

Center for Strategic and International Studies

TRANSCRIPT

Event

**“The CommonHealth Live! With PAHO’s Dr. Jarbas
Barbosa”**

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FEATURING

Dr. Jarbas Barbosa

Director, Pan American Health Organization

CSIS EXPERTS

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Katherine E. Bliss:

The Americas can really be said to be a region of extremes. Stretching from the Arctic to Antarctica, it boasts some of the highest mountains, the driest desert, three of the largest watersheds globally, and includes remote, rural populations as well as four of the world's 25 largest cities. There's considerable economic diversity as well. Most countries are middle income, or even upper-middle income, but there are high income economies – such as Chile, Canada, and the United States – as well as others that are extremely fragile, such as Haiti and Venezuela. And it's a region of more than 1 billion people, many of whom are on the move as they seek political stability or to improve their economic prospects.

It's no surprise then that this region's health profile is as complex as its demography and geography. The Americas claim several achievements in infectious diseases, including elimination of polio and rubella. And the region has a bold plan to eliminate cervical cancer. But, where extreme poverty and extreme wealth coexist, there is also hunger and malnutrition, alongside overweight and metabolic disorders. During the COVID-19 pandemic countries of the Americas suffered 25 percent of COVID cases worldwide and 43 percent of deaths, nearly half of all those in the world. And recent years have seen countries contending with outbreaks of vector-borne disease, including dengue, chikungunya, Zika, and Oropouche.

As the population ages, and now some 13 percent of the population of the entire region is over the age of 65, health systems are dealing with noncommunicable conditions including cancers, type-two diabetes, and cardiovascular disorders. So how is this complex region protecting hard-won gains in health and longevity, while addressing ongoing challenges and preparing for future health crises? Dr. Jarbas Barbosa da Silva, director of the Pan American Health Organization, or PAHO, here in Washington D.C., joins me today to talk about health security challenges in this region of extremes, and why it is important for countries to work together to achieve shared health goals.

(Music plays.)

J. Stephen Morrison:

This is the Common Health Podcast, a product of the CSIS Bipartisan Alliance for Global Health Security. We engage with diverse leaders on the question of how best to navigate this period of exceptional turmoil, reform, and uncertainty in U.S. leadership.

(Music ends.)

Dr. Bliss:

Hello and welcome to the Common Health Live! I'm Katherine Bliss, with the CSIS Global Health Policy Center. And it's my pleasure today to speak with Dr. Jarbas Barbosa da Silva, Jr, director of the Pan American Health Organization, or PAHO, in Washington, D.C. Dr. Barbosa, welcome to the Common Health.

Jarbas Barbosa: Thank you. Thank you, Katherine. And thank you for having me here.

Dr. Bliss: Well, I know it's a busy time. So, we're pleased to have some of your expertise here with us this morning. You've been at PAHO in a number of different capacities – as director since 2023 and as assistant director of the organization for five years before that, including during the COVID-19 pandemic. And if I'm not mistaken, you and I first met back in, I think, 2009, during the H1N1 influenza outbreak, when you were, I believe, head of infectious diseases at PAHO as well. And in the interim, you've held a number of positions in Brazil, your native country, related to disease surveillance, and we're head of Anvisa, the regulatory agency within the Ministry of Health.

So, I think perhaps there's no one better to share an overview – to start off our conversation – an overview of PAHO, the roles that it plays throughout the region, and how the organization works with countries that are members. So, I wanted to start by asking you to say a bit about how PAHO came to be, and the extent to which health security is a focus of the organization.

Dr. Barbosa: No, thank you. PAHO was created in 1902. Remember that at that time the first attempt to build the Panama Canal failed, due to the yellow fever outbreak that killed hundreds of the workers that were trying to build the Panama Canal. So, this initiated the perception that the countries need to come together. In 1902, only two years after they created the Organization of the American States, they decided to create a specialized agency for health, the grandmother of the Pan American Health Organization, to share information and to provide better response to pandemics and outbreaks. So, health security is in our own DNA. PAHO was created to share information, transparency-based, and to provide a platform where countries can come together to better coordinate their common efforts to contain outbreaks and epidemics.

