

George A. O. Alleyne  
Director, PAHO ·  
8 February 1999

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**THE INTERESTS OF THE PAN AMERICAN SANITARY BUREAU**  
**(Washington, D.C.) \*\***

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Mr. President  
Mr. Secretary General  
Your Excellencies Ambassadors and Representatives of International Organizations  
Ministers of Health and Vice Ministers of Health  
Surgeon General of the United States  
Staff colleagues of PAHO throughout the Americas  
Ladies and Gentlemen:

First let me thank Dr. Alberto Mazza for being present this afternoon in his capacity as President of the Pan American Sanitary Conference, which has the constitutional responsibility and authority to elect the Director of the Pan American Sanitary Bureau. I must also thank Mr. César Gaviria, because his presence here with us is a manifestation of the value we place on our formal as well as our affective relationships with the Inter-American System, that has at its apex the Organization of American States which he directs with distinction.

This afternoon I repeated the same oath that I took four years ago with the same solemnity as did my predecessors. I swore to “regulate my conduct with the interests of the Pan American Sanitary Bureau only in view.” Four years, ago in Geneva, I reaffirmed a similar commitment to the World Health Organization in my capacity as Regional Director for that Organization. This afternoon is the last time that I will make such a vow, so I wish to take this opportunity to elaborate on my perceptions of those interests, how they have been framed, how they will be served during the next four years, and the congruence of the interests of the Pan American and the global Organization.

When I took office here in February 1995, I traced parts of our relevant history, emphasizing some of those moments that have defined us as an organization. I repeated our commitment to the lofty goal of *Health for All*, stressed the need for intersectoral action for health and was enthusiastic about the possibilities for genuine cooperation among all of our

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

\*\* **Presented by Dr. George A. O. Alleyne on the Inauguration Ceremony of his second term as Director of the Pan American Sanitary Bureau. PAHO Headquarters, 8 February 1999. Washington, D.C.**

countries. I spoke with as much force as I could muster of the chain that led from data to wisdom, and declared our intention of trafficking in one of its most vital links –information.

I promised that some specific program areas would receive priority attention and emphasized the need to continue to promote the application of those technologies such as immunization that had shown their worth and whose value was beyond dispute. Although all age groups were to be important for us, I stressed the need for a special emphasis on adolescents –not so much on their health problems but on promoting among them a positive culture of health, seeing and treating them as being powerful agents for change. The relationship of human health to the environment was not to be ignored.

But my commitment was not only to specific program interventions. I dared to you and all who would hear my deep and firm conviction that two value principles should guide our work –Equity and Panamericanism. Over the course of the last four years, I have spoken and written often about our work and the extent to which our commitments have been and are being realized in keeping with those values. My Quadrennial Report that was presented to the last Pan American Sanitary Conference set out in words and pictures how your Organization has sought to lead Pan American health and the extent to which we have achieved the results to which we committed ourselves four years ago. It will be for you and history to pass final judgement, but I believe that the balance has been positive and that we have helped to make a difference to the health and lives of the people of the Americas. You must not think me complacent if I say with Wordsworth:

*The thought of our past years in me doth breed perpetual benediction.*

The next four years will be as challenging for us as the last four, or perhaps more so. We will be entering a new century and millennium and the historical conjuncture will indubitably generate high hopes and aspirations for all our people. Prominent among them will be the wish that health can be restored to those who do not have it and maintained or enhanced for those who are fortunate to enjoy it.

This next quadrennium will have special historical significance for our Organization. We will celebrate 75 years of the signing of the Sanitary Code that has given the legal underpinnings to our existence and much of our practice. In the year 2002 we will mark our centennial with the appropriate activities and ceremonies that emphasize the achievements of the countries of the Americas in health, particularly those that have been realized through this great cooperative venture. During the course of these next four years I will be calling on many of you for your ideas and your support on how to mark these events appropriately.

During the last four years I have learned much, sometimes the process has been personally painful, but I have no doubt that my own development has been enhanced, and my knowledge of many things has been increased. I have learned the importance of sticking to a message and not having the values to which we have committed ourselves changed or diluted by every passing fad or fancy.

