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## First 'Health in the Americas Week' Spotlights Kids and the Environment

The Pan American Health Organization (PAHO) celebrated this year's World Health Day, April 7, by launching the first-ever Health in the Americas Week, seven days of activities exploring issues of children's environmental health and giving recognition for efforts to improve it.

In Washington, D.C., PAHO joined with the U.S. Department of Health and Human Services (HHS), the U.S. Environmental Protection Agency (EPA), the Organization of American States (OAS) and other partners to organize a series of events for both children and adults throughout the week.

The kickoff was held at PAHO headquarters on Monday April 7, and featured HHS Secretary Tommy Thompson and First Lady of Ecuador Ximena Bohórquez, who spoke on the need to protect children's health by ensuring healthy environments. Also participating in the launch were Joanne Rodman, director of EPA's Office of Children's Health Protection, and Daniel Swartz, executive director of the Children's Environmental Health Network. Children from the Forest Oak Middle School in Gaithersburg, Maryland, presented slides and videos on aquatic plant conservation and the use of invertebrates to monitor water quality in rivers and lakes.

Other highlights of the week in Washington included a children's health fair hosted by HHS and EPA; a healthy housing workshop organized by PAHO's Communicable Diseases and Environmental Health units in cooperation with the Walter Reed Army Medical Center and the American Mosquito Control Association; a debate for students, teachers, parents and school administrators on "healthy schools" initiatives; a walk for health; and a webcast and teleconference on chil-

dren, health and the environment hosted by the OAS to celebrate Pan American Day, April 14, and to cap off Health in the Americas Week.

As part of celebrations throughout the region, PAHO public service announcements aired on radio and television promoting clean and healthy environments for children. PAHO brochures outlining the major environmental health threats to children and recommending solutions were distributed to media, health sector workers and the general public in the region by the organization's country offices.

The theme for this year's World Health Day "Preparing the future of life: healthy environments for children," was chosen to call attention to the fact that the health of children throughout the world depends in great part on the environments in which they live. Clean water and air, safe food and hazard-free surroundings are fundamental to healthy growth and development.

In the Americas, an estimated 80,000 children die every year from diseases or injuries related to environmental hazards. Many of these are related to poverty, including poor sanitation, contaminated water or food, indoor air pollution and inadequate housing. Solutions to these problems require parental education and awareness as well as community organization to improve living conditions and to pressure government agencies to provide needed services.

*Continued on page 4*



Schoolchildren in Santiago, Chile, enjoy outdoor play during recess. Clean air and safe play spaces are among the essential environmental elements of a healthy childhood.

## QUOTED AT LENGTH



**Mirta Roses Perriago**  
PAHO Director

Mirta Roses Perriago became director of the Pan American Health Organization in February culminating an 18-year career with the organization. She has pledged to work closely with PAHO's member countries to improve health and promote equity throughout the Americas. Since taking office, she has initiated a major structural reorganization and a reorientation of the organization's goals and plans. PAHO Today spoke recently with Roses about her personal and professional development and her first 100 days as director.

## What aspects of your childhood were most formative?

I spent my childhood in many houses and many cities, so I learned to adapt. I was born in Santa Fe, Argentina, at home—at the time, we had the European tradition of home childbirth. But it wasn't even our home; it was my aunt's house, because my parents were building a home. I lived in three different houses in one city and then we moved to another city. I changed schools a lot, so I learned to adapt to new friends. And I was always surrounded by a lot of people. We had a large extended family, and the distinction between our family and the community was not sharp. I learned to be a sociable person and to talk to people of different backgrounds and different ages. I especially liked to be around older people; they're good storytellers and they give you a sense of continuity. All my family are first- and second-generation immigrants. Those stories are very important for one's identity.

## What led you to study medicine?

I don't know. It was difficult to choose a career. We have the European system in which you have to choose your career in high school. There are people who have a clear vocation, but I didn't. There was no one in my family or any other role model who was a doctor. Looking back, there were some antecedents. We had a wonderful Red Cross program in the schools, and in second grade, I was already a little Red Cross nurse. We had certain responsibilities: we received instruction in first aid, we took care of children who fell down, we organized school departures and street crossings. And we wore little nurse uniforms, which was very important!

But I did not have a clear idea of what I wanted to study because I had very varied interests. I liked archeology, astronomy, science, art, literature, languages. But I knew what I didn't like: economics, accounting and law. In high school I studied elementary education, and I liked it, but I wanted to go on to college. I considered chemical engineering, but decided against it in part because it would have taken me away from home. Then a friend of mine said she was going to study medicine, and I began to think that I could be a doctor, too.

## Has being a woman had an effect on your career?

Not really. I don't see it as having been either an obstacle or an advantage. I have never had problems heading up groups that included men, for example, or in assuming responsibilities. In Argentina, there are policies that help women assume responsibilities. Not only do we not face discrimination in getting a job, we have certain advantages like child care in the workplace. In the Ministry of Health we had professionally staffed day care, with a pediatrician and trained teachers. That was very important for me because I could have my children close by. And later there were state schools that had full days, from 8:30 in the morning to 4:30 in the afternoon. That really helped.

## How has public health changed in the 25 years since Alma Ata?

The most notable thing is the concept of health as a public good. We used to focus on control of contagious diseases and vaccination, and on international sanitary regulations, ports and borders—mostly practices to keep diseases from entering or leaving countries. It wasn't international in the sense of interdependence and other public health relationships that have emerged in the past 15 to 20 years, such as health and immigration, health and tourism, health and economic growth. The field of public health has expanded and has more to do with quality of life and well-being. The determinants of health are seen as more important, such as nutrition, environmental conditions, and the impact of education and poverty on health. There is a more holistic sense of the social nature of health. And when health is seen as a social product, there is no longer one entity that is exclusively responsible for producing health. Rather, health is generated through integrated public policies.

