

George A. O. Alleyne
Director, PAHO ·
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PRIDE IN OUR HEALTH
(Bridgetown, Barbados) **

Mr. Chairman, Mr. Minister, Ladies and Gentlemen. First, let me say how much I appreciate the opportunity to give this public lecture. I rarely have the opportunity to discuss some of the matters that occupy my thinking on a daily basis with fellow Barbadians and perhaps receive feedback from persons who have a similar heritage. There is no doubt that our appreciation of the origins and the solutions to many of the problems that surface to us as part of our work, are determined by inputs long forgotten, but undoubtedly shared by many who had the same kinds of roots. I may claim some advantage for my commentary since I am fortunate enough to be able to see the Barbadian situation in the context, not only of the immediate Caribbean, but also of the Region of the Americas and even of the world. Of course, some of this advantage may be counterbalanced by my not living the daily experience of some of the issues I will address.

When we sing our national anthem, we loyal sons and daughters, all refer with gusto to the seed from which our pride is sprung. This pride of which we sing is the pride of nationhood, whose seed was sown by our forefathers. This spirit, this concept of what constitutes our nationhood, can have many interpretations and there are formal documents such as our Constitution that set out some of those principles that define us as a nation. But I wish to pose that one of the attributes that makes us strong as a people — one of the attributes that should be one of the wellsprings of our pride as a nation, is our health. Tonight I wish to look at our health and show why our strength as a nation depends on it, what is responsible for our situation, and perhaps outline some of the challenges that lurk in the underbrush of the future and which we must face if that pride is to remain or even glow more brightly.

On the last occasion that I spoke here in public, I dealt with the relationship between our health and our political development. I traced some of the strands of our history and showed how our health was bound up with the dominant view of what was the worth of the majority of our people. Social differences, with all that they connoted,

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were dominant factors in determining the appreciation of our health needs and the means of satisfying them.

Tonight I would rather address the present situation in which we find ourselves. We wish health in our time and for our gratification now. Health is important at the individual level. We also consider health in the aggregate as being important, although there is often debate about the relative importance of the individual or collective approach. Of course both are important and both the individual person as well as the State have some responsibility for ensuring both aspects of health.

Although Einstein said, “not every thing that can be counted counts, and not everything that counts can be counted,” there is some merit in attaching some numbers to health status, if for nothing else than for the sake of estimating progress or the reverse. There is considerable debate about appropriate measures of health, but I will begin with the traditional ones of population health that give a very crude idea of the average health of countries, and I will situate Barbados within the Americas and the Caribbean. The most common measure of population health is the infant mortality rate—the number of children per 1000 live births who die before their first birthday. The figure for the Americas is 25 per 1000 live births—for the non-Latin Caribbean, it is 22 and for Barbados, the estimate is about 12. Mortality rates in general are lower in Barbados than in the rest of the Caribbean. Life expectancy at birth in the Americas is estimated at 72.4 years, while in the Caribbean it is 72.6 years, and for Barbados it is 76.7 years with the sex differential that is almost universal: women live longer than men. The fertility rate in Barbados is 1.5 children per woman, a rate that is lower than for any other country in the Americas except for Cayman Islands where it is estimated at 1.4. There has been a sixty percent fall in the fertility rate over the past 40 years, but it is only about 20 years ago that Barbadian women began to have, on the average, fewer than two children.

This fall in birth rate and increase in life expectancy have several demographic consequences. Not only are there increased numbers of the elderly, but the dependency ratio increases. The ratio of the under-five population to that aged 65 and older is projected to be 0.4 in another 25 years. This means that for every 100 older adults there will be only 40 children. This has implications for the approach to work, social security, education, and the organization of a whole range of social services including health. The impact of the aging population is very well known here in Barbados and I am sure everyone here is aware of the increased incidence of chronic noncommunicable diseases such as diabetes, hypertension, and cardiovascular diseases that are one result of this demographic transition. The establishment of a Chronic Disease Research Center here is an acknowledgement of the importance of these diseases.

Thus, if one uses the traditional measures of population health, the situation in Barbados compares very favorably with the rest of the Caribbean and indeed with the Americas. However, these aggregate measures do not tell us enough about the health status of individuals or what individuals think about their health, and increasingly attention is being given to finding such indicators. One of the standard approaches is to measure perceived illness through direct interview, but deductions from this are

complicated, as the results depend very much on the cultural milieu and social environment, as both influence the extent to which the individual appreciates some deviation from the norm to be illness or lack of health.

