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HIV Patients Face Stigma in Region's Health Sector

New PAHO Report Released on World AIDS Day

Health workers profess neutral or positive attitudes in surveys, yet patients report discrimination in health care settings.

A recent report by the Pan American Health Organization (PAHO) reveals that patients with HIV or AIDS experience stigma and discrimination from doctors, nurses and other health care providers just as from members of society at large. Released on World AIDS Day, the PAHO report, *Understanding and Responding to HIV/AIDS-Related Stigma and Discrimination in the Health Sector*, reviews research on the attitudes and practices of health care providers and the experiences of HIV/AIDS patients. It finds that stigma and discrimination threaten the quality of patient care as well as efforts to control the epidemic's spread in the Americas and other regions.

The negative consequences of stigma and discrimination include increasing HIV/AIDS patients' feelings of social isolation and depression and discouraging people from getting tested for HIV. This reduces their chances of getting the care they need and thus limits the scope and effectiveness of prevention efforts.

On a positive note, the report also finds that discrimination declines as knowledge about the disease increases and as new treatments diminish the notion of AIDS as a "death sentence."

According to research reviewed in the report, most health workers express neutral or positive attitudes toward HIV/AIDS patients, yet patients themselves report widespread experiences of discrimination in

health care settings. These extend not only to people known to be HIV-positive but also to those perceived as belonging to stigmatized groups, such as drug users and homosexuals.

Discrimination in health care settings takes a variety of forms and can result in delayed, inappropriate or withheld treatment, breaches of confidentiality, inappropriate behavior, and use of excessive precautions. The report notes that it can even lead to a false sense of safety and make health workers fail to take proper pre-

Stigma and discrimination threaten the quality of patient care as well as efforts to control the epidemic's spread.

cautions when dealing with patients who are not perceived as members of stigmatized groups.

The report also cites positive findings, including those of a 1994 U.S. survey showing significant improvement in health workers' attitudes compared with earlier years.

"There is also evidence of changing values, together with increased pragmatism, care and compassion," says the report. "Media images of the epidemic are now more positive and informative, and a gradual shift in the attitudes of health workers was noted." Moreover,

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On World AIDS Day, demonstrators in Lima, Peru, called for access to antiretroviral treatment for HIV/AIDS patients.

PAHO Signs On to '3 by 5' Thousands More to Get Antiretroviral Drugs

The number of HIV/AIDS patients who receive antiretroviral therapy in Latin America and the Caribbean will grow by at least 40,000 and as much as 100,000 over the next two years under a plan announced by the Pan American Health Organization (PAHO) in December 2003.

Unveiled by PAHO Director Mirta Roses Periago at the 8th World Congress on AIDS and Communicable Sexual Diseases in Punta del Este, Uruguay, the plan aims to reach, by the end of 2005, at least half of those in the region who need but do not yet have access to antiretroviral treatment. Currently, some 196,000 HIV-positive people in Latin America and the Caribbean have access to these drugs, which significantly lengthen and improve the lives of those infected with the virus.

The PAHO plan is part of the World Health Organization's "3 by 5 Initiative," which seeks to get antiretroviral treatment to 3 million HIV-infected people in the developing world by 2005.

PAHO will work with all the countries of Latin America and the Caribbean to expand access for HIV/AIDS patients to antiretroviral drugs, with a particular focus on providing technical cooperation to the countries that are most in need, including those in Central America and the Caribbean.

PAHO has already played a key role in increasing access to antiretroviral drugs over the last two years by working with its Member States to negotiate lower drug prices with pharmaceutical manufacturers. Thanks to regional agreements and country-by-country negotiations, the cost for a year of treatment for an HIV/AIDS patient now ranges from \$200 to \$1,200, down from an average \$5,000 just five years ago.

In addition to treatment, the new regional strategy also focuses on prevention, using an integral approach. "The number of new HIV infections—and the rates of illness and death associated with them—will be significantly reduced as a result of effective prevention, care and integral treatment by the health care system, the community and the family," said Roses on announcing the strategy in December. A special PAHO-coordinated task force met in early January to further elaborate the regional plan.

The key focal areas of the strategy are:

- Mobilizing political commitment and leadership, forming partnerships and promoting community involvement.
- Strengthening of health systems and services.
- Ensuring effective, reliable supplies of antiretroviral medicines, diagnostics and other commodities.
- Linking treatment with prevention.
- Providing strategic information and reapplying lessons learned in treatment and prevention. ■

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Carissa F. Etienne
Assistant Director, PAHO

Carissa Etienne was sworn in as the Pan American Health Organization's new assistant director in August 2003. A former official in the Ministry of Health of her native Dominica, she helped develop major Caribbean initiatives in disaster preparedness, HIV/AIDS, health services organization, essential drugs, health promotion and regional cooperation in health.

Today Etienne oversees PAHO's technical cooperation programs in the areas of disease prevention and control, family and community health, sustainable development and environmental health, and technology and health services delivery.

Trained as a general practitioner at the University of the West Indies, she also studied community health at the London School of Hygiene and Tropical Medicine, where she received her master's degree in 1982. A member of the Caribbean Public Health Association, she has also been an associate professor at Ross University School of Medicine since 1996.

PAHO Today recently spoke with Etienne about her first six months in office and her outlook for the future.

How did your background prepare you for this job?

Because I worked in a small country, I was forced to wear many hats. I had to deal with all the technical areas, starting with my work as director of primary health care and going on to chief medical officer. I had to deal with environmental health, maternal and child care, epidemiology, disasters, chronic diseases, communicable diseases and many others, so I had the technical background. Also, because I was involved at the regional level, I had a level of experience in working with different countries. This is a job that demands good managerial experience and knowledge, and for me this is a strong point. The position of assistant director demands that you understand human resources, how to work with people. This is one of my strengths. I'm also very conscious of the need for good communication so people who work with me understand our goals, and I am committed to teamwork.