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## IN FOCUS

## Ministers Link Agriculture and Health

The 13th Inter-American Meeting at the Ministerial Level on Health and Agriculture (known by its Spanish acronym, RIMSA) was held at PAHO headquarters April 24–25. The meeting brings together ministers of health and agriculture from the Americas each year to discuss joint action on food safety and the control and prevention of zoonoses.

Uruguayan President Jorge Batlle was on hand for the opening of this year's meeting. He emphasized that countries need to join forces in proactive and transparent efforts to eliminate problems that threaten the food supply and agricultural trade.

"We do not have problems of overpopulation," said Batlle. "We have a continent with vast expanses of land to cultivate. We should have more solid democracies and international guidelines to care for the health of people and animals."

The opening panel of the two-day meeting included U.S. Secretary of Agriculture Ann Veneman, Deputy Administrator of the U.S. Food and Drug Administration (USFDA) Lester Crawford, and PAHO Director Mirta Roses Perriago.

Roses said, "We live in a global village in which goods and services circulate. Food is exported, and people travel and migrate. It is our commitment to ensure the public health of all these individuals. This continent can celebrate the increases in life expectancy of the last 20 years, but in order to complete these achievements we should end the persistence of inequality and hunger in a continent that is a world champion in food production."

U.S. Secretary Veneman said that the issue of food safety is central to the harmonization of free trade in the Americas, an area of great importance to the United States. She also noted that developments in biotechnology are raising new food safety issues while creating unprecedented

opportunities for food production. "We can produce fruits that contain vaccines; we have alternatives to improve the nutritional content of food. We must improve our skills and technical assistance," she said.

USFDA's Crawford discussed the growing public health threat represented by bioterrorism affecting food or agriculture. Pathogens that have been identified as potential biological agents include anthrax, botulism, plague, psittacosis and hemorrhagic fevers, among others. According to official registries, only 222 incidents related to bioterrorism have occurred in the last 100 years, and only 24 were confirmed to be deliberate acts. Fourteen of those 24 confirmed cases were related to food or agriculture. Of these, 11 involved food poisoning (including a 1984 case in Oregon, USA, in which members of a religious cult contaminated local salad bars with Salmonella).

Crawford noted that of 54 agents identified as potential weapons for a bioterrorist attack, 38 could be introduced into the food chain with drastic consequences for public health and the economy.

Participants in the conference emphasized that improved agricultural production contributes not only to increased availability of animal protein but also to job creation, higher income levels for rural families, and improved living standards and health conditions for the population. ■



President of Uruguay Jorge Batlle (left).

## Experts Meet on Biotech Food

The Pan American Institute for Food Protection and Zoonoses (INPPAZ) in Buenos Aires hosted a meeting in February examining research and regulatory issues surrounding genetically modified foods (GMFs).

The meeting on "Safety of Food Produced by Biotechnology" drew health and regulatory officials, researchers and representatives of international organizations and the agriculture industry from Latin America and the Caribbean, Canada, the United States and Europe. It was organized by the Pan American Health Organization/World Health Organization (PAHO/WHO), the U.N. Food and Agriculture Organization (FAO) and the Inter-American Institute for Cooperation on Agriculture (IICA) and was the first of its kind in the Americas.

Presenters acknowledged widespread public concern about the safety of GMFs and the importance of addressing these concerns through scientific research and appropriate regulatory policies and assessment procedures both at the international level and in individual countries.

Jürgen Schlundt, director of the recently created Department of Food Safety at WHO, noted that WHO has placed great emphasis on biotechnology and food safety issues and with FAO has formed a special task force to develop international standards for risk

assessment, management and communication in this area. A proposed set of Codex Principles on Risk Assessment for GMFs is expected to be adopted in mid-2003.

GM crops and foods now on the international market have been engineered to enhance one of three traits: insect resistance, virus resistance and herbicide tolerance. According to WHO, they have passed risk assessments that have deemed them safe to human health. However, FAO/WHO experts emphasized the need for additional cost-benefit assessments of these and future products on a case-by-case basis.

Participants noted that advances in biotechnology are occurring rapidly and new areas of research on GM food and crops range from enhanced nutritional value to qualities that facilitate pharmaceutical research. Applications to livestock and animal production are also promising.

To reap such benefits, however, countries must integrate scientific advances into strategic planning and appropriate technologies in agriculture, participants noted.

They called on international agencies to support further scientific research on GMFs, to establish and keep up-to-date international safety standards, and to help countries develop the infrastructure and training programs needed to carry out risk assessment of GMFs. ■

## IN FOCUS

## PAHO Director Roses Reaches Out From Ottawa to Buenos Aires

Fulfilling a pledge to keep in close contact with the Pan American Health Organization's member countries, PAHO Director Mirta Roses Perriago made a series of official visits during her first 100 days in office that took her as far north as Ottawa and as far south as Buenos Aires.

The meetings were intended to familiarize health officials with PAHO's new strategies and priorities and to discuss member countries' own top concerns, as well as to strengthen PAHO's ongoing technical cooperation programs. By mid-May, Roses had made official visits to Argentina, Brazil, Canada, El Salvador, Honduras and Trinidad and Tobago.

