



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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Pan-Americanism: What it Means for the Pan American Health Organization

This document sets out some of the historical background to the concept of Pan-Americanism and explains the rationale for its being taken up again as one of the basic principles for the work of the Pan American Health Organization. The evidence shows that there is renewed interest in joint action in the Americas and the regional approach is supplemented by subregional initiatives.

Three examples of Pan-Americanism in practice are presented. These are: (1) Expanded Program on Immunization and the Revolving Fund; (2) Disaster Relief; and (3) Surveillance and Control of Communicable Disease.

Some mechanisms for strengthening and promoting Pan-Americanism are presented and the emphasis is on the sharing of information to facilitate the interconnectedness that is behind the Pan-American approach. Finally, the Subcommittee on Planning and Programming is revisited to consider the future of Pan-Americanism and some of the factors that inhibit its applicability and usefulness in health.

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1. Introduction

Pan-Americanism is not a new concept and has been articulated before as being important in inter-American relations and more particularly for the Pan American Health Organization. The fact that the Americas constitute a definable geographical region no doubt makes it easier to grasp the concept of joint action and common purpose. The current Director at his inauguration cited Aristides Moll, a former PAHO staff member who in his book "Aesculapius in Latin America," published in 1944, wrote: "Pan-Americanism in medicine and public health is a reality not an ideal, and it has a past, is waxing in the present and its future should be rosy indeed, if common sense and judgement govern its devotees."

The Director has retaken the theme and established the principle of Pan-Americanism as one that must guide PAHO's technical cooperation. Equity is the other principle. This item is being presented to explain how the current devotees interpret Pan-Americanism today, and how it is applied to specific areas in order to bring benefit to health in the Americas. The intention is also to engage the Members of the SPP in seeking mechanisms for increasing the relevance of the principle to the solution of the health problems of our Region.

2. Historical Background

Sixty years ago Joseph Lockey published "Essays in Pan-Americanism," which gave an exhaustive account of the development of the idea and we are indebted to those writings for a description of the early thinking on the subject. One can go back to the dreams of Bolívar for the formation of the American "patria" and to his heroic efforts which perhaps found their political pinnacle in the Congress of Panama. This did little to advance the ideal of a united America, as there was too much "national confusion and international jealousies" in the New World, and the Old World—which was very much a part of his calculations—did not show much interest in promoting the idea.

The term "Pan-Americanism" apparently arose just over 100 years ago and over the course of the latter part of the nineteenth century and the first half of the last century Pan-Americanism was a concept that frequently found its way into the political discourse of the American politicians. But it was not only Bolívar who would speak of American cooperation. At the First International Conference of American States convened in Washington in 1889, the Secretary of State of the United States of America emphasized the need for equality and the importance of striving "to attain permanent relations of confidence, respect and friendship." This notion of mutual respect and the ideal of equality among nations would be a recurrent theme in American international relations. President Franklin D. Roosevelt added a slightly different twist when, in his own homely

style, declared that "the essential qualities of a true Pan-Americanism must be the same as those which constitute a good neighbor."

Lockey summarized the body of principles that had arisen from the various International American Conferences and found in them the meaning of Pan-Americanism. Those principles included the following:

- Independence—relating essentially to freedom from Europe as a condition for any Pan-Americanism.
- Representative government—although this did not always obtain in practice, there was never any questioning of the ideal.
- Territorial integrity—this was critical to those States suspicious of possible hegemonic aspirations of the United States of America.
- Law instead of force—this spirit of "just law" was constantly espoused by all the major countries.
- Non-intervention—this is virtually a repetition of most of the above.
- Equality—the concept that all were equal before the law, and in practice this meant that all had equal voice in the councils of the Americas.
- Cooperation—it was envisaged from very early on that cooperation in various fields would lend substance to the concept.

3. Current Situation

Most of the principles espoused above remain alive, and there would be few if any officials who would differ substantially with them. There is a recognized inter-American system that embraces the countries of the Hemisphere. The last major country to enter the inter-American system was Canada, which is now an active member of the various organizations of the system. Each country of the English-speaking Caribbean, as soon as it achieved independence, entered the system.

