The Pan American Health Organization (PAHO) is one of the longest-running international public health agencies. Could you provide an insight into the Organization’s origins?

PAHO is the oldest international public health organisation in the world, founded in 1902 as the International Sanitary Bureau. It predates both the World Health Organization (WHO) and the UN, of which we are members today. PAHO’s original mission, back at the turn of the 20th Century, was to coordinate countries’ efforts to control diseases that were being spread through maritime trade and travel, which were growing rapidly in the Americas.

The Panama Canal was a good example of the public health challenges facing the Americas at the time. Early efforts to construct the canal were marred by the deaths of more than 20,000 workers due to tropical diseases, mainly yellow fever and malaria. Those diseases were finally controlled – enabling the canal to be completed – thanks to Pan American efforts that helped identify the mosquitoes that carried these diseases and coordinated measures to control and eliminate them. PAHO was part of those efforts and was also responsible for coordinating countries’ reporting of disease outbreaks that could spread internationally. This is something we continue to do today under the International Health Regulations.

What have been some of PAHO’s major achievements over the past 113 years?

PAHO’s leadership has been important for a number of health milestones in the Americas. We were the world’s first region to eradicate smallpox and polio. In April we were declared free of rubella, and we expect to be certified as having eliminated measles in the near future. These are quintessential Pan American public health achievements in that they involved coordinated action by all the region’s countries. Another achievement is our hemisphere’s gain of 35 years in average life expectancy between 1900 and 2010; if you take these two regions, the increase was actually 45 years. Latin America and the Caribbean also have the lowest rates of child mortality of any developing region and the highest rates of antiretroviral treatment for people with HIV. PAHO has contributed to all these gains by spearheading elimination efforts, promoting immunisation and helping to strengthen ministries of health and health systems in Latin America and the Caribbean.

What are the Organization’s current aims and objectives?

Today, PAHO is the Regional Office for the Americas of WHO and, as part of WHO, is a member agency of the UN system. We are also part of the Inter-American system, along
with the Organization of American States. Our member states are all the countries of the Americas, including the Caribbean. We work closely with ministries of health to help them strengthen their health systems and improve access to healthcare for everyone, with a major focus now on supporting countries to advance towards universal health coverage and access to health. We also bring countries together to define regional public health goals, and – as we have always done – collect and report data from our member countries to improve policy making.

Since the latter half of 2014, one of our principal areas of technical cooperation has been helping countries in Latin America and the Caribbean prepare for the potential introduction of an imported case of Ebola. We sent preparedness missions to 25 countries to work with ministries of health and provide training and guidance on infection control, screening, contact tracing and case management of Ebola.

One of our other main Pan American initiatives is Vaccination Week in the Americas, which celebrated its 13th anniversary in April. Since 2003, more than 519 million children and adults have been vaccinated as part of this initiative, and its success helped inspire World Immunization Week, which took place globally for the fourth time this year. Countries in the Americas have among the highest rates of vaccination coverage in the world.

As Director of PAHO, where do your responsibilities lie?

As Director, I help bring our member countries together to set health policy and work toward common health goals. Our region has both great diversity and a long tradition of Pan American health action. Because diseases know no borders, collaboration on disease alert and response is something that will always be important. But our diversity has also produced a variety of experiences that are worth sharing.

Could you detail some of the skills you have gained and the experiences that led you to take up this position?

I come from the small island nation of Dominica. I started my career as a medical officer in a hospital, where I wore many different hats. I was involved in hospital management, clinical care, health management and organisation of health services, including the rational use of medicines. I was also national director of primary care services and ultimately, chief medical officer. Those experiences taught me a lot and gave me skills that are very important to my work today. I learned that patients belong to families, and families are part of communities, which all play an important role in people’s health. I also learned the value of health workers in assuring quality of healthcare. And I grew to value teamwork, which continues to be my modus operandi today.