In her most recent visit, to Argentina, Roses was awarded an honorary doctorate from the National University of Córdoba, where she received her medical degree in 1969. She was named "Illustrious Citizen" by the provincial government for her "eminent" career, for being the first woman and the first Argentine to be named director of PAHO, and for having grown up in and received her education

in Córdoba. In Buenos Aires, she met with Minister of Health Ginés González García and discussed topics ranging from maternal and child health to joint health activities of the MERCOSUR countries.

Roses initiated her series of official visits in late February, just weeks after her inauguration. Her first stop was El Salvador, where she met with Minister of Health José Francisco López Beltrán. At the inauguration of the new Center for Research and Development in Health (CENSALUD) at the University of El Salvador, Roses participated on a panel with Halldan Mahler, director emeritus of the World Health Organization (WHO).

In early March she traveled to Honduras and met with President Ricardo Maduro, First Lady Agus Ocaña de Maduro, Minister of Health Elias Lizardo, officials of the Central American Bank for Economic Integration and PAHO/WHO representatives from all of the Central American countries. Discussions with Maduro focused on PAHO's support for Honduras' health sector, which has been hit by labor strikes, and the country's growing prob-

lems with urban and domestic violence. Roses also committed PAHO to carrying out a study of ways to improve health care at Tegucigalpa's Escuela Hospital.

In mid-March Roses visited Ottawa, where she met with Deputy Health Minister Ian Green and officials of Health Canada's International Affairs Directorate, as well as representatives of the Department of Foreign Affairs and International Trade, the Canadian International Development Agency and the Canadian Society for International Health. PAHO's technical representative in Canada.

Later in March she traveled to Trinidad and Tobago, where she met with President Arthur Robinson, Prime Minister Patrick Manning and Minister of Health Colm Imbert and held a meeting with PAHO/WHO representatives from throughout the Caribbean.

In late April Roses traveled to Brazil to meet with health authorities including Minister of Health Humberto Costa and with key staff from PAHO's country offices and technical centers throughout the Southern Cone and Andean region.

After attending the World Health Assembly in Geneva in late May (see story page 7), Roses had additional office visits planned for later this year to Colombia, Costa Rica, Cuba, Ecuador, Panama and Uruguay. ■



Mirta Roses Perriago, PAHO director, was honored as an "Illustrious Citizen" by the province of Córdoba during an official visit to Argentina in May. Herman Olivero, president of the provincial legislature, presented Roses with a special medal.

## Working Groups Give Staff Key Role in PAHO 'Renewal'

At the invitation of Director Mirta Roses Perriago, several hundred Pan American Health Organization (PAHO) staff members in March took part in working groups designed to update technical cooperation, management and administrative procedures at the organization. Part of what Roses terms a process of "renewal," the groups were a particu-

lary complement to an internal restructuring initiated in February to improve PAHO's "efficiency, productivity, responsiveness and relevance," said Roses.

The working groups were formed on a voluntary basis at PAHO headquarters, in the country offices and at PAHO's technical centers in the region. Each group discussed one of seven areas: strategic posi-

tioning, project design, human resources, information and knowledge, corporate management, partnerships, working conditions and technical cooperation.

Roses emphasized on taking office that she values teamwork and sees staff input as critical to PAHO's renewal. "If an organization fails to change, it fails to grow," she said at the launch of the working

groups. But people must "understand the reasons for the change and be involved in the change process," she added.

Jose Romero Teruel, general coordinator for the groups, said that participation was enthusiastic and that discussions were "spirited and collegial." Each group will present a final report to Teruel for forwarding to Roses and her top aides. ■

## SARS Prompts Strong Response From Global Health Authorities

The obscure viral infection that is believed to have originated in China's Guangdong province has snowballed into a worldwide health crisis, highlighting the importance of international public health coordination and human vulnerability in an increasingly globalized world. As Severe Acute Respiratory Syndrome, or SARS, has spread to some 30 countries, public health officials around the world have been called upon to control its spread and calm widespread fears about the little-understood disease.

Beginning in March, the Pan American Health Organization (PAHO) was flooded with calls from journalists seeking information on what SARS is and what PAHO and the World Health Organization (WHO) are doing about it. PAHO officials responded quickly appearing on U.S. networks including CBS, CNN and PBS, on Canadian networks and in newspapers, and even in the Chinese media. PAHO also fielded hundreds of calls from travelers worried about trips to Asia and even from people suggesting alternative remedies such as raw onions and Tahitian noni juice.

At this year's World Health Assembly in Geneva in late May (see also p. 7), SARS took center stage, with ministers of health from affected countries and WHO experts giving detailed briefings to eager audiences of health officials and journalists. Delegates to the assembly paid tribute to WHO for its role in coordinating international efforts to control the disease's spread. They also voted to broaden WHO's authority to verify outbreaks using information from both official and unofficial sources and to send inspection teams into affected countries after informing host governments.

Despite the rapid spread of the new disease, with thousands of probable cases and more than 700 deaths by late May, the way SARS has been handled is seen as a success story for global health. "SARS has been an important test, and the world has responded in unprecedented fashion," said Stephen Corber, PAHO's manager of Disease Prevention and Control. "We have learned that local effects can have a global impact and that the best investment for our own protection is in strengthening country capacity to control disease where it first appears. Communication and transparency are crucial."

It was a WHO doctor, Carlo Urbani, who first brought SARS to the world's attention. On Feb. 28 he was asked to see a patient with unusual flu-like symptoms in Vietnam's Hanoi French Hospital. Suspecting something new, he became increasingly concerned as hospital employees began contracting the illness. He notified Geneva and pressured authorities to take aggressive action and collect specimens for analysis before he fell ill, was hospitalized in Bangkok, and died of SARS a month after alerting the world to the deadly new virus.