But perhaps the most important aspect of my personal development over the last four years has been the growth in my admiration for and confidence in the Pan American Health Organization as an institution. I am even more jealous now of its good name and the responsibility that devolves on us to protect and enhance it above all else. It has been a matter of pride to recount the support I have received from the Member Governments over the last four years. This has been shown in diverse ways, including the kind attention of their ambassadors here in Washington to whom I owe so much.

I know that we have an excellent staff. Yes, they are relatively few to deal with the major challenges that must face an Organization with mandates like ours, but I can attest to their remarkable capacity to respond, often under circumstances that are not optimum. I wish here once again to thank them for their dedication and diligence in the cause of health in the Americas.

These lessons I have learned have given me confidence for the future. This confidence has been enhanced by several recent publications about the Americas and particularly Latin America and the Caribbean that have pointed out the advantages that our Region enjoys and the possibilities for its economic health. There is one aspect of our demographic development that bears special note. We are now witnessing a phase in which, in spite of the growth of the older population, the ratio of the working age and potentially economically active to the dependent section of the population is high. This phenomenon was observed in Southeast Asia in the 25 years before 1990 and has been cited as a contributing factor to the remarkable growth and prosperity of that part of the world. Our Region can take advantage of this window if we have in place the necessary institutions. But in addition, this population needs to be healthy, and we must heed the concerns expressed about Africa where there is fear that diseases like HIV/AIDS can decimate this very section of the population and lead to economic stagnation if not retrogression. This must not happen to us.

I wish to refer now more specifically to those interests to be preferred during the next four years and their translation into our actions. Perhaps, as is the case with organisms, the primordial interests of any organization lie in its need and wish to survive and such survival depends on its capacity to so adapt that it can carry out its fundamental constitutional purpose as effectively and efficiently as possible.

I see very clearly my first task in fulfilling that purpose. We must “stay on message!” We must still hew to the need to make our value principles of Equity and Panamericanism real and palpable throughout PAHO. My focus on health equity does not represent the discovery of some new truth. Twenty-one years ago, the famous Declaration of Alma-Ata stated the following:

*The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore of common concern to all countries.*

Halfdan Mahler, the architect and articulate advocate of *Health-for-All* would say on a World Health Day that marked the 40<sup>th</sup> anniversary of WHO:

*So it has become a matter of equity and social justice to make health progress available to all people through new approaches, new strategies and better management of available resources.*

I will not pretend that it is simple to advocate a coherent view of what equity in health means conceptually and operationally. When I interpret inequity as inequality that is unfair, and in health terms socially unjust, I bring into play the ethical basis for determining fairness and there are numerous philosophical considerations that surround the issue. My approach has tended towards the egalitarian posture that is grounded in distributive justice. It is manifestly unjust to treat all persons or groups as equal, because they are not. Equity demands that unequals be treated unequally. My concern for health equity is not anchored solely in its moral dimension, as I hold that the reduction in health inequities is important for the social health and fabric of our societies.

I take it almost as a given that health is a special good at the individual and collective levels, and I could adduce many arguments to support that claim, although I would not wish to be drawn into a debate here as to where health stands in a hierarchy of goods. Thus, our approach has to be first and foremost towards demonstrating the unequal distribution of that good before we posit any unfairness. It is clear to us that the correction of that inequality and inequity in health will turn around a comprehension of the determinants of health. If society has an unequal distribution of those determinants, then there will be unequal distribution of health outcomes. Many of these determinants are beyond the direct control or influence of the health sector, but are matters of fundamental and universal interest that must concern us all. As Hegel wrote:

*We do not need to be shoemakers to know if our shoes fit, and just as little have we any need to be professionals to acquire knowledge of matters of universal interest.*

We will intensify efforts to have countries know the true state of health of their populations and promote the kind of disaggregation that shows where the inequalities lie. But we will also focus our program efforts towards correcting some of that inequality that is vulnerable to the interventions that we have at our disposal. I will therefore have all of our technical cooperation programs begin the analysis of what they intend to do by first trying to establish the gaps that exist in the specific area of population health.