Do you find a strong country focus in your work here at PAHO?

The majority of my experience was at the country level, but I was also involved in developing local health systems, working with HIV and AIDS, and working with many countries to develop a coordinated response. In the Caribbean we do a lot of networking and coordinating. I was involved at the subregional level in things like the East Caribbean Drug Service and in primary health care systems at the local and national level, so the country focus is not new to me. I was also very active in disaster preparedness, and we had annual meetings to improve preparedness and develop things like management of mass casualties.

How do you envision PAHO's mission and work in the future?

I would like to see health systems that ensure greater equity, with a particular emphasis on the people who are marginalized and underserved. I would like to see us address HIV/AIDS with a total, integrated response in a coordinated fashion, with access to treatment and prevention. And I think we need healthy public policies more conducive to health in things like environmental issues, food and drug legislation, laws for seatbelt use, and many others. I would like to see us empower individuals, especially the indigenous, the poor, rural residents and many others so they get support to make better decisions on their own health, with better information, with improvement of water and sanitation, with a deconcentration of services. One of my passions is the challenge of chronic diseases, which is so closely related to lifestyle choices. It's clear that we have to do more education, but it's not only that. It's also changing the environment to allow better choices. It's having healthy schools, where kids have an opportunity for physical activity, and so on. A lot of these chronic problems are seen as health problems, but they are really multisectoral in origin, and this is a big challenge for PAHO. How do we get the governments to see the multisectoral nature of health issues? How do we get them to see that they have to draw all sectors into their work to improve health? The answer is that we need more engagement at the political level. We need to sustain the level of information for them so they can make the right decisions. There have been some successes, like in HIV/AIDS, where the prime ministers have elevated the program and we have achieved a response by all sectors.

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IN FOCUS

Groups Unite for Safe Motherhood

The Pan American Health Organization (PAHO), in conjunction with six partner organizations, is spearheading a new interagency strategy to reduce maternal mortality in Latin America and the Caribbean.

With the theme "Safe Motherhood: Every Woman's Right," the United Nations Population Fund, the United Nations Children's Fund, the Population Council, the Inter-American Development Bank, the World Bank, the U.S. Agency for International Development and PAHO have developed a joint strategy based on shared experiences of how to reduce these highly preventable deaths.

The new strategy was developed to provide new momentum for reaching one of the key Millennium Development Goals, that of reducing maternal mortality by three-fourths by the year 2015. In the medium term, the plan aims at reducing maternal mortality rates to below 100 deaths per 100,000 live births in every country of the region. It also seeks to reduce disparities between urban and rural areas while targeting the most vulnerable women: those with less education, poor women and those living in indigenous communities or remote areas.

Currently in Latin America and the Caribbean, an estimated 22,000 women die each year from pregnancy-related complications, and the majority of these deaths are preventable. The region's overall rate of maternal mortality is 190 per 100,000 live births, but rates vary significantly across countries. Chile has 23 maternal deaths per 100,000 live births while Bolivia has 390 per 100,000 and Haiti, 523 per 100,000. In Canada, the rate is 4 per 100,000.

The new interagency strategy, based on 12 years of experience, focuses on:

- Assuring that every woman has access to childbirth attended by qualified personnel.
- Promoting actions to reduce maternal mortality at the national and municipal levels.
- Expanding partnerships and alliances.
- Ensuring financial support for all projects related to maternal mortality.

A central tenet of the new strategy is that investing in maternal health will not only reduce maternal mortality and maternal and child disability but also contribute to better health, quality of life and greater equity for women, their families and their communities. ■

PAHO Region Faces Senior Boom

A new report released by the Pan American Health Organization (PAHO) in January provides the first comprehensive overview of the effects of an aging population in Latin America and the Caribbean.

According to the report, the number of people aged 60 and over will grow by a million people per year through the end of this decade. By 2025, the number of elderly will increase to 100 million (from 42 million in 2000), and at least 10 percent of this age group will be 80 and over.

This "senior boom" presents major challenges for the region's health systems, according to *The State of Aging and Health in Latin America and the Caribbean*, prepared by PAHO and the Merck Institute for Aging and Health. The report is part of the two institutions' efforts to improve health care for the elderly throughout the region.

According to data presented in the report, 60 percent of the elderly in Latin America and the Caribbean are women. More than half live in urban areas and have no more than a primary education.

Unlike in developed countries, the "demographic explosion" of the elderly in Latin America and the Caribbean is taking place in a context of weak economies and

growing levels of poverty as well as social and economic inequality. For these reasons, those who reach age 60 during the first decade of this century are likely to have worse health and more disability than their counterparts in developed countries, according to the report.

The report urges countries to ensure that their elderly have access to medical treatment as well as to primary health care on a permanent basis. An estimated 70 percent of the physical decline brought by aging is related to modifiable risk factors such as poor nutrition, smoking and lack of access to health services and screening tests.

"We hope this report will serve as a catalyst for improvement and advancement in geriatric care, and we hope that this report will help foster inter-American cooperation as we work toward our common goal of providing all our citizens a better quality of life," said PAHO Director Mirta Roses Periago.

According to the report, in countries such as Cuba and Puerto Rico, there will soon be more people over 60 than under 15. In the Dominican Republic, Costa Rica and Panama, there will, within a few years, be at least one elderly person for every two children. In the Andean countries, the ratio of elderly to children will double in two decades. ■



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Active members of the over-60 crowd enjoy a senior dance night in Chopinzinho, Brazil.

IN FOCUS

World Health Day 2004 Campaign Will Spotlight Road Safety

Costs of traffic injuries are highest—and fastest growing—in developing countries

This year's World Health Day, April 7, will focus on the growing burden of road traffic deaths and injuries and the urgent need to adopt preventive measures to reduce their toll.

