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THE WAY FORWARD
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Ladies and gentlemen, first let me thank Eddie Green for those generous words and I also thank you for this gift, which I will treasure. I must thank all of you who have soldiered through to this point and remain here on a Sunday afternoon. I also must thank those of you who came from other parts of the Caribbean to participate in this academic seminar on health. I said yesterday to Errol Morrison that I would begin with Bob Marley's "Buffalo Soldier" as background, but changing the words to say:

Stolen from Jamaica
Brought to America
Fighting on arrival
Struggling for survival

But when I heard reference to Salvadore Dali and CLR James in reference to our future, another Marley phrase came to mind "In this great future you can't forget your past." Today, I cannot forget my past and my origins. I have quoted the Mighty Gabby several times and say again that my navel string is buried in this place. My biological string is in St. Philip, Barbados, but my professional one is right here. Many of you here are an integral part of that past. There are friends like Knox Hagley and then there are persons on whose careers I had some small influence. It is good to see them in positions of influence and power. When I see Professors Fraser, Bain, Wilkes, Christie and the other distinguished physicians here whom I knew as students, I feel a sense of satisfaction and pride. I see them as my academic children, and my sincere wish is that my academic grandchildren give me the same pleasure as the children have.

When I was asked to look into my crystal ball and try to define or rather divine the way forward for Caribbean health, I debated between just listening to all the presentations and then letting my muse come to me, or analyzing the situation as I know it and then trying to paint some signposts beforehand. I decided to try to do both and brought my computer so that I could modify what I had written in light of the presentations made.

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In the course of my work I have to be concerned about the health of all the countries of the Americas, and although I keep as it were a special watching brief on the Caribbean for obvious reasons, the last time I spent a great deal of time analyzing in depth the data we have in the Pan American Health Organization (PAHO) on Caribbean health, was ten years ago when Karen Sealey and I prepared a paper for the West Indian Commission entitled “Whither Caribbean Health.” I went back and read that paper and noted that we had expressed five concerns about issues that might affect the progress of health here.

These concerns were in brief as follows:

- That there might be complacency about the apparent healthy state, leading to diminished attention to the fragility of the services and systems and insufficient notice paid to emerging problems.
- That there was a need for greater awareness of the relationship between health and the other components of human development, and that policy makers should pay more attention to the input of health to other aspects of development.
- That there was insufficient clarity about the determinants of health and the proper role of the state in providing equitable access to necessary services.
- That we should not marginalize the issues related to women, health, and development.
- That health and the attendant activities serve to promote and strengthen Caribbean integration.

Fortunately, or unfortunately, most of these concerns are still valid and some are very relevant to our way forward.

I will divide my discussion here today into three parts: (1) a reflection on the presentations made, (2) the health situation that has been partly characterized by the presentations in relation to the health situation of the Americas, and (3) some appreciation of the kind of future thinking and practice that will be necessary to move us forward. To the extent that health does not exist in a vacuum, any suggestions about future action have to take account the social scenarios that will prevail in the Caribbean. I am, therefore, particularly pleased to see this conference genuinely interdisciplinary, and I take this to be a wholesome indication that there is appreciation of the fact that matters of the public’s health are impatient of disciplinary jingoism.

The presentations that painted the health situation can themselves be divided into two broad areas, although these two are not exclusive:

- The life cycle approach that dealt with the problems of children, adolescents, adults, and the elderly- note that I use the word problems rather than diseases.

- The disease approach in which one could discern three broad categories:
 - infectious diseases-HIV/AIDS; TB and dengue.
 - chronic diseases- diabetes, hypertension, cancer, and obesity.
 - mental illness, and here I include injuries.

Of course I appreciate that in the time available, it was impossible to deal with all the health problems. However, the first thing that struck me positively is that although there was a heavy emphasis on disease or illness and the problems associated with the cure or definitive treatment of such diseases, in almost every case there was an appreciation of the preventive and not only the curative aspects. The problems of morbidity and mortality did not obscure the perspective of the previous healthy state and its restoration, or better its promotion and preservation. You are, in general, aware of the technical apparatus needed, perhaps with one exception, to which I will refer later in terms of the way forward.

I did think, however, that there might have been a stronger attempt to link disease problems with the known social determinants of health. Little account is taken of the possible linkages between disease patterns and poverty, for example. It is becoming much clearer that national averages that show changes in one or other health indicators can hide remarkable differences between social classes. It is no longer possible to think of the Caribbean as homogeneous in health terms when we know full well of the non-homogeneity in other social spheres.