Dr. Bliss: So, if the countries in the region came together around challenges related to, like, port sanitation and, you know, mosquitoes, vector-borne diseases, and really this issue, you know, in particular around immigration and yellow fever, with the canal, has the concept of health security evolved over time? And do you – is there a common kind of understanding among the countries of, you know, what they mean when they think about the health security of the region?

Dr. Barbosa: The countries have different – sometimes different perspectives about health security. From PAHO, we believe that health security is the capacity to prevent, to detect, and to respond to public health threats that can be a problem not only for the health sector, but can disrupt the economies, that

can be a problem for economic and social development. So, this is health security. And we do believe that is a very important part of security in general, because the COVID-19 showed us very clearly that if the health – people cannot live, cannot work, cannot – the economy is not running. So, when we have an outbreak with that proportion, it's not the health that is affected, but it's the communities, the countries, the economy, and the social development.

Dr. Bliss: So you've talked a bit about the COVID-19 challenge, and how, you know, that was maybe – I wouldn't say a wake-up call, but, you know, really something that kind of, you know, brought attention to this issue around the complexity of health security – the political and economic dimensions and the community dimensions that bring it together. What are some of the current kind of most – you know, what are the issues in health security within the region that you and your team are putting most attention on at this point?

Dr. Barbosa: Firstly, we need to strengthen national capacity, because we know that the – with the diversity that you mentioned that we have in the Americas with forests, is we see hundreds of virus, some of them that are very well known, yet some of them are changing their behavior, like, you know, Oropouche or chikungunya. So, we need to strengthen the national capacity. Every country in this region needs to be ready to prevent, to detect, and to respond. Because also the lessons that we learned from the flu pandemic in 2009, now COVID-19, if we are not able to contain at the source, the small window of opportunity that we have in general when – for some kinds of virus, they spread so fast that is almost impossible to contain if we don't – if you don't have this opportunity, and if you are not ready to act at this moment. So, it's very important to have all countries with this capacity. We are talking about the laboratory capacity. We are talking about training health care workers. We are talking about the health information systems. We are talking also about the preparation that they need to deal not only with the future threats, but with the currently – the current public health emergencies that they have. We now have measles outbreaks in countries. We have yellow fever outbreaks in four countries in South America. We have Oropouche. So, dengue fever, last year we had more than 12 million cases. So, they need these tools. They need to be prepared to respond to these current threats.

But also, it is important, as a second pillar, is to guarantee that you have a platform that brings together all the information. PAHO, we run a regional surveillance system that firstly receives all the information from the countries – from Canada to Argentina and Chile. We receive all the information related to outbreaks, to diseases that are under monitoring. So, we can receive this information and share this information with all the countries. But at the same time, we have a 24/7 system that is looking for most likely fever outbreak diseases, new diseases, deaths related to anything. This system identifies almost 2 million signals every year. And last year, and

last year was a typical year, we handled almost 100 public health emergencies in the region.

This is not only sharing the information but providing technical guidance to the countries. What are the protocols to investigate the cases, to have samples in the laboratory, the laboratory tests that they need to perform, and deploying teams of experts when they need this kind of support. So, I think that this combination of these two things, a strong national capacity and at the same time a regional platform to coordinate and share information, are the main pillars to guarantee that we have the Americas better prepared.

Dr. Bliss:

So, it seems to me you've made a very strong case for regional collaboration, both in terms of, you know, ongoing research, identifying diseases, and then sharing that information and providing technical assistance among the countries to prepare and anticipate for outbreaks and other challenges that might be coming. As you said, PAHO was started in 1902. And, you know, really became part of the inter-American system, right, with the Organization of American States, and, I guess, Inter-American Development Bank, and others. Of course, later in the 1940s PAHO also became part – became the America's arm or branch, I guess, of the World Health Organization, which was – which started after, after World War Two.

