



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**SUBCOMMITTEE ON PLANNING AND PROGRAMMING
OF THE EXECUTIVE COMMITTEE**

29th Session, 1-2 December 1997

SPP29FR (Eng.)
2 December 1997
ORIGINAL:

SPANISH

**FINAL REPORT OF THE 29TH SUBCOMMITTEE ON
PLANNING AND PROGRAMMING**

CONTENTS

	Page
FINAL REPORT	4
<i>OFFICERS</i>	4
<i>OPENING OF THE MEETING</i>	4
<i>ADOPTION OF THE AGENDA AND PROGRAM OF MEETINGS</i>	5
<i>(Documents SPP29/1 and SPP29WP1)</i>	5
<i>PRESENTATION AND DISCUSSION OF THE ITEMS</i>	5
Prevention and Control of Tobacco Use (Document SPP29/3)	5
Health and Tourism (Document SPP29/7)	8
Surveillance and Prevention of Foodborne Diseases (Document SPP29/5)	11
Communication and Health (Document SPP29/6)	14
Health of the Elderly (Document SPP29/4)	17
Hantavirus (Document SPP29/8)	21
Other Matters	23
<i>CLOSING OF THE SESSION</i>	24
<i>ANNEXES</i>	24
Annex A. and B. Agenda and List of Documents	24
Annex C. List of participants	24

FINAL REPORT

The 29th Session of the Subcommittee on Planning and Programming of the Executive Committee was held at the Headquarters of the Pan American Health Organization in Washington, D.C., on 1 and 2 December 1997.

The meeting was attended by delegates of the following Members of the Subcommittee elected by the Executive Committee or designated by the Director: Argentina, Bahamas, Canada, Colombia, Ecuador, Panama, Peru, and the United States of America. Also present were observers for Antigua and Barbuda, Brazil, Chile, and Cuba.

OFFICERS

The Subcommittee elected the following officers:

<i>President:</i>	Bahamas	Dr. Ronald Knowles
<i>Vice President:</i>	Ecuador	Dr. Asdrúbal de la Torre
<i>Rapporteur:</i>	Peru	Dr. Pablo Augusto Meloni

Dr. George A. O. Alleyne (Director of PAHO) served as Secretary ex officio, and Dr. Juan Manuel Sotelo (Chief of the Office of Analysis and Strategic Planning) served as Technical Secretary.

OPENING OF THE MEETING

The Director opened the session and welcomed the participants, extending a special welcome to the new Members of the Subcommittee and to the representatives of other Member States, whose presence as observers was evidence of their desire to participate actively in the life and work of the Organization. He encouraged the participants to view the documents before the Subcommittee as works in progress, which would be revised and refined in light of the delegates' input. He also emphasized that, in keeping with the opinions expressed by Members at previous sessions of both the Subcommittee and the Executive Committee, the Secretariat considered that not all the items need to be sent forward automatically to the Executive Committee and the Directing Council. If the Subcommittee deemed that an item had been discussed sufficiently, and no resolution or decision by the Committee or the Council were needed, then it should exercise the option not to forward that item.

ADOPTION OF THE AGENDA AND PROGRAM OF MEETINGS (Documents SPP291 and SPP29WP1)

In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the agenda prepared by the Director and the program of meetings.

PRESENTATION AND DISCUSSION OF THE ITEMS

Prevention and Control of Tobacco Use (Document SPP29/3)

Dr. Enrique Madrigal (Regional Advisor on Substance Abuse) outlined the proposed plan of action for strengthening PAHO technical cooperation to reduce smoking-related problems in the Region and support the countries in developing national plans and policies to combat tobacco use. He began by presenting statistics on the current situation of tobacco use in the Americas and the status of control efforts in the countries, and then described the premises and principles on which the proposed plan was based. The plan was oriented towards decreasing the prevalence of tobacco use, which was the leading preventable cause of mortality and morbidity; reducing social tolerance of smoking and promoting messages that discouraged tobacco use; treating tobacco dependence; and protecting nonsmokers, especially children, from smoke in the environment. A major thrust of the plan was to prevent smoking among adolescents and young people.

The essential elements for a comprehensive plan were considered to be (1) education, including health education in schools and efforts to reduce smoking among health professionals, teachers, and other social models; (2) legislation and regulation, including prohibition of smoking in all public, health, and educational facilities and restrictions on advertising and sale of tobacco products, especially among minors; (3) fiscal measures, including systematic increases in taxes on tobacco products; and (4) monitoring and surveillance, including evaluation of programs and surveillance of tobacco use levels and trends. In order to be successful, any tobacco control plan must be multisectoral, since the problems and issues associated with tobacco use transcended the health sector; however, PAHO believed that tobacco control efforts should be based on public health approaches and should begin with the ministries of health, extending from there to other ministries and other sectors. Successful tobacco control initiatives would also require concerted international action to combat efforts by multinational tobacco companies to expand their markets, especially in developing countries.

The document outlined 12 lines of action for the Organization's technical cooperation with the countries in this area. The Subcommittee was asked to comment on the content of the document and appraise the plan and lines of action.

In the Subcommittee's discussion, the delegates from Canada and the United States of America pointed out that the document was very complimentary toward their countries and perhaps overstated their successes in prevention and control of tobacco use. Both delegates noted, for example, that despite the investment of considerable effort and resources, their countries had experienced alarming rises in smoking among teenagers, especially girls.