I was pleased to note the range of diseases addressed. Many of us have been accustomed to thinking incorrectly of the kind of epidemiologic transition that Omran linked to a change in the demographic situation. A wider historical sweep shows us that this paradigm is no longer valid, and there is no steady transition from one set of diseases to another. Future scenarios must take into account that we will have to deal with diseases of all types, and the idea that we could train our health workers to focus almost exclusively on so-called chronic diseases to the exclusion of the kind of practices that are necessary for communicable diseases is a grave error. In addition, the compartmentalization of diseases according to the life cycle is convenient but is also showing wear, and as you have shown here, the occurrence of diseases in all stages of life may well be related to fetal programming. I was particularly pleased to see attention given to mental health. This area has been for far too long outside the mainstream of thinking with relation to priority problems.

But when one looks at the health profile, or rather the traditional health indicators in the Caribbean in relation to the rest of the Americas, there is reason for some satisfaction, although not complacency. Infant mortality rate is 22 per 1000 live births compared with a figure of 24.8 for the Americas as a whole and 35.5 for Latin America and the Caribbean. Life expectancy at birth is 72.6 years here, 72.4 for the Americas, and 69.8 for Latin America and the Caribbean. The fertility rate is 2.3 per woman here, 2.4 for the Americas, and 2.7 for Latin America and the Caribbean. The annual population

growth rate similarly is 1%, and 1.3% for the Americas, and 1.5% for Latin America and the Caribbean.

It is also impressive to note that there has been steady improvement in all of these indicators. Over the past 15 years there has been a 30% fall in infant mortality rate; 3.3 years have been added to life expectancy; there has been a decrease of about one third in the fertility rate, and population growth has slowed similarly. There is no doubt that there has been tremendous advance in relation to child health, which of course is reflected in the increasing life expectancy. As has been seen in other geographical settings, the fall in child mortality is accompanied by a fall in fertility rate. The attention to child health is seen in the data on immunization coverage – the Caribbean should be justly proud of its success in the elimination of measles and the effort to eliminate the congenital rubella syndrome. Thus, if we continue on this path the main challenge indeed will be to add life to years and less to adding years to life.

I have addressed elsewhere this apparent health advantage of small and particularly island states. There are certain advantages in terms of geographical characteristics that favor access to services, a certain degree of social cohesion that leads to formation and maintenance of social capital, and in the case of at least some of our countries, less of the inequality that brings with it social consequences that include ill health. Of course, the case of Haiti would appear to put a lie to this argument.

As I said above, the way forward for Caribbean health cannot be divorced from the prospects for the social environment that is both a consequence and a product of the health conditions. The role of health in countries' development, and vice versa, is also attracting increasing attention in contemporary literature. My rather simplistic appreciation of the social conditions and scenarios that may affect health has been enriched by the work of persons like C.Y. Thomas, Karl Theodore, and many others. I have also consulted the brilliant analysis of the Caribbean's economic prospects done by Compton Bourne about ten years ago and the more recent one by Gladstone Bonnick.

One scenario which some may call a pessimistic one sees the Caribbean not achieving the development necessary to correct many of the current social ills. There is insufficient development of the physical, human and social capital needed to generate adequate resources to deal with our poverty. There is a limit to the extent to which the current dependence on the exploitation of the natural capital, in terms of the climate and physical ecology, will serve the needs of the people. The preferential trading arrangements that are vestiges of our colonial past will disappear with increasing speed and we will have to face the harsh and unforgiving reality of a globalized economy. There is increasing weakness in the institutions needed to take us forward into a new and harder world. These deficiencies will exacerbate the already existing social tensions and will lead to more violence, greater involvement in the trade of illicit substances, and more social unrest. The progress in health is halted partly because of the deteriorating environment and also because of the persistence of individualism expressed in terms of lack of a cohesive approach. Diseases such as HIV/AIDS will continue to occupy center

stage, both because of the health and economic aspects, and because societies remain mired in the prejudices that make it difficult to deal openly with the problem.

