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OLD CHALLENGES IN NEW SKINS**
(Port-of-Spain, Trinidad and Tobago)

Mr. Prime Minister, Mr. Minister of Health of Trinidad and Tobago, Minister of Health and Environment, St. Vincent and Grenada, CARICOM Ministers of Health, Secretary General of CARICOM, Representatives of agencies and organizations, ladies and gentlemen.

I am pleased to be here for both sentimental and institutional reasons.

Part of the reason for my sentimentality is because I recalled that Port-of-Spain was the site of the first meeting of the Conference of Caribbean Health Ministers. That first meeting which took place in 1969 was just one year after CARIFTA came into being and the Caribbean nations were timidly feeling their way to one another again. It is interesting to read that the Ministers identified the purpose of their Conference as:

- a) considering and determining the extent of the shortage of trained personnel in health services in the Caribbean, identifying the causes for the shortage and making recommendations to relieve the shortage;
- b) identifying areas in which cooperative action would be beneficial.

The discussion of the first issue occupied almost all of the Conference and the thorny issues of terms and conditions of service and planning are yet to be resolved satisfactorily. The Conference devoted little attention to the wider issue of cooperative actions, focusing only on common purchase of drugs and the evergreen issue of sharing services.

The institutional basis for my pleasure is that I am continuing a tradition that began with the first meeting when PAHO participated and offered or was asked for technical cooperation in many areas. This is the first regular meeting of the CARICOM Ministers Responsible for Health that I am attending as Director of the Pan American Health Organization and I am conscious of the honour you do to PAHO for having me present.

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

** **Address at Opening Ceremony, Fifteenth Meeting of the Conference of Ministers responsible for Health**

In the years that have passed, we have seen the persistence and dare I say, the strengthening and certainly the widening of the Caribbean integration movement: the presence of Suriname here as a full member is evidence of that. I pay tribute to the Ministers of Health in that they have persisted in their belief that cooperation in health has benefits for the individual countries and for the region. I wish to believe that the health sector as a whole shares my conviction that the regional integration process should pay much more attention to what are described as the areas of functional cooperation. You and those who preceded you have believed, I think, that CARICOM should be about more than trade and politics.

I must refer to the major cooperative effort of recent years — Caribbean Cooperation in Health, and I look forward to your evaluation of the degree to which the Goals and Targets have been achieved. I admit to a stake in this and would assume responsibility for some of the imperfections in the establishment of the goals and targets. But it is a remarkable thing that CARICOM Ministers were bold enough to accept that there would be any kind of cooperative effort in which there were established goals and targets, and have the wisdom to commission an evaluation. This is not common in the public sector and uncommon in a cooperative venture, so I congratulate you for it. I look forward to hearing your opinion and your decisions as to the next steps and would only ask and plead that you do not abandon the cooperative nature of any successor arrangement.

You will all have seen the final version of the Regional Health Study that was presented to the Caribbean Group for Cooperation in Economic Development in Washington last month. This study embraced the wider Caribbean, but the major follow-up will, I believe, have to come from you.

The study's recommendations stemmed from the conclusion that the high quality public health system was creaking — there was a general deterioration of services that were not now adequate to deal with the changing problems. One of the sections of the study that was most attractive to me was that dealing with the regional dimensions, as it pointed out some common approaches or strategies that included sharing services, development of human resources, establishing proper basis for research and development, sponsoring networks for health communication and fostering behavioural changes for better lifestyles. Some of you will have a sense of de ja vu at this, because the relevance of some of these strategies today is not because you and your predecessors have not been grappling with them, but because they are genuinely difficult.

Mr. Chairman, I cannot speak at any major meeting on Health in 1996 and not mention that this is the 200th anniversary of the first vaccination by Edward Jenner. This was the beginning of the application of one of the most cost-effective health technologies known to man. I must link this to the tremendous success of the Caribbean countries in their efforts to eliminate measles. It is now four years since your countries have had a laboratory confirmed case of measles and I have written to all Prime Ministers drawing their attention to this remarkable achievement.

The Caribbean countries were the first to take the collective decision to eliminate measles and their commitment and practice served as an example to the other countries of the Americas. Whereas in 1994 there were 24,611 cases of measles in the Americas, in 1995 only 6,126 were reported.

I mention this not with any spirit of arrogance or triumphalism. I do so to congratulate you on what you have done, to urge you to let your people know what has been done and to give due credit and recognition to the tremendous work of the public health services of the countries of the Region. But the price of success is vigilance. A couple of countries have not carried out their follow up campaigns and I urge them to do so.

Perhaps I bore many of my audiences when I say that reform in thinking about health should encompass our appreciation of the role of health in the quest for human development. But I will continue to do so until the day comes when discussions about development include health as a matter of course, and it is accepted in theory and practice that the health of our people is a concern of all and not restricted to discussion and debate about punctual deficiencies of one or other aspect of our care services.