In general, the Subcommittee found the proposed plan of action and approaches outlined in the document to be sound. In particular, the plan's emphasis on fiscal and legislative measures was applauded. Increased taxation on tobacco products and restrictions on tobacco advertising were considered among the most effective means of discouraging smoking. Several delegates

emphasized the need for concerted multisectoral action to address tobacco-related issues that fell outside the purview of the health sector and effective health promotion initiatives to counter the powerful advertising and promotional campaigns of tobacco companies. One delegate suggested that it was necessary to take action not only to prevent smoking but to protect those who did choose to smoke, for example by reducing the nicotine content of cigarettes. The Subcommittee identified several key roles for PAHO, notably the development of indicators and studies to show the economic impact of tobacco use.

With regard to the 12 lines of action for PAHO listed in the document, it was recommended that they be prioritized and implemented gradually, rather than all at once, and that progress under the various lines be continually monitored. It was suggested that initially the Organization should focus on development of legislation to restrict minors' access to tobacco products, building capacity among health professionals, development of grassroots advocacy to create a demand for smoke-free environments and strong prevention policies, and creation of intersectoral links to tackle issues outside the scope of the health sector.

Several ways of improving the document were suggested. Various delegates felt that it should place greater emphasis on the need for international collaboration, given the international nature of the issues relating to tobacco production, marketing, and use. It was also pointed out that the document made no mention of the development of an international framework convention for tobacco control, as called for by the 49th World Health Assembly. Several delegates considered that the issue of smoking should be addressed within a broader framework, as one cause, among many, of environmental pollution and related health problems. Finally, the Subcommittee asked that future versions of the document include estimates of the cost of implementing the proposed actions.

Dr. Madrigal agreed on the need to incorporate into the document more information on the international framework convention; however, he noted that the process of developing the convention was still in the early stages and an international consensus on its content had not yet been achieved. Nevertheless, in the next version of the document, the Secretariat would endeavor to summarize the progress made thus far. He also pointed out that countries throughout the Region were seeing increases in adolescent smoking. PAHO was working with several of them to develop instruments for assessing the extent of the problem and evaluating the effectiveness of actions taken to combat it. He noted that countries such as Venezuela, which had adopted legislation banning tobacco advertising on television and radio, had made appreciable progress toward curbing the problem.

The Director observed that, while international organizations might sometimes be hesitant to embrace the subject of tobacco control for fear of offending Member States that were major producers of tobacco, PAHO viewed tobacco use primarily as a health problem and, as a health organization, it could not avoid confronting the issue. Moreover, tobacco use was an international problem and therefore could only be effectively dealt with through collective international effort with the support of international agencies such as PAHO. In addition, international treaties and instruments, such as the international framework convention on tobacco control, could only be developed under the aegis of agencies such as WHO and PAHO. One of the areas in which the Organization had proven capacity to assist the countries was the

development of model legislation on health issues and, in the Director's opinion, PAHO should allocate the resources needed to help and encourage parliamentary health commissions in the countries to develop legislation on tobacco control.

The Organization could also assist the countries through studies of the economic impact of tobacco use. He noted that some economists held the view that nothing should be done to prevent and control smoking because the premature mortality it caused ultimately resulted in lower health care costs; it was essential to produce data to counter that view and convince political leaders of the enormous economic and social costs of tobacco use. He agreed that smoking was part of the wider issue of healthy environments; however, PAHO felt that it could make most effective use of its limited resources by focusing for the moment on this specific aspect of the broader issue. In regard to the need to build and strengthen multisectoral coalitions and alliances to combat tobacco use, the Director felt that it was crucial for the health sector to enlist support and learn from the techniques of marketing experts in order to convey anti-smoking messages that were as powerful and persuasive as those devised by tobacco advertisers. As for the lack of budget figures in the document, he promised that future versions would include information on what the Organization actually spent in the area of tobacco control, as well as estimates of the cost of implementing the actions proposed in the document and suggested by the delegates.

Health and Tourism (Document SPP297)

This item was presented by Dr. Mirta Roses (Assistant Director, PAHO). She recalled that the subject of health and tourism had been discussed by the Governing Bodies in 1992, at which time an agenda for action during the period 1992-1997 had been established. The document before the Subcommittee outlined the activities undertaken during that period. She noted that PAHO had not established a specific regional program on health and tourism, but rather had assigned responsibility for this area to an interprogrammatic group under the supervision of the Office of the Assistant Director. In addition, lines of action and strategies relating to health and tourism had been incorporated into the various regional programs and technical divisions and into the Organization's technical cooperation with each country.

Dr. Roses presented a series of statistics that illustrated the growing importance of tourism in the Region and then reviewed how perceptions of tourism and its relationship to health had evolved from the view that tourists should be insulated from the local population and environment through the creation of tourist enclaves with optimum environmental sanitation and health conditions, to a rather negative view that focused on the adverse impact of tourism in terms of environmental degradation and the introduction of health and social problems, to the current conception of tourism as a vehicle for promoting economic and social development through the generation of employment and redistribution of income. In the latter conception, contact and interchange between the host and tourist populations were seen as both inevitable and desirable, and tourism was considered a potential means of improving health and environmental conditions in the host country, combating poverty, and reducing gaps in social equity.