Another scenario which may be called the optimistic one, and the one to which I subscribe, as does Professor Ken Hall I am sure, has the Caribbean reducing those aspects of its vulnerability that are within its control. There is a steady fulfillment of the aspirations expressed so well by the West Indian Commission, and to paraphrase Ramphal, the fluent sculpture of history will continue to change us as we display the resilience that has characterized us for generations. There is closer integration, not for sentimental reasons, but because the world climate makes us come together for a variety of issues even beyond trade. There is accommodation to the problems posed by trade liberalization and the movement of people and capital and realization that there will be long-term economic benefit to all. There is a scaling up of our actions beyond individual concerns and disciplines. There is no weakening of the tourist enterprise and there is greater realization that this is the business of everyone, and the marketing of our physical and cultural assets is ever more sophisticated. There is an awakening to the fact that tribalism, whether ethnic, political, or economic, is inimical to our development. Our institutions become even more organized and focused on Caribbean problems. Those institutions that are responsible for the production of the human capital that will for a long time be a major engine of our growth expand, find a way to increase cooperation among themselves, with the wider Caribbean and with the world as a whole. Our financial institutions will see the need for investment in health, and I was thrilled to hear Compton Bourne say this of the Caribbean Bank.

Can we in health adapt to either of these scenarios? Is the way forward one only of adaptation or one of influence on the course of either scenario or any that may lie some way in between? I think the answer is that health will adapt, yes, but should also have an instrumental role for change for the better. Thus, the burden of my presentation will be on what must be done to put in place the technical solutions you know so well in the face of either of those scenarios. But please note that I speak mainly in terms of population health and that in pointing a way to better health I start from the position, perhaps an arrogant one, that there is no biological or genetic reason for us to be content to remain better than some but not equal to the best.

I will advance three theses. The first and most important one is that health must be instrumental in constructing the desired scenario and we in the health sector must not be so narrow in thinking of health as only important in and of itself. Health must be instrumental and not merely constitutive. We, in health, have to argue for a different or additional appreciation of health and the acceptance of health discourse in discussions on development. Next, we have to participate actively in the search for the resources and structures needed to face the challenges and implement the solutions you have articulated here and others not mentioned. I am more concerned here with the resources and responsibilities of the state. Finally, the third thesis will be on the critical need to find and apply some additional technologies necessary to ensure health improvement.

The first task is the most difficult, especially for health professionals who have been committed for most of their lives to the individual person or the discrete problem of the individual person. But the case has to be put and we must be among the advocates. The problem often turns around the perception of health. A distinguished Latin scholar Hernando de Soto put it well in reference to another area, but it applies equally well to health. He said "One of the greatest challenges to the human mind is to comprehend and to gain access to those things we know to exist but cannot see. Not everything that is real and useful is tangible and visible." And so it is with health. It is a resource that we all accept to be critical, but one of the policy weaknesses from which we suffer is not to have some measure of the health that we wish. C.Y. Thomas, in a speech he made recently in Mexico, argued for the development of appropriate health policy frameworks. He said "Key to this is the appreciation of health in the context of (a) related development concerns such as education, (b) the environment, including community services like clean water and sanitation, (c) social/cultural/behavioral practices, (d) poverty, employment and asset ownership, and (e) housing."

But there has been notable progress and we heard the Caribbean Heads of Government declaring in Nassau that "The Health of the Region is the Wealth of the Region." Here, I must congratulate Prime Minister Douglas for his leadership in this and other health initiatives as he carries forward the CARICOM portfolio in health. I will also congratulate Eddie Green, who though he would deny it, was the main architect of that proposal. This is the first time that our political directorate has recognized that health has a value beyond its humanitarian aspect and agreed to a plan for putting the Declaration into action. This is an opportunity we must not lose. I was so thrilled with the Declaration that I wrote to each one of the heads to offer my congratulations and the support of PAHO. They are, of course, correct and their affirmation can be supported by a growing body of empirical evidence, but this is not the place for me to expand on the forward linkages from health to economic growth and the possibilities of poverty reduction.

When I speak of opportunity I do not mean the chance for each to put forward the case for the attention to one or other specific disease problem, although I will make an exception for mental health.

The resources needed obviously include the financial as well as the human ones. One, perhaps the most critical of the problems we must face, is not the need for more financial resources, but the manner in which these are applied. I fear us becoming contaminated by the practices of our big northern neighbor and pushing for an increase in resources to health predominantly to add years to life. I read recently, a column by an American physician which began thus "Modern lore has it that in England death is imminent, in Canada inevitable and in California optional." He went on to lament the expenditure on trying to postpone death while there are so many other needs that go unmet.