The enthusiasm for regionalism that was so evident in the decade of the sixties has been rekindled, and we have had in 1994 and 1998 hemispheric summits of Heads of State and Government, and there are annual Ibero-American presidential summits. There is clear interest again in seeking a regional agenda. While much of the emphasis initially was on the possibility of closer economic ties, there is growing evidence of attention being paid to the social sectors. The meetings of the First Ladies, or First Spouses, although not formal organs of the system, also represent fora for the articulation of a Pan-American agenda, especially in the social arena. It is fair to say that there is indeed a hemispheric mandate for action in health to which PAHO must pay special attention.

There are vibrant organs of that system, each with its own mandate but all hewing to the idea of cooperation in the Americas. The Organization of American States is the *apex* of the system and represents the major political forum of the Hemisphere. The Inter-American Development Bank represents the economic aspect of the inter-American cooperation. The Inter-American Institute for Cooperation on Agriculture, as its name implies, promotes cooperation in agriculture and related fields.

The regional grouping that is genuinely hemispheric is supplemented by subregional geographical groupings. Thus, there is a growing integration process in the Central American isthmus, and similar processes in the Caribbean, the Andean region, and in the Southern Cone countries. These subregional efforts have given special attention to health, education, and social security, and most of them have created active cooperation mechanisms. It would seem that the principle of open regionalism is prevailing, whereby subregional activities are seen as being complementary and not inimical to the regional ideal. This is most marked in the economic area in which there are vibrant subregional markets in place without prejudice to the eventual formation of a regional common market.

4. Application to Health and Specifically to PAHO

The establishment of the Pan American Health Organization itself may be regarded as an affirmation of the spirit of Pan-Americanism, and at the commemoration of the 75th anniversary of the signing of the Pan American Sanitary Code held recently in Havana, this view was stated repeatedly. But it is not enough to have the principle extant only in the rhetorical discourse; it is also necessary to show some examples of how the countries of the Americas have improved the health of the Region by concerted action. Health represents one of the prime areas in which collaborative effort is genuinely beneficial to all, and there are obviously problems that by their very nature demand joint effort. There is, of course, the hope that that joint action in health may lead to joint action in areas that are intrinsically more thorny and in which the prospect of benefit to all is not as immediately apparent.

The following represent three examples of areas in which the principle of Pan-Americanism guides PAHO's technical cooperation. Pan-Americanism does not imply that all of the 38 Member States will be involved in every activity. Hence there will be technical cooperation that involves groups of countries. The critical issue is that the countries should "buy into" the concept of sharing and being of mutual assistance and support. These areas do not represent the total experience in the Pan-American approach. There are areas such as health sector reform in which, although there is not simultaneous action by all the countries, the efforts to codify the various approaches in this field and learn from the experiences of one another has contributed to a much-improved

understanding of the appropriate measures to be taken. There is, however, the classic example of immunization in which there has been simultaneous and joint action. This has led to spectacular achievements. This Region was the first to eradicate smallpox, has been free of poliomyelitis for nine years, and is well on the way to eliminating measles.

4.1 Expanded Program on Immunization and the Revolving Fund: Making Vaccines Affordable through Joint Action to Reduce Prices

The PAHO Revolving Fund for Vaccine Procurement is a mechanism developed by the Pan American Health Organization in 1979 for the purchase of vaccines, syringes/needles, and cold chain equipment for countries in Latin America and the Caribbean. Through a system of bulk purchasing, the Fund has secured for the past 20 years a supply of high quality vaccines for national immunization programs at affordable prices, and it has also allowed for the orderly planning of immunization activities. Between 1979 and 1999, the dollar value of vaccines purchased through the Fund grew from US\$2 million to a projected \$85 million in 1999. Initially contracts included vaccines against diphtheria, pertussis, tetanus, poliomyelitis, measles and tuberculosis. Currently, the Fund is playing an instrumental role in the rapid introduction of new and other vaccines in the Americas at affordable prices, such as *Haemophilus influenzae* type B (Hib), mumps, rubella, hepatitis B, and yellow fever vaccines.