A WHO global alert issued March 12—the first such alert issued since 1994, in response to a plague outbreak in India—asked countries around the world to be on the lookout for potential cases. Three days later WHO issued a global travel alert, along with advice on case definition and surveillance, clinical management and hospital infection control. This set in motion SARS control plans and notification procedures in countries around the world.

Under the coordination of WHO and the U.S. Centers for Disease Control (CDC), a network of 13 laboratories in 10 countries pinpointed a coronavirus as SARS' causative agent. They identified its genomic sequence, developed antibody tests and posted all this information on the Internet.

"The international response to SARS, the mobilization of talent and resources, has been as impressive and promising as the disease is frightening," said PAHO Deputy Director David Brandling-Bennett.

China, in the epidemic's early stages, was the notable exception. While Guangdong province was experiencing an outbreak of pneumonia-like disease as early as last November, the Chinese government limited access to information and as late as April 3 reported the outbreak under control. On April 20, under intense international pressure, the government announced a new policy of transparency. With cases mounting daily, containing the outbreak in China remains a major challenge, and interna-

tional teams have converged on the country to provide training in disease control.

For long-time students of infectious diseases, SARS is no surprise. "Over the last 30 years, we have identified more than 30 'new' diseases, including HIV/AIDS, Ebola virus, Hantavirus Respiratory Syndrome, and West Nile Virus," Corber wrote in a recent article for the Association of American Medical Colleges. "We know that emerging infectious diseases will continue to appear." ■



Carlo Urbani, the Italian parasitologist who first alerted the World Health Organization to what is now known as SARS, died from the disease on March 29 in Thailand. Urbani was 46 and had worked for WHO since 1988, most recently in Vietnam, where he treated one of the first SARS patients outside China.

# Celebrating Healthy Environments for Children



Alexandra Schopf (left), of PAHO's Public Information office, briefed children on PAHO's work in environmental health on Take Your Child to Work Day, April 24, in Washington, D.C.



Nicaraguan children donned costumes with environmental themes for World Health Day celebrations in Managua. With them was PAHO/WHO Representative Patricia Rojas.



Schoolchildren viewed mosquito larvae through a microscope at an environmental workshop on April 9, during PAHO's celebration of Health in the Americas Week.

**The Children of Colombia**  
**Manifiesto for a Healthy Environment**  
The children of Colombia...

**At home**

**We ask:**

- That our parents keep our houses clean and free of clutter, avoid using pesticides, and clean our dishes.
- That our homes have access to clean water and that we have good drinking water.
- That we be well treated, well taken care of, protected, and respectful to the earth.

**We promise:**

- To help keep our homes clean, orderly, and free from clutter and waste.
- To clean and respect all our bodies and to live and take care of our bodies with good personal habits.
- To properly use cleaning products.

**At school**

**We ask:**

- That our classrooms be clean, well lit and well ventilated, that we have clean bathrooms and places to drink water that are clean and safe.
- That you teach us to take care of our bodies, minds and environment.
- That you treat us well and respect us as children and students.

**We promise:**

- To keep our schools clean and to help create a pleasant and harmonious environment, and to care for the environment.
- To take good personal care, such as eat food and vegetables.
- To tell our friends and family how to care for and respect schools and the environment in which we live.

**In our communities**

**We ask:**

- That you protect our rivers, lakes, wetlands, forests, animals, trees and plants, because they're not only ours, they belong to the whole world.
- That we have clean and safe parks, well lit neighborhoods, and areas that are well protected from violence, along with sufficient health and greenery.
- That you support our right to be children and get away from our daily living for a while.

**We promise:**

- To care for nature and to use our natural resources wisely so that children of the future can enjoy them.
- To bring keep our streets and neighborhoods clean and safe, and to take care of our parks and green areas, and to bring traffic back to road systems.
- To be good citizens, to respect our neighbors, to be tolerant and bring about an environment of kindness and responsibility for ourselves and for others.

The children of Colombia believe that all children deserve the right to live in a healthy environment. We are presenting this manifesto to you to help you understand the children's point of view.

April 17, 2000

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Students from Hardy Middle School in Washington, D.C., role-played a multinational debate on integrated school health programs at PAHO headquarters during Health in the Americas Week in early April.



Following a debate, students from Washington, D.C.'s Hardy Middle School produced a Students' World Health Day Resolution on healthy environments for children.



First Lady of Ecuador Ximena Robiquez (left) appeared with Brazilian cartoon character Monica and PAHO Director Mirra Roses Parfago on World Health Day.



Ryan Hrefjac, 11, of Ontario, Canada—shown here with the United Nations' Nane Annan at the World Water Forum in March—spoke at a workshop on children and the environment during Canada's celebration of World Health Day, April 7. Hrefjac has been raising funds for clean water projects in the developing world since he was 6.

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**P**AHO's member countries responded enthusiastically to the call to dedicate World Health Day and the week of April 7-14 to the cause of children and the environment.

In **Argentina**, the daily newspaper *La Nación* published a special supplement on children and the environment, noting that this year's theme for World Health Day referred not just to green spaces but to enclosed ones as well, such as the home and school. "Children are especially vulnerable to the hazards of environments that have been degraded by human pollution, natural disasters, social inequality and chronic poverty," the paper said in its lead article about World Health Day.

In **Bolivia**, PAHO's country office organized an entire month of events including an information fair, a national children's race held in all of the country's departments, a series of conferences for health professionals and policymakers, and a film festival for children and adolescents.

