

STAYING YOUNG AT SEVENTY-FIVE

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The natural inclination, on reaching the respectable age of 75, is to look back and reflect with pride on one's accomplishments, and with disappointment over opportunities lost. For most, this is the age when the past is the dominant reality. But whereas this may be true of many individuals, it is far from true of an international agency such as the Pan American Health Organization, which must not grow old.

The Pan American Health Organization has always been a young organization. Although the years have passed by, it has always retained its youthful vigor. It does not have a chance to dwell upon the past; the present and the future are too full of challenges and possibilities. PAHO is constantly being reinvigorated with fresh ideas and vitality by its Member Governments and by the people joining the Organization. For an organization such as PAHO, constant evaluation and re-evaluation of its activities are the key to staying young. We must constantly probe ourselves and our perceptions. Are we correct in our view of the public health situation in the Americas? Are we doing everything possible to assist the countries in dealing with their problems?

So, rather than take this occasion of PAHO's 75th Anniversary as an excuse to look back, to bask in our past successes, it would be far more fitting to ask, once again, and even more determinedly, these same hard questions.

In years past, when there were few or no health services, any improvement made an enormous difference. In collaboration with its Member Governments, PAHO was able to achieve some very striking accomplishments. Today, however, we must deal with a reality that is still tragic for many millions of people, but which is at the same time far more complex. To cite just one example, PAHO's many member countries have now developed extensive capabilities of their own in the area of public health. Their technical staffs are made up of highly trained personnel. Their public health infrastructure is often quite extensive. Great strides have been made in planning, with one country after another drawing up and implementing national health plans, often with PAHO's collaboration. The kinds of new techniques and approaches that PAHO could introduce to the countries in former years, where they had not existed before, are now completely within the capabilities of most nations of the Hemisphere.

As a result, some of the major problems of disease prevention and sanitation that were amenable to efforts of the health sector working largely alone have been solved. But in so doing, this has revealed new and more complex problems that must be dealt with through a multisectoral approach. Moreover, as a success is achieved, the natural inclination—and rightly so—is to aspire to even more. Our goals are very high.

What should the role of PAHO be? In the past, the Organization's concern was the entire field of public health. In addition, it provided assistance at all stages of

the programs involved. More recently, it has become apparent to many that the field of public health, as we are now defining it, is just too large for us to continue in this manner without spreading the resources of the Organization too thinly. Some basic changes in outlook seem called for.

Now, more than ever, it has become evident that just as its Member Governments need the cooperation of PAHO, the Organization requires their collaboration as well. There must be a frank review of what PAHO can and should set out to accomplish in order to make any changes, even radical ones, that the Governments consider necessary.

Some changes the Organization can accomplish alone. Over the past couple of years, for example, some sweeping modifications of PAHO's organizational structure have occurred which have made PAHO a more efficient, better coordinated Organization. Yet the fundamental changes which are the subject of this paper must come from the outside. Ultimately, it is the job of the Member Governments to keep PAHO young, and the job of the Organization to make every effort to realize their expectations to the fullest extent possible.

It may be worthwhile to bring up some of these questions. It must be reiterated that PAHO cannot presume to supply the answers. We can simply point out some areas in which the Organization needs guidance from the countries.

At present, PAHO's programs throughout the Americas include practically every conceivable public health area, from leprosy to planning entire national health infrastructures. Nevertheless, in such areas, where proven technology and methods ready to be put to use already exist, PAHO's efforts may well be better spent elsewhere. An Organization such as PAHO might better concentrate in fields where the outlines and horizons are not yet well defined, where we are still just groping for solutions. Here, then, the Member Governments might examine their needs and separate those with which they can deal adequately, using their own resources, from those which would seem to respond best to the efforts of an international body.

For instance, the consensus of PAHO's Member Governments is that the extension of health service coverage is the most pressing problem confronting them as a group. At the same time, this is a field about which comparatively little is known, and where the nations will be venturing into new territory. For this reason, an international organization would be an ideal mechanism for helping to channel and stimulate innovative approaches, both from outside the Region and among the nations of the Hemisphere. Or, going yet another step further, is there some part of a broad problem that should be the central concern of PAHO, leaving all other aspects to the nations themselves? Might PAHO, for example, limit its attention to planning at the ministerial level; to rural areas; to maternal and child health care? Perhaps emphasis should be placed on the "new" fields in which many countries have yet to build up their own bodies of qualified personnel, such as food and drug control, environmental problems, or solid waste disposal. Should PAHO continue to attempt to deal with the entire range of public health issues? Or should the thrust be from general to specific fields?