In its *World Health Report 2003*,

released in December, the World Health Organization (WHO) termed traffic deaths and injuries a "hidden epidemic," calling it one of three "neglected" global epidemics, along with cardiovascular diseases and tobacco-related illnesses.

More than 20 million people are killed or severely injured in traffic incidents each year, according to the WHO report. The problem is worse in developing countries because of failures to implement safety standards and because of the rapid increase in the number of vehicles. Road deaths and injuries cost the developing world some \$65 billion each year, according to the report.

"The problem is so severe that, by 2020, road crash injuries are likely to represent the third leading cause worldwide of disability-adjusted life years lost," says the WHO report. "By then, road traffic deaths are expected to increase by 92 percent in China and 147 percent in India, with an average increase of 80 percent in many other developing countries."

A quarter of all deaths due to injuries are the result of road traffic injuries, which are among the leading causes of death for people aged 15 to 44. Drunk driving, speeding, and failure to use seat belts and child restraints are the principal causes of traffic and traffic-related deaths.

In addition to these deaths, hundreds of thousands more are injured and in many

cases permanently disabled. The highest number of injuries occur in developing countries among the most vulnerable road users: pedestrians, cyclists, children and passengers.

The 2004 World Health Day campaign is aimed at increasing awareness among the public and particularly political leaders of the burden of road traffic injuries. "Long-term awareness and advocacy campaigns are required to generate immediate and sustained action to promote global and national road safety," says the WHO report.

The campaign is also intended to rally cooperation across sectors, including public health, transportation, justice, law enforcement, and urban planning sectors. Among the proposed measures to reduce the toll of traffic incidents are:

- Strategies to address speeding and alcohol consumption.
- Promotion of helmets, seat belts, and other restraints.
- Measures aimed at increasing the visibility of both pedestrians and cyclists.

"A concerted effort on the part of governments and their partners to improve road safety can make a world of difference," says the WHO report. ■



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Pedestrians cross a major thoroughfare at an unmarked crossing near the Panama Canal.

'Mad Cow' Case Prompts New Measures

The discovery of a case of "mad cow" disease in the United States in December prompted a series of new measures designed to ensure the safety of U.S. beef consumed domestically and exported abroad.

Evidence of bovine spongiform encephalopathy (BSE) was detected in a dairy cow in the state of Washington on Dec. 22. As a precautionary measure, authorities ordered a quarantine of the farm from which the Holstein cow had come, in the town of Mabton. Tissue samples from the animal were sent for confirmation to the world reference laboratory for BSE in England. Two of its calves were located and placed under quarantine, as were dozens of other cattle that had been imported from Alberta, Canada, at the same time as the infected cow. A third calf was traced to another Washington farm, but could not be singled out, prompting officials to order the sacrifice of all 450 calves on the farm.

As a result of the new case—the first in the United States—the U.S. Department of Agriculture (USDA) announced new safety measures, including banning the slaughter of "downer" animals for human consumption (the cow in question had arrived at the slaughterhouse unable to walk, apparently due to injuries sustained while calving). The USDA also announced that:

- Meat from animals tested for BSE will not be cleared for distribution until the results of the tests are available.
- Animal parts including the skull, brain, eyes, vertebral column and spinal cord from adult cattle will be prohibited from entering the human food supply.

- Air-injection stunning, a humane slaughtering practice that can dislocate portions of the brain, will no longer be permitted.

- Mechanically separated meat will not be permitted for human consumption.

The day the BSE case was confirmed, the Pan American Health Organization (PAHO) assured its Member States that the safety of beef in the Americas remained unchanged.

"We have the necessary tools to control the situation and to eliminate any possibility of risk," said Albino Belotto, chief of PAHO's Veterinary Public Health Unit.

U.S. Secretary of Agriculture Ann Veneman also insisted that U.S. beef remained safe for consumption and said the risk of contracting variant Creutzfeldt-Jakob disease (vCJD), the human form of BSE, was minuscule.

Despite the assurances, more than 20 countries banned imports of U.S. beef, threatening \$3.2 billion in annual exports.

In Latin America and the Caribbean, past risk analyses have determined that the region is free of both BSE and vCJD. PAHO is offering assistance to Member States that wish to undertake new risk analyses, given the new developments.

South America has an estimated 290 million head of cattle, representing about 10 percent of the world's cattle population. The English-speaking Caribbean, on the other hand, is a net importer of beef and other animal products. For the region as a whole, according to Belotto, it remains critical to be on the alert to detect any possible emergence of the disease. ■



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Veterinary experts say foot-and-mouth disease should soon be a thing of the Americas' past.

Final Push on Foot-and-Mouth Disease

Veterinary health experts, cattle growers and others involved in the food production chain will travel to Houston, Texas, in early March to coordinate a final push to eradicate foot-and-mouth disease (FMD) from the Americas.

Organized by the Pan American Health Organization (PAHO) and the U.S. Department of Agriculture (USDA), the Hemispheric Conference for the Eradication of Foot-and-Mouth Disease will take place March 3 and 4 during the 2004 Houston Livestock Show and Rodeo.

The conference will bring together ministers of health and agriculture along with other representatives of the public and private sectors, international organizations, the scientific community and consumer organizations. PAHO Director Mirta Roses Periago and U.S. Secretary of Agriculture Ann Veneman are among those scheduled to address the conference.

The meeting's chief objectives are:

- To reaffirm institutional and political commitments to adopt a strategic approach to eradicating FMD.
- To determine how stakeholders can participate most effectively in the eradication drive.
- To promote better evaluation methods.

Progress toward the eradication of FMD from the Americas has been substantial in recent years. According to a report to be presented at the conference, there are only a few areas in South America where the disease remains endemic.

