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PAHO AND THE PUBLIC'S HEALTH
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First let me thank Professor Merson for his invitation to speak to you this evening, and say how thoroughly I have enjoyed my short visit to Yale. Among other things, I have enjoyed the opportunity to hear how my good friend Dr. Ilona Kickbusch is applying her unrivalled experience in health promotion in an academic environment.

I have known Mike Merson for a long time and know that he is persuasive rather than prescriptive, so when in his letter of invitation he indicated that I had a free choice of topic, but then went on to say exactly what he wanted me to speak about, I had no doubt about what I had to say. He wished me to make remarks about my own interest in health, the contributions of the Pan American Health Organization (PAHO) to the health of the Americas and the world, and the need to understand health as a global issue. I will try to cover all that in twenty minutes.

I am pleased to note that the reunion includes alumni from the Schools of Medicine and Public Health, and hope that this represents more than convenience. I have no doubt that the public health system has to consider the health of the public as a whole and be concerned with the health of individuals as well as that of populations. Many of the tools are to be shared and, as an example, I hope that you accept here at Yale, that the discipline of epidemiology is basic to the promotion, protection, and restoration of the health of the public as a whole, and therefore essential for individual personal care practice.

Let me confess that I have always had some trepidation at speaking at any alumni reunion, especially at dinner, as from my experience they are not usually times for serious discourse. They are usually occasions for sentimental reminiscence of the good old days that are probably good only now that they are viewed through the rose tinted lenses of the retrospectoscope. They are also occasions to demonstrate to your professors how wrong they were in predicting what would be the fates of their students. The prophetic professors will admit to you in confidence that the majority of you turned out better than expected, many turned out just as expected, and of course a few never turned out at all. I must also tell you that I have been disappointed at not having heard a single note of the Whiffenpoof song which according to that doyen of historians —Louis "Satchmo" Armstrong was supposed to characterize all Yale

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

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gatherings —even those that did not take place at the “place where Louie dwells”. But now let me obey Mike Merson.

I was trained in internal medicine and nephrology, and much of my research interest was in nutrition, renal physiology and biochemistry, and before coming to PAHO I was comfortable as professor and chairman of a department of internal medicine. But after several years in that position, I became persuaded that it might be possible to exert influence beyond the individual patient or the groups of students that came under my charge. I became interested in health on a broader scale and fancied, perhaps rather ingenuously, that health might be in some way related to development as I conceived it at that time.

So I came to PAHO in 1981, initially for one year and became immersed in that Organization. Some of you know us, but for the benefit of those who do not, let me tell you a bit about our history. PAHO was founded in 1902 and is probably the oldest international health organization in the world. It was started as an organization that would collect information on the infectious diseases that were occurring in the Americas and disseminate it so that countries could take the necessary quarantine measures. The formal and legal establishment of the Office as such dates back to 1924 when the countries of the Americas signed and ratified a treaty —the Pan American Sanitary Code that established as well a set of principles that should guide sanitary practice in the Americas. Our Constitution speaks to our responsibility to assist the countries in promoting the mental and physical health of their peoples. When WHO was founded in 1948, an arrangement was reached whereby we became the Regional Office of that Organization as well as retaining our own legal persona. We are also the specialized health agency of the Inter-American System.

I like to think that we have survived and continue to be supported by all the nations of the Americas because we have adapted to meet the changing health needs of the countries as well as recognizing and promoting a rather different notion of the importance of health. Our origins are in the concern for infectious diseases and we always recall that it was in 1902 at the founding meeting of our Organization that the distinguished Cuban physician, Carlos Finlay, reported that the mosquito was the only agent through which yellow fever was transmitted. PAHO has always been in the midst of the hemispheric movements, and the Alliance for Progress that was part of a dream of President Kennedy to see the Americas developing in harmony, gave impetus to the ministers of health to develop hemispheric plans for health. Even then it was becoming clear that a Pan American approach to many of the health problems was useful and perhaps even critical.

Today PAHO has a physical presence in almost every country of the hemisphere, and all countries participate in its governance. They do so because they perceive that the Organization has indeed contributed to their efforts to improve the health of the hemisphere. They appreciate that we no longer concentrate on the infectious diseases, although they still are important and we ignore them at our peril. We join them in addressing the major health problems of the Americas at this time and we commit ourselves to being concerned for the health status of the child in the village in Grenada and the older person in a "pueblito" in Mexico. What are the principal determinants of that health status and how do we help to modify them?