There are other more objective indicators of individual health that involve anthropometric or physiological measures. For example, the level of obesity in the population can be estimated by simple measurement with calliper or tape, or by determining the body mass index that is a function of the relationship of weight to height. Simple height may be a useful gross proxy for past nutritional status.

The question will always be asked whether the health sector should promote and use regularly one or other kind of measure. Indeed, they all serve different needs. The surveys of perception of illness are rarely done in the Caribbean, and Jamaica is perhaps the only country that carries out regular social surveys which include some items that may indicate health status as perceived by the individual. The major value of this approach is that it may give some very rough indication of the need for services.

I am fond of quoting Kleinman —a Harvard psychologist who showed that the vast majority of perceived illnesses are treated in the home or by folk remedies, and no more than 10-15 percent of perceived illnesses or ill health result in a demand for formal health services. One of the tragedies of our time is the effect of propaganda that induces persons to come to the services for perceived ill health that would not normally be treated there. There is little evidence that this seduction into the formal care system has much of an effect on overall population health, although it increases the cost of the system.

It is important, however, that the State devote the resources necessary to acquire at least basic health statistics. The standard indicators and measures of cause of death are essential. I feel saddened that in many of the Caribbean countries we have abandoned the practice of producing annual reports on the state of health, and I note that even in Barbados we have lapsed into providing multi-year reports. In colonial times, the production of such reports was a responsibility that was taken seriously, and I still believe that it should be an absolute requirement that at some fixed time every year the nation should have the opportunity to examine and comment on the state of its health.

The Pan American Health Organization (PAHO) has paid a great deal of attention to strengthening the capacity of the countries of the Americas to produce and analyze basic data and we are enthusiastic about the distribution of these data by geography, sex, or other discriminator. It might be argued that Barbados is too small for any useful purpose to be served in analyzing health indicators by geography, for example, and, given the ease of transportation and ready mobility, such analysis would be meaningless in many cases. I would contest that and would like to see some of the health data analyzed according to distribution, say, by parish or income and social grouping. There may be surprising results in terms of the levels of health and differences that may lead to a reallocation of some of the resources now spent. It has been a salutary experience for Great Britain to find that, in spite of five decades of a national health service with presumably easy access by the whole population, there are still significant inequalities.

The differences according to social class persist, there are still geographical differences and the major thrust of the current attention to the health service is to reduce those inequalities that should not occur.

Why should Barbadians or any people rejoice and take pride in the fact that they are healthy? The response at the individual level is almost self-evident. We enjoy the state of being that is implied by being healthy. We take our health as a genuine resource for our very living and we value it even more when some affliction deprives us of it. We value it because it allows us to function optimally in society. We value it because it gives us a freedom to be ourselves. We value it because it allows us to enjoy the various options that life has to offer. We value it perhaps with some sense of guilt when we look at our brothers and sisters who have been deprived of it even temporarily. We value it individually because almost from the time we begin to appreciate the nature of our being and the finiteness of our existence, we realize that deterioration of our health presages the imminence of that bourn from which there is no return.

But there is more to this appreciation of our health. It is also instrumental in nature, both at the individual and collective levels, and that is one area which is now attracting increasing attention. The wealth of a nation lies also in its health. Health is a critical ingredient for the economic growth of nations and when we look at the economic performance of our country as well as others, we must appreciate the contribution of health.

There is the obvious relationship between wealth and health that has been known for centuries. The wealthier countries are healthier by every measure. However, the relationship is not linear and the wealthier the country becomes, the smaller the effect on measures of population health. Above a certain level of income, increasing wealth has a small impact on health. But an important point that is only recently coming to the fore is that it is not only absolute income that is important but income distribution is a critical variable. The more unequal the distribution of income, the worse the health of the population, and this has been shown to hold both within countries as well as between countries. There is some evidence that in the three decades since 1963, the income distribution in Barbados improved significantly.

I should hope that recent developments have not produced the increasing income inequality that is plaguing many of the developed and developing countries that have the form of social organization characterized as liberal democratic and favoring non-controlled market-driven policies. But I do not intend to discuss tonight the impact of one or other form of economic orientation on health or the availability of health services. Suffice it to say that there is general acceptance of the view that a market-oriented approach makes for grossly unequal access to health care.

It is the possible contribution of health to a country's economic growth that is engaging many economists at this time. Experts on growth theory are in general agreement with the inputs that are really critical. Let me quote one of these —Robert Barro.

The growth rate tends to be higher if the government protects property rights, maintains free markets and spends little on non-productive consumption. Also helpful are high levels of human capital in the forms of education and health, low fertility rates, and improvements in the terms of trade with other countries.