In **Brazil**, the state of Rio de Janeiro, its Department of Civil Defense and the Rio de Janeiro Fire Department organized events for students in seven schools to celebrate both World Health Day and the state's Health-Promoting Schools Initiative, launched in 2000. Activities included tree planting, trash recycling, drawing pictures about waste disposal, making objects out of recycled materials, and a poster exhibition.

**Canada** picked World Health Day to launch the first of 12 environmental workshops that will be held across the country during 2003, organized by the Canadian Institute of Child Health, Health Canada, Environment Canada and the Canadian Society for International Health. PAHO's technical representative in Canada, The workshops are designed to increase awareness among nongovernmental organizations and the Canadian public about the connection between children's health and the environment. Child and Family Canada launched a new Healthy Spaces Web site ([www.cfc-ec.ca/healthy-spaces](http://www.cfc-ec.ca/healthy-spaces)) during the Ottawa workshop.

In **Colombia**, more than 3,500 children, teachers and parents from throughout the country participated in the preparation of a children's "Manifiesto for a Healthy Environment" (see at right). The initiative was organized by Colombia's president, Alvaro Uribe Vélez; the ministries of social protection, the environment, housing and education; the National Institute of Health; UNICEF and PAHO.

In **Cuba**, more than 1,500 children participated in a World Health Day event held in the town of Cotozuc, which was named a "centennial municipality" last year for its efforts to create a healthy environment. Other events included a press conference in which children and teenagers discussed ways of caring for the environment through actions in their homes, schools and communities; a meeting of student brigades that have led community-based

mosquito-control efforts; a presentation on children and teenagers in film and video; and the launching of a three-month effort to plant 15,000 trees in the town of Cotozuc. Cuba's Ministry of Health also held its annual World Health Day race, which drew 137 athletes of all ages.

**Ecuador** celebrated Health in the Americas Week by presenting special awards for efforts to promote healthy waters to three cities: Guayaquil, for its Malecon 2000, a waterfront development; Quito, for its Healthy Markets Network; and Cuenca, for its "Health Pathway."

**El Salvador's** World Health Day celebration was held in San Salvador's Family Park and featured the children's Peace Band, information booths, and speakers from PAHO's

country office, the Ministry of Health and other organizations. The country's leading daily newspapers published several stories on children and the environment.

In **Guatemala**, First Lady Evelyn de Portillo participated in a World Health Day celebration held at Guatemala City's La Aurora zoo. The minister of health and the vice-minister of the environment, along with more than 400 children, also participated in the event. In that Portillo launched a national vaccination campaign. Guatemala's leading newspapers ran a number of articles and editorials devoted to children and the environment.

In **Jamaica**, staff from PAHO's country office visited schools and private sector organizations, distributing pro-

motion materials to sensitize adults and children about the importance of safe environments.

**Mexico** held a kickoff event at the "Los Pinos" presidential house on April 7 and included children and environment themes in events throughout the week, including the Third National Meeting of Healthy Municipalities, the Forum on Accidents and Aid, and a meeting with Mexico's Coordinator-General of Civil Defense and the Department of the Interior.

**Nicaragua** held a series of events leading up to World Health Day that included an official launching featuring newly appointed Minister of Health José Antonio Alvarado, a forum on children and the environment organized by PAHO's country office and the mayor of Managua, a school fair, a special observance in the National Assembly and a walk for health with school bands, youth environmental brigades and children's cultural performances.

In **Panama**, Minister of Health Fernando Gracia García, PAHO/WHO Representative Guadalupe Verdejo, and other ministry and PAHO staff made a series of television and radio appearances and held press interviews to promote children's environmental health in the media. The ministries of health and education, the Social Security Institute, Panama City's Town Council and PAHO's country office organized a children's event at which diplomas were awarded to children for exceptional leadership in their schools and communities.

Other events included a beach cleanup organized with the country's universities, a health and environment fair at Panama City's Omar Park, and a technical forum on children's environmental health organized with the Panamanian Association of Sanitary Engineers.

PAHO's country office in **Suriname** organized a celebration of World Health Day at the Uijkijk public school, with participants including First Lady Liesbeth Venetiaan-Vanenburg, Minister of Health Rakiëb Khudabux and Minister of Education Walter Sandriman. The event launched a project to improve the water supply and sanitation at the school. A nationwide competition titled "Healthy Environments for Children: Improve Your School" was also announced during the event. All of Suriname's national newspapers covered the celebrations, and the national television station featured a special message on children and the environment from the first lady.

PAHO's U.S.-Mexico border field office in El Paso, Texas, celebrated World Health Day with a children's environmental health fair featuring El Paso Mayor Raymond Caballero and other city dignitaries, who helped distribute prizes to winners of an art contest on children's environmental health. More than two dozen organizations had information booths at the fair showing children how to take care of and improve the environment and their health. ■

PHOTO GALLERY



Frances Sullivan (right) of the International Organization for Migration, signed an agreement with PAHO on Feb. 14 to promote health services for migrants and refugees in Latin America and the Caribbean. Director Mirta Roses Periago (left) signed for PAHO.



Minister of Health of Brazil Humberto Costa visited PAHO headquarters in mid-April and made a presentation for PAHO staff and visitors on health conditions in his country.



U.S. Secretary of Health and Human Services Tommy Thompson spoke at PAHO headquarters on April 7 at the launch of Health in the Americas Week.



