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PROMOTING AND PROTECTING PEOPLE'S HEALTH IN THE AMERICAS **
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First let me thank Mr. Coughlin and Riggs Bank for the invitation to address you this afternoon. I grew up thinking of banks and bankers in a manner that did not include a perception of a strong social role, and I confess that my knowledge of Riggs Bank as an institution was a very narrow one. I have been educated recently to appreciate the catholic nature of its interests and the extent to which social concerns enter into its thinking and practice. I am looking forward to sharing with you information about some aspects of the social area in which I work, i.e, —health, or better, health in the Americas.

This afternoon I will speak about my organization —the Pan American Health Organization (PAHO), who we are and what we do to assist the countries of the Americas to promote and protect their people's health. PAHO is the oldest international health organization in the world. We were founded in 1902 and I have been reliably informed that Riggs has been our bank ever since then. We have our origins in the concern of the countries of the Americas to have an organization that could help them in their fight against infectious diseases, primarily by being a repository of, and disseminating information about the occurrence of such diseases. The most significant event in our history after our foundation was the signing and ratification in 1924 by the independent countries of the Americas of a formal treaty that established our Office. It is salutary to note that the signatories envisioned us as so promoting and protecting health and combating disease that the result would be elimination of hindrance to international commerce and communication. So I suppose that the objectives of PAHO and Riggs are rather similar. Our Constitution states that our purpose is to assist the countries in their efforts to prolong the lives of their citizens and promote their physical and mental health. We are both the specialized health agency of the Inter-American system and the Regional Office for the World Health Organization in the Americas.

Our Organization has grown over time, although in the last few years, because of budgetary restrictions we have had to alter the composition of our staff and pull in our horns somewhat. We maintain a physical presence with Representation Offices in almost every country in the Americas; our staff complement is about 3,000, and our annual budget is about 240 million dollars. This comes from the quota contributions of our countries, from the World Health Organization, and from a variety of voluntary sources.

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

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The panorama in terms of health and disease with which we have to deal now is much different from that which occupied the thinking of many of my predecessors. At the turn of the century the average life expectancy at birth in this country for white males was 48 years, for white females 51 years, and other ethnic groups had lower life expectancy. When I was born in Barbados, 66 years ago, I had about a 30 percent chance of seeing my first birthday —I was most likely to die from malnutrition or infectious diseases.

But there has been steady improvement in all the health indicators over the years. The average child born today in the Americas can expect to have 74 years of life. Infant mortality rate in the Americas is now about 25 per 1000 live births, and in Barbados it is 15 per 1000 live births. The odds of surviving to age one are now very much better than when I was born.

Not only has the general health situation in the Americas improved, but the pattern of illness has changed, posing different problems altogether for the health sector. The infectious diseases are still with us, very much so. There are still about one quarter of a million cases of tuberculosis and one million cases of malaria reported annually. About 100,000 new cases of AIDS were reported in 1995. Pneumonia and diarrhea still kill our children in unacceptable numbers. The plague that was a scourge in biblical times is still to be found in parts of our hemisphere.

Any idea that we may have had of having conquered the microbes with our magic drugs has been snuffed out. We are learning that we have to coexist with the microorganisms on earth, and we must be prepared to struggle with the old infections as well as face new and strange epidemics when we invade new ecological niches or there is such a change of climate that new patterns of infections appear. HIV/AIDS will not be the last infectious disease to plague mankind.

But for a variety of reasons, including the longer life span, and changed lifestyles that may be the result of some affluence, the chronic diseases have now become the major causes of mortality in almost all countries. Diseases like hypertension, diabetes and cancer are among the leading causes of death in almost all countries. When I refer to changing lifestyles that affect disease patterns, I should make special mention of the tobacco epidemic in our countries. Tobacco is a major killer: we estimate that 375 persons die every day in Latin America and the Caribbean from tobacco related causes. Violence is also a cause of concern and in the young adult male, violence and the related injuries are prime causes of morbidity and mortality.

Unfortunately, the majority of our countries have to cope with both the unsolved problems of the infectious diseases as well as adjust their services to deal with the new epidemics of chronic diseases. The clamor for services by the public is often shaped by their exposure to the information blitz that reaches them by the ubiquitous news media that carry images of cures and treatments that are often restricted even in the countries from where those images emanate. Our work with our countries has to face that reality.

When I refer to our cooperation with our countries to address their health problems, I always begin by emphasizing the basic values that must inform and underpin our work. No good organization can survive or flourish if there are not some values or principles to which it adheres. We see our challenges not only in terms of the diseases but also related to two basic value/principles—equity and Pan Americanism.

The health situation in the Americas has improved overall, but there are unacceptable gaps within and between countries. Equity is important to us. Of course there will be differences, but some of them are in our view socially unjust and can be reduced. There is a 10 times difference in infant mortality rates, and a 60 times difference in maternal mortality rates between the best and the worse countries in our hemisphere. This region of the world shows gross inequity in terms of health outcomes and also has the dubious reputation of being the most inequitable in terms of income distribution.

The second important value for us is the Pan American approach—Pan Americanism. We believe that the countries of the Americas can do great things in health if they work together. I will show later some practical benefits of this collaborative approach.

We have structured our work to take account of the disease pattern which I mentioned, as well as the value principles of equity and Pan Americanism. We have six main Divisions; Health and Human Development; Health Systems and Services; Health Promotion and Protection; Health and Environment; Disease Prevention and Control; and Vaccines and Immunization. There is also a Special Program for Health Analysis.