I leave it to you to determine how many of these other non-health criteria Barbados fulfils.

But let me focus on health that is now being considered to be instrumental in terms of producing national wealth and not merely a consequence thereof. There are now robust macroeconomic analyses that show quite clearly the causal relationship between health and economic growth. Indeed, some studies show that this relationship is stronger than that in the converse direction—that is, the impact of health on wealth may be more important than the impact of wealth on health.

There are many possible mechanisms by which health increases wealth. It is obvious that healthy individuals can be more productive and there are numerous studies that demonstrate the negative impact of diseases on productivity. Much of the justification for the significant investment in trying to control malaria in the Amazon or eliminate river blindness from Africa is because of the economic potential of these areas if their populations do not suffer from these diseases. There is a famous statue in the lobby of the World Bank of a boy holding a stick and leading an adult blinded because of river blindness or onchocerciasis. The poignancy of the image derives from the tragedy of the human suffering, the possibility that the boy might one day also be led rather than the leader and also the realization that where this occurs there can be little economic growth, as generation after generation will be rendered prematurely unproductive.

It has been known for decades if not more, that anemic or malnourished workers produce less. Provided that there are employment opportunities, the healthy population will contribute to national wealth. This relationship may be even more evident in societies in which productivity is based on physical labor.

There is also the possibility that the healthy society with more prospects for longevity may have a propensity to save more and an increased savings rate will of course spur growth. Economists have spoken of a demographic dividend contributing to growth. In the countries of South-East Asia, which demonstrated the kind of economic growth that led them to be called tigers, there were interesting demographic phenomena which are being recognized as having contributed to that growth. There was the fortunate conjuncture of appropriate infrastructure with a large population of productive age. The dependency ratio was low. It is obvious that this cannot persist forever and the demographic transition leads to a closing of this window of opportunity. Barbados has just about passed through this phase and with the dependency ratio increasing so rapidly, as I have described above, it is unlikely that we are reaping, or will reap any more of this demographic dividend.

The macro and micro economic data are clear, but I am concerned that we do not have the policy levers to present that will engender appropriate action. I say to interested

Presidents or Ministers of Finance that investing in health will enhance economic growth and alleviate poverty. There will be intuitive agreement with me. Then they will adduce the similarity with education and cite the well known data which show that years of schooling represent a good proxy for education and they will ask me if there is any similar metric that can be used for health. I will have to confess that at present we have none, and this is the subject that is engaging me considerably at the moment. We need to have a policy lever for health similar to years of schooling for education; one that development banks and other agencies that are becoming more and more aware of the economic potential of health can use to measure their investment input. We have advanced beyond the stage of advocating for health only from moral or ethical grounds to adding an instrumental dimension, but we need to go further and produce some better indicator or measure for investment in health. Let me hasten to point out that I am not in any way debating the relative contribution of health and education to the formation of the human capital needed for growth. Health is important if the society is going to reap the dividends from expenditure on education.

We are well aware of the key determinants of health. The behavior of the individual, and to some extent the health services influence the health of people and of course there are biological factors to be considered as well. However, it is clear that the physical and social environment have the major role to play.

From the days of Hippocrates' *Airs and Waters*, it has been known that the physical environment is a determinant of health, and until relatively recently, the advances in public health were based on environmental or sanitary engineering. But it is not only the micro environment that affects us and there is more and more concern that macro environmental factors such as global warming will impact on our health. Barbados is rightfully proud of its physical environment that is among the factors that make it attractive as a tourist destination. As I have shown elsewhere, there are other factors beside the environment that link health and tourism.

The traditional view of the social factors that influence health takes account of such things as levels of poverty and the place of individuals in the social hierarchy. One of the seemingly immutable laws is that health is distributed according to a social gradient irrespective of the starting level of income. But there is much more to the effect of social factors on health, and the current view is that the health of the nation is essentially a product of a web of social factors that are difficult to disentangle. Social cohesion in a society may be an important factor in determining health status. Social cohesion is favored by equality in educational opportunities for men and women. It has been shown that in developing societies, the difference between male and female literacy bears a strong correlation with life expectancy. Could the educational policies in Barbados that have long provided equal opportunity for boys and girls contribute to the favorable health situation?

A corollary or a reflection of this social cohesion and perhaps responsibility, may be found in the level of participation in the political process. A review of the average voter participation in elections since 1945 shows that the average voter participation in

Barbados was 63.5% which, while not as high as Italy with 92.5%, was higher than the USA's 48.35% or Jamaica's 58.5%. Havelock Brewster makes a cogent case that much of Barbados' stability and steady development is due to the level of social capital and cohesion that exists here. Is it possible that this cohesion of the social fabric contributes to the societal discipline that is required for the effectiveness of many of the measures that contribute to the state of health?