4.1.1 Objectives of the PAHO Revolving Fund for Vaccine Procurement

Following a resolution of PAHO's Governing Bodies, in 1977 the PAHO Revolving Fund for Vaccine Procurement was established with the capitalization of \$1 million. The purpose of the Fund was to provide participating Member States with a means of assuring the smooth and constant flow of vaccines and related supplies for the implementation of immunization programs. The Fund does not sell vaccines to Member States, but rather it establishes annual vaccine contracts on their behalf.

The objectives of the Fund are to: (1) provide countries with a continuous supply of vaccines that meet WHO standards at affordable prices; (2) enable countries to procure the required supplies of vaccines and syringes for immunization activities, thereby preventing interruptions due to lack of vaccines or lack of immediate funds; (3) facilitate the use of local currency for the reimbursement of invoices; (4) consolidate vaccine and syringe contracts for bulk purchasing, resulting in more advantageous prices and improved delivery; (5) assure quality of vaccines being used in national immunization programs; and (6) establish procedures with suppliers to permit urgent orders to be placed and delivered on short notice.

4.1.2 *How does the PAHO Revolving Fund for Vaccine Procurement work?*

The Fund operates on an annual cycle. Ministries of health of participating countries establish annual vaccine requirements for the following year using a quarterly system. PAHO consolidates these annual requirements and places bids to international tender. Criteria for selecting suppliers are based on WHO vaccine quality specifications, price, and suppliers' track record for timely delivery of vaccines. Once suppliers and prices are established, PAHO averages the prices across sellers for each product and distributes lists to countries. PAHO then places a quarterly order to a supplier, specifying amount, as well as destination and date of shipment.

A second phase of PAHO's role involves monitoring orders, expediting delivery and arranging freight-forwarding services. Following satisfactory delivery, PAHO sends an invoice to collect reimbursement, adding a 3% service charge to the cost of vaccines. The service charge is held in a special reserve account to which PAHO charges losses incurred by the Fund, due to shipment problems and/or losses incurred from currency transactions. If the reserve account exceeds \$100,000, the surplus reverts to the Fund's capitalization. At present the capitalization of the Fund is at \$11.2 million. Countries have 60 days to repay the Fund. If a country is in arrears, no further orders will be placed until debits are cleared. It should be noted that the Fund has had an excellent track record of Members paying their invoices.

4.1.3 *The Role of the Fund in the Introduction of New Vaccines*

The culture of prevention brought about by the successes of national immunization programs in the Western Hemisphere is stimulating the introduction of new vaccines into routine immunization programs. Key issues surrounding the sustainable introduction of these vaccines have been the development of an infrastructure and strategies that countries and the international community should follow to shorten the timeframe from research to the actual widespread and cost-effective utilization of vaccines. Given that the price of vaccines remains an important factor, PAHO's Revolving Fund for Vaccine Procurement is playing a major role in accelerating the incorporation of additional vaccines, by allowing countries to acquire high quality vaccines at affordable prices. Priority has been given to those vaccines that have been available on the market for the past 15 years, which include yellow fever, MMR, and hepatitis B, as well as newer vaccines such as Hib, and/or other combination vaccines.

The Fund has been instrumental in the introduction of MMR, Hib and hepatitis B vaccines into the Region's regular immunization programs. Measles, mumps and rubella (MMR) vaccine was being used in the Region, but it was only in 1998 that its use became widespread. Today, more than 90% of the countries in the Americas are including this

vaccine in their regular immunization programs. In 1996 only two countries were using Hib vaccine; however, by the year 2000, over 90% of children born in the Americas will have this vaccine as part of their routine immunization schedule. In 1997, hepatitis B vaccine was limited to risk groups and risk areas, but now it is included in most regular immunization programs. It is important to highlight that the dramatic drops seen in the price of these three vaccines have been the direct result of economies of scale derived from bulk purchasing through the Revolving Fund.