Some entirely new fields must be developed for public health to achieve its goals, and PAHO could be of special service here. For example, it is now becoming evident that the success or failure of many public health programs depends not on

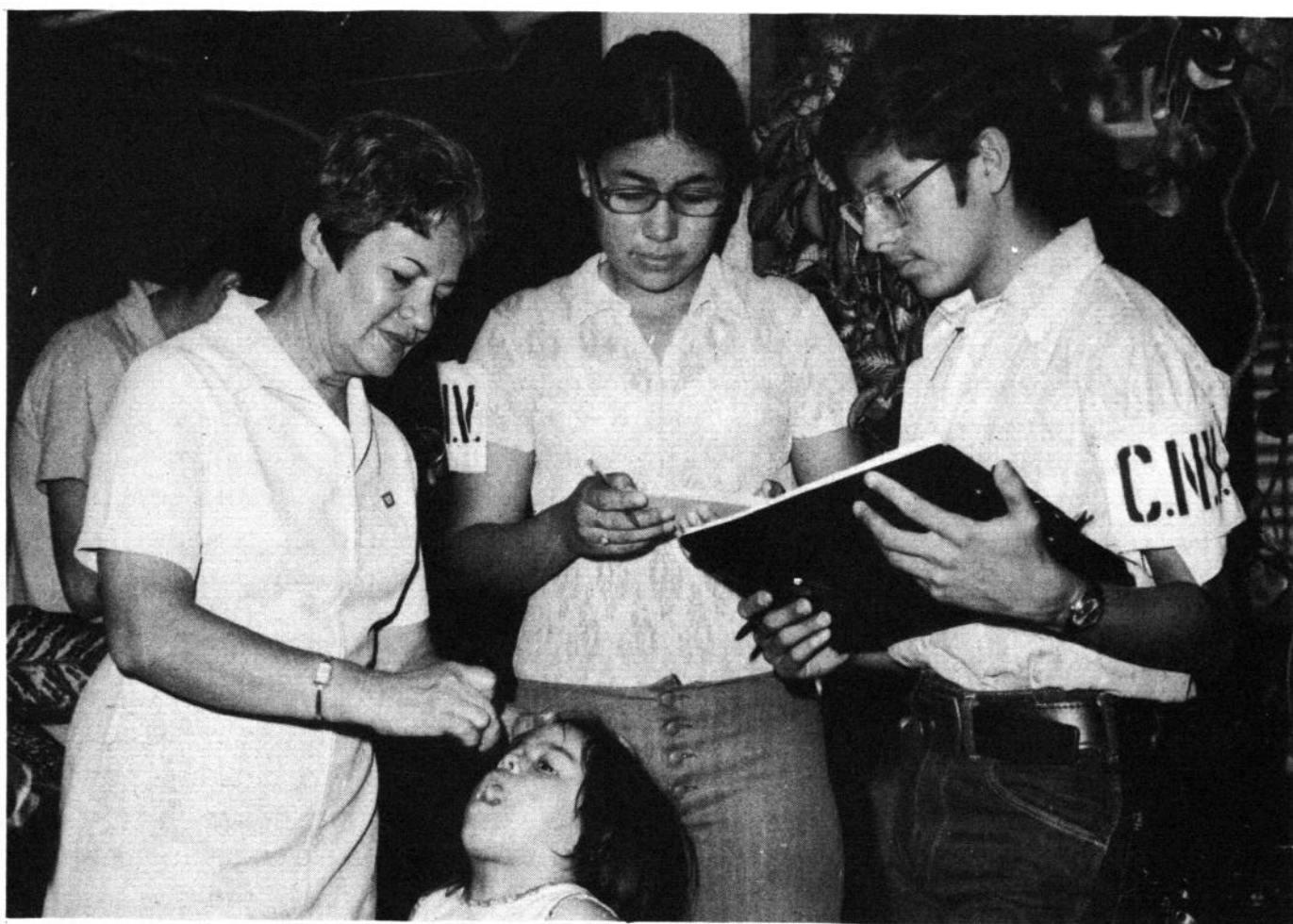
what the medical sciences can offer, but rather on the inputs of the social sciences. Ministries of health must continually make decisions on the cost-effectiveness of one approach over another, yet very few economists are working alongside public health specialists. Good management is vital, but in the health sector most management personnel received their training only in the medical sciences. Whether or not the idea of health auxiliaries is accepted by the community, for example, may depend on the extent to which customs and traditions of the people have been respected; yet few anthropologists and sociologists are active in health programs. When the success of a program depends on the participation of the community, communication skills come to the fore; but trained, professional communicators are very rarely employed for these purposes. Should its Member Governments decide that PAHO should concentrate its efforts on involving the social sciences in the planning and implementation of public health programs, PAHO would then move forward to strengthen its own staff in these disciplines and would work to help develop similar capabilities in the Governments of its member countries.