There is the tendency in most countries to fix on health as being almost synonymous with attention to health care with the emphasis on the service or care to the individual. I am sure that if I polled Barbadians about the things that influence their health or made for a healthy nation, the predominant responses would include the personal care services by individual private physicians, in the Queen Elizabeth Hospital, and in the polyclinics. They would not be entirely wrong.

There was a time when individual care was thought to be insignificant in the overall picture of population health. We recognize now that this individual care is indeed important and the cure and care of the diseases of the individual does influence the general level of health in the population. It is not only improvement in the environment and in nutritional status that should be considered. Everyone here can attest to the importance of good care by a personal physician. The attributes of the personal physician have always been deemed important, and as my learned sister Leonora would point out to me, the prophet Jeremiah in agonizing over the backsliding of the chosen people and the evils that would descend on them, would cry out

Is there no balm in Gilead; is there no physician there? Why then is not the health of the daughter of my people recovered?

Mr. Chairman, thus far I have pointed to the good health indicators in Barbados and affirmed that we should be proud of this state of health, which is important to us not only individually, but also collectively, and it is important for our country's prosperity. But if we are to preserve that status and even see it improve, we must also look at the challenges ahead. We must look at the determinants of that health and also at some of the diseases that may affect us in a major way.

I referred to the importance of personal care medicine both for the satisfaction to the individual and the impact on population health. This has many facets and I will mention only a few. First, there are the health workers themselves and Barbados has always been justifiably proud of its nurses, especially those in public health who have been the backbone of the system as well as its physicians. What are the mechanisms for ensuring adequacy of quality and quantity?

The West Indian Commission wrote persuasively of the need for movement of professionals throughout the Caribbean. The CARICOM ministers of health, almost from their first meeting thirty-one years ago have been concerned about the management of human resources, and about four years ago examined again the need for ensuring a certain equivalency of competence among physicians practicing in the Caribbean. I was pleased to see that, after a rather difficult gestation, there is a Caribbean Association of

Medical Councils that has as its main function the establishment of mechanisms to ensure that there are indeed certain minimal competencies for all physicians wishing to practice in the Caribbean. This does not yet imply unrestricted freedom of movement but is an absolutely essential step and I must congratulate the Barbados Medical Council for its support of this initiative.

But I have wondered whether Barbados should not go further, and in addition to ensuring that there is a certain competence among physicians entering practice, lead the discussion with the appropriate body on the re-certification of medical practitioners. Most countries are coming to the realization that no one retains forever the knowledge and skills necessary to discharge any professional responsibility in this day when the information available increases so rapidly.

The American Board of Family Practice was the first to require periodic recertification. It confers diplomate status normally for seven years, and the physician must be recertified before the certificate expires. There are specific requirements that include documentation of continuing medical education and cognitive examination. I know that this would be a major step and one that would be resisted initially by many in practice, but I comfort those of my age and vintage by saying that many of these measures have grandfather clauses that exempt the older and presumably wiser ones. Of course, there is a difference between licensing and recertification of skills.

Quantity is as important as quality, and Barbados has a physician density of about 11 per 1000 population, which is second only to the Bahamas in the CARICOM countries. Here I must share with you a disquiet that becomes acute every year at about this time when there is need to place the graduates of the University of the West Indies as interns. It escapes my comprehension why it is seemingly impossible for the major producers—the University of the West Indies, and the major consumers, the ministries of health—to enter into discussion such that there is some match between production and utilization. I have been told that one problem is the availability of internship places within the Caribbean itself. I refuse to believe that this is a difficulty that cannot be overcome or ameliorated through closer examination of the obstacles by both sides. PAHO has even offered to help fund the first meeting of the parties, but even this has not moved the problem beyond the stage of recrimination or of simply ignoring the issue.

The public should also be aware of the cost of health services. The Government of Barbados spends about 15 percent of its budget on its health services with hospital services—predominantly the Queen Elizabeth—accounting for about twice as much as is spent on what are designated as “primary care services” which include most of the prevention and health promotion activities. I was interested to note that the percentage of the Ministry’s budget spent on the Queen Elizabeth Hospital has remained steady over the past decade. The total national expenditure on health is a respectable 7% of Gross Domestic Product (GDP). The tendency in the world is for expenditure on health care to rise, and herein lies the seeds of a major problem. I was intrigued to see data produced recently by Karl Theodore which show that elasticity of health expenditure with respect to income was significantly greater than one in Barbados, which means that at least for

the period under study (1985-1993) average health expenditure was rising faster than income.