Bahamas' Minister of Health Marcus Bethel (left) visited PAHO headquarters in April and outlined his country's health achievements and challenges. With him were Chief Medical Officer Marcelene Dahl-Regis and PAHO Area Manager Richard Van West-Charles.



Brazilian cartoonist Mauricio de Sousa was honored as a Champion of Health of the Americas by PAHO Director Mirta Roses Periago in early April. De Sousa's "Monica's Gang" cartoon series has been used in public health campaigns throughout the region.

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Is it a failure that we haven't achieved 'health for all'?

'Health for all' was a broad and pioneering social call to action. It encompassed the concepts of universality, equity and a deep sense of social justice—and the underlying principle that no one can guarantee his or her health alone. What has happened is that the call of 'health for all' has now brought other sectors along with it. Afterward came education for all, and the Millennium Goals are in a way development for all. As a goal, we may not have achieved health for all, but we have managed to bring all of society to the understanding that health is the product of everyone and that you need things like education for all, work for all and so on to have health for all.

Another pioneering concept was that of social participation. 'Health for all' and the strategy of primary health care were a call to action for all of society. But many understood it in the sense that they were to take on part of the work, like community health workers, and not that they were to be protagonists in actions and decision-making. That was because the world still had to advance in terms of democracy. In 1978, the year of Alma Ata, half of Latin American countries were still under military dictatorships, and the Caribbean nations were only 10 years into decolonization. How were they to fully understand social participation? 'Health for all' was pioneering in that society itself didn't have the means to fully understand it.

Have there been any surprises in your first 100 days?

The first surprise was that everyone reacted very well to the changes and new directions, including the countries and the ministries, our counterparts, as well as PAHO staff. I was a little surprised that some people find it difficult to propose changes themselves, and that there seems to be some degree of routinization of work. There are people who think that the way we work, the instruments of cooperation we use, have always been as they are. They don't think they can change. I believe we have to stimulate a spirit of innovation and adventure and liberate that creative energy to meet the challenges we face. But it's a process. We need to invest more in people to give them more liberty, more audacity.

What would you like to accomplish in your first year?

First, that people work in teams more and value each other more. That they get to know each other better and that they be interested in and get satisfaction from teamwork. At all levels: regional, in the countries, the centers, different units, etc. Also, that our member countries feel more closely tied to the organization and that we can identify more concrete things to do together. And that our other partners, other agencies working in health and development, see PAHO as an important, visible and valuable partner. There are some interesting proposals, like the Vaccination Week, that encourage others to join our work as an organization. This is a moment in the world when we all need to value teamwork.

How would you describe 'this moment in the world'?

There have been two critical developments in the past couple of years that have produced basic conditions for strengthening solidarity and cooperation—which are not at all natural features of our species. One is the sense of vulnerability that was produced by September 11, 2001. When a catastrophe like that occurs, everyone feels a sense of vulnerability. The other is what is emerging now with SARS, which is a sense of interdependence. No matter how healthy one feels, whether one is employed and has a good salary and good living conditions, you can be affected by something that happens in a completely different part of the world. That sense of proximity and interdependence that SARS has produced, and the sense of vulnerability from September 11, these are fundamental elements that unleash reactions of solidarity and cooperation. And if this is reflected in an organization like WHO—by coming together, sharing information, organizing work in teams to identify the disease and its cause and measures to be taken, and using the latest technologies—logically the organization emerges stronger. For us this happened with Hurricane Mitch in Central America. The organization responded well and we emerged stronger. People at this moment see clearly the value of a world health authority. ■

IN FOCUS

Americas Hold First Regional Vaccine Week

Nineteen countries of Latin America and the Caribbean participated in the first-ever Vaccination Week in the Americas during the first week of June.

The unprecedented event was aimed particularly at difficult-to-reach children who have never been vaccinated. Preparations for the effort took months and involved readying vaccines, looking for pockets of unvaccinated children, designing campaigns and planning the logistics of vaccine delivery.

The Americas have already eradicated smallpox and polio and are now working to eliminate measles, once a leading childhood killer. The vaccines emphasized in the June campaign were those recommended by the Pan American Health Organization (PAHO) and its expanded immunization program: for tuberculosis, polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, *Hemophilus influenzae* type b and hepatitis B.

Results of the campaign are being evaluated and are expected to be announced in the coming weeks. Already plans are under way to expand the effort next year to a continental "Vaccinate America" drive

that includes North, Central and South America and the Caribbean.

The historic effort grew out of a meeting of Andean health ministers last April, at which Ecuador proposed an "Andean vaccination week." The idea was expanded at a meeting of South American health ministers in Lima in November, and eventually other countries were invited to join as well. PAHO, the U.S. Centers for Disease Control and Prevention, and UNICEF mobilized additional resources to support the campaign.

Unlike other immunization campaigns, the June effort focused on children not reached by earlier efforts. Health officials scoured marginal urban areas, indigenous communities, isolated rural villages and border zones to identify unvaccinated children.

"This is an unprecedented occasion," said Hector Izurieta, head of PAHO's immunization program, in a special pitch

for the campaign on Don Francisco's "Sabado Gigante" television variety show, which reaches more than 100 million viewers. "All of these countries are coming together to vaccinate children, above all, those who have never been vaccinated, those we had left behind."

PAHO distributed a series of video public service announcements promoting vaccine week, featuring celebrities Don Francisco, Mercedes Sosa and Jon Secada, who urged parents to take their children to the nearest health post for vaccination. The announcements and a poster were produced in Spanish, English and Portuguese.

