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**ANNUAL REPORT OF THE DIRECTOR 2011**  
**HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS:**  
**FROM COMMITMENT TO ACTION**

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HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS:  
FROM COMMITMENT TO ACTION**

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It is my honor to present to you the Annual Report for 2011, which summarizes PAHO's work from July 2010 to June 2011 in carrying out the mandates conferred on us by our Member States.

The focus of this year's Report is the Millennium Development Goals (MDGs) and the ways in which PAHO's technical cooperation has supported countries' efforts to advance them.

We are now more than two-thirds of the way toward the end-date for achieving the MDGs. They have proven to be a challenge but also a unique opportunity to promote health throughout our Region.

During the last decade, PAHO Member States have incorporated the MDGs collectively into the regional development agenda and domestically into their national health and development plans.

Critical for advancing the MDGs has been the partnership between PAHO and the Member States in stressing a policy dialogue within countries that enables the formulation and implementation of sound national policies, strategies and plans supportive of the attainment of the MDGs. This work goes hand in hand with one of PAHO's most fundamental mandates—that of strengthening countries' institutional capacities. Today this work has become a much richer process that includes the participation of developed and emerging economies, the explosion of information technologies, allowing for improved access to critical health information, and the recognition of the linkages of multi-sectorial action to health outcomes.

The MDGs have been the most effective pull for the need to have systemic approaches to fulfill the unfinished agenda that the MDGs represent. Health systems based on the primary health care strategy remain the best decision to produce sustained and equitable advancement to achieve the targets set forth by the MDGs. PAHO has partnered with the Member States to carry out an agenda of health and human services based on primary health care and social protection as key components of a country's national health plans.

In this endeavor PAHO has greatly benefitted from the support of the international community, such as the Spanish fund for the MDGs.

In doing so, they have strengthened long-standing programs, such as those in maternal-child care, while also creating new initiatives specifically aimed at advancing the MDGs.

As a result of these commitments and actions, our Region is as a whole on track today to meet most of the MDG health-related targets, including those on hunger, child mortality, and water and sanitation.

Some of the greatest progress can be seen in reductions in child mortality, expanded access to water and sanitation, and declines in cases and deaths from malaria and tuberculosis.

In other areas—such as maternal mortality, for example—it is difficult to measure progress because of problems with surveillance and data.

The only MDG that seems largely out of reach is the goal of halting and reversing the HIV epidemic by 2015. But even in this area, our countries have made significant progress in expanding treatment as well as prevention of HIV.

At the same time, we must recognize that most of this progress has been uneven across and within countries. Some of our Member States are unlikely to meet targets that the Region as a whole is on track to achieve.

And in nearly all countries, there are vulnerable communities and vulnerable population groups that have not benefitted as they should from national progress on the MDGs.

The need to focus efforts on these vulnerable groups has been a central tenet of PAHO/WHO's technical cooperation on the MDGs. This concern led to the launching of "Faces, Voices and Places" in order to push for local development throughout the Americas to help the most vulnerable communities make the MDGs a reality in their daily lives.

I would like to share with you just a few examples of this and other PAHO support for country efforts to advance the MDGs during the second half of 2010 and the first half of 2011, which is the period covered by this year's Annual Report.

More than half of the countries are on track today to achieve the official MDG-1 targets for hunger. PAHO's technical cooperation in this area ranged from strengthening of surveillance, detection, and treatment of acute malnutrition to promotion of breastfeeding and intersectoral strategies that address the social determinants of chronic malnutrition.

With PAHO support, member countries carried out programs to build local capacity to ensure food security and nutrition, working with community organizations, women's groups, schools, volunteer health aides, and local authorities.

Other technical cooperation to advance MDG-1 included support for micronutrient supplementation and food fortification in 11 countries, as well as the promotion of inter-agency cooperation on evidence-based, multisector interventions to tackle the causes of malnutrition. The Pan-American Alliance on Nutrition and Development has supported major initiatives to reduce chronic malnutrition.

To advance MDG-3, "promoting gender equality," PAHO supported efforts to reduce health inequalities based on gender while promoting health planning and programming that address the differences between women's and men's health status and needs.

This included support to develop and implement gender equality plans in member countries as well as within organizations such as the Council of Ministers of Health of Central America. PAHO's Secretariat also continued implementing the regional gender equality action plan in its own regional and country offices.

Work to advance MDG-4—Reducing Child Mortality—was carried out in the framework of the Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care.

It stresses care throughout the life cycle, including adolescence, preconception, pregnancy, childbirth, and childhood, not only in health clinics and hospitals but also in the home and the community.

Based on the regional strategy, a number of countries developed or implemented neonatal health plans in 2010-2011, incorporating evidenced-based interventions into their norms and procedures for maternal and child care, and providing training in emergency obstetric care as well as in monitoring, supervision, and evaluation of neonatal health in hospitals and other health facilities.

The use of distance-learning tools allowed Member States to train large numbers of health personnel in evidence-based interventions for child as well as maternal care.

PAHO also promoted the incorporation of the IMCI strategy into the pediatric curricula of medical and nursing schools.

Immunization has been a key factor in our Region's success in reducing child mortality. This year, Vaccination Week in the Americas celebrated its ninth anniversary, with 43 countries and territories participating, reaching 41 million children and adults.

