



## XXII PAN AMERICAN SANITARY CONFERENCE

## XXXVIII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C.

SEPTEMBER 1986

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## CARIBBEAN COOPERATION IN HEALTH

Document CE97/22, Caribbean Cooperation in Health (CCH) (annexed), describes the background, objectives, and priority areas of action for the initiative which the Pan American Health Organization and the Caribbean Community (CARICOM) are developing in collaboration with the countries of the English-speaking Caribbean.

The initiative originated as part of PAHO's general policy to focus technical cooperation efforts towards special program themes as well as towards defined geographical regions. The strategic and technical reasons for focussing attention on the Caribbean at this time are described in the document. The objective of CCH is to assist the Governments of the subregion to improve the health of their people through selecting areas for priority attention and developing specific projects in these areas, thus producing an improvement of the whole health infrastructure. Specific attention is being paid to enhancing intercountry, interagency and interinstitutional collaboration, as well as to mobilizing all possible internal and external resources to focus on the priority areas.

The priority areas selected are: environmental protection, including vector control; human resource development; chronic disease control and accident prevention; strengthening of health systems; food and nutrition; and maternal and child health, including population.

The strategy to be developed includes promotion of the initiative at the appropriate international, regional and subregional levels in the six priority areas and the development of specific projects which can be presented to potential donors for consideration.

The annexed document gives more detail of the objectives of the projects which are being developed in the six priority areas at the national, Eastern Caribbean, and subregional levels.

The Executive Committee discussed the document and welcomed the initiative. Stress was laid on the role which the PAHO centers in the Caribbean could play in the development and implementation of CCH. It was also agreed that apart from benefits to be gained from mobilizing external resources, the process to be followed in CCH would benefit the intercountry collaborative efforts in health. Reference was made to the experience with the development of the Plan for Central America and Panama, and it was agreed that CCH could profit from the lessons learned in that subregion.

The Executive Committee then approved Resolution VIII, "Caribbean Cooperation in Health," which follows:

THE 97th MEETING OF THE PAHO EXECUTIVE COMMITTEE,

Having reviewed Document CE97/22, Caribbean Cooperation in Health;

Considering the significance of this initiative to the development of the health sectors of the Member Countries in the Caribbean subregion; and

Noting the endorsement of the plan for Caribbean Cooperation in Health by the Ministers Responsible for Health in the Caribbean,

RESOLVES:

1. To request the Director to present the plan for Caribbean Cooperation in Health to the XXII Pan American Sanitary Conference for its consideration.

2. To recommend to the XXII Pan American Sanitary Conference that it consider a resolution along the following lines:

THE XXII PAN AMERICAN SANITARY CONFERENCE,

Having been informed of the initiative for health in the Caribbean known as "Caribbean Cooperation in Health," developed by PAHO and the Caribbean Community (CARICOM) at the request of the Ninth Meeting of the Conference of Ministers Responsible for Health in the Caribbean, held at Roseau, Dominica, 1984;

Considering that the Caribbean Ministers of Health attending the XXXI Meeting of the Directing Council of PAHO in Washington, D.C., September 1985, gave unanimous support to the plan presented by PAHO and CARICOM, and agreed to actively promote and develop the initiative within their countries;

Noting that the Caribbean Ministers at the Meeting of the Tenth Conference of Ministers Responsible for Health in the Caribbean (CMH) held at Georgetown, Guyana, in 1986, formally endorsed the initiative and its objectives, priorities, and approaches;

Appreciating that the English-speaking Caribbean countries share a common history, have had a long tradition of cooperation in matters of culture, education, health and economic development, noteworthy examples of which are subregional institutions such as the CARICOM itself, the University of the West Indies, and the Caribbean Development Bank;

Aware that this initiative is an application of the subregional approach utilized by PAHO in its delivery of technical cooperation in the Caribbean, as exemplified by the Caribbean Program Coordinator's Office, the Caribbean Food and Nutrition Institute, and the Caribbean Epidemiological Center;

Accepting that the six priority areas identified and agreed on for the development of the initiative are those reflected in the subregional policy statements, strategies, and plans of action previously endorsed by the CMH; and

Convinced that the successful execution of Caribbean Cooperation in Health will be an important contribution to the attainment of health for the peoples of the Caribbean subregion and to the global goal of Health for All by the Year 2000,

#### RESOLVES:

1. To endorse the initiative known as "Caribbean Cooperation in Health" and to request the Member Countries to provide their full support to CARICOM and the Ministries of Health in the implementation of this initiative.

2. To encourage the Member Countries of the Caribbean subregion to emphasize the Caribbean Cooperation in Health plan as the focus for the development of their proposals for technical cooperation.