The constant presence of PAHO among you is an affirmation of a historical commitment to this Region that I am proud and happy to continue. PAHO will obviously support every one of its Member States and your countries have a right to demand cooperation from us. But beyond that, PAHO is committed to support the regional subgroupings and institutions. We have a long history of support to the health section of CARICOM and are more than willing to continue to look for ways to continue such support. I do it because I believe that our support to the Caribbean countries should be of a complementary nature and throughout my tenure in PAHO I have tried and will continue to try to ensure that there is no overlap in functions. The Caribbean regional institutions such as CARICOM have the political imprimatur and access to the regional political organs that a technical agency like PAHO does not have and does not wish to have. On the other hand, I believe that the countries of the region should not pay twice for the technical cooperation in health they receive and will continue to receive from PAHO.

The Caribbean countries have been very forward looking in health and many of the principles of the famous Declaration of Alma Ata were discussed and accepted here before they were embraced by the world. There is a feeling abroad that all of us must renew the enthusiasm with which we greeted and accepted the call for Health for All. The feeling is strong in most parts of the Americas and, I hope here in the Caribbean as well, that the basic and fundamental principles that lay behind Health for All still remain valid. I urge you to keep before you those principles of equity and social justice that motivated us originally. It is standard for health officials to think that issues of equity are solely within the province of the ministries of finance and planning. I can argue and show that this is not so and wise investment in the health of our people can be a part of the efforts to improve equity in the society.

I hope that you maintain your resolve to strengthen the leadership role of ministries of health in your respective governments. It is not too much to ask and hope for a more positive approach to inserting health issues into the various political fora. Let me cite one few. The recently concluded meeting of Parliamentarians addressed several issues, but I searched in vain for any specific mention of health and ask myself why there was no discussion or mention of the peoples concern for or attention to health. Perhaps one answer is that there is complacency about the Region's health and there is nothing to preoccupy the attention of the major political actors. Perhaps the more fundamental reason is that people only concern themselves about the absence of health and hence

the political actors outside the health sector see no benefit to be gained by engaging themselves in any such discussion. If this is so, it is a sad comment on us with concern for health that we have not been able to shift the public debate to consider health in positive terms.

The Regional Health Study was firm in its recommendations for strengthening and utilizing the regional institutions and I support this view. PAHO has for many years been responsible for the management of two Regional Centers — CAREC and CFNI. I know that these institutions will be included in the study of Regional Institutions you have commissioned. PAHO anxiously awaits the result of this study because while I remain a firm supporter of these Centers we must find a way together of ensuring their financial survival. I hope that perhaps during this Conference or very soon I can have your assurance and support for putting the financial affairs of these centers in order. They represent a vital source of support and cooperation for the Caribbean and over the years ministers of health have expressed repeatedly their satisfaction with the work being done.

One of the critical aspects of our work is to stimulate the cooperation among our Member Governments and although I am pleased at some of the positive efforts, there is much room for improvement. Perhaps the most successful projects supported by PAHO were in the field of drug supply management, joint tendering of selected drugs and in the more general aspects of sharing of technical expertise and training. I know that much interchange and exchange occurs informally and while I do not wish to introduce unnecessary formalization, I wish you to know that PAHO is keen to support this sharing of expertise that is undoubtedly beneficial to all concerned.

My previous work and experience here have stimulated my interest in the issue of human resources which you will discuss again. This is a theme of recurrent and constant interest and we all look forward to the day when there will be some more systematic approach to the planning for the production of human resources and particularly for their utilization in the health services. As I said initially, this is a subject that was central to the discussion that took place in the first Conference 28 years ago. There have been advances, but there is one area that is crying out for attention. I hope you will address possible mechanisms for professional recertification based on some system of continuing education. I feel even more strongly now than I did fifteen years ago when I left the University, that all practitioners should show some evidence that they retain their competence in the face of the changing knowledge base of their profession.

There is of course no formal subregional representation in PAHO's Governing Bodies, but I am pleased to note the role you play in these councils. I ask you to continue, as your Organization can only be as strong and focussed as your participation and your contribution. I must mention here with thanks the tremendous efforts you have made, and are making, to pay your quotas to PAHO. This is a clear indication of your support.

Before your next formal meeting you will receive an invitation to attend the formal opening of the Office of the Caribbean Program Coordinator in Barbados. Let me record here my Organization's gratitude to the Government of Barbados for its grant of the land and its contribution to the costs of the building. The building is located physically in Barbados, but I wish it to be a Caribbean building in more than name. I wish to see in it evidence of our Caribbean heritage, so I am now asking you formally to consider making the kind of gifts that when properly displayed in

the building, will ensure that those who work there or those who visit will see and recognize the richness of our forms of cultural expression.

Mr. Chairman, Ministers, I am sure that the Conference will go well. The diligent work of your technical advisors and the dedication of the CARICOM Secretariat will have provided excellent input for your discussions. Your very presence here is an expression of your commitment to work together for Caribbean health and I am confident that every decision you take will be based on the premise that it advances the cause of that health and there are feasible mechanisms for implementation.

I can only pledge again the support of the Pan American Organization and my own personal commitment to you and your cause.

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