Now, in January, the United States announced its intent to withdraw from the World Health Organization, but it remains part of PAHO. And so, I wanted to ask you to say a bit about, you know, why this engagement with the Americas is so important for North and South America, and for the United States to be part of that – you know, why it's in the interest of the United States to remain part of a regional organization. And if you could say a bit too about how, you know, the relations between the regional organization of PAHO, you know, continue, and how that works with the other regional organizations of WHO.

Dr. Barbosa:

Yes. PAHO is a WHO organization. As you mentioned, when WHO was created in 1948, the member states made the decision that PAHO should also serve as the WHO regional office for the Americas. But we, at PAHO – at that moment, it was also decided that PAHO should not be integrated into WHO. That PAHO should remain as an independent organization. So, our decisions are made here in the Americas. All the staff that we have are PAHO's staff. They are not WHO staff. And we – of course, we have all the interactions with our member states on behalf of the Pan-American Health Organization too. So, in this – in these conditions PAHO is important. And I think that the U.S., of course, all the public health community in this country and the world, we hope that this decision could be reconsidered in the future because it's important for the world, and indeed also important for the United States, to be part of the global system. But this does not – does not mean that the U.S. cannot be part of PAHO, because PAHO has its own membership. So, the two countries in the region that have already announced that they will withdraw

from WHO, the United States and Argentina, they are still members of the Pan American Health Organization. And we do believe that this is very important.

So, they can be part of the regional efforts to protect the health sector – to protect the health of the population – sorry. But at the same time, to advance the public health agenda in the region. So, we have this – we can have this difference with WHO membership. It's legally possible because even the formal act to join WHO and to join PAHO from the United States are two different acts. So, we are clearly an independent organization that integrates the inter-American system, that serves as WHO regional office for the Americas.

Dr. Bliss: So, there's really kind of a historical difference in the organizations that kind of creates kind of a unique situation. One of the things I've always found so interesting about that history, and about the long, you know, involvement of PAHO in the region, is just the concept of solidarity that really kind of permeates all of the discussions, you know, going way back. Yet, you know, as you've discussed, I mean, COVID-19 really hit this region in a very strong way. And, of course, you know, we know that there were very high mortality rates in a number of countries. And also, you know, challenges in accessing medical supplies, and accessing vaccines, and other, you know, measures to respond to the pandemic.

And so I wanted to ask you to reflect kind of on the – I guess, the state of solidarity within the region with respect to health, and where you see PAHO playing a role in helping countries to, you know, think about how, as a region, they can be more, I guess, self-sufficient, or able to respond to some of those challenges around access in the future.

Dr. Barbosa: It's a very, very, very good point, Katherine. You are totally correct. The pandemic showed us that we need to change the way that we look at the capacity to produce health technology in the region. During the most critical period of the pandemic, our countries were struggling to have access to very simple equipment, like masks and goggles and gloves. After that, they had to struggle to have the access to respirators, to medicines, to vaccines. So, I think that this kind of triggered political will to change the situation. Of course, that we need to be careful to present the proposals that are feasible, because the experience during the pandemic was so dramatic that we had a period where every country in this region wanted to produce everything. And we know that this is not possible.

So, attending or responding to the request from our member states, we established a regional platform to support some new technologies development in the region, to support the regulatory capacity in the region, so preparing the countries to be well-equipped to research and development

and production of products. And at the same time, we are using our unique situation that you have in our region that is the pooled procurement mechanism that we call revolving fund. Revolving fund just last year procured around the \$800 million dollars of vaccines and health technologies, 200 million (dollars) from U.S.-based producers. So, it's important also to have this participation from the U.S. private companies in this fund.

