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The Americas, in their extraordinary diversity, are a living laboratory

23.09.2025

Tags: [LatAm](#), [PAHO](#), [Americas](#), [WHO](#), [Healthcare](#), [Vaccines](#), [Pandemic](#), [Exclusive](#)

Dr Jarbas Barbosa, Director of the Pan American Health Organization (PAHO), discusses the organisation's evolution from pandemic response to comprehensive health system transformation, regional production capabilities, and the imperative for multilateral cooperation in an increasingly fragmented global landscape.

Could you provide our readers with an overview of PAHO's mandate and its evolution since its establishment?

The Pan American Health Organization represents the world's oldest international public health agency, established in 1902 as a response to the transnational health challenges that were impeding regional development and economic progress. The catalyst for PAHO's creation was the yellow fever epidemics that devastated multiple nations and ultimately contributed to the failure of the initial Panama Canal construction project. This historical precedent established the fundamental principle that health security transcends national boundaries and requires coordinated multilateral intervention.

Our institutional framework operates within the Inter-American system, maintaining the unique distinction of serving simultaneously as an independent regional organisation and as the World Health Organization's regional office for the Americas. This dual mandate, established through member state consensus in 1948, provides us with both constitutional autonomy and global

connectivity. Our membership encompasses all 35 countries across the hemisphere, from Canada to Argentina, supplemented by three European participant members – the Netherlands, the UK, and France – reflecting their territorial presence in the region.

The organisation's operational infrastructure extends far beyond our Washington headquarters, with 27 country offices providing direct technical cooperation rather than mere diplomatic representation. This decentralised model enables us to deliver targeted interventions that address each nation's specific health challenges while maintaining regional coherence and strategic alignment.

As you assumed leadership in late 2022, emerging from the pandemic's acute phase, what strategic priorities did you establish for the organisation's evolution?

The pandemic served as an unprecedented stress test for regional health systems, revealing both critical vulnerabilities and opportunities for transformative change. My primary mandate focused on institutionalising the lessons learned during this crisis to establish robust frameworks and initiatives for preventing, detecting, and responding to future public health emergencies – not merely potential future pandemics, but the spectrum of current threats that challenge our region daily, from dengue and yellow fever outbreaks to emerging infectious diseases.

We have systematically strengthened regional capacity through targeted investments in health security infrastructure. The genomic surveillance network, established through American Rescue Plan Act funding, exemplifies this strategic transformation. We now maintain genomic surveillance capabilities across more than 20 countries, with established protocols enabling smaller nations to access rapid diagnostic services within hours or days. This network provides real-time monitoring of circulating pathogens, from influenza variants to regional threats such as chikungunya and Zika, fundamentally enhancing our epidemiological intelligence capabilities.

Simultaneously, we launched a comprehensive primary healthcare (PHC) strengthening initiative in partnership with the World Bank and Inter-American Development Bank – a collaboration unprecedented in its scope and integration. This alliance enables countries to leverage existing and planned loan agreements by using our technical guidance to modernise health infrastructure, implement connectivity solutions for telehealth and telemedicine, enhance point-of-care diagnostic capabilities, and provide advanced training for healthcare workers. More than ten countries have already engaged in this collaborative framework, demonstrating the appetite for systematic health system transformation.

Your elimination initiative for communicable diseases represents an ambitious regional undertaking. How has this progressed since its relaunch?

The elimination of communicable diseases initiative, initially approved by member states in September 2018 but suspended due to the pandemic's emergence, was strategically relaunched under my leadership in 2023. This comprehensive programme targets diseases for which we possess proven tools and strategies, with the objective of accelerating elimination processes through enhanced country support and optimised implementation approaches.

Our achievements demonstrate the initiative's effectiveness and regional commitment. In the last three years, Jamaica, Belize, and Saint Vincent and the Grenadines have received certification for eliminating mother-to-child transmission of HIV, syphilis, and hepatitis B, Brazil achieved certification for lymphatic filariasis, while Suriname received malaria elimination certification this year, having successfully addressed transmission in the Amazon basin region.

Cervical cancer elimination represents a particularly strategic focus, combining traditional HPV vaccination programmes with innovative molecular testing technologies and treatment of lesions provided at PHC. This integrated approach leverages cutting-edge diagnostic capabilities to accelerate screening and treatment pathways, demonstrating how technological advancement can enhance public health outcomes when systematically implemented across diverse healthcare systems.

Non-communicable diseases present a different challenge profile. How are you addressing this epidemiological transition?