Prices change for selected vaccines under contract, 1997-1998

Vaccine	1997 Price	1998 Price	% Change
	US\$	US\$	
BCG-20	0.055	0.045	-18.2
DPT-20	0.055	0.0495	-10.0
DT(P)-10	0.06	0.0495	-17.5
Measles-10	0.1088	0.1022	-6.1
MMR-1	0.54	0.4895	-9.4
Polio-10	0.0702	0.0765	9.0
TT-20	0.0291	0.0235	-19.2

4.1.4 Benefits of PAHO's Revolving Fund for Vaccine Procurement

A major benefit of the PAHO Revolving Fund for Vaccine Procurement has been its impact on vaccine costs. Studies carried out by PAHO in the early 1980s showed the wide price differences charged by manufacturers for the same vaccine. Competitive procurement through the Fund has kept price increases for vaccines under contract at a minimum. At the same time, PAHO's ongoing dialogue with vaccine manufacturers has allowed them to make long-term production plans and decisions on capital investments.

Another major benefit lies in the Fund's role as a means of delivering technical cooperation. Through the Fund, PAHO has established a direct line of communication with health authorities making decisions on immunization programs. Issues discussed include vaccine requests versus size of the population, evidence of disease burden, targeting entire populations versus high risk groups, financial sustainability, and cost-benefit aspects, particularly with the new vaccines. In this regard, the criteria for participating in the Fund also encompass: (1) availability of a specific line item within the national budget to cover recurrent costs of vaccines and syringes; (2) formulation of a comprehensive and realistic national plan of operations covering at least a 5-year period and conforming to general policies of the national immunization programs; and (3) appointment of a national program manager with the authority to develop and implement the country's immunization program.

Countries have also benefited from the Fund's continuous supply of vaccines that meet WHO biological standards, and from the assurance of vaccine availability on short notice, which is critical during disease outbreaks.

4.2 *Disaster Relief*

The concept of Pan-Americanism has long been evident in the aftermath of disaster in the Region. The solidarity of all countries in Latin America and the Caribbean is impressive, and occasionally overwhelming.

Disagreements and even conflicts can be pushed aside to offer medical or primary health care cooperation to a country affected by catastrophe. Although the assistance is more effective and prompt from neighboring countries, it pours in from the entire Americas region. Each country offers, according to its resources, supplies or personnel. No other region of the world, except Europe, is bound so closely in the event of disaster. This Pan-American solidarity, as with many expressions of spontaneous generosity, needs to be concerted and coordinated, and focussed on the actual requirements of the affected population.

For this purpose, a Pan-American policy on collective response to disasters was first formulated in 1985, and approved by the ministers of health at the meeting of the Directing Council in 1987. This policy, the first of its kind, provides guidance to countries on how to express and channel efficiently the generosity and Pan-American spirit when tragedy hits a brother country. Vulnerability to disasters is an unfortunate aspect of sharing among countries. Few disasters are limited to circumscribed political borders. Most disasters, such as hurricanes, affect more than one country. Some like the "El Niño" phenomenon, spare no country. Reducing the vulnerability to disasters cannot be conceived and implemented exclusively at national level. Very promptly, the health actors of all countries realize the benefits of joint action. From the preparation for and efficient health response, to the long-term prevention or mitigation of damages to health facilities and water systems, the countries have joined forces. There is no other region of the world where the same "technical language" or terminology is so widely used. Constantly, PAHO contributes to establish this regional Pan-American "disaster identity."

Disaster management from prevention to response is not limited to the health field. Although human health and welfare, rather than the economic costs, are the defining parameters for disasters, all sectors are involved in the Pan-American journey towards disaster reduction.

A recent example of inter-American cooperation was the response to the floods in Venezuela. It is important to note that the establishment of a formal inter-American

response coordination by PAHO derived from a resolution of the Organization of American States (OAS). This resolution called for the formation of an Inter-American Committee on Disaster Relief in which the OAS, PAHO, and the Inter-American Development Bank are key participants.

4.3 *Surveillance and Control of Communicable Disease*

Given the very nature of infectious diseases, there is logic in a Pan American approach to their prevention and control. The following activities are being carried out.

Cooperation among countries in the area of HIV/AIDS prevention is not new. From 1987 onwards, PAHO and its Member States collaborated in the development of national short- and long-term plans. During this time, Regional and multicountry teams of experts worked side by side to ensure state-of-the-art technical expertise and culturally sensitive inputs into national efforts.