3. To request the Director:

- a) To support the initiative within the regular programs of technical cooperation of the Organization;
- b) To cooperate fully with CARICOM and the Member Countries of the Caribbean subregion in the development of projects under the initiative;

- c) To inform all Member Countries of the specific projects under the initiative;
- d) To continue to promote the initiative in major international fora, with other international organizations and with interested multilateral and bilateral development agencies in order to obtain their support for these projects.

4. To inform the Director General of the World Health Organization about the Caribbean Cooperation in Health initiative and to request his support for its continued development.

Annex

*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION



*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



97th Meeting  
Washington, D.C.  
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CARIBBEAN COOPERATION IN HEALTH

This document is presented to the 97th Meeting of the Executive Committee for the purpose of informing it about the concept, thrust, and current status of the PAHO/CARICOM initiative, "Caribbean Cooperation in Health." The initiative was born out of the decision by the Director of the Pan American Sanitary Bureau that the Organization's technical cooperation be channeled through thematic and geographic approaches.

The initiative, which is still at an early stage, emphasizes the promotion and development in countries of the English-speaking Caribbean of national and subregional projects in six priority areas: environmental protection, including vector control; human resource development; chronic disease control and accident prevention; strengthening of health systems; food and nutrition; and maternal and child health and population activities.

The Committee is being asked to consider the initiative in preparation for its transmission to the XXII Pan American Sanitary Conference.

## CARIBBEAN COOPERATION IN HEALTH

## BACKGROUND

Over the past three years the Director of the Pan American Sanitary Bureau has sought to improve delivery of the Organization's technical cooperation by emphasizing thematic as well as geographic approaches. The thematic approach has found expression in such efforts as the program to eliminate the transmission of wild poliovirus by 1990 and that for the elimination of urban rabies by 1990. The geographic approach was first utilized in the conceptualization, formulation, and implementation of the Priority Health Needs for Central America and Panama, a coordinated approach to the solution of important national and subregional health problems. As soon as activities of the Central American plan were underway, the Director launched a special initiative in the countries of the English-speaking Caribbean.

The reasons for special initiatives with geographic orientations differ from subregion to subregion. The compelling justification for using a health initiative to establish a bridge for peace in Central America obviously is not applicable in the Caribbean. Nevertheless, certain aspects of the current Caribbean health situation justify the development of a special initiative aimed at concentrating on cooperation in health in that subregion. Additional reasons for a special initiative in the Caribbean are the presence of functioning subregional institutions, the threat of socioeconomic problems facing the subregion, and the existence of common health problems that might be best tackled through a collaborative subregional approach.

Over the years the Caribbean has shown strong tendencies towards collaborative efforts in health. The Conference of Ministers Responsible for Health, one of the institutions of the Caribbean Community (CARICOM) established by the Treaty of Chaguaramas, has adopted many strategies for attacking common health problems, and the Health Section of the CARICOM Secretariat has been successful in promoting the implementation of several of these strategies. The Pan American Health Organization has a long history of delivering technical cooperation to the Caribbean, and the existence of the Office of the Caribbean Program Coordinator is evidence of another attempt to coordinate health inputs into the subregion. Other Caribbean institutions which would contribute to the success of a cooperative effort include the University of the West Indies, the University of Guyana, and the Caribbean Development Bank.

The size of the small island states of the Caribbean makes them particularly vulnerable to the current worldwide economic crisis, which is already affecting some health indicators. In all of the countries the total wealth is small, and in most of them funds available to the social sector, including health, are limited. As the major item in most countries' recurrent health budget is usually personnel, and it is more difficult to cut personnel costs than nonpersonnel costs when budget reductions are enforced, the tendency is to reduce program delivery. The expectation is that a special initiative will serve to improve resource utilization as well as to attract additional resources, thereby helping to mitigate some of the effects of the economic crisis.

Consequently, the Director of the Pan American Sanitary Bureau proposed at the Ninth Conference of Ministers Responsible for Health in the Caribbean, held in Dominica in July 1984, that a special initiative in health be developed for the subregion. The proposal was accepted, and it was decided that PAHO and CARICOM would jointly assume responsibility for the elaboration of the "Caribbean Cooperation in Health."

Certain health issues are particularly appropriate for cooperative action, and have been designated as priority areas; these areas are briefly described below. Objectives of projects in these areas are outlined in the Annex.

#### COUNTRIES TO BE INVOLVED

Caribbean Cooperation in Health will involve the English-speaking countries and other political units in the subregion: Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Lucia, St. Christopher and Nevis, St. Vincent and the Grenadines, Trinidad and Tobago, and Turks and Caicos Islands.