The communications component of the campaign was designed to reach mothers, fathers, grandparents, teachers and children themselves. Radio spots were distributed in Spanish and English. All materials, including the videos, were placed on the PAHO Web page. ■



World Health Assembly Salutes WHO, Elects Director-General

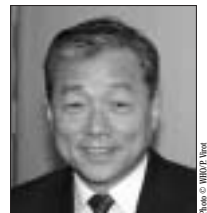


PHOTO © WHO/PAHO

Jong-Wook Lee of Korea was elected the new director-general of the World Health Organization in Geneva in late May.

The 56th World Health Assembly drew hundreds of health leaders, journalists and observers from around the world to Geneva on May 19-28 to discuss the role of the World Health Organization (WHO) in dealing with pressing issues of international public health.

Much of the meeting's focus this year was on Severe Acute Respiratory Syndrome, or SARS. Delegates praised WHO's leadership of global efforts to control the disease and approved resolutions expanding its authority to respond to such international health crises (see "SARS" page 3). Delegates themselves were required to sign health declarations certifying that they had

not been exposed to SARS or traveled in areas of local transmission during the previous 10 days.

Among other highlights of the assembly were the election of new Director-General Jong-Wook Lee, of the Republic of Korea, and the adoption of the Framework Convention on Tobacco Control, WHO's first global treaty which sets forth far-reaching controls on the promotion and distribution of tobacco products worldwide. During the launching of a new global effort to reduce deaths from measles, Daniel Tarantola, head of WHO's vaccine program, cited the Americas as a model of success in eliminating that childhood disease. ■

PAHO Conference Promotes Safe Blood

More than 150 experts met in Washington, D.C., in late February for the First PAHO Conference on Safe Blood, which focused on achievements and continuing problems in the supply of safe blood throughout the Americas.

According to data presented, there have been important advances in the region in both blood collection and blood safety. The number of units collected in Latin America and the Caribbean increased from 5.9 million in 1999 to 7 million in 2001. In eight countries, voluntary donations are now at least 98 percent of the supply, and three additional countries have reached the regional goal of 50 percent voluntary donations.

Nevertheless, Cuba is the only country that reports collection of a number of blood units equal to 5 percent of its population, the amount considered by the World Health Organization and the international Red Cross as the minimum required to cover a country's blood supply needs. The United States and Curaçao

reach 4 percent, while most of the region's countries barely reach 1.5 percent.

Conference participants reported an expansion of blood quality control programs in the region, most recently to include all but two countries in the English-speaking Caribbean.

In 2001, of the nearly 25 million units of blood collected throughout Latin America and the Caribbean, all but 60,000 were screened for hepatitis C, and all but some 6,000 were tested for HIV/AIDS and hepatitis B. But nearly 1 million units—95 percent of them from Mexico—were not screened for *T. cruzi*, the parasite that causes Chagas' disease.

Achieving universal screening and full participation in blood quality programs is beyond the reach of blood bank personnel. Participants urged discussions involving ministers of health, coordinators of national blood programs, directors of national blood banks, directors general of health services, and chief medical officers to explore effective ways of addressing these remaining challenges. ■

Workshop on Gender Mainstreaming

The Gender and Health Unit of the Pan American Health Organization (PAHO) held a workshop on gender and health at PAHO headquarters in April designed to improve staff understanding of gender analysis and how to apply it to projects.

In health, gender inequalities fall into three main areas, according to workshop leaders: opportunities to enjoy health, access to health services, and decision-making power in the health sector.

They reminded participants that sex refers to biological differences between men and women, whereas gender refers to social norms and expectations. A gender-sensitive approach takes into account the distinct health needs of both women and men, as well as situations in which reactions and consequences vary among men and women.

To address gender inequality successfully, they said health workers need to gather more data disaggregated by sex, disseminate more information on gender and health, train other health workers to

PAHO Launches Virtual Campus

The Pan American Health Organization (PAHO), in cooperation with 14 academic institutions in the Americas and Spain, launched a new Virtual Health Campus on April 10. Under the slogan "bringing knowledge to practice," the new Web site ([www.campusvirtual.org](http://www.campusvirtual.org)) provides educational information and a cyber venue for professional health workers to communicate and share ideas. Its primary goal is to promote essential public health practices throughout the Americas.

Initial course offerings will include hospital management, introduction to adolescent health, decentralized management of human resources, information management for decision-making, evaluation of health services, design of multimedia educational materials for virtual learning environments, training and virtual learning, and using the Internet for graduate-level professors.

Current courses are available only in Spanish, but courses in English and Portuguese will also be offered in the future.

The official inauguration of the site was held at the World Bank Institute in Washington, D.C., during the April 7-14 celebration of Health in the Americas Week (see page 1). PAHO Director Mirta Roses Periago described the Web site as a non-profit public service whose mission is to increase the knowledge and skills of public health professionals and technicians through Internet distance learning. The site is based on three main concepts: the use of new technologies for distance learning, scientific and ethical standards, and the integration of knowledge with practice, Roses said.

"It will facilitate the measurement of essential public health functions and the development of the concept of primary health care by helping us reach remote populations with mechanisms to reduce inequities. It will, without a doubt, be an instrument for achieving the goal of health for all." ■

employ a gender perspective in their work and increase women's participation in identifying health priorities and designing plans, programs and solutions. ■



A new PAHO book, Violence Against Women: The Health Sector Responds, gives voice to women who have experienced violence and to those who are working to prevent it.