PAHO and its Pan American Foot-and-Mouth Disease Center (PANAFTOSA), in Brazil, have provided critical leadership in the fight against FMD. With their support, the region has developed surveillance systems that facilitate the control of FMD as well as other animal diseases including tuberculosis, rabies and brucellosis. ■

2004 Vaccination Week in the Americas Set for April 24-30

The first-ever hemisphere-wide Vaccination Week in the Americas is set to take place April 24–30. Modeled on the 2003 initiative of the same name, the effort will for the first time include all the countries of North, South and Central America and the Caribbean.

The 2004 Vaccination Week will focus on reaching children who have never been vaccinated or who have not completed their vaccination series, as well as women of childbearing age and seniors. Last year's effort involved 19 countries of Latin Amer-

ica and the Caribbean and vaccinated an estimated 15 million children. It included special efforts to reach border zones, where vaccine coverage has historically been low.

With the slogan "Vaccination: An Act of Love," the initiative will use mass media and local communications to call on parents to take their children to be immunized at health posts or to open their homes to health volunteers. Media materials will also include the theme "Love Them, Protect Them, Immunize Them," developed by the U.S. Centers for Disease Control and Prevention (CDC).

At a recent meeting in Ecuador, countries outlined their plans and strategies.

Haiti and the Dominican Republic will launch a rubella campaign during the week. The United States and Canada will carry out informational campaigns.

Pan American cooperation helped the Americas eradicate smallpox and polio before any other region. Supporters note that the 2004 initiative will show

again that such cooperation is essential for promoting health equity in the region.

Sponsors include the Pan American Health Organization, the region's ministries of health, the CDC, and the United Nations Children's Fund. The binational U.S.–Mexico Border Health Commission in El Paso, Texas, is coordinating activities along the border. ■



Global Fund for ATM Approves \$71 Million for PAHO Countries

The Global Fund to Fight AIDS, Tuberculosis and Malaria has committed \$71.3 million in grants over two years to member countries of the Pan American Health Organization (PAHO), as a result of its latest round of financing approvals in October 2003.

The funds will go to Belize (\$1.3 million for HIV/AIDS), Bolivia (\$14.5 million for AIDS, malaria, and TB), the Dominican Republic (\$2.5 million for TB), Guatemala (\$8.4 million for HIV/AIDS), Guyana (\$11.5 million for AIDS and malaria), Haiti (\$15.4 million for malaria and TB), Jamaica (\$7.6 million for HIV/AIDS) and Paraguay (\$1.2 million for TB). In addition, the fund approved \$8.7 million for regional HIV/AIDS initiatives in the Caribbean.

The funds will support health promotion, surveillance, and treatment and prevention programs targeting HIV/AIDS, malaria and tuberculosis. The new approvals add to earlier commitments of \$170 million for PAHO member countries. The October round of financing included an additional \$117 million (over and above the \$71.3 million), contingent on donor contributions and on grantees' performance in carrying out projects during the first two years.

PAHO provided technical cooperation to its member countries' country coordinating mechanisms (CCMs), which set countrywide priorities and develop grant proposals based on these priorities for submission to the fund. Each CCM consists

of representatives of government, bilateral and multilateral agencies (including PAHO), nongovernmental organizations, academic institutions, the private sector and people living with the diseases.

Hernán Rosenberg, chief of PAHO's Project Support Unit, says the Global Fund's reliance on CCMs "has introduced an important public-private coordinating function" into the process of public health financing. Rosenberg was seconded from PAHO to serve as head of portfolio management at the Global Fund during its first two rounds.

Established in 2002, the Global Fund has to date approved \$2.1 billion for 224 programs in 121 countries and 3 territories. This includes \$241 million (11 percent of

the total) approved for Latin America and the Caribbean, of which \$27.4 million has been disbursed.

Among the biggest recipients in the Americas during the fund's first and second rounds of financing were Haiti, Honduras and Peru, which together received \$96.5 million in commitments for the first two years of each grant period. By far the region's biggest recipient so far is Haiti, with \$40 million in promised two-year grants and \$26 million in contingent funds.

In addition to providing assistance with development of grant proposals, PAHO will, upon request, provide Member States with technical and managerial expertise to help carry out projects that have been approved by the fund. ■

PAHO Declares Central America Free of Cholera

The Pan American Health Organization (PAHO) has declared Central America a cholera-free zone, following a successful five-year multinational effort to rid the region of the disease.

The achievement was marked on Dec. 5, 2003, the fifth anniversary of the 1998 Costa del Sol Declaration, in which the region's ministers of health pledged to work together to prevent cholera outbreaks in the aftermath of Hurricane Mitch.

Hurricane Mitch in 1998 threatened to unleash cholera outbreaks throughout the region, reversing the health progress achieved in recent years. To prevent this, the region's health ministers met in El Salvador in December 1998 and signed the Costa del Sol Declaration, which proved to be a pivotal tool in the fight against cholera.

With PAHO support, the countries worked to replace and expand potable water and sewerage services, efforts that over time prevented cholera from becoming a serious threat. Despite the extensive damage caused by Mitch, there were fewer cholera cases reported in Central America in 1998 than in 1994.

El Salvador's minister of health, Herbert Betancourt, appeared for the Dec. 5 announcement at PAHO's country office in San Salvador. PAHO Director Mirta Roses Periago sent a video message for the event, in which she noted that Central America was proof that multinational efforts can

lead to important public health successes.

Cholera was absent from the Western Hemisphere during all but the last decade of the 20th century. The disease reemerged in Peru in 1991 and within a year had spread to 400,000 people in 14 countries.

However, the region responded well to cholera's reemergence. Although the disease claimed 4,093 lives in 1991, by 2000 the number of cholera deaths was down to

40 and by 2001, deaths were down to zero.

Panama reported its last case of cholera in 1994; Costa Rica, in 1997; Belize, in 1999; El Salvador and Nicaragua, in 2000; and Honduras, in 2001. The last recorded case of cholera in the isthmus was in Guatemala in March 2002.