PAHO believed that the importance of health as a key element for the sustainable development of tourism was still not fully acknowledged, although documents of the World Tourism Organization (WTO) and various other international agencies and institutions indicated that there was growing recognition of the interconnectedness of the two sectors. Hence, PAHO was seeking to encourage the incorporation of a health perspective into all public policies on tourism and was promoting the view that the health and safety of the population were assets that were just as valuable to a country's tourism industry as its natural features or scenery. During the preceding five years the Organization had undertaken a variety of activities in the following priority areas to address the health concerns associated with tourism and highlight the linkages between the two areas: communicable diseases and zoonoses; education and research; water, sanitation, and waste management; and health services. For the future, action was proposed in the areas of formulation of policies, plans, and regulations; public information and training; resource mobilization; and research. The Subcommittee was asked to comment on the future areas of action and orientations for technical cooperation proposed in the document.

The Subcommittee considered the discussion of health and tourism very timely, given the growth in tourism, its economic importance to many countries in the Region, and the reciprocal impacts of tourism on health and of health on tourism. It also considered the Organization's interprogrammatic approach to this cross-cutting issue appropriate. The document's emphasis on sustainable tourism was commended. Several delegates underscored that tourism that catered to the health interests of visitors at the expense of local environmental and health conditions could

not be sustained in the long term. However, it was also pointed out that measures proposed to protect the health of the population in tourist areas should be carefully assessed in order to avoid extreme actions that would prove detrimental to the tourism industry, which was a major component of the economy of many countries. A balance should be sought so that any measure taken would be equally beneficial to both sectors.

Several corrections and improvements to the document were suggested. Various delegates noted that it did not address the health risks associated with cruise ships. In addition, it was felt that the document should include, among the various categories of travelers identified, those who traveled to visit relatives living in other countries. The need to recognize the special health needs of border areas was also emphasized. It was suggested that future versions of the document should elaborate on how the synergism between health and tourism could be used more effectively to benefit both sectors. Various delegates requested more information on how the Interprogrammatic Group on Health and Tourism was organized and how the lines of action in this area had been incorporated into the various technical cooperation programs, as well as on the Organization's plans for joint action with the WTO and other agencies. Finally, it was pointed out that the section on communicable diseases and zoonoses failed to include any mention of dengue and dengue hemorrhagic fever, which posed a serious threat to tourism.

The Subcommittee felt that one of the most important roles for PAHO was to support the countries through the provision of information and the strengthening of surveillance systems, especially in relation to the International Health Regulations. Several delegates noted that the tourism industry was particularly vulnerable to rumors or erroneous information on disease outbreaks and other health risks that could be spread almost instantaneously worldwide via the Internet and other communications media. Timely and accurate information was therefore essential. Support was expressed for the proposal to create a registry of disease outbreaks in tourist populations. In relation to the other proposed actions contained in the document, it was suggested that they should be prioritized.

Dr. Roses agreed on the need to establish a regional system for surveillance of health problems that might have an impact on tourism. She also noted that recent disease outbreaks in several countries had shown the impossibility of creating a "protective bubble" to isolate tourists and visitors from health risks and the importance of improving living conditions in the population of the host country as a capital investment that would ultimately attract more tourists. She thanked the delegates for their comments and suggestions, which would be incorporated into the document. More in-depth examination of the phenomenon of internal tourism would be also included. The Secretariat was awaiting reactions to the document from other countries not represented at the Subcommittee's session, as well as from other agencies. After all the comments had been received and analyzed, the Secretariat planned to prepare, as a scientific publication of the Organization, a document containing the latest information and thinking on the subject of health and tourism. It was expected to be available during the first half of 1998.

The Director was pleased at the Subcommittee's enthusiasm for the topic and its endorsement of PAHO's interprogrammatic approach. When the issue of health and tourism had been discussed by the Governing Bodies in 1992, some delegates had expressed doubt about whether PAHO should be involved in this area. However, given that one of the reasons for

establishing the Organization was to facilitate commerce and interchange among people, he felt it was crucial for PAHO to take an active role in highlighting and addressing the health concerns related to tourism. There was growing recognition that ministries of health had a responsibility to ensure care for the health of all persons—both tourists and the native population—who happened to be within their territory at a given time. Moreover, countries were increasingly concerned with the health of their citizens living abroad as part of the “expanded diaspora.” Responding to these new demands placed an enormous burden on ministries, particularly in the case of small countries such as the Bahamas that received huge volumes of tourists each year. He agreed that one of the most important ways in which PAHO could assist the countries was through surveillance; however, the Organization’s ability to mount an effective surveillance system depended on accurate and open reporting at the national level. If PAHO could not provide factual and timely information, its credibility and ability to quell rumors and correct misinformation would be damaged.

A delicate issue, but one that should perhaps receive more emphasis in a future version of the document, was the health sector’s response to the threat of transmission of STDs associated with tourism. There was sometimes a tendency to pretend that the problem of casual sex between tourists and members of the local population did not exist or to think that visitors were exposed to the highest risk of contracting STDs, when in fact the local population was equally at risk. The health sector in the countries should therefore take aggressive action to inform local sex workers about how to protect themselves and avoid the spread of these diseases.