And since last year, member states approved some flexibility that we started using immediately. So, in January, we signed the phase agreement, PAHO, the government of Argentina, Pfizer – this very well-known vaccine producer in the U.S. – and Sinergium Biotech, a producer in Argentina. This agreement is allowing the tech transfer process for a very innovative vaccine, PCV20, the new version of pneumococcal vaccine. And this also – at the same time, it is strengthening the capacity to produce this vaccine in Argentina and offering this vaccine by the most affordable price to every country in our region through our revolving fund. So, I think, that is one example. We are now engaging with other producers to discuss the new HPV vaccine, for instance, the syncytial respiratory virus vaccine, and other vaccines. So, the idea is to bring together the countries that they can produce not only the vaccines, because sometimes they want to produce vaccine. And vaccines are very complex products. But they could produce the syringes. We have only one producer in the region that is offering vaccines through the revolving fund. We need to import millions of syringes every year from Asia and other regions. So, we are encouraging countries, OK, maybe you can wait some years to develop your capacity to produce a vaccine, but you can start with syringes. You can start with medicines. You can start with the other products that will complement the self-sufficiency. But I think that in the short period of time to reduce the vulnerability that we still have.

Dr. Bliss:

So, you've mentioned, in a couple of different ways, how either through tech transfer or – you know, countries are beginning to develop more – or kind of revitalize vaccine industries, I guess, because at least some time back in the 20th century I think there were a number of vaccine-producing countries. And then that kind of died out for a while, and now there's an effort to continue to build that. At the same time, you know, typically – or, at least, historically, the region has built pretty high vaccination coverage, right, through, you know, the Immunization Week of the Americas, and, you know, campaigns, and really, you know, through the technical assistance and working with countries' immunization programs.

In the years prior to the pandemic, though, we began to see a little bit of stagnation with respect to kind of overall coverage with DTP3, you know, and other measures. And then the latest WUENIC data from the middle of July shows that the region still hasn't quite recovered to those pre-pandemic levels that were already kind of faltering a little bit. Of course, as you

mentioned, in North America this year we've seen measles outbreaks in Mexico, the United States, and Canada. You know, in part driven by kind of pockets of low coverage. And, you know, of course, there's recent data here in the United States that, you know, the non-medical vaccine exemptions are on the rise in a number of different states. Just yesterday Florida announced that, you know, it would be kind of looking to drop vaccine mandates for schools.

And so, you know, we know that – whether, you know, it's – the various factors that contribute to lower vaccination coverage – whether it's misinformation, or circulation of news and other kinds of information – they don't happen in a vacuum. You know, there's communication between countries and on social media, and through different areas. So, I wanted to ask you to say a bit about the state of vaccine confidence in the region, and what steps PAHO is taking to work with countries to kind of reinforce the emphasis or focus on immunizations.

Dr. Barbosa:

Vaccination has been a flagship problem for PAHO for many decades now. For this reason, the Americas was the first region to eliminate several diseases, from smallpox to polio. We are the only measles-free region, until now. Hopefully Canada, Mexico, and the U.S. will control their outbreaks before the one-year period that they have so we will keep this certificate. But since 2015, the coverage started decreasing for different reasons. I think that, first, the success of the vaccines, sometimes they play a role against the vaccines. Because some families, they say, why do I need to keep vaccinating my child against polio when there is no case of polio since, I don't know, 1970 something? Why do I need to keep vaccinating against measles when there is no case of measles in my community, in my city?

So, I think that this plays a very important role. And we need to work with healthcare workers better, physicians, nurses, because all the service that we have in the regions shows that the healthcare workers are the most important source of information for the families to make their decision about getting the vaccines. Second, we need to think about how to organize better the services because with the very rapid urbanization that Latin America experiences, we have seen the change from 500,000 to 2 million inhabitants in 15 or 20 years. And the health infrastructure sometimes didn't have the same pace of increasing. And even the way that we organize the services I think that is important. Because with the new vaccines that we are introducing, this is wonderful.

A woman or a man, but in general it's a woman, because 50 percent of the poorest families in Latin America and the Caribbean has only one adult that has an income, and this is a woman. And this woman probably works in the informal economy – informal sector of the economy. So, this woman needs to go 10 to 12 times – 10 to 12 times to a health center in the first year of her

baby to get the vaccines. So, if the health center opens only Monday to Friday, 8:00 to 5:00, this woman will not – will not go two, three times to get the vaccine. So, we are encouraging the countries – and have very good examples in the in several different countries, opening the health centers on weekends, using new strategies like microplanning that we are supporting the country to identify where are the pockets of low-vaccinated children, so we can go there on weekends to get them vaccinated? So, these are very important. We need very important lessons that you learn that we need to change the way that the states are organized to facilitate access – to facilitate access.

