE: BUILDING RESILIENCE IN HEALTH SYSTEMS

18 MAY 2015

Honorable President, Honorable Ministers, Doctor Margaret Chan Director General, ladies and gentlemen,

I have the honor to address you on behalf of the Region of the Americas.

0. Firstly, let me congratulate you, Honorable Minister, for your election as President. We trust that under your guidance, this will be a successful Assembly.
1. The on-going outbreak of the Ebola Virus Disease, that has especially affected the Western Africa Region, is another unfortunate reminder of the vulnerability of our health systems. The influenza pandemic in 2009 and the Haiti earthquake in 2010 had already revealed this challenge to the Americas. Today we all face the urgent need for robust and resilient health systems, capable of responding effectively to health emergencies, while ensuring universal and equitable access to quality health services in a sustainable way.
2. This is the fundamental objective behind the construction of resilient health systems, as highlighted by the Strategy for Universal Access to Health and Universal Health Coverage, approved by the Region in 2014.
3. Furthermore, the Americas have committed resources to this endeavour and engaged with many different partners at all levels. This has resulted in an improved implementation of the International Health Regulations, in the increase of health facilities that comply with international safety standards and in greater awareness of the need to adapt and prepare for all threats and hazards. As established in the Strategic Plan 2013-2018 for a more resilient health sector in the Americas, what we aim for is *“a health sector with adequate, nationally-led and sustained capacity to ensure that member states are resilient enough to protect the physical, mental and social wellbeing of their communities and rapidly recover from disasters”*.
4. It is with this mind-set that the Region promptly assessed its preparedness and response capacity at an early stage of the Ebola public health emergency. Although we evidenced baseline capacity in place, we also identified some critical weaknesses and inequalities which require effective and urgent improvement. Therefore, in the Americas, we understand that resilience should not be only a concern raised in the occurrence of an emergency, but a long-term priority for health authorities at the national, regional and global level.

5. WHO is called to play a major role in assisting countries and regions to strengthen their health systems toward resilience. This goes hand-in-hand with the need to guarantee that the Organization is equipped with the necessary mechanisms. That is why the Americas support the on-going process of WHO Governance Reform, from coherence at all operational levels to the way its governing bodies conduct their decision making.

Mr President,

6. 2015 is an important year for health that brings us the occasion to assess what we have accomplished. We commemorate the 20 years of the Beijing Declaration and Platform for action and the 10th anniversary of the Framework Convention on Tobacco Control. This year also gives us the chance to build upon our lessons and experiences of the Millennium Development Goals to achieve the unfinished agenda, particularly with respect to women and children's health and HIV/AIDS, and to ensure that health is a core element of the post 2015 development agenda through a comprehensive multilsectorial approach.
7. The Region of the Americas recognizes that climate change and air pollution are global challenges and a widespread public health problem that needs coordinated action, including strengthening WHO's capacity to address these. Likewise, we strongly believe in the need to scale-up policies that address malnutrition in all of its forms and the interlinkages between food security, nutrition and health. The Region of the Americas, therefore, stands ready to implement the commitments of the Second International Conference on Nutrition.

Mr President, allow me to refer now to the Colombian context...

1. In just two decades, Colombia advanced rapidly towards universal health coverage. Currently, 98% of Colombians have health insurance. The package of benefits is equal for all. The out-of-pocket expenditure (measured as percentage of the total expenditure) is one of the lowest in Latin America and the developing world.
2. In 1993, Colombia reformed its health system with the twofold objective of ensuring equitable access and of financially protecting all of the population. The reform increased public expenditure in health, incentivized private investment and had significant social impact. The main indicators have shown systematic improvement, from mortality in children to life expectancy. The self-reported health status has also improved. Currently, 80% of Colombians report to be in good health.

3. But social progress tends to be fragile. Even precarious. The disorganized incorporation of new technologies, including several biotechnological medicines, has jeopardized the achievements reached, and constitutes a threat to the sustainability of an ambitious reform, inspired by an equitable ideal.
4. During the second half of the previous decade, new medicines, that had not been incorporated in the package of benefits, many of them of slight and even dubious effectiveness, started to be paid for in a centralized manner, through resources from a State fund. The prices paid by the fund were exorbitant, the highest in the world in some cases. Pharmaceutical companies saw a business opportunity. And they ceased it.
5. Consequences were ruinous. Literally. Debt increased in an accelerated fashion. The equity of insurance companies was swiftly deteriorated. And the public trust in the system diminished, in spite of the social milestones.
6. But here is where resilience strikes: the ability of the health system and the health authorities to counter the problems. In the past years, a series of pioneering policies, innovative at a global scale, have been put into practice, in order to cope with technological pressure and the associated financial trouble.
7. First of all, an institute for health technology assessment was created, and it is an example, even a paradigm, for the Latin American Region.
8. Then, a price-regulation policy for monopoly medicines was implemented, based on international reference.
9. Afterwards, a policy was designed to authorize the market entry of biosimilar medicines, which stimulates competition and eliminates unnecessary barriers to access. The consolidation of this policy, in the midst of a complex debate, necessitates the support of the international community.
10. Last year, the Colombian Congress approved the first statutory law in the world for a fundamental social right. Legally speaking, health in Colombia is today a human right, clearly defined and regulated.
11. At the same time, local capacity has been strengthened; in a heterogeneous, culturally and geographically diverse country. This strengthening allowed us, for instance, to face the chikungunya virus successfully.

12. In advancing some of these measures, Colombia has been a global innovator. It has been at the world's avant-garde, which has in turn generated resistance and criticism from our own, as well as from foreign sources. But criticism has not undermined our determination to keep on moving forward, to consolidate and to strengthen the social achievements.

13. Nonetheless, challenges remain. In recent days, in accordance with a concept by WHO, we decided to halt the operations of aerial spraying of illegal crops with glyphosate. Public health must prevail above other considerations. Today, we can proudly say, fully cognizant of the achievements and the challenges, that Colombia is an example of resilience and innovative policy-making, in the midst of adversity. We hope that the Organization acknowledge our efforts and join Colombia in this battle to improve everyone's health.

Mr President,

We hope this Assembly mark a breaking point for us to build more resilient and robust health systems at all levels.