

George A.O. Alleyne
Director, PAHO ·
18 October 1999

The Pan American Sanitary Code
Havana, Cuba **

It is an honor and a privilege for me as current Director of the Pan American Sanitary Bureau to speak to you today at this celebration of the 75th anniversary of the signing of that historic document—the Pan American Sanitary Code. I feel privileged because I am representing those persons who have preceded me in this position. But I am doubly privileged as I claim to speak in the name of those thousands of men and women of the Bureau who through the years have given of themselves in the fulfillment of the dreams and aspirations of those wise men who 75 years ago saw the possibilities of a better life through health for the people of this hemisphere.

That 7th Sanitary conference at which the Code was signed must have been a magnificent affair and the discourses of the delegates leave no doubt about the seriousness with which they went about their task. The importance and gravity of the occasion was manifest in that the delegates came with powers plenipotentiary from their Presidents, who as the Code begins, were

“desirous of entering into a sanitary convention for the purpose of better promoting and protecting the public health of their respective nations, and particularly to the end that effective cooperative international measures may be applied for the prevention of the international spread of the

* Pan American Health Organization, Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.

** Ibero-American Meeting of Ministers of Health and 75th Anniversary of the Pan American Sanitary Code. Havana, Cuba, 18-20 October 1999.

communicable infections of human beings and to facilitate international commerce and communication.....”

Others will speak to you of the historical significance of the event and the changes in the public's health that have occurred since that memorable day. There is much in the Code that points to the concerns of the times and the view of health that was current at that time. The equivalence of public health almost entirely with the control of the communicable diseases was very evident. We have to recall that at that juncture, we were only just coming to the end of the period in which the discoveries of the great bacteriologists had dominated public health. The public health professionals were just about recovering the concern for the social aspects of health that had been so prevalent in the middle of the last century, and experts like Winslow were advocating a very expansive view of what was necessary to care for the public's health.

It is in the context of these views of public health that we must look at the charge given to the Pan American Sanitary Bureau. We should examine how or if we have kept faith with the dreams of our founding fathers and if we in the Bureau have been worthy of the tasks they set for us. I believe that although the disease conditions have changed and the global perception of organizations like ours is shifting, I am impressed at the relevance of the responsibilities given to the Bureau to the problems of today.

The Code enjoins the Bureau to do essentially four things. It should be the central coordinating sanitary agency for the countries; it should be responsible for managing information about health , with all that implies; it should undertake cooperative epidemiological and other studies and stimulate as well as facilitate research, and it may designate representatives and employ experts to carry out the necessary functions.

It is in the discharge of this coordinating role that the Bureau has found most favour with its constituencies. The Bureau has not assumed that this coordinating ,or better facilitation of cooperation is its by right and therefore should not be a matter of debate. Throughout time it has sought to earn that role and demonstrate to countries the value of having such a role performed. The Bureau has not seen itself as a supranational agency, but rather as providing an intergovernmental

mechanism to facilitate the coordination. Some areas of public health lend themselves more readily to coordination. In those areas in which there is clear internationalization of health risks then there is an excellent case to be made for such coordination. Perhaps the most spectacular efforts at coordination have been shown in the area of immunization. This region of the Americas was the first to eliminate smallpox. It is now nine years that we have been free of poliomyelitis and we wait expectantly for the rest of the world to be free of this scourge. We are on track to eliminate measles from our shores, and hope that the rest of the world will soon take up the challenge, since eradication of any disease has to be global . The role of the Bureau has been essentially to coordinate the efforts of the countries to keep their eyes fixed on the goal. Because the ready and regular availability of vaccines and other critical supplies has been essential for the success of these programs, the Bureau has put in place the mechanism through which there is joint purchase of materials through a revolving fund.

But it is not only in the field of immunization that this coordinating role has been played out. The Bureau is charged with the responsibility of organizing the meetings of the Governing Bodies in which the sovereign countries take collective decisions on the programs that they should carry out. The movement towards regional integration that found expression in the historic meeting in Punta del Este, was accompanied by strenuous efforts by the Bureau to have the ministers of health become part of the process and led to the development of the plans that sought to give prominence to collaboration in health in the region. The establishment of the regional strategies for achieving the goal of Health For All and the elaboration and monitoring of the Regional Plan of Action are another such example.

Central coordination has never implied that every country of the Americas will participate equally in every enterprise and the establishment of subregional groupings that respond in many cases to political imperatives, provides other opportunities for the Bureau to facilitate cooperation and coordination. The Bureau has played an active role in the health components of these subregional arrangements. The role of the Bureau in facilitating the development by ministers of the Central American isthmus of the concept of Health as a Bridge for Peace, has been widely recognized as having played a significant part in

bringing peace to this troubled area that was for too long embroiled in conflict. In the Andean region, in the Caribbean countries, in the South Cone and in the countries of Central America one will find evidence of the efforts to foster collaborative action in health that is supported by the Bureau. Technical cooperation has been for many years a fundamental aspect of our work, and we hold the view that such cooperation must not be restricted to interaction among developing countries. It would be contrary to the spirit of the Code if such cooperation among countries did not include all the countries of our hemisphere, and did not give rich and poor, large and small the opportunity to benefit from the richness of experiences that do not necessarily depend on wealth or size.

I wish I could say that all our efforts at collaborative work had the same felicitous end . I wish that I could say that the dreams of one of my predecessors-Dr. Fred Soper had been realized and our region was free of *aedes aegypti*, a mosquito that has special historical significance here in Cuba. But alas, we have retrogressed and now all the countries of the Americas are infested with the mosquito and subject to recurrent epidemics of dengue fever.