Surveillance and Prevention of Foodborne Diseases (Document SPP295)

Dr. Jaime Estupiñán (Director, Pan American Institute for Food Protection and Zoonoses, INPPAZ) outlined the content of the document on this item. He began by presenting statistics on the magnitude of the problem of foodborne illness and the principal etiologic agents, drawing particular attention to the threat posed by emerging pathogens such as *Salmonella enteritidis*, *Escherichia coli* 0157:H7, *Listeria monocytogenes*, *Campylobacter jejuni*, and *Yersinia enterocolitica*. The Regional Program for Technical Cooperation on Food Protection had been launched in 1986 to carry out activities for the prevention and control of foodborne diseases (FBDs). The Program’s objectives were to achieve a food supply that was safe, healthy, nourishing, pleasing, and economical; to reduce human morbidity and mortality due to FBDs; to reduce loss and damage in the production and marketing of food; and to improve conditions for competition on the international food market and reduce rejections of food products by importing countries. INPPAZ was responsible for executing the Plan of Action of the Program under the coordination of the Regional Program on Veterinary Public Health.

Dr. Estupiñán briefly reviewed the activities carried out under the five components of the Program: organization of national food protection programs, strengthening of analytical capability, strengthening of inspection services, surveillance of foodborne diseases, and promotion of food protection through community participation. More detailed information on those activities was included in the document. During the 1998-1999 and 2000-2001 bienniums, the Program planned to focus on the following priority areas: organization of integrated food protection programs in every country; organization of information systems for epidemiological

surveillance of FBDs; incorporation of the Codex Alimentarius standards; identification and detection of microbial contaminants; formation of networks of laboratories with quality assurance programs; incorporation of the hazard analysis critical control points (HACCP) methodology into inspection and control systems; and health communication and education to foster active community participation. The Subcommittee was invited to comment on the present and future activities of the Program and suggest ways in which the Organization's technical cooperation in relation to prevention and control of FBDs might be enhanced.

The Subcommittee expressed strong support for the work of the Program and for its components and lines of action. The Subcommittee also expressed its gratitude to the Government of Argentina, host country for INPPAZ, for its support of and collaboration with the Institute. The objectives were considered technically sound, although it was suggested that some aspects of them—namely, ensuring a food supply that was inexpensive, reducing losses and damage in the production and marketing of food, and improving competitiveness on the international market—might be beyond the Organization's scope of endeavor. It was pointed out that the statistics presented in the document did not reflect the true magnitude of the problem of FBDs, since there was considerable underreporting of cases. The Subcommittee therefore welcomed the Program's emphasis on surveillance and strengthening of laboratory diagnostic capabilities. It was suggested that it might be useful for the Organization to compile an inventory of the laboratories in the countries engaged in FBD diagnosis and surveillance activities in order to facilitate sharing of information.

It was also pointed out that, because the countries differed significantly in terms of their problems and specific situations, as well as their capacity to address foodborne diseases, it might be useful to stratify or classify them according to their characteristics in order to facilitate horizontal and bilateral cooperation. Clarification of PAHO's linkages with other organizations, in particular WHO and the United Nations Food and Agriculture Organization (FAO), were requested. Several delegates also asked the Secretariat to provide an update on the process of transferring responsibility for prevention and control of zoonoses from INPPAZ to the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), as recommended by the external advisory group that had evaluated the Program on Veterinary Public Health in 1996. In addition, it was suggested that the document should give greater attention to the linkages between water and sanitation and FBDs, as well as between tourism and these diseases.

The Delegate from Argentina underscored his Government's gratitude to INPPAZ and its Director, Dr. Estupiñán, for the strong support the Institute had provided not only to the health sector in Argentina but to MERCOSUR. INPPAZ was effectively fulfilling the purposes for which it had been created and had become an extremely valuable instrument of technical cooperation for all the countries in the Region. His delegation encouraged representatives from all the countries to visit the Institute in order to see first-hand how well it was functioning and to take advantage of the expertise it had to offer in the area of food protection.

Dr. Estupiñán agreed that the area of FBDs and food safety clearly overlapped other program areas, notably tourism and water and sanitation, and said that those linkages would be emphasized more in future reports on the Program. In regard to the objectives, he pointed out that achievement of the objectives on reduction of production and marketing losses and

improved competitiveness would occur as a consequence of the Program's efforts in relation to the other objectives, in particular surveillance and implementation of more efficient inspection and control systems, such as HACCP. He also agreed fully that the same measures and approaches could not be applied to all countries because their situations and problems differed; the Program recognized that fact and applied it in its technical cooperation with the countries. As for PAHO's linkages with other international agencies in the area of food safety, the Organization, through INPPAZ, worked closely with FAO, particularly in relation to normative and regulatory matters, and with both FAO and WHO on application of the Codex Alimentarius. He also noted that INPPAZ had recently launched a Website with links to organizations and agencies working in the area of food safety and food protection. With respect to the suggested inventory of laboratories, he said that INPPAZ had information on all the laboratory resources in the Region and that the existing information would be enhanced at a meeting held on 8-12 December 1997 to plan the organization of an inter-American laboratory network.

The Director noted that some of the items brought before the Subcommittee were new issues or initiatives that required discussion and action by the Governing Bodies, while others were existing programs that were presented for review. This item fell into the latter category. The delegates' comments indicated that they were satisfied with the orientations and activities of the Program. Dr. Alleyne said that he personally had been somewhat disappointed with the progress made toward establishing effective national commissions on food protection in the countries. He asked the delegates, when they returned to their countries, to explore ways of promoting increased collaboration between the health and agricultural sectors and putting functional commissions in place.

Laboratory strengthening was a centerpiece of the Program. Accurate diagnosis was essential to determine the pathogenic agents of FBDs and plan appropriate control actions. Since PAHO recognized that INPPAZ would never be able to address all the diagnostic needs in the Americas, it was promoting the establishment of a network of national laboratories. As the Subcommittee had pointed out, water was often a factor in the transmission of foodborne illnesses, and it was therefore also necessary for laboratories to have the capacity to assess water quality.