In 1996, several countries that had already acquired broad and in-depth experience in addressing AIDS-related challenges (Argentina, Brazil, Chile, Cuba, Honduras, Venezuela, among others) initiated mechanisms for a true South-South collaboration through the establishment of the Group on Horizontal Technical Cooperation. To date, the Group has established electronic communication networks between national AIDS programs, and has developed direct technical exchange and training mechanisms among countries.

Subregional networks of laboratories for the surveillance and monitoring of emerging and reemerging infectious diseases (EID) have been set up in the Amazon Basin, Southern Cone and Central America. The goal of these networks is to establish functional collaboration among reference laboratories and surveillance units in participating countries to obtain early detection data and accurate laboratory results on EID.

The Amazon Basin network established in February 1998 is composed of eight laboratories (especially those working directly with infectious pathogens of the subregion) and surveillance units from Bolivia, Brazil, Colombia, Peru, and Venezuela.

The Southern Cone network established in April 1998 is composed of nine laboratories and surveillance units from Argentina, Bolivia, Chile, Paraguay and Uruguay. The Central American network to be established in June 2000 will be composed of eight laboratories and surveillance units from Belize, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Panama.

The experience during the first two years of operation of the networks has validated the approach, which has been endorsed by national experts and governments. The ultimate aim is to have collaboration or interaction to have a network of networks that will truly have Pan-American coverage and facilitate the surveillance of EID.

In 1991 the ministries of health of the Southern Cone countries, Argentina, Bolivia, Brazil, Chile, Paraguay, and Uruguay, decided to work together towards the goal of eliminating *Triatoma infestans*, the principal insect vector of *Trypanosoma cruzi* in these countries. They also proposed that they should simultaneously pursue the interruption of transfusional transmission of *T. cruzi*.

The actions in the Southern Cone countries to date have reduced the incidence of *T. infestans* so significantly in Chile and Uruguay that international evaluating commissions have declared them free of vectorial transmission of *T. cruzi* (Uruguay, 1996; Chile, 1999). Brazil is considered free of vectorial transmission in the states of Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Rio Grande do Sul, Rio de Janeiro, and São Paulo. Brazil still has a few states where there is some degree (even though minimal) of vectorial transmission. Argentina has two provinces where transmission has been eliminated (Catamarca and Jujuy), and in the rest of the endemic states there has been a significant reduction in transmission in children under 12 years of age.

Based on the overwhelming success of the Southern Cone initiative, similar joint programs were proposed by the Central American countries (Costa Rica, El Salvador, Guatemala, Honduras and Panama) and by the Andean countries (Colombia, Ecuador, Peru, and Venezuela) in 1997.

5. Proposed Mechanisms for Strengthening or Promoting Pan-Americanism

The most important mechanism is the provision of information. Information on the situation in country A that is available to country B allows the determination of the similarity of the situations and identification of the problem that might be solved by joint or shared action. The wide dissemination of information on country health profiles and the interchange between PAHO programs of information on identified problems are critical elements.

It is not enough to provide information; through its analysis the issues that lend themselves to interchange or joint action must be clarified. It is a responsibility of PAHO to identify those areas that can lead to joint action.

Pan-Americanism is strengthened when there are demonstrable benefits that accrue to the countries. It is not enough to advocate a philosophical or historical background, there must be results. Positive results in one area stimulate action in another. The success of interchange in the health sphere may lead to actions in other spheres.

In addition to exchange of information, the physical meetings of the representatives of countries and the airing of issues can foment the Pan-American spirit. In spite of the efficiency of modern methods of transfer of data, there is still no substitute for the physical meeting to create the spirit of belonging to a greater whole.

Finally, there is the intangible but definite benefit of competition. One region or subregion that takes pride in being a leader in a particular area through joint effort will wish to exhibit cooperative efforts in other areas. Mechanisms are needed to show the rest of the world what the countries of the Americas together have accomplished.

6. Issues for Discussion

- What is the future of Pan-Americanism? Is "success" in health likely to lead to similar efforts in other fields?
- Is there benefit to be derived from the promotion of the Pan-American ideal?
- Are the movements for closer "integration" at the subregional level inimical or orable to the Pan-American approach ?
- What are the suggestions for actions by Governments to promote the Pan-American approach if one accepts that the approach has merit and gives results that are beneficial?