This year, parallel vaccination weeks were held in four other regions as well: Europe, the Eastern Mediterranean, Africa, and the Western Pacific, with a total of more than 180 countries and territories participating in Vaccination Week events.

Today, planning is under way for a world vaccination week in 2012, which will coincide with the 10<sup>th</sup> anniversary of Vaccination Week in the Americas.

PAHO's Revolving Fund for vaccine procurement purchased nearly \$723 million worth of vaccines, syringes, and cold chain supplies on behalf of 40 countries and territories in the Region during 2010 and the first half of 2011.

The PROVAC initiative, financed generously by the Bill & Melinda Gates Foundation, helped countries gather and analyze evidence to support their decision-making about the introduction of new vaccines.

With support from PAHO and the GAVI alliance, 13 countries and territories of the Region introduced new childhood vaccines into their immunization programs during 2010-2011, including rotavirus, pneumococcal, and human papilloma virus vaccines.

Specific technical cooperation to reduce maternal mortality, as called for by MDG-5, ranged from protocols and training on obstetric care to support for surveillance, health services reorganization, and advocacy on the rights of health service users to comprehensive and high-quality sexual and reproductive care.

PAHO also supported efforts to reduce maternal mortality in indigenous communities.

To advance MDG-6, PAHO Member States worked to improve health services for people with HIV through increased testing and counseling,

expanded access to antiretroviral treatment (ART), and promotion of prevention, particularly among high-risk and vulnerable groups.

Critical support for expanding “ART” coverage was provided by PAHO’s Strategic Fund. Between June 2010 and June 2011, countries acquired US\$ 6.1 million worth of antiretroviral medications through the Fund, enough treatment for approximately 30,000 patients.

An important development in 2010 was the launch of the new Strategy and Plan of Action for the Elimination of Mother-to-child Transmission of HIV and Congenital Syphilis, approved by PAHO’s 50th Directing Council.

Its goal is to eliminate mother-to-child transmission of HIV and syphilis as a public health problem in the Americas by 2015. Efforts in this area included support for prevention and control interventions; improvements in health services; increased collaboration with other agencies and sectors and with the community; and support for improved data collection and analysis.

The Organization continued to partner with USAID to fight malaria through the Amazon Network for the Surveillance of Antimalarial Drug Resistance and the Amazon Malaria Initiative (RAVREDA/AMI), which have helped the Region’s 21 endemic countries reduce malaria cases by 52% and malaria deaths by 69% since 2000.

The Organization supported efforts to fight tuberculosis through laboratory strengthening and interventions that address the social determinants of tuberculosis, particularly in poor and marginalized populations, and by promoting universal access to “ART” and preventive treatment for patients with co-infections of TB/HIV.

Member States have significantly expanded access to drinking water and sanitation, as called for in MDG-7, and have reduced gaps between urban and rural areas in this regard.

Much of the work in this area focused on water safety plans, which promote comprehensive risk assessment and risk management in all steps of the water supply, from catchment to consumers.

PAHO also supported the development of evidence-based standards for regulatory purposes, the design of plans and programs for surveillance and monitoring of water quality, and capacity-building in epidemiological surveillance of water-borne diseases.

Support for efforts to advance MDG-7 also included technical cooperation in the area of climate change and health.

As for MDG-8, which calls for a global partnership for development, PAHO has been a participant in or a founding member of a number of regional partnerships dedicated to accelerating progress on the MDGs.

These include the Pan American Alliance for Nutrition and Development, the Latin America and Caribbean Newborn Health Alliance, the Regional Inter-agency Task Force for Maternal Mortality Reduction, and the Safe Motherhood Initiative, which was launched in 2010.

PAHO/WHO also worked jointly with other U.N. agencies and with bilateral development agencies including AECID, Canada's CIDA, JICA, NORAD, PEPFAR, Sweden's Sida, USAID, and CDC.

In addition, joint projects, programs, and activities were carried out with nongovernmental partners including Save the Children, *Enfants du Monde*, the Church of Jesus Christ of Latter-day Saints, the General Conference of Seventh-day Adventists, Partners in Health, and the Canadian Red Cross.

In the area of access to essential medicines, an important development during the period was the approval of a new regional strategy that seeks to build the capacity of national regulatory authorities to guarantee the quality, safety, and efficacy of pharmaceutical products

PAHO's Strategic Fund purchased medicines and supplies worth a total of more than \$50.5 million on behalf of 16 countries in 2010 and the first half of 2011.

As I mentioned earlier, the Faces, Voices, and Places initiative has been the centerpiece of PAHO's efforts to advance the MDG agenda in vulnerable communities.

As of 2010-2011, more than 40 communities in 23 countries were benefiting from participatory strategies and integrated interventions that empower communities to overcome the social determinants that prevent them from achieving the MDGs.

What are the lessons we have learned during the past decade as we have worked to advance the MDGs?

I invite you to read Chapter three of this year's Annual Report for an in-depth discussion of lessons learned and challenges remaining in the years before 2015 and beyond.

Among these lessons are the need to adapt targets and indicators to make them more meaningful in the regional context, the urgency of building human capital at the local level, and the importance of a second generation of MDGs that address new issues such as NCD's and NTD's, public safety, justice, and human rights.

It will be important to apply the lessons we have learned to help consolidate the gains we have made and to ensure they are sustained beyond 2015.

Above all, we must make sure the MDG vision remains alive, inspiring new efforts to make the benefits of health and development reach everyone.