And then there is misinformation. I think that misinformation is a very important component. And to address this challenge we need to provide very transparent information to the families. It's not that they are anti-vaccine, but we have a growing number of people that they need to understand better how the vaccines are produced, the how we can satisfy that they are safe, why they need to get vaccinated. So, I think that in the past families could see a neighbor that had a child with polio or measles. Now that they don't – they don't have these threats close to them, we need really to provide information. And again, the health care workers are crucial. They need to understand this. They need to listen. They need to listen. What are the doubts that the family's having? And they need to translate the scientific information in a very simple way to share with the families why they need to get vaccinating their children.

Dr. Bliss:

So, you've really outlined, you know, the importance of a strong health system, you know, from the national level, but really the importance of that primary care – primary health care, and the role of health care workers in communicating with families, building trust, and really kind of being part of the community. One of PAHO's priorities, you know, really has been to support members' efforts to strengthen health systems. But one country that has really faced challenges in recent years is Haiti. And it's listed as among the most fragile states in the world. And ongoing violence and instability has really made it exceptionally difficult for providers to deliver health services, and really, I think, for people to even feel safe enough to go and seek them when they want to.

Just recently a state of emergency was declared, in August. And I think it's – you know, there's an estimate that at least 5,000 people have died in the past year alone from some of the violence that's really kind of challenging the delivery of services. Now, PAHO has long had a presence in Haiti. And so could you just, you know, say a little bit about how the organization, you know, can continue to work with – I mean, in the absence of strong institutions and really kind of a functional, you know, full political system, how can PAHO, like, work with organizations, you know, to support and strengthen the delivery of health services? And, you know, what are some of the lessons from some of the other crises that, you know, the organization

has faced, that are kind of being brought to bear in the current response in Haiti?

Dr. Barbosa:

Yeah. One important characteristic that we have, that PAHO has a very strong country presence. And the country office that we have, we have 27 country offices. They are not diplomatic representations of power. They have a very strong technical team that works together with the minister of health to strengthen the health agenda in each country. And in Haiti is one of the biggest offices that we have. We are still there, because – I’m saying, “still there,” because due to the violence and the security situation some organizations, unfortunately, had to close their offices there. But PAHO is there. We have a very strong country office that is working with the Minister of Health and with NGOs and other organizations to – in several different areas.

We are working with NGOs to get the children vaccinated. And even in this difficult situation, we are getting around 80 percent of the immunization coverage. We are working to stop the cholera outbreak. And we – now we are completing 10 weeks with no new suspected case of cholera. That is a very important achievement. We are working with – in some innovative ways. We have these motorbikes with a small lab. So, they go to the communities. They provide the test to the community. And they treat immediately people that get the test positive. So, this is contributing a lot. And we believe that by keeping the same – the same pace of things, we can declare in some near future that the outbreak of cholera was completely controlled.

But we are also working to keep service – health services open. Only 10 percent of the health services in Haiti are completely functional. So, we are – for instance, we are keeping the only hospital in Port-au-Prince, Hôpital de La Paix, open. It’s the only public hospital that has surgical capacity, blood transfusion, emergency room, that is dealing with trauma, people that were involved in gunshots and things like that. From the January 2024 to now, we deliver more than 250 tons of medicines and health supplies to Haiti. We keep a warehouse there that we call PROMESS. And in PROMESS, we keep all the vaccines and medicines that we provide to the Minister of Health.

So, we are there. We really appreciate working with several different partners. Very important, the part of these 250 tons that we deliver we could deliver because we have a joint flight – using flights from the U.S. Army. This is a kind of partnership that is important to respond to the situation in Haiti. So now, within the Organization of the American States, there is this effort to bring together the – all the four institutions and the countries in the region, because it really – Haiti is a huge problem in the region, not only for Haiti but for Dominican Republic, with the problem of the migration, for several other countries, including the United States and other countries in in the region.