The data in the document, which indicated that the majority of foods implicated in FBD outbreaks were prepared in the home, pointed up the crucial need for health education and promotion of good sanitary practice at all levels. If that finding was confirmed when more extensive data were available from the countries, the Organization would need to adjust its technical cooperation accordingly, perhaps placing as much emphasis on education and dissemination of information as on laboratory strengthening and diagnosis.

On the subject of linkages with other international organizations, the Director said that he was concerned that some of the discussions and decisions taking place within the World Trade Organization might not take due account of the health implications of food production and trade. He felt that there should be mechanisms for coordination between the health and commercial sectors in order to ensure that health interests were considered as world traffic in foods increased.

Finally, in response to the questions concerning transfer of responsibilities from INPPAZ

to PANAFTOSA, he noted that the latter center had not yet relocated to its new site. The Organization planned to move slowly in transferring responsibility for zoonoses to PANAFTOSA until it was fully functional in its new headquarters and was in a position to accept that responsibility. Nevertheless, the aim continued to be to shift INPPAZ's zoonosis activities to PANAFTOSA and make food protection the dominant role of the Institute. He reiterated the Organization's gratitude to the Argentine government for its financial, moral, and political support of INPPAZ.

Communication and Health (Document SPP29/6)

Dr. Gloria Coe (Coordinator, Health Communication Unit) described the Organization's approaches and activities in the area of health communication, which had been defined as "a process of presenting and evaluating persuasive, engaging, and attractive educational information leading to healthy individual and societal behaviors." Hence, the focus of health communication was behavior. Dr. Coe traced the history of PAHO's involvement in and commitment to health communication and information programs, which dated back to the Organization's earliest years. That commitment had since been reinforced in various forums, including the primary health care conference in Alma-Ata and the health promotion conference held in Ottawa in 1986, as well as through numerous resolutions of both PAHO and WHO. She then described two major studies conducted in the 1960s, one at Stanford University in the United States and the other in North Karelia, Finland, which had clearly shown the effectiveness of health communication in discouraging undesirable behaviors and promoting health.

Because of the demonstrated success of health communication, projects funded by international and bilateral agencies, such as the World Bank and the United States Agency for International Development (USAID), now routinely included a health communication component. Throughout the Region, the importance of health communication was increasingly recognized in both public institutions and the private sector, which was realizing that "health sells." As a result, health ministries faced the challenge of developing policies and programs to guide health communication efforts and ensure the availability of accurate information.

PAHO's technical cooperation activities in this area were geared toward helping Member States to develop effective health communication and information programs. The Organization's health communications capabilities were concentrated in the Health Communication Unit within the Division of Health Promotion and Protection and the Office of Public Information under the Deputy Director's Office. In addition, there were communicators working in several of the PAHOWHO Representative Offices and the Pan American centers. The document described some of the Organization's technical cooperation activities with ministries of health, ministries of education, universities, and the mass media. The Subcommittee was asked to comment on the document and recommend any changes it deemed appropriate in PAHO's activities and approaches to health communication.

Ms. Bryna Brennan (Chief, Office of Public Information) noted that the document described the activities of both the Office of Public Information, the function of which was to promote the work of the Organization as well as to transmit health messages, and the Health

Communication Unit, whose focus was more on health promotion. She invited the Subcommittee to comment, in particular, on how PAHO could best assist the countries in the area of public information and how that aspect of health communication might be better coordinated with the health promotion aspect.

The Subcommittee commended PAHO for its recognition of the importance of health communication as a means of changing behaviors that were at the root of many health problems. It was pointed out that not all health professionals and policy-makers were convinced of the value of investing in health communication, despite the fact that it had been shown to prevent disease and thereby reduce health care costs. Hence, one way in which the Organization might assist the countries could be through the development of studies or indicators to demonstrate the cost-effectiveness of health communication. Another important role for PAHO was to serve as an authoritative source of accurate information on health in the Region and to support the health ministries as the primary sources of information at the national level. With the advent of technologies such as the Internet, huge amounts of health information had become accessible to broad segments of the population; however, because that information was not always reliable and its sheer volume could be overwhelming, it was important to ensure that people in the countries had access to a legitimate source of technically valid information

The need to develop alternative, preferably horizontal, communication techniques to reach poor communities was underscored. It was pointed out that 25%-30% of the population of Latin America was not being reached and remained poorly informed. As a result, it had proven extremely difficult to achieve changes in behaviors and attitudes in relation to health problems such as cholera, which had been successfully addressed through public information and health education campaigns in some population groups. Similarly, it was considered essential to tailor health messages to the characteristics of the target audience. Differences between Latin America and more developed regions in the general context of communication and media coverage were also highlighted.

It was pointed out that the media could be a powerful tool for conveying positive health messages, but they could also subvert many of the changes sought by the health sector, sometimes through subliminal messages, such as smoking by characters in films or television programs. Young people might be particularly vulnerable to such messages. In relation to television programming, the tremendous health communication potential of soap operas, which were widely viewed throughout the Region, was stressed by various delegates.