The changing demographic situation is affecting the situation profoundly. Every country of the Americas is experiencing a decline in child mortality, a decrease in fertility rates and increased life expectancy. The average infant mortality is approximately 25 per 1000 live births, fertility rates have fallen by 20% in the last 15 years, life expectancy at birth is now approximately 74 years, and we expect these positive trends to continue. Our population is just over eight hundred million persons, and the percentage of them over the age of 60 years is rising steadily. This greying of the Americas is not restricted to the developed countries, and already the percentage of the population over the age of 60 years is higher in Uruguay than in Canada or the USA. These average demographic trends hide the variation that exists, as while the life expectancy at birth is 76 years in Cuba and 77 years in Canada, it is only 61.7 years in Bolivia and 54.5 years in Haiti. The sex differential is consistent, with females always outliving males. The other major demographic trend is towards urbanization and we watch almost helplessly as the large cities of the Americas grow steadily. The population of São Paulo is already approximately 10 million, and the 21st century will see ever larger conurbations with their attendant problems of marginalization of many, especially young persons who were attracted by the bright lights but find ghettos instead, and a lack of many of the basic services needed for a decent living.

This increasing life expectancy, plus alterations in lifestyles is being reflected in changes in disease patterns. The chronic diseases are rapidly coming to the fore as the major causes of mortality and morbidity in our countries, and cardiovascular diseases already account for about one third of the risk of dying in both sexes in Latin America and the Caribbean. Cancers and the chronic degenerative diseases represent a major burden to the health services.

I do not have to dwell here on one of the major lifestyle changes in the presence of Dean Kessler who has done so much to make us aware of the risks posed by the use of tobacco. We estimate that tobacco related illnesses account for about 400 deaths per day in Latin America and the Caribbean; the use of cigarettes is increasing especially in the female population of that region and there is evidence of children starting to smoke at earlier ages. There is no excuse for any health organization to stand aside from the efforts that are needed to curb the use of this poison. Just recently we have become part of a coalition that is committed to making World No-Tobacco Day a major event in the Americas. We expect that this day will be so highly and widely publicized that no citizen of our continent should be able to say that he or she did not hear of the ills of tobacco at least once in the year. This is a small effort in the struggle against tobacco, but every bit helps. We are grateful to Dean Kessler for his active support.

But our countries still have to cope with the infectious diseases. HIV/AIDS is still very much with us and although the mortality is falling in the richer countries, the very high cost of the effective drugs means that most countries cannot afford to make them available to all infected individuals. We thought that the modern drugs would have put an end to tuberculosis, but there are still about one quarter of a million new cases every year and I must not forget the one million cases of malaria which still occur. Children still die of pneumonia and diarrheal diseases, and dengue epidemics occur frequently in Latin America and the Caribbean.

But in spite of these data which give no more than a snapshot of the mixed mortality and morbidity in our Region, I can say with confidence that the overall health situation of the

Americas has improved, is improving slowly but surely, and I will refer to a few of the areas in which PAHO has been successful in helping this process move forward. We have stuck to one of our original mandates of providing information on the health situation in the Region, and I say with some pride that we are the best source of such information. We are not only collecting data, but are deeply involved in strengthening the capacity of the countries to collect and analyze their own data.

We have assisted in the field of disease control and this has perhaps been most evident in the area of immunization. Our Region was the first to eradicate smallpox; for the past nine years there has been no poliomyelitis and we are well on the road to eliminating measles. The Caribbean has committed itself to eliminating rubella and we hope that the whole continent will soon be free of the serious sequelae of that infection. Childhood tetanus is receding. I hope you appreciate that these bald statements of achievement hide a tremendous amount of planning, and a capacity to mobilize a wide range of resources that involve much more than the financial. We are proud to count among our partners the international agencies, the multilateral financial institutions, the private sector, and the service clubs such as Rotary International and many institutions that are now grouped under the umbrella of what is called civil society.

Slowly but surely our countries are introducing the new childhood vaccines into their routine schedules, and we like to think that the lessons we have learned have been and will continue to be of value to the world. Indeed the whole approach to the global eradication of poliomyelitis is based on the strategies that have been perfected here. Chagas' disease is not known in these parts of the world, but for centuries it has been a scourge of the countries of the Southern Cone which are now making spectacular progress in the control and elimination of that disease with our help. As I said before, children still die of pneumonia and diarrhea, but with the new approach of the integrated management of the sick child, in which we promote vigorously the approach of treating the whole child and not the individual pathologies, the number of deaths is falling steadily.

We are cautiously optimistic that we can be similarly effective in the approaches to the non-communicable diseases. Our practice is to address the groups of risk factors that together affect the morbidity and mortality especially from the cardiovascular diseases. We pay special attention to the adolescents as it is at this age that many of the health-damaging behaviors are acquired, and this age group can be powerful instruments of change in its own domestic settings. I have become more and more conscious of the fact that the skills taught in medical schools have to be supplemented to deal with many of these problems on a population basis. I used to think of marketing as related predominantly to the sale of such things as clothes, cars, and Coca-Cola, and at its worse to the promotion of tobacco use. But the behavior changes needed for many aspects of control of both the communicable and the non-communicable diseases will only be achieved through the use of approaches that come from the fields of communication and marketing.

I could also cite other indicators of health progress in the Americas. Coverage with water and sanitation services is expanding. The governments are spending more on health and the average expenditure is now of the order of 9% of GDP. The number of physicians, nurses, and dentists is increasing. There are serious attempts to introduce not only the most modern but

also the most appropriate health technologies. Almost every country is trying to reform its health services with the objective of improving them and ensuring a more equitable distribution.

