Health in the Americas

Health in the Americas, 2002, vols 1 & 2, by the Pan American Health Organization (*Scientific and Technical Publication* No. 587), 1004 pp, with illus, also available in Spanish, paper, $68, $46 in Latin America and the Caribbean, electronic version available gratis (http://www.paho.org), ISBN 92-75-11587-7, Washington, DC, Pan American Health Organization; World Health Organization, 2002.

BEYOND THEIR STRUCTURAL AND ORGAnizational problems, UN agencies have the virtue of being repositories of vast data, including important data on health. The Pan American Health Organization (PAHO) is the oldest international health agency—100 years old in 2002. Its publication *Health in the Americas* was started a full 50 years ago in 1954.

Epidemiological data are not always accurate and reliable: they may be gathered with insufficient rigor and are prone to manipulation by authorities. Data from the Americas, however, have been an exception, mainly thanks to the consistent work of PAHO and its provision of technical assistance to biostatistics offices in the health ministries of its member states. The classic study by Ruth Puffer and Carlos Serrano of infant mortality and its contributing factors, organized by PAHO in the late 1960s, was one of the most influential efforts in achieving better standards of data collection and processing.[1] In this domain, however, we still have a long road to travel. *Health in the Americas, 2002* helps point the way.

The report is organized into two volumes. The first has eight chapters: "Regional Health Analysis," "Macrodeterminants of Health in Sustainable Development," "Health Systems Reforms," "Promoting Health in the Americas," "The Environment and Public Health," "Disease Prevention," "Health Resources," and "Characteristics and Trends in External Cooperation." The general scheme is workable and represents the high quality work of the organization.

Interesting figures show important regional advances in areas such as child survival. The infant mortality rate decreased from 36.9 per 1000 live births during the years 1980 through 1985 to 24.8 per 1000 from 1995 through 2000. Overall, this is a one third reduction, but, as usual, rates vary widely among and within different countries. PAHO estimates that 400 000 children die every year in the region, challenging health services.

Other figures related to child health are difficult to accept at face value and perhaps indicate poor surveillance. For instance, for the year 2001, all countries of Central America report zero cases of measles, while the United States reported 108 and Canada 33.

In one chapter, the report analyzes in depth the public health themes of equity and health determinants, synthesizing innovative views and information. Globalization is evident in the Americas, with proliferation of free trade agreements. Following recent trends, the chapter emphasizes the relationship of poverty to illness and mortality and strongly advocates improvements in sustainable development and more equitable distribution of wealth. The health of ethnic minorities and gender issues are also present in capital letters.

Health promotion receives substantial coverage, as the report addresses the new problems of the transition in most of the countries to more prevalent noncommunicable diseases and the need to improve prevention strategies. The report notes success in the Americas of infectious disease immunization, including the eradication of polio and progress in interrupting measles virus transmission, and emphasizes the need for continued improvement. The good results of catch-up and follow-up immunization campaigns are recognized.

The report provides important information on the prevalence of HIV and AIDS, noting that the region as a whole has 2.5 million cases, with the highest numbers in North America (900 000) and Brazil (540 000); overall prevalence is 0.4%, highest in Haiti (13%). Little information is given about the successful implementation of antiretroviral treatment in Brazil, where changing the overall strategy for drug access and distribution reduced the annual per-patient cost of treatment from $12 000 to less than $1000.

Unfortunately, acknowledgment of innovative health strategies developed in Latin America is still sorely lacking in the international literature. Outside this report, few references are available on such improvements in recent decades as increased child survival in Chile and HIV and AIDS prevention and treatment in Brazil, or successful interventions such as tuberculosis direct observation of treatment, short course (TB DOTS) in Peru and immunization efforts in most Latin American countries. Eastern Europe, Asia, and Africa might well emulate the successful strategies implemented in Latin America.

Volume 2 is a set of individual country reports of 15 pages each presented according to a common template of issues. Two questions are asked of national authorities: what are the problems, and what are the responses of the health system? Each section, the first epidemiological, the second organizational, is subdivided in a logical framework that fits well with traditional data gathering and record keeping. The data originate from the health authorities of each nation, making them authoritative but subject to self-indulgence. For instance, the classical figures on infant mortality rates are calculated many times on the basis of sample surveys rather than in census and death auditing, giving way to assumptions that favor better numbers. Many data on health expenditures in the public and private sectors are subject to underreporting or overreporting, depending on the source or target audience, making it difficult to be sure of their validity. International data generally are subject to such pit-

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falls. For instance, one of the most controversial aspects of the World Health Organization's *World Health Report 2000* has been the availability and validity of the data. Many governments dispute their origin and accuracy, and some experts have argued publicly about the ethics of "inventing" numbers to validate a method of health systems performance assessment.[2,3]

Health in the Americas, 2002, also available on the PAHO Web site (http://www.paho.org), continues to be an extraordinary, valuable document for those interested in knowing more about health and disease in the region and is a powerful tool for agencies and governments planning resource allocation and health improvements.