Given the power of the media to influence behavior and public agendas, it was considered essential for governments, in particular the ministries of health, to strive to establish good relations and make allies of the media. It was suggested that governments had a dual role with regard to health communication: one role was to provide information directly and carry out activities to promote and protect health, while the other was to dispel rumors or exaggerations and correct misinformation that might be disseminated through the mass media. That duality often placed them in a role of rivalry or conflict with the media.

Several delegates described health communication experiences and initiatives under way in their countries. This sharing of experience was seen as extremely valuable, and it was

proposed that PAHO consider holding a “health communication fair” in conjunction with a future session of the Directing Council to give the countries the opportunity to present their experiences and learn from one another.

With regard to the document, it was suggested that it should address the issues of communication between governments and their citizens and communications between governments and between PAHO and governments, as well as the role of PAHO in facilitating linkage between governments. It was also felt that the integration and interaction between PAHO’s social communication activities and its public information activities should be clarified. The Subcommittee considered that the Organization’s primary focus should be social communication, which was oriented toward health promotion, although the importance of strengthening PAHO’s institutional image and credibility was recognized. In addition, the document should devote more attention to the use of new modes of communication such as the Internet. Finally, it was suggested that the section on the Organization’s technical cooperation provide more specific information on the activities planned or under way, including priorities and measurable objectives.

Dr. Coe said that the Health Communication Unit, in collaboration with the Office of Public Information, was actively seeking ways of working with hard-to-reach poor and rural communities, using both traditional and alternative communication strategies. She noted that reaching those populations was a great challenge not only for PAHO but for the field of communication as a whole. With regard to the interaction between her unit and the Office of Public Information, she explained that the work of the two areas frequently overlapped and they collaborated with one another; however, they were two distinct programs with different orientations and objectives. Responding to the comments on the potentially negative messages that could be transmitted by the media, she noted that one of PAHO’s priority strategies was promotion of media literacy through elementary and secondary school programs to help young people to decode media messages. She also acknowledged the need to address the challenges created by dissemination of excessive, and sometimes inaccurate, information via the Internet and other communication media. Finally, she noted that some of the publications of the Health Communication Unit and the Office of Public Information were available for the delegates and would be mailed to any other countries that wished to have them.

The Director said that he believed that the next version of the document should address only the technical cooperation aspects of the Organization’s work in the area of health communication. PAHO’s primary objective was to help the ministries of health to be more effective in transmitting information that would bring about change in behaviors, practices, and attitudes relating to health, not only at the individual level but in society as a whole. The Organization also sought to help the ministries to forge better relations with the media so as to encourage accurate and appropriate reporting on health issues.

In relation to the surfeit of health information available through the Internet and other sources, he pointed out that, in reality, there was a surfeit of raw data, which had not been organized into information that would yield the knowledge required for wise decision-making. Collecting and organizing data to provide useful information to the countries was another of PAHO’s aims in the area of health communication. As for the problem of unwillingness in the

health sector to invest in health communication activities, it was undoubtedly related to long-held attitudes among medical professionals, who had traditionally been reluctant to deal with the media or justify their actions to the public. Changing those attitudes would take time, but the Organization would continue to try to persuade health workers that health communication was as important as health programs for the prevention and control of diseases.

Health of the Elderly (Document SPP29/4)

Dr. Martha Pelaez (Regional Advisor on Aging and Health) presented the new conceptual framework for PAHO technical cooperation in the area of aging and health. She noted that one of the major health successes of the 20th century was increased longevity; however, with that success had come the challenge of developing a new paradigm for addressing the health needs and enhancing the quality of life of the growing numbers of persons over the age of 60 in all countries of the Region. Unfortunately, for many people, surviving to an older age created a situation of triple jeopardy characterized by greater poverty, loneliness and isolation, and reduced access to health care due to age discrimination. Under the current paradigm, older people tended to be viewed as a burden, rather than as resources capable of contributing to the development and strengthening of the family and society.

PAHO's technical cooperation program was aimed at changing those perceptions and promoting healthy and active aging, which research indicated was closely linked to avoidance of disease and disability, maintenance of high physical and cognitive functions, and sustained engagement in social and productive activities. The proposed plan of action on aging and health emphasized a holistic approach, applying the perspectives of the WHO Global Program on Aging, namely: a life course perspective, a health promotion perspective, a gender perspective, an intergenerational perspective, and an ethical perspective.

The plan included three major programmatic components: (1) a focus on the health of older persons, including development of access to adequate primary health care and actions to address caregiving issues and identify community alternatives to institutional care; (2) involvement of older persons in promoting healthy environments and healthy lifestyles, integrating them into the healthy communities movement; and (3) emphasis on older persons as agents of change, encouraging volunteerism among the elderly and developing their advocacy skills. Activities for the period 1998-2002 would be concentrated in six areas: (1) research and strengthening of the information base in order to provide the Member States with reliable data and information on aging-related issues; (2) dissemination of information, including strengthening of information networks; (3) advocacy and social communication, as key activities for changing stereotypes about aging; (4) human resource development, especially at the primary care level, to enable health workers to meet the new challenges of caring for an aging population; (5) development and evaluation of policies, plans, and programs to meet current needs and put in place the necessary infrastructure for addressing future needs; and (6) mobilization of resources, without which none of the other activities would be possible. The Subcommittee was asked to comment on the new conceptual framework and on the appropriateness of the proposed plan of

action.

