



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



48th DIRECTING COUNCIL
60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

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ADDRESS BY THE MANAGER OF SOCIAL SECTOR
INTER-AMERICAN DEVELOPMENT BANK
MS. KEI KAWABATA

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**ADDRESS TO THE 48.^o DIRECTING COUNCIL, 60.^a SESSION OF
THE REGIONAL COMMITTEE FOR THE AMERICAS**

Washington, DC, USA, 29 September 2008

Honorable ministers, distinguished delegates, Minister Ramsammy, Dr. Roses, Dr. Insulza, Dr. Chan, Dr. Steiger, ladies and gentlemen, it is an honor for me to represent President Luis Alberto Moreno of the Inter-American Development Bank (IDB) on the occasion of the 48th Directing Council. Unfortunately, he could not come personally but wishes you a very successful meeting.

Today we face in every way the news of the world financial crisis and the rising prices of food and oil have created a lot of turmoil in our Region. Our Region also faces the double burden of not having full control over the diseases and illnesses associated with poverty and yet at the same time faced with exponentially rising burden of chronic and non communicable illnesses associated with the Regions' rapid growing wealth. While great strides have been made; old challenges such as the elimination of under nutrition in countries with unacceptably high levels such as that in Guatemala, is coupled with the challenges of the double burden of obesity in countries like Mexico.

On the one hand, elimination and controlling neglected tropical diseases are within hands reach, yet on the other hand the exponential rising rate of cancer in our countries reminds us that solutions must be found to get men and women at risk to have regular check ups; colonoscopies, mammograms, and pap smears, which are all available in many countries and yet they still need to be made more available and access in utilization need to be increased through, among other things, health promotion.

Health insurance remains weak and the hidden cost of supposedly free public services remain high; catastrophic expenditures remain a reality for the poor. The IDB has shared a strong partnership with PAHO in the health area throughout its 50 year history and lasts through the shared alliances established in 2000.

The IDB continues to count on working together with PAHO and its extensive expertise in health matched with joint access to our finance Ministries in our lending program. For example, the use of platform of conditional transfer programs which is active in at least 12 of our Member States to help with the cost the poor families face when seeking preventive health care, while simultaneously boosting the quality and efficiency of health services through

infrastructure, equipment, extension of health services to rural and remote areas to meet demand increases.

We are determined to bring greater data and evidence to bear on health policy. Next year we will release work on how to tailor conditional cash transfer programs to urban health priorities, such as obesity and mental health, and also of the results of 10 years of insurance for example, in Colombia.

We are very interested in supporting countries' initiatives to improve data and evaluation of health systems performance. We are also working very closely with PAHO in the areas of innovation. Mobile health is another very important area to increase efficiency of health services and I am very excited of these possibilities where far away centers of health services units can actually send simple blood test results back through the mobile phone to a laboratory without having to travel through hours on very difficult roads.

So there are many areas that we would like to work very closely and continue to work closely with you PAHO and we are very excited. So, all the best to you and your consultations today and tomorrow and we look forward to acting on your resolution.

Thank you.