

2 0 0 3

Pan American Health Organization



Prospects

We will forge the great team for health in the Americas by building on the successes and experiences amassed under the glorious banner of “Health for All,” acknowledging our errors and failures, our weaknesses and strengths, and also our valuable contributions to the well-being and progress of human society.

Mirta Roses Periago
Inauguration Speech as Director of PAHO



The Declaration of the United Nations Millennium Development Goals reflected an unprecedented political consensus on the state of the world in the 21st century and of its characteristics regarding disparities that can no longer be accepted and gaps that can no longer be overlooked. That declaration set forth precise, measurable objectives and a specific timetable to gauge humankind's progress. Many considered those objectives to be too ambitious, but I believe that they can be achieved if we make them the aspiration, the dream, and the pursuit of individuals and families, and of communities and nations throughout our continent.

The health sector has a weighty direct and intermediary responsibility to contribute towards those goals and to ensure that they are attained. Such an urgent cry has not been heard since perhaps the Declaration of Alma-Ata on primary health care issued 25 years ago, nor has such a powerful vision of collective action been presented.

For the Region of the Americas, the Millennium Development Goals represent **an unfinished agenda**—the ethical commitment of ensuring that, by 2015, priority countries and population groups lagging farthest behind can attain indicator values today considered to be average values for the Regional population as a whole. That will be our first goal.

In most of the Region's countries, maternal mortality rates have experienced little change. In the Americas, the risk of dying during pregnancy and the puerperium is 50 times higher in developing countries than in industrialized nations. And this difference, which is greatest among young indigenous and poor women, reflects a deep-seated inequity, especially when we consider that these deaths are preventable with relatively simple means.

Moreover, there is a group of diseases whose current prevalence cannot be justified, considering that we have the means at hand to control them, as is the case with filariasis, onchocerciasis, intestinal parasitoses, meningitis, plague, yellow fever, viral hepatitis, and leprosy.

Great strides have been made in public health over this quarter century. Throughout the Americas, leaders and health workers alike have grown through experiences, both positive and negative, that have enriched our lives and lent new dimensions to our professional activity aimed at improving the health and quality of life of the population of the Americas. That is why PAHO's second goal must be **to preserve gains already made**. Recent economic crises, grave natural disasters, the collapse of State structures, and bioterrorism have revealed how fragile are health systems and the public health infrastructure. In addition, unfinished health system reform processes—such as decentralization and institutional role changes—could generate high-risk conditions for the continuity and sustainability of preventive and protective activities.

Latin American and Caribbean countries still confront problems associated with low income levels, volatile economic growth, great concentration of wealth, and extreme poverty. Uncertainty and insecurity hang over several countries, which have seen some important social achievements of the last decade evaporate. The benefits from some democratic advances—individual freedoms, legislative reforms, freedom of the press, and the revolution in information and communication—have not yet reached the majority of the population.

Even as governments are aware of the need to reduce inequities in access to health services, they also must increase investments in infrastructure, equipment, and supplies; ensure the adequate distribution of essential drugs; guarantee a sufficient supply of safe blood for all who need it; and improve epidemiological surveillance and data collection to permit better analysis of information at the regional level.

The third goal will be **to face the challenges**. This new millenium has dawned with new diseases and new challenges—such as the threats of international terrorism—which require us to use our will and our commitment to the task of attaining the goals we have set for ourselves.

The scenario we face today in the continent is difficult and complex: developing countries experience unfavorable economic conditions, skyrocketing and unplanned urbanization, and serious environmental deterioration, all of which have a deleterious effect on everyone's health, especially that of children. Our responsibility is to ensure that everyone—without exception—has access to new discoveries and new technologies. We also must increase the health capital and quality of life of individuals and communities, so as to render persons more resilient and communities safer and less vulnerable to natural or manmade disasters and catastrophes.

In Latin America and the Caribbean there have been noteworthy improvements in various health indicators, such as the prevalence of infectious diseases, life expectancy, and infant mortality levels. The last indicator has gradually decreased in most of the Region's countries, as a result of effective public health and sanitation policies and the decline in certain infectious diseases, particularly diarrheal and respiratory infections.

And yet, levels of HIV infection, malaria, dengue, abuse of tobacco and other addictive substances, and noncommunicable diseases continue to rise. The Caribbean, with a 2% prevalence of HIV infection in the total population, is the world's most affected region after sub-Saharan Africa.

Mental illnesses pose a special challenge for public health leaders of the Americas, especially in light of the stigmatization and the violations of basic human rights of the mentally ill. It has been estimated that 25% of the Region's adult population will

suffer some mental problem during their lifetime. It also has been estimated that between 1990 and 2010, the number of persons suffering from depression will increase by 20 to 35 million in Latin America and the Caribbean.

The immediate future of the tobacco control agenda will be marked by two recent developments: the growing acceptance of smoke-free environments as one of the most cost-effective strategies for controlling tobacco, and the adoption of the Framework Convention on Tobacco Control.