Believing as I do that this call for equity is an essential feature of the renewal of our attention to *Health for All*, we have to examine how the new political and social environment influences our ability to apply the strategies that originally supported that lofty goal. This new environment, for example, is marked by a level of decentralization and change of state functions that were not envisaged twenty-one years ago. In our efforts to stimulate intersectoral action now, we can no longer seek support from other sectors through pleading the special nature of health in moral terms. We must and will be more aggressive in showing that health has a role to play in the success of other sectors, and attention to health affects positively other aspects of human development. We will join forces with those persons and institutions that are working on a clearer conceptualization of health equity and we will be advocating for it at the highest possible levels. That advocacy must also be directed to reducing or eliminating that pernicious gender inequity which shows itself in some of the health problems of women.

The Pan American approach is a part of our history and is strengthened by our geography. There is no doubt in any of our minds that in the area of health, the countries of the Americas can and will do much together. There are strong emotional reasons for working together, but experience has also shown the practical benefits. The solidarity that was shown after hurricane Mitch was heartening but this was no isolated phenomenon. There are numerous other practical examples.

The real and tangible benefits to the countries of Latin America and the Caribbean of joining together to purchase vaccines through a revolving fund are so evident as to be impatient of further debate. We are proud that over the 20 years of the existence of the fund no country has defaulted, and the very existence of this mechanism has been one of the reasons for the success of our countries in the elimination or control of the vaccine-preventable diseases. The acceptance of the American Heads of State in their Summit in Santiago last year of a health initiative "Health Technology Linking the Americas" is another example of a willingness to work collaboratively in health that finds expression at the highest political level.

In the spirit of Panamericanism, we will continue to stimulate technical cooperation among countries. We will continue to do our best to support the subregional groupings and initiatives, as I believe that it is in our interests and those of the countries that there be viable subregional loci that can foster health cooperation. I do not believe that this in any way weakens the regional mandates that have been given to the Pan American Health Organization as a whole. I know with certainty that all of the countries of the Americas are seized of the benefits of collaborative work; there exists the political will for it, so it must be part of our work to make it patent and real in the field of health.

I believe that the time is ripe for a concerted effort to achieve more and better cooperation in health development, and we will work with our critical partners to structure a shared agenda for health development cooperation that will benefit us all. Given the nature and number of the institutions involved, this will not be easy, but I think that there is a growing appreciation on the part of our countries of the potential benefit of such an approach. PAHO brings to the table an unrivalled knowledge of the health situation and a physical presence in the countries that should enhance the advancement of a shared agenda.

In the last few years I have often heard a concern that the movements towards Health Reform would ignore the needs of public health. I am aware that the study by the Institute of Medicine of the United States of the state of public health in this country sparked considerable debate, and in some quarters produced vigorous affirmations that contrary to a possible pessimistic view by the report, public health was very much alive and well. I wish to stimulate a similar debate particularly in Latin America and the Caribbean. I have therefore initiated a process of examining public health to determine whether its core functions are being carried out, how, by whom, and if there is any possibility of influencing its practice. I have been attracted to the concept of public health as set out by a report on public health in England. It is seen as "the science and art of preventing disease, prolonging life and promoting health through organized efforts of society." I have always held the view that this science and art is not the peculiar province of any single discipline, and in addition, we must accept the need for the public health

system to encompass concern for individual, as well as collective needs. I was therefore encouraged to see a former Assistant Secretary for Health of the United States stating that the public health system could be reconstituted by a strategy that includes both reforming the personal care system, as well as strengthening the focus on population health.

Traditionally public health has focussed on the latter, and I have been comfortable with the definition of its core functions as being:

- ✓ prevent epidemics and the spread of disease;
- ✓ protect against environmental hazards;
- ✓ promote and encourage healthy behaviors;
- ✓ respond to disasters and assist communities in recovery; and
- ✓ assure the quality and accessibility of health services.

The extent to which the organized efforts of society can accomplish these will depend not only on the knowledge and technological developments that science and art can produce, but also on the values that guide and shape public opinion and practice. There is no doubt about the accumulation of the knowledge and technology; my hope is that the values in this case will include a concern for equity.