#### OBJECTIVES

The overall objective of Caribbean Cooperation in Health is to assist the Governments of the subregion to improve the health of their people. Specific objectives are as follows:

1. To identify and utilize strategic priority areas as entry points for facilitating the more productive use of resources and for promoting technical cooperation among developing countries (TCDC).
2. To develop specific projects as vehicles for improving the whole health delivery system and contributing to solutions of the more critical health sector problems.

3. To enhance technical cooperation in health in the Caribbean by stimulating intercountry, interagency, and interinstitutional collaboration.
4. To mobilize national and external resources to address the most important problems of the neediest groups and sectors.

#### PRIORITY AREAS

The Caribbean Cooperation in Health initiative has as its core six priority areas. These were selected on the basis of the health profiles of the countries of the subregion and because they represent strategic entry points through which the subregion as a whole might mobilize and make the most productive use of resources in order to strengthen the whole delivery system and improve the health status of priority groups. Selection of these areas is also consistent with the plan of action for health in the Caribbean approved by the Conference of Ministers Responsible for Health. The priority areas are:

- Environmental protection, including vector control;
- Human resource development;
- Chronic disease control and accident prevention;
- Strengthening of health systems;
- Food and nutrition;
- Maternal and child health, including population activities.

These priority areas are further described, with a brief rationale and an outline of project activities, in the Annex.

#### STRATEGY

The strategy that PAHO and CARICOM will follow in executing Caribbean Cooperation in Health will consist primarily of promotion of the initiative itself and development of specific projects.

##### Promotion

Promotion of Caribbean Cooperation in Health is essential, especially at the political level. To this end, the Ministers of Health of the Caribbean have been fully involved, and in some countries a formal Cabinet decision has been taken to participate actively in the Initiative. The major fora in which it will be presented and discussed include:



- PAHO Governing Body Meetings
  - . The 97th Meeting of the PAHO Executive Committee, Washington, D.C., June 1986
  - . The XXII Pan American Sanitary Conference, Washington, D.C., September 1986
- Caribbean Ministerial meetings
  - . The Tenth Meeting of Ministers Responsible for Health in the Caribbean, Georgetown, Guyana, 12-13 June 1986
  - . The Meeting of Heads of Governments of the Caribbean, Georgetown, Guyana, 1-4 July 1986
- Commonwealth Meeting
  - . The Meeting of Commonwealth Ministers of Health, Nassau, Bahamas, 13-17 October 1986.

In addition, several multilateral and bilateral donor agencies have been approached for their support.

#### Project Development

Success of the initiative will depend on the conduct of projects in the six priority areas. Project development is proceeding at three levels:

- Subregional, involving the whole Caribbean;
- Among the Eastern Caribbean States;
- Country.

In addition to their specific national application, some country projects will, at the same time, serve as components of wider subregional projects.

Project development involves nationals, PAHO staff at all levels, and staff of the CARICOM Secretariat. Responsibility for coordinating the subregional projects rests with the Caribbean Program Coordinator, while responsibility for coordinating at the national level rests with the PAHO/WHO Representatives.

A major concern has been the capability to formulate project proposals, and PAHO and the Caribbean Development Bank have held one subregional workshop to train health officials in this area. A series of national activities of this kind is planned for 1986.

CARIBBEAN COOPERATION IN HEALTH: PRIORITY AREAS

AREA 1 - ENVIRONMENTAL PROTECTION, INCLUDING VECTOR CONTROL

Environmental Protection

Water supplies and sewerage. Water systems in many countries are deficient, mainly in relation to the production and quality of water. The major constraints in the area are: institutional weakness of the agencies in the countries due to the fact that these agencies do not operate on a sound commercial basis and require considerable improvement in the areas of financial management and accounting; lack of capability in preparing projects that will meet the information requirements of funding agencies; limited capacity to satisfy the requirement of lending institutions that counterpart funding of local costs be provided; inadequate capacity for project implementation; and lack of community involvement in sanitation projects, especially in remote rural areas.

Solid waste management. The storage, collection, and disposal of refuse is a priority environmental problem throughout the Caribbean. The major constraints to its solution are the lack of financial resources, trained manpower, and inadequate institutions and management, equipment, and the fact that solid waste management has not been integrated in the development planning process. Lack of legislation and public education compounds the problem.

The objectives of projects to be developed in this area will be:

- a) To enhance national as well as subregional capabilities for developing and maintaining programs aimed at the improvement of environmental conditions--particularly in regard to water supplies, sewage disposal, and solid waste management;
- b) To reduce the incidence of water- and sewage-borne diseases;
- c) To safeguard the environment against pollution.