But in the midst of all this, there are the kinds of differences that concern PAHO and me. There are differences between the rural and urban populations in access to services; there are gross differences in all countries between the rich and the poor both in terms of health status and access to health services. Gender differences are expressed in health terms with the female being more often disadvantaged and we are more than suspicious that ethnic differences in health also exist throughout the Americas in greater magnitude than is now known. I believe that many of these differences, these inequalities should not exist, they are socially unjust and therefore represent inequities. There is a growing certainty that social inequity is one of the major problems in the Americas as a whole and while much attention has been placed on the economic aspect, in that the income gap between the rich and the poor is wider here than in any other region of the world, the health gaps must also be considered. I will say no more here than that much of our work is directed towards establishing where these gaps lie and the extent to which we can help countries to close them.

I am sure that none of us have any illusions about the importance of health as a resource at the personal level, but I would like to persuade you that your professional traditions and origins should make you concerned with health as a global issue. There is obviously the humanitarian imperative, and our training as physicians has imbued us with a special empathy for those wherever they may be who have no physical or mental ease, and in our jargon have some disease. I will be old fashioned and claim that this kind of motivation is never far from your thinking although you or we have often been vilified as if our social conscience were some sort of scale that dropped from before our eyes as soon as we entered the real world.

I know that I do not have to persuade you that many of the health risks that were previously purely national have now become international or truly global. The ease of communication has figuratively shrunk space and made us all sharers of more than a common hope. We now are vulnerable to disease agents that we never imagined previously, and mankind in the quest for virgin space is invading new ecological niches and making us all vulnerable to new plagues. Exposure to disease is truly becoming global and pure self interest demands that we pay attention not only to our surveillance and early warning systems, but we give some thought to the global conditions that can give rise to the risks. We have some real and practical examples of these risks. The Americas can only be sure of maintaining its polio free status when the rest of the world is free. A recent importation of the virus from Europe into Canada threw us almost into a panic. Luckily there was no clinical disease and the experience showed that our surveillance systems did function. We were progressing steadily towards the elimination of measles from the hemisphere and in 1996 there were only about 2000 cases —the lowest on record. Then in late 1996 there was importation of the virus into Brazil from Europe with a resulting massive outbreak that recorded about 5,000 cases in 1997 and has cost millions of dollars to bring it under control. It is not only in the economic and political spheres, but also in health that we must recognize that survival of our freedoms and our independence to be the best we can be, depends on recognizing our interdependence.

The global risks are not confined to disease vectors. The spread of images around the world is creating a new kind of health risk, as the media convince the gullible and impressionable of the attractiveness of noxious practices like tobacco use. I am convinced that the media dull our sensitivity to violence and must bear some of the blame for the domestic and other forms of violence that are fast becoming a new epidemic.

Thus I would encourage you that when you consider the health of the public, you must think of that public as being ever more extended. I must avoid giving the impression that there must not be attention to the local public, but I am encouraging you to say to Rene Dubos that it is not good enough to think globally but act locally. We need some good men and women who are prepared to think and act both locally and globally.

I wish to outline another aspect of health that is globally applicable. We have no doubt about the value of economic wealth, and as the Caribbean economist Sir Arthur Lewis was wont to point out, we aspire to wealth because it enlarges our choices. I think now of health in a similar manner. Health is a resource that allows us to enlarge our options. The converse is easy to see in both physical and mental terms. Ill health restricts us and the enjoyment of health is essential if humans are going to be able to enjoy all the options that life has to offer. That is really the essence of the human development being sought by many national and international efforts at this time. A great deal of work is being carried out to produce empirical data to sustain what many of you might say is intuitively obvious, namely that health is essential for the economic prosperity of nations. Many of you have first hand knowledge of the fact that poverty is associated with poor health, and the relationship between the two may be an example of a vicious spiral. It is the positive aspect that is engaging us. Health contributes to national wealth, and as I have said elsewhere, probably unwittingly plagiarizing a Yalie, and of course with apologies to Adam Smith —"the health of nations is the wealth of nations." I wish these good men and women to whom I referred previously to be actively promoting the idea that the health of the public is indivisible and it is a fundamental desideratum for the kind of world in which we all wish to live.

I may have left you with the impression that I am a romantic, and indeed I am in the sense of believing in something akin to a common good and wishing to leave this world a better place. But I am enough of a realist to appreciate that making the world a better place by calling for more attention to health and having the call heard, means societal choices being made that often involve ethical considerations and reflections about values. It means making choices about the opportunity costs and real benefits from investment in health. I do believe, however, that we are approaching the stage when we can make valid arguments that there is more than a humanitarian reason for considering the health of all people to be important to us all. The Pan American Health Organization is committed to trying to improve the health of the people of this hemisphere, and given my thesis of the indivisibility of health, we hope that what we do here will have some effect in the rest of the world.

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