I am comfortable in asserting that we have discharged our responsibility with regard to the production and use of information. We have continued to work diligently not only to collect and disseminate sanitary information, but have considered it as an essential part of our technical cooperation to strengthen their capacity of our countries to collect data , transform them into useful information and use that information for the management of their services. In their charge on the publication of information, the signatories of the Code must have been aware of the existence of the Boletin Panamericano de Sanidad which although it has changed its name and is currently the Revista panamericana de Salud Publica represents the finest in publication of public health literature of and on the Americas. It is truly dedicated to information on “progress in any of the branches of preventive medicine, and other pertinent information relative to sanitation and public health in any of its phases” as the Code required. Over the years the Bureau has developed its capacity to produce scientific publications, technical papers and series of documents that seek to communicate with a wide range of publics

both about the Bureau itself and more importantly about what is being done by the countries to improve the health of their people.

Of course the technology available today is vastly different from that of 75 years ago, but the change in technology has not altered the basic philosophy. It has made it easier to communicate and make information the kind of resource that is seen as being increasingly critical in virtually all spheres of human endeavor. Thus we now contemplate a virtual health sciences library in the Americas with seamless interconnection among all the purveyors of information such that no one with the basic technology that is so widely available should plead ignorance of the information needed for the majority of health decisions.

In keeping with the charge given to us we have indeed undertaken a wide range of studies, epidemiological and otherwise and played a catalytic role in stimulating research in health. It is impossible to list all such studies, but our staff have pioneered the basic studies that have led to the production of an appropriate vaccine and the correct epidemiological approach to the eradication of Foot and mouth disease from large parts of our hemisphere. There have been numerous seminal studies in the field of nutrition that have affected the lives of generations of infants. Simple technologies in environmental health offer promise for significant progress. Consistent and detailed studies of the health systems provide material for analysis and hopefully correction of possibly flawed orientations. More recently we have engaged in very fundamental studies on the effect of health on other aspects of human development such as economic growth.

The signatories to the Code would no doubt be surprised at the growth of the enterprise they created. Whereas there were 21 participating countries originally , the number is now 38. In the decades of the twenties, thirties and forties, under the stewardship of diligent Directors, the Bureau grew rapidly. From the first “travelling representative “ appointed in 1923, the number of employees has grown such that there are staff in every country of the Americas except in the islands of the Organization of Eastern Caribbean States. In spite of recent budget restrictions every attempt is made to focus primarily on the needs of the countries that can be filled most appropriately through the expertise of our human resources.

Mr. President at this celebration of the Code , it is not enough to see how well we have done up to this point, it is proper that we give some thought to the future and analyze whether the auguries are such that the structure created 75 years ago can respond to these new challenges. We can predict with some confidence that the Americas of tomorrow will face the health consequences of the demographic transition and there will be increasing numbers of the older adults. We will have to deal with the effects of globalization that results in the international transfer of health risks. These risks will be in the form of microbes as well as in the spread of the kinds of information that lead to the internationalization of various health damaging behaviors. The increasing urbanization with the creation of large numbers of marginalized individuals will bring environmental and health problems on a scale that we can hardly now imagine. We will have to come to come to terms with the pervasiveness of the gender discrimination that shows itself in so many different aspects of health. It would appear that the dominant forms of organization of economic activity will bring in their wake the kinds of inequalities and inequities that will manifest themselves in ill health.

These problems will challenge the Bureau's capacity to respond , but its demonstrated ability to adapt to the changes of the last 75 years and flourish, gives me some confidence. I predict that we will give more attention to the role of behavior in the promotion of health and the prevention of disease. Behavioral changes are necessary for the control of the epidemic of cardiovascular disease, HIV infection as well as the environmental care necessary for the control of aedes aegypti. This will call for new skills and new approaches.

As an institution we will have to address the growth of pluralism in the many spheres of our activity. The growth of the institutions of civil society will call into question the role and responsibility of the state which I believe cannot escape the responsibility for the basic sanitary and social measures needed to support health. Pluralism will appear among the organizations purporting to provide technical cooperation in health ,and the Bureau must ensure that the quality of the expertise it possesses and the agility of its cooperation are such as to continue to merit the support of governments.

But Mr. President, I draw great comfort from two things. First, the governments of the countries of the Americas have continued to deposit their faith in the Pan American Sanitary Bureau, and have given every indication so far that its orientations, focus on service and persistent efforts to improve the quality of its technical cooperation find favour with them. Let me here again express my own deep and sincere gratitude to all those governments who support us in numerous ways. I also speak on behalf of a very loyal and competent staff without whom the Bureau would exist in name alone.

Second, Mr. President, I have been impressed at the extent to which certain values and principles have stood the test of time. At that 7th Sanitary Conference at which the Sanitary Code was signed, the Secretary of State of Cuba gave a most stirring opening address. He said "it is proper to outline the history of the road which has been traveled in this high endeavor, because it will afford us most eloquent details, and inspire us with well merited confidence in the future of the Pan American ideal as the provider of many blessings"...And he went on to say "One of the most fundamental statements of Pan Americanism is that referring to "Sanitary Cooperation," and we shall find that dating from 1888, this topic forms one of the principal columns upon which rest the harmony, the progress, and the peace of America.

I would like to think that those sentiments find a loud echo in the Pan American Sanitary Bureau, and may they continue to do so for at least another 75 years.

I thank you.