The manner and form in which society is “organizing its efforts” are changing rapidly, and we all know that the days are past when those efforts were uniquely within the purview of representative government. This has led some to suggest different forms for our relations with our Member States, but I wish to make it as clear as I possibly can that as long as I remain here, the ministries of health will be our primary and privileged interlocutors.

I expect to have this enquiry completed and result in several national consultations within the next two years. This is a debt we owe to the health of the public in the Americas. However, I am humble in my expectations for this and other initiatives.

I am reminded of an address entitled “Simplicity in Sanitary Measures” given by an American State Health officer to the historic first Sanitary Convention of American Republics held in 1902. He began thus:

*Of making of books and writing of treatises on sanitary subjects there seems to be no limit. Every few weeks some ambitious writer invites attention to a claim for superior thought in this direction and his ability to deal with and present a long felt want.*

He went on to agonize:

*How many speculative ideas conceived in imaginative brain and lifted up in the wilderness of confused theory have we not bowed down before only in a short while to repudiate and abandon or with weakening faith to doubt and question the truthfulness of experiment.*

The programmatic directions that I will follow are no secret and certainly cannot be repudiated, as they were set out clearly in the Strategic and Programmatic Orientations approved

by the last Sanitary Conference. But as I indicated after my election, in their execution I will give particular attention to some issues that will involve special targeting. For example, my commitment to safe blood will call for a significant inter-programmatic effort that has already begun and for which I have allotted specific funds. In order to save the additional 25,000 infant deaths every year we will have to mobilize new political, institutional, and financial resources. We must also secure the resources to accomplish the goal of eliminating measles from this hemisphere and press on with the introduction of the new vaccines that are currently available.

Our Governing Bodies have mandated us to move aggressively in the fight to reduce the use of tobacco, always emphasizing the health aspects. I have initiated the necessary discussions with the Organization of American States to move towards the development of a regional Convention on Tobacco. I have every confidence that this initiative will strengthen the possibility of establishing the Global Framework Convention which WHO is planning. I must thank the Secretary General of the OAS for his enthusiastic support in this matter.

We are looking forward to the International Conference on Health Promotion that will be held in Mexico next year and sponsored by the government of Mexico, WHO and ourselves. There are great expectations for that Conference which will launch a "Global Alliance for Health Promotion." We will continue to emphasize the approach of health promotion as applied to people and not an abstract construct.

My experience over the past four years and my consultation with our staff have indicated the need for some adjustments to our structure, our internal functioning and some of our administrative practices. This is a normal part of organizational renewal, and I will be detailing these adjustments to the staff during the course of this week.

In the next four years, as I have done in the past, I will ensure that we play our part fully as a Regional Office of the World Health Organization. I am confident that there have never been, are not, and during these next four years will not be any fundamental differences between the interests of the Pan American Health Organization and those of the World Health Organization with respect to the health of the people of the Americas. I have never seen any incompatibility between my loyalty to the Global Organization and my unswerving and total commitment to the traditions and esprit of the Pan American Health Organization. We will see that the global goals get translated into the appropriate actions here in the Americas.

But I am sure that you would not wish us in this Region to be mere followers. I am certain that you would consider it selfish and uncharitable if we did not offer, for the benefit of the world as a whole, the experiences and successful practices that have been built up here over the years. I will continue to make that offer on your behalf.

In order to serve the interests as I have sworn, and to achieve the various goals and execute the plans to which I have alluded, we will have to mobilize a range of resources in addition to those assigned to us by our Member Governments, which hopefully will be in keeping with their expectations of us. The international climate is not the most propitious, but I have confidence that we will be able to convince our traditional as well as potential partners of the aptness of our proposals and of our capacity to deliver what we promise. There will be no

slackening of our efforts to keep our various publics informed about who we are, what we stand for, and what we do.

But in the final analysis, success, if ever success can be measured in such short periods, will depend on the men and women who work in this Organization and the support of our principal stakeholders, the Governments of the Americas. It is because of my faith in both that I believe that the auguries are good and that the interests of the Organization will be well served through the plans I have outlined to you. Some of these plans may appear overly ambitious, but as one religious leader said in enjoining his people to make large plans, “Small plans do not have the magic to stir men’s souls.”

I thank you for your attention and hope I can count on your support in the years ahead.

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