NEWSBRIEFS

Six Months Without Measles

The countries of the Americas completed 26 weeks, as of mid-May with no new reported cases of measles from the D9 strain of the virus, which caused outbreaks in Venezuela and Colombia last year. The D9 strain was imported from Europe in September 2001, the same month that transmission of the D6 strain was interrupted. D6 had circulated in the region since at least 1995 and had caused major outbreaks in Argentina, Bolivia, Brazil, the Dominican Republic and Haiti. The absence of cases in the most recent period shows significant progress toward measles eradication in the region and reflects the implementation of strategies recommended by the Pan American Health Organization (PAHO) in its member countries. However, most of the region's countries have still not achieved 95 percent vaccination coverage, the level of coverage considered necessary to prevent endemic transmission. ■

Eleven Countries Fight Maternal Mortality

The 11 Latin American countries with the highest rates of maternal mortality—Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay and Peru—met at PAHO headquarters in late February to develop strategies for reducing these rates. Experts noted that maternal mortality from complications of pregnancy and childbirth is highly preventable and is one of the most significant inequities facing the region. Canada reports four maternal deaths per 100,000 live births, compared with 23 per 100,000 in Chile, 390 in Bolivia and 523 in Haiti. Participants emphasized the need for better integrated health systems that can respond to obstetric emergencies and that are accessible in remote areas as well as urban centers. ■

PAHO, CMMB Partner for Family Health

The U.S.-based Catholic Medical Mission Board (CMMB) and PAHO have launched a three-year, \$4.4 million program aimed at reducing childhood illness and deaths in the Dominican Republic, El Salvador, Haiti, Honduras and Nicaragua. The program, known as Action for Family Health, will work with countries' ministries of health to leverage and strengthen the capacity of local Catholic healthcare networks to carry out activities within the Integrated Management of Childhood Illnesses (IMCI) strategy and for the prevention of mother-to-child transmission of HIV/AIDS. The program will also provide essential drugs for IMCI and drugs to prevent mother-to-child HIV/AIDS transmission. PAHO will provide technical assistance for the program. ■

Japan, France Support PAHO Programs

- The Japan International Cooperation Agency (JICA) is donating \$2.7 million over five years toward the goal of interrupting transmission of Chagas' disease in El Salvador, Guatemala and Honduras by 2010. The funds will support joint efforts by international agencies, Catholic networks, and community groups to strengthen surveillance, step up spraying of houses, conduct research and carry out follow-up activities.
- Spain's health minister, Ana Pastor, signed the 10th Plan of Joint Action in Washington in April, committing nearly 2 million euros to PAHO's work during 2003. The plan supports activities to improve the quality of health services, raise awareness of HIV/AIDS and other sexually transmitted diseases, strengthen public health laboratories, and train researchers. It will also support the work of the Latin American Center for Perinatology and Human Development in Uruguay as well as Spanish-language public health libraries in the region. Spain's Carlos III Institute of Health and the Spanish Agency for International Cooperation are also parties to the accord. ■

Nicaragua, Costa Rica Work for Border Health

Minister of Health of Costa Rica María del Rocío Sáenz Madrigal and then-Minister of Health Lucía Salvo Horvilleur of Nicaragua signed an agreement in late February promising to work together to improve health along their countries' common border. The accord includes joint activities in malaria and dengue control, HIV/AIDS and sexually transmitted diseases, health of migrants, epidemiology, immunization, and emergencies and disasters. The countries will carry out joint planning activities, research, and training of health, customs and immigration personnel. The agreement also ratifies a new Regional Inter-Border Coordinating Council, a technical agency that will coordinate the joint actions. ■

Job Seekers Eye International Cooperation

More than 200 young professionals attended a career event focusing on the United Nations system and international cooperation, organized by the U.N. Association of the National Capital Area (UNA-NCA) at PAHO headquarters in February. The event featured a panel of speakers from PAHO, the Inter-American Development Bank and the Washington-based Center for Strategic and International Studies, who spoke about their respective organizations' work and hiring practices and their own careers. The UNA-NCA's Latin American Affairs Committee and Young Professionals for International Cooperation helped organize the event. ■

Suriname Health Page: Read All About It

Suriname's largest national newspaper, *de Ware Tijd*, recently began publishing a weekly health page designed to disseminate information on disease prevention and health promotion. Developed by PAHO's country office and Suriname's Ministry of Health and published by the newspaper free of charge as a public service, the full-page feature covers topics ranging from HIV/AIDS, cervical cancer and other sexually transmitted diseases to smoking, obesity and dengue. The page uses accessibly written articles, photographs and even a weekly puzzle related to health. PAHO's country office in Paramaribo reports that some 150 readers send in their solutions to the health puzzle each week. ■



President Mireya Moscoso of Panama (center) helps PAHO/WHO Representative Guadalupe Heredia vaccinate a child during a national measles vaccination campaign for preschool children in early April. Panama has reported no cases of measles during the last seven years.



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http://www.paho.org/news/

## PAHO TRAINING PROGRAM IN INTERNATIONAL HEALTH

The Pan American Health Organization invites applications for its 2004 **Training Program in International Health**, an 11-month professional work-study program at PAHO headquarters. Applicants must be permanent residents of a PAHO member country, age 35 or under, with an MPH or equivalent degree and a minimum of two years' experience in health services, education or research.

For applications and information, contact your local PAHO/WHO country office or:  
**Training Program in International Health (DPM/SHD/HR)**  
**Pan American Health Organization**  
 525 23rd St., N.W.  
 Washington, D.C. 20037-2895  
 Tel.: (202) 974-3592  
 Fax: (202) 974-3612  
 Or visit: [www.paho.org](http://www.paho.org)

Application deadline: July 31, 2003




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