A really formative experience for me was in 1979, when I was studying internal medicine at the University of the West Indies, Jamaica. Dominica was hit by a devastating hurricane, and I returned to my country to assist with the recovery and rebuilding of its health services. It was just one year after the 1978 Alma Ata declaration that called for ‘Health for All by the Year 2000’. We took advantage of that moment to successfully rebuild Dominica’s health system based on primary health care and universal access. This
experience gave me a deep conviction that countries at all levels of development can expand access to health and work toward universal health coverage. Essentially, this conviction guides my work priorities today as PAHO’s Director.

**What do you see as the greatest health challenge facing the Americas?**

The fastest-growing challenge right now is noncommunicable diseases, including cancer, heart disease and diabetes. These were previously considered diseases of affluence, but now they are the leading causes of death and disability in nearly every country of the Americas. We are working with our countries’ ministries of health to improve screening, early detection and treatment for these diseases, as well as prevention. We know that the four main risk factors for noncommunicable diseases are tobacco and alcohol use, poor diet and lack of physical activity.

The most effective public health action in this area is not necessarily focused on individual behaviour change. Strong policy and regulatory approaches that make the healthy choice the easy choice are also required. This includes measures like banning advertising of junk foods to children and raising taxes on tobacco and sugar-sweetened drinks. It also means creating incentives for producers to grow fresh foods and for stores in low-income areas to sell such foods at affordable prices. Measures of this type help to reshape the environment in which people make lifestyle choices.

**Inequity still exists within healthcare on a global scale. How is this issue affecting the Americas? By what means is PAHO addressing it?**

I would say the most persistent issue we face as a region is inequity. Our region has reduced poverty significantly in recent decades, but we continue to be one of the world’s most unequal regions. Every country in the Americas has endorsed our universal health coverage and universal health access goals. Some member countries have made impressive progress toward these goals. One of our priorities involves providing technical cooperation in areas such as health financing, the healthcare workforce and health systems organisation, which are key for making universal health coverage achievable and sustainable. We are also collecting and analysing experiences of different countries as they advance toward universal health coverage; there is no one-size-fits-all approach to reach these goals, but certainly countries can learn from each other.

**What are you doing to improve the availability and affordability of medicines, vaccines and other medical technologies in PAHO member countries?**

Two of our most important initiatives are the PAHO Revolving Fund for vaccines and the PAHO Strategic Fund, which are purchasing mechanisms that allow countries to pool demand and achieve economies of scale. We also help countries develop pharmaceutical policies and regulatory systems that promote innovation and access to safe and
effective medicines and medical products. There is a regional network of drug regulatory authorities that facilitates harmonisation and convergence of policies. PAHO is also facilitating technology transfer between member countries to build capacity to manufacture vaccines and blood products and bring them to market. We also provide technical cooperation on the use of cost-effectiveness analysis to help countries make sound decisions about adopting new vaccines and new medical technologies.

What is the PAHO Foundation and what is its relationship with PAHO?

The PAHO Foundation is a US-based tax-exempt non-profit organisation. It exists because individuals, corporations and foundations are extremely generous and care deeply about public health in the Americas. They needed a mechanism to donate in support of public health activities. The Foundation fosters these relationships and in turn receives financial contributions for these initiatives. Whether it is a project on dengue, influenza, healthcare coverage or responding to emergencies, donors can now support our work through the Foundation.

What will be the next big steps for PAHO? Does the Organization have any exciting plans in the pipeline?

As mentioned, in late April, the Americas region was verified as having eliminated rubella and congenital rubella syndrome, which was a major achievement. Now, we are looking forward to the certification of the Americas as having eliminated transmission of measles as well. The PAHO-led elimination strategy for both these diseases was based on experience gained in polio eradication. However, we must ensure that immunisation rates remain high throughout the region. As I mentioned earlier, the annual Vaccination Week in the Americas has proven to be a successful initiative in increasing immunisation coverage for the family. It has reached more than half a billion people over the past 12 years.

Another major goal within our reach is the elimination of mother-to-child transmission of HIV. Cuba recently became the first country in the world to request international validation of this achievement. Our region could also become the first region in the world to achieve universal health coverage and universal access to health. Our member countries have collectively endorsed this as a goal, and many have made significant progress. It is certainly a top priority for PAHO’s technical cooperation programmes.