I cannot describe all the programs in detail but will only mention some of those aspects that might be of greatest interest to this audience. In the Division of Health and Human Development, we show the relationship between health and the other components of human development. We argue and show that investment in human health contributes to a country's economic health, and that health is as important and precious a life option as are economic growth, a healthy environment, education or basic human rights. We seek to give ministers of health the tools and arguments to present the case for health that is not based only on moral or humanitarian grounds. This division is concerned with showing that gender discrimination is one of the most egregious manifestations of inequity in all of our societies and has damaging effects on a nation's health.

We work with our countries to help them with their plans for the reform of their health sectors, and to employ the systems and the technology needed for their services. We have been impressed for example by the number of countries that ask our advice about telemedicine and how to make sensible choices when they are confronted by glib promoters who make glamorous promises. We still have a long way to go in the field of environmental health, and evidence of this is that there are still children dying of diarrhea and the scourge of cholera is still with us. The sight of children picking through the garbage dumps around some of our cities is proof of the deficiencies in the services for solid waste disposal. We have developed programs to help our countries deal with these problems.

Slowly but surely our countries are coming to grips with the problem of tuberculosis, through applying a strategy seeing patients take their medication. It is impressive to see poor countries like Nicaragua and Peru establish programs that are dealing effectively with this disease. There is no doubt about the magnitude and gravity of the AIDS epidemic. Unfortunately most of our countries cannot afford the cost of the retroviral drugs that have made such a difference to the mortality in this country. The ten thousand dollars per patient per year is beyond the reach of all but a few countries. The majority of countries depend on the approach of treating AIDS as a serious disease that is usually transmitted sexually and behavior modification is the main approach.

We have been successful in the field of immunization. Our countries have responded magnificently to the programs for the elimination of the vaccine preventable diseases. We are proud that the Americas was the first region to eliminate smallpox; since 1991 no child in the Americas has contracted poliomyelitis and we are on track to eliminate measles from our part of the world. Childhood tetanus is now a rarity and the other vaccine preventable diseases are disappearing. The success of these programs has been due to the commitment of the countries, and also in large part because we could assure the steady supply of quality vaccines at an affordable price. This has been achieved through the establishment of a revolving fund for vaccines, which is a shining example of the Pan American solidarity that is so crucial to me. In the 20 years of this fund, which services the majority of the Latin American and Caribbean countries, not one of them has defaulted in paying for vaccines they have ordered and used.

I am sure that you have heard a great deal about hurricane Mitch that caused such destruction in Central America, but you may not have heard of the role played by organizations like ours. For over 20 years PAHO has had a vigorous program dedicated to assisting countries to prepare for and deal with disasters. We cannot prevent the great movements of nature, but we can certainly recognize the potential magnitude of the hazards and so prepare ourselves that they do not become disasters. When Hurricane Mitch struck, we deployed staff to the affected countries, coordinated an emergency appeal, and assisted the countries to monitor the health situation and to take the preventive measures to avoid the serious epidemics that many predicted would come. We assisted in putting in place a supply management system that registered and tracked the supplies that arrived in large quantities. But the part that is perhaps most gratifying to me is to hear that where the preparedness had been taken most seriously, the country had the fewest casualties. We insist that a proper program should embrace the whole spectrum, from mitigation through preparedness, prevention, relief, and subsequent development. Much of our efforts now are directed towards helping in the reconstruction and transformation of the health services, with an accent on reducing their vulnerability to natural hazards.

I have made reference often to our work, but we are very conscious that all achievements in fields such as this are the result of joint effort. We seek and need partners. Especially in the social areas there must be collaboration among the public sector, the private sector, and the grouping of institutions and bodies that are now known as civil society. We try to establish and maintain relations with them all. We seek actively to encourage interaction between governments and non-governmental organizations, and have been studiously cultivating the media. We have begun rather cautiously to establish contact with religious faiths so that they may join with us in programs related to the promotion of health and not only to the curing and caring which have traditionally been their major remit in health.

What of the future? Our Governing Bodies have determined the major lines of work that we should follow, but within these I have selected a few for special attention. We will commit ourselves to saving the lives of an additional 25,000 children annually. The technology and the will are there to do it. Our Region must remain free of poliomyelitis and we will eliminate measles. Our blood supply must be safe in the sense of not permitting the transmission of those diseases that like AIDS may be acquired through transfusion. We will pay special attention to the efforts to reduce smoking, especially among the youth. We are committed to address the problems of mental health that have been neglected for too long. We see no reason why the twenty million persons who suffer from depression should not receive some of those therapies that are known to be effective.

Why should these issues be of concern to an audience such as this? Why should the health problems of the rest of the Americas interest you? First there is the humanitarian reason. There is a natural tendency to at least empathize with those whom we think are less fortunate. But I would adduce laudable self interest as well. The health of your neighbors will affect their social stability as well as their economic performance and I need not add that the closeness of your physical interaction with these countries must make you concerned with their health status. It is not only movement of people that may bring disease to you, but the modern commercial arrangements mean that even your food is international. A former Secretary of Labor, Robert Reich, wrote a book entitled *The Work of Nations*, making the point that there was no longer anything like a purely national product. The same thing can almost be said about your food. I would argue also that your own national security, to the extent that it is bound up with the stability of other nations, depends to some extent on their success in promoting and protecting the health of their citizens.

At least in the Americas, the Pan American Health Organization is committed to help in this task, and we do so not only because there is a constitutional responsibility but also because many, if not most of us who work for the health of the new world, do believe that the wealth of nations in large part lies in the health of nations.