Non-communicable diseases now constitute the primary health burden across the Americas, reflecting the region's demographic and epidemiological transition. However, the critical concern lies in premature mortality – 38 percent of deaths related to cardiovascular diseases, diabetes, cancer, and similar conditions occur before age 70, representing largely preventable losses that reflect inadequate primary healthcare capacity rather than inevitable outcomes.

Our strategic response focuses on strengthening primary healthcare systems' diagnostic and treatment capabilities. Eleven countries have already implemented the HEARTS initiative for hypertension prevention and management in more than 80% of their PHC units, exemplifying this approach's potential impact. This success has catalysed adoption across multiple additional

countries, demonstrating the scalability of evidence-based interventions when supported by appropriate technical assistance and political commitment.

The initiative's effectiveness stems from its integration of clinical protocols, healthcare worker training, and system-level modifications that enable primary care providers to deliver comprehensive chronic disease management. By strengthening these foundational capabilities, we can prevent the progression to acute complications that characterise premature mortality from non-communicable diseases.

Your PAHO Forward initiative emphasises organisational efficiency and transparency.

What transformations has this produced?

PAHO Forward represents a comprehensive institutional modernisation programme designed to enhance operational efficiency, transparency, and accountability while reducing unnecessary bureaucratic processes that divert resources from core technical cooperation activities. This initiative reflects my commitment to ensuring that organisational resources are optimally allocated toward member state support and regional health outcomes.

The transparency component has produced tangible results. All PAHO's external evaluations are now publicly accessible to member states and stakeholders – a significant departure from previous practices. Similarly, internal audit reports covering our annual reviews of 10 to 12 country offices and headquarters departments are now available to all member states, creating unprecedented organisational accountability.

This transparency enhancement serves multiple strategic objectives: it demonstrates our commitment to responsible stewardship of member state contributions, enables evidence-based decision-making regarding organisational performance, and establishes benchmarks for continuous improvement across all operational domains.

Regarding future pandemic preparedness, what vulnerabilities remain despite these improvements?

While we have achieved substantial progress in prevention, detection, and response capabilities, the pandemic exposed a fundamental vulnerability that extends beyond traditional public health infrastructure: the region's dependence on external sources for essential health technologies and

the catastrophic consequences when global supply chains become disrupted or inequitable.

The initial shortage experienced during the pandemic was not sophisticated vaccines or advanced therapeutics, but basic protective equipment – masks, gloves, and similar fundamental supplies. This progressed through treatment protocols, respiratory support equipment, and ultimately to vaccine access. These sequential shortages demonstrated that technological self-reliance represents a critical component of health security that cannot be addressed through traditional public health measures alone.

Our response has been to establish a comprehensive regional production capacity strengthening programme. This encompasses regulatory framework enhancement, support for existing manufacturing capabilities, and strategic investments in innovative production platforms. We are currently supporting mRNA vaccine development and production projects in both Brazil and Argentina, platforms that provide flexibility for multiple disease applications beyond COVID-19.

How do you manage the alignment of diverse stakeholder interests?

These partnerships between multinational producers and manufacturers in Latin America to implement tech-transfer processes succeed because our proposition offers compelling value to all participants. For multinational pharmaceutical companies, our regional platform eliminates the traditional country-by-country regulatory approval process, which can require months of preparation and millions in regulatory costs for each jurisdiction. When vaccines are offered through our Revolving Fund, they receive automatic acceptance across all participating countries, significantly reducing time-to-market and regulatory burden.

Our regional demand aggregation capabilities enable manufacturers to achieve economies of scale while providing multi-year contract stability that supports production planning and investment decisions. However, we apply strict criteria for these partnerships, focusing on breakthrough and innovative vaccines with demonstrated relevant public health impact and longevity —those likely to remain relevant over the long term, rather than technologies likely to face competitive displacement.

For member states, these arrangements provide access to cutting-edge vaccines at the most competitive global pricing while supporting regional production capability development. The recent agreement with Argentina's government, Pfizer, and Sinergium-Biotech Laboratorios for the new pneumococcal vaccine technology transfer exemplifies this model's potential impact – enabling

local production while securing access to innovative 20-valent pneumococcal vaccines at unprecedented affordability.

Vaccine hesitancy has emerged as a significant challenge globally. How are you addressing this phenomenon regionally?

Vaccine hesitancy presents multifaceted challenges that require sophisticated communication strategies and systematic service delivery improvements. Some research indicates that committed anti-vaccine sentiment affects approximately 1.5 percent of the population, but an additional 15 to 20 percent express information-seeking behaviour rather than fundamental opposition.