In late 2003, two developments appeared to threaten Central America's cholera-free status. Guatemala's Department of Epidemi-

ology reported an outbreak in its journal, but the report was later termed erroneous. In early December, a suspected case was reported in Tipitapa, Nicaragua, but both PAHO and Nicaragua's Ministry of Health discarded the report after an investigation.

Cholera is caused by the bacterium *Vibrio cholerae* and is usually spread through water. It causes severe diarrhea and often leads to death from dehydration. ■



Nicaraguan workers clean a water well contaminated during Hurricane Mitch in 1998. Such efforts prevented any major outbreaks of cholera.

CEPIS: Water Crisis Threatens Health and Development

Inter-American Water Day Highlights Growing Gap Between Demand and Supply

Shortages of water could become a major obstacle to public health and development, according to the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS), one of nine specialized centers of the Pan American Health Organization (PAHO).

In a special report prepared for Inter-American Water Day 2003, on Oct. 4, CEPIS noted that while the world's population has quadrupled since 1900, water consumption has increased ninefold and industrial water consumption has risen by a factor of 40. Yet water as a resource is limited, nonrenewable and poorly distributed, says CEPIS. "The quantity of available water remains the same. Its scarcity could be a serious obstacle to development in the millennium."

As important as the amount of water available is its quality. Worldwide, more than 10 million people—half of them under 18—die annually from diseases related to unsafe drinking water. In developing countries, 70 percent of poor people lack access to treated water. In Latin America and the Caribbean, more than 130 million people live without safe drinking water in their homes, according to CEPIS.

Inter-American Water Day is observed each year to raise consciousness about the



importance of water and to alert governments, international organizations, and private entities about the need to improve drinking water supplies. Water contamination is closely linked to bacterial, parasitic, and other water-borne diseases, especially cholera and diarrhea. If poorer households in the Americas received basic drinking water and sanitation services, morbidity from diarrhea could be reduced by 17 percent every year.

One of the health targets of the Millennium Development Goals is to cut by half the proportion of people without safe water and sanitation by the year 2015.

In addition to Inter-American Water Day, 2003 marked the International Year of Fresh Water, declared by the United Nations General Assembly with the slogan "Water: Let's not take it for granted."

Other water facts pointed out by CEPIS include:

- An estimated 75 percent of people suffer from chronic dehydration.
- Lack of water is a leading cause of common fatigue.
- Drinking eight to 10 glasses of water per day may reduce back and joint pains.
- Drinking five glasses of water daily may reduce the risk of colon cancer by 45 percent and bladder cancer by 50 percent.



A pushcart vendor sells potable water door-to-door in Santo Domingo, the Dominican Republic.

Cosponsors of the 2003 Inter-American Water Day included the Caribbean Water and Wastewater Association, the Economic Commission for Latin America and the Caribbean, the Inter-American Association of Sanitary and Environmental Engineering, the Organization of American States, PAHO, and

the U.N. Environment Program's regional office for Latin America and the Caribbean. These organizations are working with PAHO to mobilize national and local actors including municipal authorities, citizen water committees, and health promoters to champion the cause of clean water. ■

Radio Dramatizes Disaster Threats

A new radio series broadcast throughout Central America tells listeners in high-risk areas how earthquakes, landslides and volcanic eruptions can devastate communities unless they are adequately prepared to cope with natural hazards.

The radio dramas, titled "Tremors of the Heart," began airing in late 2003. They were based on the popular radio series "Hurricane Season," which aired in 2002. Both series were sponsored by the United Nations International Strategy for Disaster Reduction, the United Nations Development Program, and the Coordination Center for Natural Disaster Prevention in Central America, in partnership with the Pan American Health Organization (PAHO).

The radio dramas tell fictional stories that illustrate how a community's level of preparedness helps determine the impact a disaster can have on its residents. In each of three short radio soap operas, listeners hear the story of what happens before, during and after a natural disaster. When a central character in the storyline is deeply affected by the natural event, he or she is spurred into action and undergoes a personal transformation that has a positive impact on the environment as well as the individual.

The series is intended to raise people's awareness about the kinds of natural hazards that surround them, the need for

preparedness, and the urgency of sound decision-making. The dramas explore such issues as personal and family self-improvement, respect for nature, community organization and solidarity, gender roles, and migration.

The 2002 series generated a number of community activities aimed at improving organization for disaster management. In Honduras, for example, weekend meetings were organized to discuss the latest broadcasts, and several communities drafted area risk maps and emergency plans. In the San Carlos region of Costa Rica, the dramas were included in the curricula of secondary schools.

In addition to Central America, the broadcasts have also reached listeners in the Dominican Republic, Ecuador and Venezuela.

According to a listener survey carried out by participating radio stations, the majority of the radio dramas' listeners are women—predominantly homemakers—followed by students of all ages. Many respondents compared the radio dramas with the experience of Hurricane Mitch in 1998, saying they believed that the magnitude of losses from that disaster could have been reduced had the radio series been broadcast before the hurricane and had communities been more prepared. ■



A Nicaraguan mother cooks in an improvised kitchen after losing her home to Hurricane Mitch.

Nicaraguan Towns Draft Plans

Nicaragua has become the first country in Central America to have locally developed emergency-response plans for every municipality in the country. As a result of a three-year effort spearheaded by PAHO's Emergency Preparedness and Disaster Relief program and Nicaragua's Ministry of Health, 153 municipalities in the country's 17 departments have drafted response plans for a variety of potential health emergencies, based on local needs and conditions.

Minister of Health José Antonio Alvarado personally received the municipal plans at a special Nov. 5 ceremony in Managua. Participants noted that the challenge now is to

make the process sustainable, by further disseminating the methodology used, offering ongoing training programs, keeping current plans up-to-date, carrying out emergency drills and practices, and strengthening cooperation between partners including the Nicaraguan Red Cross and Christian Medical Action, among others.