The expected adoption of the Framework Convention on Tobacco Control by the World Health Assembly and its subsequent ratification by many countries of the Americas will raise important obligations for the control of tobacco among the signatories. Signing the Convention also will increase the demand for technical cooperation to assess needs, improve capabilities, and set national policies and programs for tobacco control. PAHO must be prepared to address the resulting demand for cooperation and must be ready to mobilize the necessary resources.

It also is important to address violence—both societal violence and gender violence—which continues to claim many victims. In some countries, as a result of economic crises and drug-related problems, violence has reached epidemic proportions, and a united effort by the different sectors will be required to combat it.

Bioethics, as an academic and professional endeavor, emerged in response to the global ambiguity in science and technology. Progress in those two fields exposes researchers and civil society to unprecedented challenges. Moreover, advances in genomics carry with them a series of ethical, legal, and social implications that pose quandaries yet to be solved. The Global Forum held in Brasilia, Brazil, in 2002, specifically sought to fuel discussion about these bioethical problems that increasingly cry for attention.

Obesity has reached pandemic proportions in the Region. Although many studies examining the causes of obesity are under way, the cellular mechanisms that trigger it are not yet fully understood. We do know that, in addition to dietary changes, an increase in physical activity is important in fighting obesity. We also know that physical exercise reduces and prevents much of the loss of function associated with aging. To stress the importance of physical activity at all ages, in 2002 PASB celebrated World Health Day with the motto “Move for Health,” a call to action that will continue in the future.

We must forge new alliances to strengthen continental solidarity, address new social dimensions of health, continue to advocate for the improvement of health systems, emphasize the importance of quality of care through a wider use of monitoring and evaluation mechanisms, and facilitate access to information and knowledge

through the new tools made available by the information and social-communication revolution.

This is a critical moment for establishing a health promotion paradigm that includes nonmedical determinants of health, acknowledging the long-term benefits of investing in health, and adopting new models of social protection that include all sectors of the population. It is important to continue to seek alliances with other sectors, such as education, agriculture, housing, and water and sanitation services, as well as with the private sector. It also is crucial to continue establishing institutional networks and improving information exchange among the countries. These actions will reduce the burden of disease and will lead to better health and quality of life for the population of the Americas.

At the same time, we must be prepared to confront the possibility of the intentional use of biological, chemical, or radiological means to harm the population, as well as the emergence of new diseases. The recent Severe Acute Respiratory Syndrome (SARS) epidemic demonstrated that public health measures are crucial for halting the rapid spread of a health emergency. Mathematical models have made it clear that public health interventions limited the number of SARS cases in Ontario, Canada, to fewer than 1,000, and that without those interventions the number would have exceeded 200,000.

The rapid spread of a disease such as SARS proves yet again that disease knows no borders. And progress in communications and transportation also implies that the health of a given country's population is subject to situations or processes that originate in other countries. Given this, public health now must suddenly confront the transnationalization of risk.

In the context of SARS, it is important to highlight the World Health Organization's key role in proposing such public health measures. Moreover, WHO reported, early and responsibly, to the media the spread of the epidemic and, for the first time in its 55 year history, issued an alert on the dangers of traveling to countries or regions where the disease was spreading rapidly. As Dr. Barry R. Bloom, Dean of the Harvard School of Public Health (U.S.A.) said, the worldwide alert issued by WHO was an extraordinary act of courage.

Important lessons were learned about the best way to deal with the AIDS pandemic, and these are now being applied in the fight against SARS. Sharing reliable information with the countries regarding the course of the epidemic is one of those lessons that always should be remembered, especially because at least 20 new infectious diseases have been identified since the AIDS epidemic began.

AIDS made the world aware of a global reemergence of infectious diseases. It also exposed weaknesses in public health systems, particularly regarding early detection and the importance of promptly sharing information on their development with all affected countries.

It is imperative to strengthen confidence and cooperation among countries, which are the most important component of this Organization. We depend on the flow of information among countries, on the quality of that information, and on the extent to which countries share that information. This will allow all countries to take the best possible decisions—decisions based on a true view of reality.

Everyone wins when we share information, resources, and effective means of confronting problems. Everyone wins if we include new social actors in defending the health of our people. Everyone wins if we use globalization to serve the people.

We must stress the importance of making health and life part of basic human rights. The “culture of life,” and the “culture of peace,” are positive and stimulating visions that are linked to the quality of life and to individual and collective welfare. The value of each life, and the defense of each life, as well as the growing consciousness of the interdependence of human beings no matter the physical or temporal distance, gives rise to a spirit of solidarity. This is why a culture of life is also a culture in which the health of all—without exception—plays a fundamental role.

In its 100 years of existence, the Pan American Health Organization has developed the best possible means for bringing countries together, setting common objectives, and proposing ideas about how to improve health in the Region of the Americas. It also has fostered collaborative work to achieve these objectives.