Yet another potentially fruitful field for increased PAHO involvement is the development of new technologies. Here an international organization is particularly well-suited for action. In the past, developing countries relied on the industrialized nations for their models and technologies, but frequently fell short of achieving their national goals. Developing countries must create their own models in the light of their own cultural and economic realities and technology. It may well be that PAHO, as an international agency, could fulfill the very necessary role of communicator of these ideas by serving as the coordinator of an international information system. Not incidentally, additional mechanisms would be required to improve the feedback between PAHO and its Member Governments.

In the past, PAHO has often collaborated with its Member Governments in formulating goals that, in light of the ensuing reality, proved too ambitious. Nevertheless, large amounts of money and manpower were used which might well have been put to better use elsewhere. Should PAHO, together with its Member Governments, acknowledge that some health problems cannot be solved completely with the available resources, it would become necessary to introduce considerable changes throughout PAHO's programs and those of the Governments. One result could be increased ability to deal more effectively with a smaller number of issues.

Should PAHO continue to concern itself with programs in all time frames? Or should it concentrate on programs designed to bear fruit either in the short term, medium term, or long term? At present, programs falling into all these categories exist; there are even some programs without any clear timetable for completion. It might be decided, for example, that programs of medium duration, say five years, are the most realistic. These programs could show more significant results if they made use of resources otherwise devoted to short-term or long-term programs.

Should PAHO continue to deal with all phases in the planning and implementation of a program, or should it concentrate its collaboration? Would it be productive, for example, for PAHO to work with national personnel solely to define problems and present alternatives, leaving the actual choice of the alternative to the decision-makers? This would confine PAHO's role to the technical field, leaving political decisions to the country nationals.



Health auxiliaries and volunteer workers play a key role in the efforts to extend health care to all the population.

Or perhaps PAHO could take on a more theoretical role, as a kind of international "think tank." In place of, or in addition to, its work on present problems, the Organization could also assist its Member Governments in making close examinations of important socioeconomic or medical trends with a bearing on public health. In this way it would encourage Governments to reflect on the future in such a way that advance guidelines could be designed to deal with future problems. For instance, at the policy level: What are the consequences of urbanization on public health? What is the long-range effect of agrarian reform on nutrition?

Yet another possible alternative for PAHO would be to greatly increase its efforts to foster intersectoral cooperation to achieve public health goals. This PAHO could do in concert with other international agencies, and the cooperation achieved at the international level would be duplicated at the national level. As is well known, such intersectoral cooperation is not only necessary from an operational standpoint, but often advisable from an economic one as well. It may often cut down on duplication of effort and bring projects to completion earlier than would otherwise be possible. In the same way, projects carried out in similar fashion could be grouped together, thus making possible a less expensive implementation.

In addition to the occasion of PAHO's 75th Anniversary, there is another compelling reason to bring up these questions at this time: We are also coming within sight of the termination of the current Ten-Year Health Plan for the

Americas. Will the next plan be similar to the present one, only with updated goals? Or will it advocate very different approaches? PAHO has long been a leader in the field of international development. The discussions we engage in now and the courses we decide upon will determine whether PAHO retains its leadership role and continues to point the way for other organizations and Governments in other parts of the world.

In all this, PAHO is directly dependent on its Member Governments. PAHO exists to serve them, but it cannot effectively discharge its duties without a good deal of prodding and advice-giving. Through this kind of frank and open discussion, we will make our next 75 years truly significant.

IT TAKES MANY YEARS TO BECOME YOUNG¹

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Picasso said: "It takes many years to become young." Well, after 75 years has the Pan American Health Organization grown old or is it still young? I shall try to help you to answer by asking you a number of questions that I consider valid criteria for youthfulness in a health organization in today's world.

- Do you dare to shed conventional medical wisdom in favor of objective health knowledge?
- Are you ready to analyze your health systems in a spirit of youthful inquisitiveness and to apply only those solutions for which there is a reasonable proof of their usefulness and reasonable assurance that they are not harmful?
- Do you define your health policies in terms of social relevance in collaboration with other social and economic sectors, rather than in terms of disease technologies that are applied without sufficient thought to their social purpose and consequences?
- Are you working actively to reach the target of attainment by all your citizens —by the year 2000— of a health level that will permit them to lead a socially and economically productive life?
- Are you striving for a more equitable distribution of health resources among and within countries and for total population coverage with essential health care?
- Are you fostering maximum national and regional self-reliance in health matters, i.e., the taking of initiatives by countries and active cooperation among countries, as necessary?
- Have you introduced on a permanent basis a rational health development process such as country health programming, in order to express health policies and targets and translate them into action?
- Do you plan in such a way as to ensure the preferential allocation of resources

¹Address delivered to the representatives of Member Governments at the XXV Meeting of the Directing Council of the Pan American Health Organization, XXIX Meeting of the WHO Regional Committee for the Americas, Washington, D.C., 28 September 1977.