PAHO emergency preparedness experts are developing a guide based on their experiences in Nicaragua that will help other countries develop local emergency response plans. A draft of the guide has been presented at a series of validation workshops in El Salvador, Costa Rica, Guatemala, Panamá, Colombia, Ecuador and Cuba. ■

PHOTO GALLERY



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PAHO Director Mirta Roses Periago and Nobel prize-winning economist Amartya Sen were among the featured speakers at a special forum on ethics and development hosted by the Inter-American Development Bank in Washington, D.C., in early January.



© PAHO El Salvador

President Francisco Flores Pérez of El Salvador honored PAHO/WHO Representative Horacio Toro with the Order of Dr. José Matías Delgado in mid-January for his "eminent services" to the country. Toro has since been named PAHO/WHO representative in Brazil.



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Rosa Celorio, Latin America program specialist at the United Nations Development Fund for Women (UNIFEM), spoke on a panel at PAHO headquarters on Nov. 25, 2003, the International Day for the Elimination of Violence against Women.



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PAHO Deputy Director Joxel Garcia (left) and Joaquín Molina, acting PAHO/WHO representative in Mexico, attended the Summit of the Americas in Monterrey on Jan. 12-13.



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Antanos Mockus, former mayor of Bogotá, Colombia, made a presentation at PAHO headquarters in November 2003 on the strategy he used to reduce violence rates in one of the hemisphere's most violent cities.

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Are you optimistic about the public health situation?

Yes, I am an optimist and my outlook is that it is possible. That motivates me and keeps me moving forward, gives me momentum, and allows me to motivate others, which is very important. As I joined this organization, I saw that one of my key functions is to keep units and areas motivated, helping people to work with an eye to the future.

Do you find PAHO's structure adequate for this task?

We have the great strength of having offices in almost every country and have had a strong presence for decades. We have built a structure and have gained the confidence of the region's health authorities. They trust us and we have good rapport, good knowledge and experience. The organization has to become more country-focused and establish the type of relationship between headquarters and the country offices that allows this focus, working more closely in our planning with PAHO representatives and being more responsive to them. We have to remember that we have been public health leaders for over 100 years, when there were no other players. Now there are several other players involved in international health, and we have to take cognizance of that. We have to realize that the nature and magnitude of some of the problems we deal with are way beyond our resource capabilities, so we have to learn to sustain and develop partnerships. We have to ensure that our member governments see us as their broker organization. At the country level there may be 10 donors or agencies that approach you, and we have to be more of a broker, to define needs more clearly, and learn to say "no" when that is the right answer. Our role is not as a donor agency but as a technical cooperation agency.

(At this point, the interview is interrupted by a call from a former patient of Etienne's, a woman so worried about her blood sugar level that she is compelled to call her former physician, now in Washington, to discuss her health. Etienne takes the call and talks with her former patient, then says, "I'm still in the mold of the old family physician.")

What is your typical day like?

I usually wake up at 4 or 5 in the morning, pray, read background information, and come to work at around 8, to start rounds of meetings and e-mails. I find a lot of the work I have to do is coordinating, so I often meet with my area managers, the management teams in an area, or with people who visit PAHO. One of the roles I need to play is to work with WHO and the CDC, and I have not traveled too much so far. I think it's more important to secure your base and work to get it on a good footing. I usually work a 12-hour day, then go home, prepare dinner, watch news and read. My 23-year-old son lives with me, and another of my kids is in medical school, and the third one is in Massachusetts. My husband is a civil engineer.

What do you do to relax?

In Dominica I devoted myself to my kids, and I was very involved in church-related activities, working with bishops, and I was involved in youth work. I'm really a very spiritual person and keep that part of me very much alive. I'm very flexible and don't need too much to be happy. ■

IN FOCUS

Radio Project Links AIDS and Youth

Young radio enthusiasts in Brazil spent three days working with adult HIV/AIDS experts to see how radio can be used to inform adolescents and young adults about HIV/AIDS and prevention.

At the invitation of the Pan American Health Organization (PAHO), in cooperation with the Joint United Nations Program on HIV/AIDS (UNAIDS), Brazil's Ministry of Health and several other organizations, 35 Brazilians aged 25 and younger spent Nov. 6–8, 2003, in a radio studio in Salvador, in Brazil's northeast, practicing radio production techniques and exchanging ideas with adult communications pro-

fessionals and experts on HIV/AIDS and public health.

Participants produced a series of pilot radio programs focusing on HIV and youth issues, including drug abuse and gender differences. The results will be recorded on CD-ROM and video for distribution by UNAIDS later this year.

The event was part of a larger joint initiative involving PAHO, UNAIDS, the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), Brazil's Ministry of Health and a number of other partners to develop a strategy for prevention of HIV/AIDS among Brazilian youth. ■



Raising the ribbon. Volunteers in the Dominican Republic placed a giant red ribbon on a building as part of a national World AIDS Day campaign to raise awareness of HIV/AIDS.

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HIV Patients Face Stigma in Health Sector

"increased awareness of HIV/AIDS in society as a whole and increased familiarity with patients with the disease helps most health workers to feel more comfortable working with people with the virus."

In its conclusions, the report calls on PAHO's Member States to promote activities aimed at further reducing stigma and discrimination in the health sector. Among its recommendations are:

- Training projects to increase health workers' understanding of HIV/AIDS and to improve their practical and attitudinal skills.
- Appropriate procedures and supplies to enable health care workers to carry out their duties with minimum risk of occupational exposure.
- Establishment of patient and staff support groups.
- Institutional and sector-level programs

based on adequate needs assessments and involving staff, patients and other affected groups, in partnership with governments and nongovernmental organizations.

- Promotion of voluntary counseling, testing and care (including post-exposure prophylaxis) for all health workers.
- Development of simple, effective systems that maintain confidentiality at all levels.
- Development and dissemination of policy, guidelines, training resources and other materials in appealing formats.