Our strength lies in the fact that we are one team with one goal—the health of the peoples of the Americas.

Acronyms

AIDIS	Inter-American Association of Sanitary Engineering
ALADEFE	Latin American Association of Nursing Schools
ALADI	Latin American Association of Integration
ALAESP	Latin American and Caribbean Association of Public Health Education
ALAPE	Latin American Association of Pediatrics
ALMA	Latin American Academy for the Medicine of Aging
AMPES	American Region Planning, Programming, Monitoring, and Evaluation System (PAHO)
BIREME	Latin American and Caribbean Center on Health Sciences Information
CAREC	Caribbean Epidemiology Center (PAHO)
CARICOM	Caribbean Community
CARMEN	Actions for the Multifactorial Reduction of Noncommunicable Diseases
CDB	Caribbean Development Bank
CDC	Centers for Disease Control and Prevention (USA)
CDERA	Caribbean Disaster Emergency Response Agency
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences (PAHO)
CEPRENAC	Coordination Center for the Prevention of Natural Disasters in Central America
CFNI	Caribbean Food and Nutrition Institute (PAHO)
CIDA	Canadian International Development Agency
CIESS	Inter-American Center for Social Security Studies
CIOMS	Council for International Organizations for Medical Sciences
CLAP	Latin American Center for Perinatology and Human Development
COMISCA	Council of Central American Health Ministers
COSALFA	South American Commission for the Control of Foot-and-Mouth Disease
CPC	Caribbean Program Coordination
CSIH	Canadian Society for International Health

CWWA	Caribbean Water and Wastewater Association
DANIDA	Danish International Development Agency
DECIDES	Democratizing Knowledge and Information for the Right to Health
ECLAC	Economic Commission for Latin American and the Caribbean
ECRI	Emergency Care Research Institute
EPA	Environmental Protection Agency (USA)
EPI	Expanded Program on Immunization
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FDA	Food and Drug Administration (USA)
FELAFACS	Latin American Federation of Faculties of Social Communication
FEMICA	Federation of Central American Municipalities
GEF	Global Environment Facility
GTZ	German Technical Cooperation Agency
HPCFMD	Hemispheric Plan for the Control of Foot-and-Mouth Disease
IACHR	Inter-American Commission on Human Rights
IAEA	International Atomic Energy Agency
IBRD	International Bank for Reconstruction and Development (World Bank)
IDB	Inter-American Development Bank
IEO	International Epizootic Organization
IICA	Inter-American Institute for Cooperation on Agriculture
ILCE	Latin American Institute for Educational Communication
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illnesses
INCAP	Institute of Nutrition of Central America and Panama (PAHO)
INFOCOM	Information and Communication in Health for Central America
INPPAZ	Pan American Institute for Food Protection and Zoonoses (PAHO)
ISCA	Central American Health Initiative
LILACS	Latin American Health Sciences Literature Database
MASICA	Environment and Health in the Central American Isthmus Program (PAHO)
MERCOSUR	Southern Common Market

NAFTA	North American Free Trade Agreement
NORAD	Norwegian Agency for Development Cooperation
OAS	Organization of American States
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organization for Economic Cooperation and Development
OIRSA	Regional International Organization for and Animal Health
PAHEF	Pan American Health and Education Foundation
PAHO	Pan American Health Organization
PALTEX	PAHO Expanded Textbook and Instructional Materials Program
PANAFTOSA	Pan American Foot-and-Mouth Disease Center (PAHO)
PANCAP	Pan Caribbean Partnership Against HIV/AIDS
PASB	Pan American Sanitary Bureau
PLAGSALUD	Occupational and Environmental Aspects of Exposure to Pesticides in the Central American Isthmus
PROFIN	Project for Institutional Strengthening
RECACER	The Central American Network for the Prevention and Control of Emerging and Reemerging Diseases
RELAB	Latin American Biology Network
REPAMAR	Pan American Environmental Waste Management Network
REPIDISCA	Pan American Network of Information and Documentation in Sanitary Engineering and Environmental Sciences
RESSCA	Meeting of the Health Sector of Central America
RESCAD	Meeting of the Health Sector of Central America and the Dominican Republic
RILAA	Inter-American Network of Food Analysis Laboratories
SciELO	Scientific Electronic Library Online
SICA	Central American Integration System
SIDA	Swedish International Development Cooperation Agency
SISAM	Inter-American Environmental Sanitation Information System
SUMA	Humanitarian Supply Management System (PAHO)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program

UNEP	United Nations Environment Program
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNISDR	United Nations International Strategy for Disaster Reduction
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
VHL	Virtual Health Library
WFP	World Food Program
WIZARD	Workplace Health Information System for Surveillance and Detection of Occupational Risks
WHO	World Health Organization
WMO	World Meteorological Organization
WTO	World Trade Organization