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1. Puffer RR, Serrano CV. *Patterns of Infant Mortality in Childhood*. Washington DC: Pan American Health Organization; 1973. Scientific publication 262.
2. Musgrove P. Judging health systems: reflections on WHO's methods. *Lancet.* 2003;361:1817-1820.
3. Bruntland GH, Frenk J, Murria CJL. WHO assessment of health systems performance. *Lancet*. 2003; 361:2155.

International Health History

To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951), by John Farley, 323 pp, with illus, $49.95, ISBN 0-19-516631-0, New York, NY, Oxford University Press, 2004.

JOHN FARLEY'S BOOK IS A GOOD READ. Well written, generally free of opinion and jargon, and dependent largely on primary sources, it chronicles the rise and decline of the International Health Division of the Rockefeller Foundation from 1913 to 1951. Some readers might find the tale a bit esoteric; diseases, political events, and personalities from the past may seem irrelevant today. But, in the retelling, the author underscores themes as fresh and meaningful now as 50 years ago. The future, indeed, "is only the past again, entered through another gate"(Arthur Pinero, *The Second Mrs. Tanqueray*).

Farley excels at bringing to life the personalities of the major players and highlighting the political atmosphere of yesterday. We sometimes see history as only the ebb and flow of quantitative events, forgetting that those involved had their likes, dislikes, and personality quirks, which influenced and were influenced by the world around them. The narrative moves, sometimes a little jerkily, between the United States, Western Europe, and a variety of developing countries and helps us to understand both the people and the world in which the International Division functioned.

The introduction is good. We are reminded that the early years of the last century showed almost limitless health promise. At least partially freed from superstition and conjecture, the world was open to dozens of new ideas that ultimately changed the interface between health and disease—for instance, the germ theory, the Johns Hopkins education model, the Flexner Report, the discovery of insulin. For the first time, too, financial resources were available to support the conquest of disease. "Health for all"—often defined in ways unacceptable today—was a potential reality. But, despite the promise, we are also reminded that the International Division was breaking new ground. There was no real international approach to health, and most developing countries were still colonies. Communications were rudimentary, and epidemiological concepts barely existed. Profound, and at that time acceptable, social, race, and sex biases were constants, and there were few of today's health tools.

Originally, the Rockefeller Foundation saw the creation of public health services as the pathway to human wellbeing, and its history was marked by unending battles between those who advocated a "social" agenda to improve health and those who believed that the science-based destruction of specific diseases was the essential first step. Hookworm eradication in the US South was the International Division's "opening wedge" to a larger social, more public health–oriented agenda. Inevitably, however, communities and politicians showed themselves less committed to the creation of infrastructure and more concerned with immediate freedom from specific diseases. This dichotomy of purpose bedeviled the International Division throughout its history and bedevils us today. Is disease the result of social malaise or vice versa? How does a population balance the need for health services with the demand for cure? What should be the mix between acute and chronic disease control? How does a philanthropic organization make best use of its resources?

In addition to highlighting the battle between the medical and public health approaches to disease, the author effectively emphasizes the centrality of infectious disease control. Although yellow fever, hookworm, and syphilis (the AIDS of yesterday) are checked, malaria and tuberculosis—major foci then—remain major world concerns. Vaccination problems, control of the common cold, and the limits of epidemiology are recurring themes then as now. Commitment to international health stands out, and one can understand the beginnings of the World Health Organization in the history of the International Division. The Rockefeller Foundation of the past—with its almost messianic, "white man's burden" focus—did not embody today's international approach, but in Farley's history one sees roots of the world health dream.

To better appreciate the book, a reader would be well served to have some understanding of the larger forces moving in the health world at the time. The author notes the work of Thomas McKeown.[1] Paul Starr's *The Social Transformation of American Medicine,*[2] especially the first section, is good background although it does not deal directly with the international situation. One could also benefit from more information within the book itself; it is a fascinating story but there is too little background information about the key people and events—it is a little too concise. For instance, Wickliffe Rose and Abraham Flexner played other central roles in US health—what were they? Tell me a little more about DDT. What happened to the schools of public health created overseas?

As one finishes the excellent final chapter, one is reminded of Santayana's "those who cannot remember the

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