- Support for general and specialist professional associations in AIDS care.

The report also notes that "interventions in the health services are most successful when they are part of a broader campaign to reduce stigma and discrimination in the community as a whole." As an example of such intervention, the report cites favorably a national campaign launched by Brazil in 2002 to promote diversity and help reduce discrimination against homosexuals. ■

Brazil Forum Focuses on NCDs Burden

Public health experts from around the world met in Rio de Janeiro, Brazil, in November 2003 to discuss ways of slowing the growth of the global burden of noncommunicable diseases (NCDs), which increasingly are affecting developing as well as developed countries.

Participants presented data showing that diseases such as hypertension, cancer and heart disease account for 60 percent of deaths worldwide and three-quarters of deaths in the Americas region. Most of the risk factors for these illnesses are related to lifestyle, and research shows that the most efficient and cost-effective way of fighting them is through preventive health policies and services.

Among presenters at the conference, held Nov. 9–12, was Pekka Puska, director of NCD prevention at the World Health Organization (WHO). He noted that seven of the top 10 global risk factors for NCDs are related to diet, physical activity and tobacco use. He urged NCD experts to concentrate their work in these areas.

"This has to be the priority," Puska told participants. "We have to reduce our goals if we want our actions to be more effective." He also deplored the gap between the burden of disease caused by NCDs and the resources dedicated to fighting them.

Among other participants were representatives of the Pan American Health Organization (PAHO) and WHO's five other regions, along with members of nongovernmental organizations and country health authorities.

Sylvia Robles, chief of PAHO's Noncommunicable Diseases Unit, presented an update on PAHO's CARMEN network, which links people working to reduce risk factors of NCDs in the Americas. CARMEN (Initiative for Integrated Noncommunicable Disease Prevention) supports the development and

evaluation of policies, social mobilization and community-based interventions, epidemiological surveillance of NCD risk conditions, and preventive health services.

During the Brazil meeting, CARMEN members announced that the network would develop a new "CARMEN School," offering a first course on "evidence-based public health." The course, offered in March in Santiago, Chile, will be sponsored by PAHO, the Catholic University of Chile, St. Louis University in Missouri, USA, and the U.S. Centers for Disease Control and Prevention (CDC), with the participation of several public health schools in the region.

In addition, PAHO launched the new Virtual Health Library for NCDs, which will serve as a tool for networks such as CARMEN to share information and ideas and to develop communities of practice.

Another key development at the forum was the launching of the Global Fruit and Vegetable Program, a strategy developed by WHO and the U.N. Food and Agriculture Organization (FAO) to increase consumption of fruits and vegetables throughout the world. The program calls attention to the fact that low intake of fruits and vegetables causes an estimated 2.7 million deaths each year, according to the *World Health Report 2002*. This makes it one of the top 10 risk factors for global mortality as well as one of the leading causes of NCDs. ■



Most NCD risk factors are lifestyle-related.

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Suriname to Get New Malaria Drug

Suriname is set to become the first South American country to begin using a new antimalarial drug produced by the Swiss pharmaceutical company Novartis under the brand name Coartem.

The drug is being provided at cost to malaria-endemic countries under an agreement between Novartis and the World Health Organization (WHO).

Coartem is a particularly fast-acting antimalarial drug that kills parasites within 48 hours and has a reported cure rate of 95 percent. The drug has fewer side effects than other antimalarial treatments and is tolerated well by adults as well as young children. Most important, no resistance to Coartem has been reported, in contrast to front-line malaria treatments.

Coartem was developed through a joint effort between Novartis and the Institute

for Microbiology and Epidemiology in Beijing. The drug combines lumefantrine, a synthetic substance, with artemeter, a traditional Chinese remedy derived from the *Artemisia annua* plant (sweet wormwood).

Suriname participated in efficacy trials for Coartem. Along with Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru and Venezuela, Suriname is part of a network formed to study resistance to antimalarial drugs, known by its Spanish acronym RAVREDA. Coordinated by the Pan American Health Organization (PAHO), RAVREDA is funded through the Amazon Malaria Initiative of the U.S. Agency for International Development.

Guyana is also expected to receive shipments of Coartem early this year. The cost of the drug under the WHO agreement is \$2.50 per adult treatment. ■

PAHO Boosts Health Steering Role

The Pan American Health Organization (PAHO) has launched a new strategy to help strengthen the role of health authorities in the context of health reform.

In many countries, health sector reform has brought significant changes in the role of ministries of health, away from being providers of services toward a "stewardship" and regulatory role. The change has presented new challenges for health authorities throughout the region.

PAHO's Health Policies and Systems Unit has developed a project aimed at measuring and strengthening what it terms the "steering role functions" that remain the chief responsibility of government health authorities. These include leadership in health policymaking, regulatory oversight, ensuring health insurance coverage and

harmonizing health services delivery. The goal of the project is to determine how well health authorities are performing these functions and to pinpoint areas that need strengthening.