This apparently inexorable rise in cost of what are predominantly health care services is driven by technology and by the spread of information such that every citizen clamors for everything that gives hope of relief of illness or postponement of death. I often quote Daniel Callahan, a famous ethicist who writes about the U.S. health care system in a manner that every prospering country such as Barbados should take to heart. He writes:

We have lost our way because we have defined our unlimited hopes to transcend our mortality as our needs, and we have created a medical enterprise that engineers the transformation.

and he goes on,

The ultimate test of a health care system cannot be whether each and every person has an equal opportunity to live an equally long life in equally good health; that is an impossible goal. It is, instead, whether some reasonable minimal level of individual need has been met, not the guaranteed opportunity for some maximal level.

I say without any fear of contradiction that no country will ever be able to satisfy the health care demands of its people, and I hope you are wise enough to disregard the sophistry of political promises of this nature. I applaud the efforts of the government to improve the quality of secondary and tertiary care and have followed with interest the development and follow up of the Haynes' Report that addresses some of the deficiencies in the tertiary care system. I will not attempt to analyze this here. I would like to make special mention of the mental health services at the three levels and applaud the importance being given to them. This is important not only from the humanitarian point of view but there is increasing attention being paid to the economic cost of mental ill health.

The challenges before us are not only those of systems for improving the services. We must face new diseases and new forms of old ones. Prominent among new diseases is HIV/AIDS. A report prepared by the World Bank presents the chilling data for the Caribbean, which is the region of the world with highest prevalence rates after Sub-Saharan Africa. The disease is the main cause of death among adults 15 to 44 years of age, irrespective of gender, and almost 100,000 children have been orphaned by AIDS. As of 1998, Barbados had the third highest prevalence rate for adults aged 15-49 in the whole of Latin America and the Caribbean. Only Haiti and the Bahamas had higher rates. Unfortunately, incidence rates are still rising in the Caribbean as a whole. It is not only the health aspect that catches our attention. Karl Theodore has estimated that if the epidemic continues the same trend, by the year 2005 it will result in minimal GDP losses of 6.4% and 4.2% in Jamaica and Trinidad and Tobago, respectively. There is no doubt about the potential impact here in Barbados.

But amidst the gloom and doom, there is a success story that we must examine and possibly emulate. The Bahamas is one of the few countries in the world to show that the epidemic can be checked. There has been massive dissemination of information, education, voluntary counseling, carefully targeted treatment, and prevention interventions to reduce mother to child transmission. As a result, annually reported cases have fallen by almost 20% in the past four years, the number of HIV positive cases is falling steadily and from 1995 to 1998 AIDS deaths dropped from 280 to 160. I am sure that these successes can be repeated elsewhere!

I have mentioned before the challenge of noncommunicable diseases that accompany demographic changes and less healthy lifestyles. You are, I am sure, too well aware of the disease problems caused by the modern day epidemic of tobacco use.

There are many approaches to meeting these challenges and maintaining pride in our health. One of these is to ensure an informed public. I have great faith in the ability of an informed public to guide political decisions. I would also stress that Barbados must stimulate and foster partnerships of many kinds. Globalization must not only mean commercial intercourse. There are interregional and international partnerships in which we must engage. It is not because I work in an international organization that I urge that we seek to maximize our involvement in those that serve our national interests. We are keenly aware of the political and financial institutions, and I hope that there is the same awareness of the need to be active in those that are eminently social in nature. It is not because we wish to show what we have done, but at least in my field, the cooperation among countries through these institutions is vital for us.

Mr. Chairman, it is written in Proverbs.

Pride goeth before destruction and a haughty spirit before a fall.

I do not fear that the pride I encourage will presage destruction. I believe that the superstructure that has been built by generations of wise and visionary men and women is strong. However, I encourage the eternal vigilance to ensure that health remains one of the essential freedoms to be enjoyed by Barbadians. Not only is it important per se but it is instrumental for our prosperity. This freedom, that is health, is just as important as those of life, liberty, and security of person that are enshrined in our constitution. I encourage vigilance for ensuring the optimum operation of the current systems and for putting in place the measures needed to deal with some of the challenges I have outlined.

Let me end by paraphrasing a successful American entrepreneur —J.C.Penney who once said:

We would not be human if we didn't feel pride, but there is something that transcends pride—humility.

I encourage pride but it is with humility rather than a haughty spirit that the future must be faced.

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