The Subcommittee expressed unequivocal support for the conceptual framework and the holistic approach to the issue of health and aging presented in the document. It commended PAHO for recognizing that a model that combined both social and medical solutions—rather than a strictly biomedical approach—was essential in order to meet the needs of the elderly. Because many of the factors that affected healthy aging fell outside the health sector's sphere of action, multisectoral collaboration was considered essential. It was also considered critical to take immediate action in order to put in place the necessary infrastructure to care for the elderly before the full impact of the demographic transition was felt. One of the most important areas for action was the development of community- and family-based alternatives to institutional care. In this connection, modern housing and living arrangements—with their emphasis on nuclear, rather than extended, families—were identified as factors that contributed to the isolation and exclusion of older persons.

The importance of protecting the dignity of the elderly was underscored, as was the importance of integrating older persons fully into society and empowering them to contribute to the development and well-being of their families and communities. It was emphasized that for the elderly, as for the general population, health was not merely the absence of disease, but was a state of complete physical, mental and social well-being. It was also pointed out that, ultimately, society as a whole benefited from measures that improved the quality of life and gave greater dignity to the elderly.

With regard to the document and the proposed lines of action, research and creation of a database on aging were considered priorities. In addition to collecting data on the situation of the elderly, it was suggested that the Organization also compile information on programs and policies on aging in order to facilitate sharing of experiences among the countries. More information on human resource development and the Organization's efforts in the area of teaching on gerontology and geriatrics was requested. The need to incorporate into that teaching emphasis on use of pharmaceuticals among the elderly and on nutrition as a basis for good health was emphasized, as was the importance of extending training in care of the elderly to all allied health professionals. In the area of social communication and advocacy, it was suggested that one way to foster change in perceptions about aging and the elderly would be to promote the development of a specialty in journalism similar to health journalism, but with a focus on aging-related issues.

The need to prioritize technical cooperation strategies and tailor them to the needs of the countries was highlighted. It was pointed out that the document on aging and health, like most of the other documents examined by the Subcommittee, contained mainly generic strategies, such as research, advocacy, information dissemination, and resource mobilization, that were equally applicable to all the Organization's lines of action. In the current context of scarce resources, it was considered essential to establish clear priorities and plan technical cooperation to address specific needs and provide support to the countries in specific areas.

Dr. Pelaez acknowledged the need for research and the value of information-sharing between countries. The Organization was currently sponsoring a multicenter research project that

was expected to yield not only a solid base of information on the situation of the elderly in the seven participating countries but also a proven methodology that would enable other countries of the Region to undertake epidemiological studies of their elderly populations. In addition, the project would also provide the elements for developing an agenda for technical cooperation over the next 10 years. Among other things, the study would look at the nutritional status of older people, the amount of physical activity they engaged in, and “intergenerational transfers,” or how older people contributed to the well-being of their families and vice versa. It would also examine the use of pharmaceuticals and non-traditional medicines among the elderly, with a view to better understanding what kind of educational programs need to be developed to enable older people to take better care of themselves and receive more appropriate care from health professionals.

One of the program’s main objectives was to enhance care for the elderly at the primary care level, which meant not just providing health workers at that level with the tools they needed for the care of older persons, but also developing strategies for promoting healthy aging. In the area of policy development, the program was collaborating with the Program on Public Policy and Health to provide technical cooperation to the health commission of the Latin American Parliament on issues relating to aging and to develop model legislation on aging and health. The location of the technical cooperation program on health of the elderly within the Program on Family Health and Population and its horizontal collaboration with various other PAHO programs reflected its intergenerational and multisectoral focus.

The Director stressed the need for the health sector and health organizations such as PAHO to take the lead in addressing the host of issues that would arise over the next several decades as a result of population aging in the Region. In order to do that, the Organization must look at its own response capacity and seek innovative ways of enhancing its own internal capacity despite resource limitations. It must also take advantage of the technical capabilities and resources of other program areas, for example for the collection and analysis of data. Finally, it must hone its ability to present well-founded and well-structured proposals in order to mobilize extrabudgetary resources for work in this critical area.

With regard to the comments on technical cooperation strategies, he emphasized that PAHO’s technical cooperation was always planned in response to needs and priorities identified by the countries. He noted that the whole issue of cooperation responses and priorities would be discussed in depth at the March 1998 session of the Subcommittee, when the Organization’s strategic and programmatic orientations for the next quadrennium would be examined. In the meantime, however, the Secretariat could incorporate more specificity into the document on PAHO’s technical cooperation strategies in the area of aging and health.. The next version of the document would contain more specific information on how PAHO would strengthen its own internal capabilities in this area, as well as on how it would provide technical cooperation in response to national priorities.

Hantavirus (Document SPP29/8)

Dr. Steven Corber (Director, Division of Disease Prevention and Control) outlined the activities PAHO was carrying out in response to the emerging problem of Hantavirus infection. He recalled that the first cases of Hantavirus pulmonary syndrome (HPS) had been detected in the southwestern United States in 1993, although the existence of prior cases had been demonstrated through retrospective analysis of blood samples. Since then, cases had occurred in Argentina, Brazil, Chile, Uruguay, Paraguay, and Canada. Other countries were considered to be at risk, since there were many varieties of both the virus and wild rodents, the reservoir for the virus, in the Region.

In September 1997, the 40th Directing Council had adopted a resolution (CD40.R14) requesting the Director to establish a task force to issue recommendations on epidemiological surveillance, diagnosis, treatment, and prevention of Hantavirus infection; support and promote horizontal cooperation between Member States; and prepare a report to the 25th Pan American Sanitary Conference. The document submitted to the Subcommittee was a report on the activities undertaken thus far in compliance with that resolution.