In a recent pilot test in El Salvador, PAHO experts set up working groups with participants from the public and private health sector, academia and nongovernmental organizations. Each completed a 168-question survey assessing the performance of their country's health authorities in each functional area. Based on the results, PAHO will offer training workshops throughout Central America beginning in March on how to use the assessment method, and by the end of the year, the project is expected to expand to member countries nationwide. ■

NEWSBRIEFS

Colombia Gets Yellow Fever Vaccine

Colombia received 1.5 million doses of yellow fever vaccine from Brazil in late January to combat an outbreak of jungle yellow fever that has spread to four departments. The vaccines were financed through the Pan American Health Organization's revolving fund for vaccines and supplemented an earlier 500,000 doses provided by Venezuela. In the first weeks of January, Colombia reported 27 cases of yellow fever, including eight deaths. Cases in 2003 totaled 106. The most recent cases were close to urban centers with high rates of *Aedes aegypti* infestation, raising concern that the disease could become reurbanized. Health authorities have declared a state of emergency and launched a massive vaccination effort targeting everyone over age 1 in the affected areas, where some 3 million people live. ■

New Collaborating Center in El Salvador

The Department of Prosthetics and Orthopedics of El Salvador's University of Don Bosco became a PAHO/WHO Collaborating Center for Orthopedic Technology and Rehabilitation in September 2003. As Latin America's newest PAHO/WHO collaborating center, it will help implement and improve training programs in this field throughout the region. It will also prepare teaching materials for distance learning, develop appropriate prosthetic and orthopedic technologies, and undertake other research and training activities. The center, which has support from the German Agency for Technical Cooperation (GTZ) as well as PAHO, joins some 75 other PAHO/WHO collaborating centers in Latin America and the Caribbean and nearly 250 centers in the Americas as a whole. ■

Caribbean Awards for Health Journalism

PAHO's Caribbean Program Coordination Office (CPC) in Barbados presented its annual Caribbean Awards for Excellence in Health Journalism in November 2003 at a ceremony attended by PAHO Director Mirta Roses Periago. Nine awards and eight certificates of merit went to journalists from the English-speaking Caribbean for reporting in print and electronic media on topics ranging from children's rights to health and economic development. Judges said the record number of entries included some of the best examples of health journalism submitted since the contest began in 1992. The competition is aimed at strengthening coverage of health issues in the Caribbean media. ■

Awards for Excellence in Public Health

The Pan American Health and Education Foundation, PAHO's nonprofit partner, recently presented three of its annual awards for excellence in inter-American public health.

The **Fred L. Soper Award for Excellence in Health Literature** was presented in December 2003 to five Mexican researchers for a study documenting the rise of obesity and nutrition-related diseases in Mexico. The winners were: Juan A. Rivera Dommarco, Simón Barquera, Fabricio Campirano, Ismael Campos, Margarita Safdie and Víctor Tovar. Their article, "Epidemiological and Nutritional Transition in Mexico: Rapid Increase of Non-Communicable Chronic Diseases and Obesity," was published in the journal *Public Health Nutrition*.

The **Pedro N. Acha Award for Veterinary Public Health** went to Barbara Hott Harvey, of the University of Santo Tomas in Santiago, Chile, for a study of the distribution of rabies in bats in Santiago. The author used geographic information systems (GIS) and demonstrated their potential as a tool for rabies-control programs.

The **Clarence Moore Award for Voluntary Service** was presented to the Colombian Air Patrol (PAC) of Antioquia for its outstanding work in serving the health needs of inhabitants of remote areas of Colombia. The group provides pilots and medically equipped small planes to fly volunteer physicians and paramedics to difficult-to-reach areas. ■

PAHO Recognized for Bioethics Work

In January, PAHO's bioethics program marked its 10th anniversary at the Hall of Honors of the University of Chile, joined by representatives of the program's original sponsors: the government of Chile, the University of Chile and PAHO. Former Chilean president Patricio Aylwin was on hand for the celebration, which was followed by a meeting of the International Advisory Committee on Bioethics. In September 2003, the Latin American Federation of Bioethics Institutions (FELAIBE) awarded PAHO and its top bioethics expert, Fernando Lolas Stepke, the Van Rensselaer Potter Award, for outstanding services in bioethics in the Americas. Lolas is chief of PAHO's Bioethics Unit, based at the University of Chile in Santiago. The award was announced at FELAIBE's 2003 congress in San Juan, Puerto Rico. ■

Youths Call for Better Health Protection

Young people attending the 12th First Ladies' Summit of the Americas in the Dominican Republic in October 2003 called on the region's governments to improve access to high-quality, integrated health services for children and adolescents, including programs on sexual and reproductive health. The call came in a special Youth Declaration originally drafted at an "Americas Youth Voice" meeting last July, sponsored by PAHO and the Dominican government. With the theme of "Youth and Poverty," the First Ladies' Summit also addressed educational and employment opportunities, family relations and greater spaces for youth participation in national life. ■

PAHO, World Bank Partner for Knowledge

PAHO and the World Bank have formed a new "Health Partnership for Knowledge Sharing and Learning in the Americas" that will use videoconferencing and Internet technologies to promote communication among public health leaders and professionals. Drawing on PAHO's Virtual Campus of Public Health and the World Bank's Global Development Learning Network, the initiative uses videoconference-based dialogues along with seminars, broadcasts and on-line courses to reach stakeholders from the policymaking to the grassroots level. A key goal is to support countries' efforts to achieve the health-related Millennium Development Goals, including reducing child and maternal mortality by two-thirds and three-quarters, respectively, and halting the spread of HIV/AIDS by 2015. ■



Friends of Health. (l. to r.) PAHO/WHO Representative in Brazil Jacobo Finkelman is joined by Brazilian actors Milton Gonçalves, Vanessa Gerbelli, Debby Lagranha and Tony Ramos at the launch of *Friend of Health*, a book that teaches children the principles of a healthy lifestyle.

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PAHOTODAY is published by the Area of Public Information, Pan American Health Organization, Regional Office for the Americas, World Health Organization. Address: 525 Twenty-third Street, N.W., Washington, D.C. 20037, U.S.A. Phone: (202) 974-3458. Fax: (202) 974-3143. Text and photographs may be freely reproduced provided that: 1) the author/photographer is properly credited; 2) text is accompanied by the credit line "Reprinted from **PAHOTODAY**, newsletter of the Pan American Health Organization, Regional Office for the Americas, World Health Organization; 3) two tear sheets are sent to the Editor.

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World Health Organization

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PAHO TRAINING PROGRAM IN INTERNATIONAL HEALTH

The Pan American Health Organization invites applications for its 2005 **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:

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Application deadline: July 31, 2004