If you don't improve the situation – the general situation, of course, but also many women from Haiti, they go to Dominican Republic because they are not paid when they are pregnant. So, if you don't improve the health system in Haiti to provide basic services to their population, we are not contributing to reduce the migration. So, it's important to improve the situation for the Haitians, but also to provide a better response to this massive migration that we have from Haiti.

Dr. Bliss: So, it really becomes an economic and political challenge for the broader – for the broader region, with health playing a role in addressing and alleviating, perhaps, some of – some of those issues. I want to switch gears a little bit to talk about some events that are coming up on the horizon that I think, it sounds like, offer a chance to perhaps address many of the topics that we've talked about.

The first is in New York later this month. The fourth, I think, high-level meeting on the prevention and control of non-communicable diseases and the promotion of mental health. This will offer a chance to spotlight country commitments to addressing the impact of conditions like cardiovascular disease, diabetes, and cancer, among others. And it gives a chance to take stock of progress in some of the previous meetings. And then for the different regions of the world to share experiences and, you know, ideally, I think, sounds like, come out with a declaration and maybe an action plan looking ahead.

Obviously, NCDs have become a bigger part of the focus in the region over the past several decades. And now, of course, with an aging region that has lower fertility and longer – people are living longer, and so, I guess, have the opportunity to experience different health conditions as they get older. What is – you know, what are you, I guess, hopeful that you will see coming out of this meeting in a couple of weeks? I think on the 25th of September, so about three weeks from now. And, you know, what do you think the Americas region, you know, can really contribute to that dialogue? What lessons are there from the region that can inform the work?

Dr. Barbosa: This will be an excellent opportunity for the countries, first, to reaffirm their commitment with non-communicable diseases. Non-communicable diseases are not only a public health problem. It also can, and is already, providing very important economic loss to society. So, we launched a couple of weeks ago a report that we worked together with Harvard – the public health school. And the estimation for South America is that from 2030 to 2050, the loss provided by non-communicable diseases will correspond to one entire year of GDP loss. So, we are talking about trillions of U.S. dollars. People that are dying prematurely, people that will request the services for decades because they will be needing physiotherapy, health support, health care. So, we are talking really about the one thing that needs to be addressed, not only

by the health sector.

This region has a very important role. In 2007, the head of the state of CARICOM, for the first time in Trinidad and Tobago, it's a historical meeting, they called the attention that the NCDs is not only a public health but also economic and social problem. So now we will have the opportunity to reaffirm this commitment. PAHO is leading several efforts in the region. We have an initiative that we call Better Care for NCD that incorporates the two main aspects. First, to protect the new generations. So, investing in prevention and promotion. We have many tools that are evidence based that can reduce the burden of non-communicable disease. Reducing tobacco use, for instance, increasing physical activity, promoting healthy diets. So, I think that you have a package of intervention that you really can reduce your obesity, tobacco use, and prevent future non-communicable diseases in the new generation.

But at the same time, we need to provide care for people that already have hypertension and diabetes. After the 40s, probably 50 percent of the population – they have hypertension. And the real problem is that the – for each 100 people with hypertension in the Americas, only 50 are aware that they have hypertension. And only 25 have the hypertension controlled. For this reason, that the hypertension is the main risk factor that we have in the Americas and in the world to explain this very important number of deaths related to cardiovascular diseases. The problem with the deaths related to non-communicable diseases is that 40 percent of them are happening before the 70s. So, we consider then premature deaths that probably could be prevented if we have the primary health care better prepared to offer diagnosis and treatment.

In several countries in the region, Chile has already implemented the one initiative that we promoted that is called HEARTS. Chile implemented this in more than 90 percent of their primary health care centers. El Salvador implemented almost in 100 percent of their primary health care center. So, this is starting to change the game. We have already experienced a reduction of 16 percent of the deaths when we look in the last decade. But this is still a challenge. We need to combine several different initiatives to facilitate access. And we need to use – to provide better use for the new technologies that are available, telemedicine and telehealth. So, health centers in a remote area can have tele-consult with a cardiologist if they need it, without needing to move this person two to three days of travel that they sometimes they cannot spare it.