The ethical dimensions of this are a constant source of debate. How can responsible Caribbean health professionals argue for the expenditure and structures to bring maximum benefit to the population as a whole? For a start, there has to be some

acceptance of the need for a system that shares risk. We have to have some form of health insurance that is not restricted to the few who are economically well endowed. Karl Theodore has gone as far as suggesting that in the smaller countries economics points to a pooling of risks among them. Much attention has been given to the reform of the health sectors in the Caribbean and progress has been made. I can see the progress in terms of decentralization of services, in terms of the efforts to reformulate the role of the ministries of health such that they become less responsible for the actual delivery of public services, while at the same time retaining the appropriate steering function and ensuring that those essential services that have the highest externality content are maintained. Immunization is the classic example, and one of which the Caribbean can be justly proud. But the allocation of resources to any sector is a political decision, and we in health have been traditionally backward in finding ways to influence this process, because quite frankly we do not understand it. Not many of us have ever thought about the theory of rational public choice that goes into the rationale for public decision making.

One of the most difficult areas, and one in which the way forward is rocky, is that of the human resources. The Caribbean Ministers of Health have been grappling with this problem ever since they started to meet. There is the matter of quality, but I wish to believe that the training institutions and the university in particular continue to produce graduates of quality. It is the issue of the quantity and the management of these resources that pose the greatest challenge. I once offered to bring the producers and major consumers—the university and the ministries of health together to begin a process of rationalizing their respective positions, but the offer fell on stony ground.

Given the global market for skills, Caribbean skills will move to places where there are more opportunities, and this applies both within the Caribbean as well as to developed countries. One perspective is that this should not be a source of concern as human resources represent a tradable commodity and the economic benefit from remittances can be an important source of revenue. I firmly believe this in the case of the recent concern over migration of our nurses. The aspect of trade in health services will figure prominently in the negotiations for the implementation of the General Agreement on Trade in Services, and tourism for health purposes represents an area that will attract increasing attention.

In dealing with the structures that will permit us to move forward in terms of population health, we must not forget the cooperative efforts that are already in place and have shown results but must be strengthened. These exist in research as evidenced by the history and achievements of the Caribbean Health Research Council. They exist through the fora of the Ministers of Health, and I continue to believe in the potential of the Caribbean Cooperation in Health initiative to foster collective action in the priority areas that have been established.

Lastly, we have to examine the health technologies that will take us forward. Perhaps I will disappoint some of you when I focus not on the kind of hard technologies that are familiar to most of you. I think the area that we need to address is that of the

proper use of information. There is urgent need to have the appropriate data and transform them into information necessary for action. Some of this will come from research into Caribbean problems, but first there is need to pay much more attention to the collection of reliable health statistics. Our systems are simply not good enough. There may be data from specific surveys or resulting from the interest in a specific problem, but this is no substitute for good national health information systems. We have retrogressed from the colonial days when every country produced annual data on the health of the people. The availability of computers has, if anything, obscured the basic need for health data. Even within small countries there are geographic differences in morbidity and mortality. If there is to be equitable access to services, surely we must know where the greatest needs are! It is in this area of equity in relation to women that we have to move forward more rapidly. I see little work on gender as a variable in explaining one or other health situation.

But an equally crucial aspect of information is its use in creating and changing behaviors. The globalized world exposes us to information that on occasion may be inimical to our health. The advertisements that we see induce behaviors that are not always healthy, and the case of tobacco is the classic one. Smoking represents one of the greatest health challenges of our time and the propaganda of the manufacturers is the channel by which new victims are recruited. But there is the positive aspect of the use of information to change behavior, and one of the pillars of the health promotion approach that is essential for, but not limited to noncommunicable diseases, is communication of information. There is much to be done in this area in the Caribbean, and one of the challenges is to find the groups that can be the main movers of the levers of change. Many of you know my preference for the power of women's groups to wield those levers. We have to be much more involved in transmitting information to the public and to politicians about how and where the benefits can be found from investing in health.

In summary, I have tried to raise three signposts to the way forward:

- We must enter the lists with those who discuss how our societies should improve, and understand, and argue for health as a human development issue.
- We must clarify better the resources and studies needed and the application of these across many health problems.
- We must have a much better appreciation of the value of information-how to get it and how to use it effectively.

Mr. Chairman, I can see good prospects for the way forward, and there is nothing that I have proposed that is outside the capability of health professionals and the health sector. This optimism is borne from a view of the Caribbean in relation to the Americas and the world—these lands that have been said to represent the lateral ligament of the knee-joint of the Americas. There is much in our history of overcoming difficulties that comforts me in this optimism. And as well, there is the confidence in the commitment at

various levels to a good and just society. It is part of our remit to show that progress in health is a necessary condition for such a society.

I thank you again.