Those activities included technical assistance to several countries in response to outbreaks; financial support for studies to identify the reservoir of the virus in Argentina and implement control measures; organization of a subregional meeting on HPS to share epidemiological information and determine the needs for diagnostic laboratories, production of reagents, research, and epidemiological surveillance; and sponsorship of technical cooperation among countries. In December 1997, the Organization expected to publish guides on clinical aspects of the disease and on Hantavirus reservoirs. A more comprehensive technical guide to Hantavirus in the Americas would be prepared during the first half of 1998 in collaboration with experts from the countries and the task force created pursuant to Resolution CD40.R14. Other future activities would focus on strengthening of surveillance and laboratory diagnostic capacity and promotion of regional production of the antigens necessary for diagnosis of the infection.

The Subcommittee considered the Organization's response to Hantavirus an excellent example of PAHO's ability to provide timely and appropriate technical cooperation, as well as facilitate technical cooperation among countries. Several of the delegates provided updates on the situation and on recent initiatives in their countries. The Delegate from Argentina announced that the health ministers of the MERCOSUR countries had recently agreed to form a subregional coordinating commission on Hantavirus. The United States Delegation reported that the National Institute of Allergies and Infectious Diseases had designed a clinical trial and was interested in the possibility of enrolling patients from South America in a placebo control double-blind study of ribavirin.

Given the lack of knowledge about HPS, it was considered essential to develop educational materials for both health professionals and the general public and to arrive at regional consensus regarding the case definition. Laboratory strengthening, including training of human resources and establishment of reference laboratories, was also viewed as critical. Several delegates stressed the importance of investigating environmental conditions, notably the El Niño

phenomenon, that might lead to increased prevalence of the disease and of implementing special measures in border areas to prevent its introduction. The need to disseminate accurate information in order to allay public fears aroused by incorrect or exaggerated media reports was also emphasized.

Dr. Corber remarked that the Organization's past experience in dealing with communicable diseases, its knowledge of the capabilities of the various countries, and previous training programs had helped it to mount a rapid response to Hantavirus and activate communication networks and partnerships between countries. In response to the comments on strengthening of laboratories and development of a case definition, he said that PAHO was working actively in both areas. Efforts were under way to establish a network of laboratories, including three reference laboratories, and support had been provided for some training activities. The two interim guides to be published in December 1997 and the more comprehensive publication to be prepared in 1998 would assist in the training and education of both health workers and the public.

He acknowledged the importance of environmental conditions as a factor in transmission of the disease. The first cases in the United States had been discovered after a year of heavy rains, which were thought to have brought the rodent population into closer contact with the human population, thereby increasing the potential for exposure to the virus. In view of that situation, there was reason to be concerned about the possible impact of El Niño. Primary prevention through rodent control was the key to stopping the spread of the virus. The document to be published in 1998 would contain recommendations on the risks associated with rodents and rodent control, as well as on possible measures to be applied in border areas.

The Director emphasized the importance of technical cooperation among countries. The Secretariat had always felt it was the proper role of the Organization to facilitate such interchange and collaboration. He also informed the Subcommittee that the Organization was forming a small task force to study the risks posed by El Niño, including the possibility of a recrudescence of HPS due to climatic conditions and ecological changes. More information on the task force would be provided at a later date.

Other Matters

The Director reminded the Subcommittee that, pursuant to a decision by the 121st Session of the Executive Committee, the next session of the Subcommittee would be held on 30 and 31 March 1998. One of the most important items on the agenda would be the proposed strategic and programmatic orientations for 1999-2002, which the Secretariat was in the process of drafting in consultation with representatives of every country in the Region.

He also noted that the biennial congress of the Latin American Union Against Sexually Transmitted Diseases (ULACETS) was to be held in Lima, Peru, during the first week of December. AIDS would be a major topic of discussion at that event, and the directors of national AIDS programs were generally invited to attend as official representatives of their governments. However, he was somewhat concerned that a group of directors of national AIDS programs from several countries had recently formed a horizontal technical cooperation group, which, he feared, might be assuming some responsibilities that belonged to the Governing Bodies of the Organization. While PAHO enthusiastically supported horizontal cooperation initiatives, it would not want the authority of the governments to be undermined. He would be writing to the ministers of health to formally express his concerns, but he invited the Members of the Subcommittee to express their views on the situation.

Most Members of the Subcommittee were unaware of the group's existence and indicated that their national AIDS program directors would be attending the Lima meeting as representatives of their governments. It was pointed out that the national directors were subject to the authority of the ministers of health and were obliged to support the policies established by their respective ministries. Several delegates noted that the concern raised by the Director pointed up the need to reexamine the broader issue of international cooperation and the nature of PAHO's relations with the ministries of health, particularly in view of the increasingly prominent role played by NGOs. The need to create true partnerships, rather than relationships of dependence, between the Organization and the ministries was underscored. It was suggested that these issues be examined as part of the discussion of the strategic and programmatic orientations at the next session of the Subcommittee.

CLOSING OF THE SESSION

The President expressed his gratitude to the Members of the Subcommittee for the confidence they had invested in him by electing him to the presidency. He thanked the officers and delegates for their valuable contributions and declared the session closed.

ANNEXES

Annex A. and B. Agenda and List of Documents. [Click her on Reg. No. 194](#)

Annex C. List of participants. [Click her on Reg. No. 195](#)