So, this is, I think, the main challenge that we have. The elimination of cervical cancer, that you mentioned at the beginning, that's also very important. And providing better access for diabetes, hypertension, cancer is part of this initiative that we are leading the region.

Dr. Bliss: So, kind of going back almost 20 years, I mean, there's really a long history of thinking about diet, exercise, and, you know, kind of lifestyle prevention. But also, really raising awareness within the health system and identifying opportunities to kind of initiate treatment and awareness earlier, rather than kind of at a later point where the outcomes might not be so good. So – and these are lessons that can be shared with other regions as well.

Dr. Barbosa: Yes. I do believe that it's very important, because this is a – this is a challenge not only for the Americans. Now there's unfortunately – not unfortunately. Fortunately, we have this very rapidly demographic transition here in Americas, but other regions – in Asia, in Africa also these countries are experiencing the same problem, because they need to be prepared to this aging population, that we have a more important burden of non-communicable diseases. And they need to act now, because when we see the figures that we have before, children and adolescents that they are experiencing obesity or are overweight in the region, in some countries we have very concerning figures that are clearly telling us that we need to have a multisector approach.

The health sector needs to work with the educational sector, sometimes the agricultural sector, sometimes with also finance – the finance minister. Because it's not only about the – about receiving the information but also having access. In the Caribbean, a family to purchase vegetables and fruits, they will pay 40 percent more than a family in the U.S. So even if they want to eat healthy foods, they cannot afford it. So, we need to have a broader perspective. In the health sector, I think that can play a very important role leading this multisector approach, bringing together to combine health promotion information that are crucial, but also offering the access for people to have – to make better choices about their health.

Dr. Bliss: Hmm. Into the fall, after the meeting on NCDs at the end of September, you've got your directing council and a number of other meetings kind of leading up to, I think, in December, the Summit of the Americas, which is taking place in the Dominican Republic this year. And the summits are – you know, convene heads of state from all of the different countries throughout the region. And I think, you know, have typically had, you know, kind of a broad focus on citizen security and prosperity for the region, but often have a health focus as well – at least a health working group or some elements of a declaration that focus on health. What are you looking for this year as the countries come together for that meeting at the end of – or the beginning, I guess, of December? And where do you hope to see health on the agenda in December, and then into 2026?

Dr. Barbosa: The summit will be a – I think a great opportunity also to provide better integration for health into the general perspective of the forum – the summit that is focused on security. We believe that besides the four pillars that the

Dominican Republic government presented, and we agree that they are very important to be discussed for the region, but it's also important to have health as part of the security. Because, again, the COVID-19 pandemic showed us that if health is not working well, the economy will not work well. When we have a dengue outbreak in a country, the economic impact that they have is huge. When we have a pandemic, even non-communicable diseases as I mentioned, they are providing a very important economic loss. So, health security needs to be part of these discussions.

We are having a very productive interaction with the government of Dominican Republic. But we also have other opportunities, because during the summit we have the meeting of the private sector. And we want to discuss with the private sector, to increase the conversation that we already have with them, to invite them to participate in PAHO's revolving fund, so they can provide their products to be more accessible to our region. But at the same time, to facilitate these partnerships that they can have with producers from Canada and the U.S. and producers from Latin America, in order to strengthen our regional capacity. I think that this is important for the region. If we have more capacity for vaccines, health technologies in the region, we will be less vulnerable when we need to deal with the current public health emergency, but with future threats that we have.

Dr. Bliss:

Well, Dr. Jarbas Barbos da Silva, director of the Pan American Health Organization, thank you very much for joining me today. And good luck with what sounds like an extremely busy few months ahead, with both the high-level meeting, the directing council, and the Summit of the Americas. We've covered a lot of ground around the history of PAHO, the understanding of health security and current challenges in the region, and I think real opportunities for countries to come together – not just governments, but the private sector and community groups – to strengthen primary health care and the health system, and really identify opportunities to work together to prepare for future health crises and protect the gains that have been made. So, thank you for joining me today. And thank you to all of you for joining us this morning.

(END.)