Our approach emphasises three strategic pillars. First, we are enhancing communication between national health authorities and scientific institutions to translate complex immunological concepts into accessible information that addresses specific concerns that the families have. Second, we have developed comprehensive training programmes available through our Virtual Campus of Public Health. The Virtual Campus which has reached over four million healthcare workers across the region, offers more than 150 courses on various public health subjects in English, Spanish, Portuguese, and French.

Third, we are addressing structural barriers that impede vaccine access despite positive attitudes toward immunisation. The informal economy encompasses 50 percent of Latin America's workforce, meaning that accessing vaccination services during traditional hours represents direct income loss for families who cannot afford such sacrifices. Additionally, 50 percent of the poorest families depend on single female caregivers who face particularly acute challenges in navigating multiple healthcare visits.

The countries need to organize their health services to address this reality and utilize new tools, like the PAHO's micro-planning methodology which identifies unvaccinated populations with precision, enabling targeted outreach through weekend clinics, mobile services at markets and fairs, and community-based approaches that eliminate access barriers. This systematic approach recognises that vaccination gaps often reflect logistical rather than attitudinal challenges.

Looking ahead to your 2026-2031 strategic plan, what will define PAHO's next phase of evolution?

The forthcoming strategic plan represents a fundamental departure from previous approaches. , Maintaining a wide array of priorities—such as the 29 previously outlined—can dilute strategic focus. Our new plan focus on five strategic priorities, with measurable indicators and aims to streamline efforts to ensure sharper resource allocation and greater impact.

Our member states are currently engaged in intensive consultations regarding this strategic framework, with approval anticipated during our Directing Council meeting in the last week of September. Despite the challenging geopolitical environment and diverse national perspectives, we are witnessing a remarkable commitment to the collaborative process and consensus-building that defines effective multilateral action.

The plan will concentrate on the fundamental challenges required to achieve universal health coverage and enhance regional preparedness capabilities. This strategic focus will guide resource allocation and institutional priorities throughout the six-year implementation period, ensuring that our technical cooperation activities maintain coherence and measurable impact.

In an increasingly fragmented global environment, what role do organisations like PAHO play in fostering international cooperation?

The Pan-American vision that inspired PAHO's establishment 123 years ago remains profoundly relevant, perhaps more critically needed than ever. Despite political disputes and ideological differences, our organisation functions as a neutral and impartial platform that transcends partisan divisions through focus on technical cooperation and evidence-based health interventions.

Our regional surveillance system exemplifies this collaborative imperative. We receive real-time epidemiological data from all countries and territories – 45 jurisdictions – while maintaining 24/7 monitoring of internet-based signals, social media, and traditional media sources. This system identifies approximately two million signals annually, each requiring evaluation and appropriate response when serious threats emerge.

Last year alone, we responded to 100 public health events across the region, from dengue outbreaks affecting multiple countries to emerging infectious disease threats. This coordinated response capability exists only through sustained multilateral cooperation – no individual country possesses the comprehensive regional perspective necessary for effective threat assessment and response coordination.

The current measles outbreak illustrates these dynamics perfectly. Originating within a Mennonite community in Mexico with low vaccination rates, transmission quickly extended to similar groups in the United States. Without coordinated surveillance and information sharing, such outbreaks can rapidly evolve into broader public health emergencies that affect entire populations regardless of national boundaries.

What message would you like to convey to global leaders regarding healthcare's future in the Americas?

My message is that we must fundamentally reframe how we view healthcare: it should not be seen merely as a social expenditure, but as both a fundamental human right and a core component of a nation's social development and economic infrastructure. The pandemic served as a brutal, irrefutable stress test – when health systems were overwhelmed, economic activity ground to a halt, incurring profound losses that continue to impact national balance sheets.

The lesson is clear. A robust health system that maintains population health and guards against emerging threats is non-negotiable for sustained economic activity, social stability, and ultimately, investor confidence. This understanding must directly inform strategic investment and policy priorities.

Given fiscal constraints, the focus must be on efficiency and innovation. Technology, particularly telehealth, is a powerful force multiplier, dramatically expanding primary care capacity without the prohibitive cost of traditional infrastructure. Furthermore, our region has a proven track record of success through cooperation, as we were the first to eliminate polio and other diseases, demonstrating that multilateral approaches work.

The Americas, in their extraordinary diversity, are a living laboratory. We are developing scalable models – from malaria elimination to regional vaccine production – that not only address our specific challenges but also offer a blueprint for global health security. This isn't about competition; it's about building sustainable, cooperative models that prove health equity and economic development are mutually reinforcing imperatives.

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