Vector Control

In most areas of the Caribbean there is a real threat of dengue fever and a more remote one of yellow fever. This relates mainly to the characteristics of the vector Aedes aegypti and to the attributes of the population at risk. The concern is greatest in the island states because of their dependence on tourism and the frequent inter-island travel. The main objective of the projects in this area will be eradication of A. aegypti from the Caribbean.

## AREA 2 - HUMAN RESOURCE DEVELOPMENT

Most Caribbean health professionals are trained at the University of the West Indies, but recently medical professional training has begun at the University of Guyana. There is a long tradition of training in nursing in most of the countries. More recently there has been increasing emphasis on allied health profession education, which has been fostered in great measure by a PAHO/CARICOM allied health professional training project located in Barbados. One of the major difficulties is the development of a coordinated approach to health training as a whole.

The overall purpose of this priority area is to develop a coordinated network of resource persons, and of national and subregional service and educational institutions, capable of providing various levels of training relevant to the needs of health systems and based on the primary health care approach.

The objectives of projects to be developed in this area will be:

- a) To promote the revision/formulation of policies and plans for health manpower training, utilization and research, within the context of the managerial process for national health development;
- b) To establish subregional cooperative arrangements for the preparation of a leadership cadre of health personnel especially in community health management, for the development of appropriate educational methodology/technology, and for health manpower research;
- c) To develop mechanisms to ensure optimal utilization of trained health personnel;
- d) To plan and develop in each country a system of continuing education which would have as one of its objectives the enhancement of performance of multidisciplinary teams in solving priority problems of communities;
- e) To strengthen the existing infrastructure at the universities and other educational/training institutions to enable them to discharge adequately their national and subregional responsibilities.

## AREA 3 - CHRONIC DISEASE CONTROL AND ACCIDENT PREVENTION

In the last 35 years there has been a progressive increase in the incidence of chronic noncommunicable diseases, which have now become leading causes of mortality in most countries. Accidents also show an

alarming rise in incidence and now account for 7% of all male deaths in the Caribbean.

Projects will be developed in this area with the following objectives:

- a) To attain a better understanding and clearer definition of the situation in the Caribbean countries in regard to the chronic noncommunicable diseases and accident-related disorders;
- b) To develop integrated community-based control programs together with the organization of diagnostic, therapeutic and rehabilitation services for these diseases and disorders;
- c) To develop programs designed to reduce the frequency and public health impact of traffic accidents. Such programs will be related to emergency medical services, rehabilitation, legal issues, training and education, and transportation.

#### AREA 4 - STRENGTHENING OF HEALTH SYSTEMS

Health systems in the Caribbean are being affected by the twin problems of scarcity of resources and demands of populations with changing demographic profiles and health service requirements. This program area should focus on increasing national operating capacity through improving accessibility, effectiveness and efficiency. Attention will be paid to four basic components: organizational development, physical infrastructure and maintenance, critical supplies, and research.

The projects to be developed in this area will have as their objectives:

- a) To strengthen the managerial capacity of the health sector to ensure the efficient and effective operation and productivity of health systems;
- b) To improve the coverage and quality of health care through the strengthening of national and intercountry networks of health services;
- c) To develop effective mechanisms to facilitate community participation in health and health-related matters.

#### AREA 5 - FOOD AND NUTRITION

Concern about food and nutrition has always been a constant in the Caribbean, although the subregion has not experienced the famine conditions which exist elsewhere. A large percentage of food is imported, cash crops are competing with domestic food production, and

international food donation is creating dangerous degrees of dependency. The necessary information systems are poorly structured and the demographic profile indicates that there is predominance of the groups which are most vulnerable to nutritional deprivation. There are several subregional institutions concerned with food and nutrition, but the number of professionals active in governmental service is still very small.

Projects to be developed in this area will have the following objectives:

- a) To put into effect the Caribbean food and nutrition strategies that have been developed by CARICOM;
- b) To develop the food component of such strategies, especially those national policies which have an effect at the household level;
- c) To promote development of the appropriate human resources and the information systems which form the basis of effective food and nutritional surveillance.

#### AREA 6 - MATERNAL AND CHILD HEALTH AND POPULATION ACTIVITIES

Forty per cent of the Caribbean population is under 15 years of age, and female teenagers represent between one-quarter and one-third of all potential mothers. There is concern over high teenage fertility rates and their related problems. Family life education outreach programs are inadequate; morbidity and mortality rates from diarrheal diseases and acute respiratory infections in children are very high, and there is lack of adequate services for handicapped children.

Projects to be developed in this area will have the following objectives:

- a) To reduce the number of births, especially to younger teenage mothers;
- b) To improve the state of perinatal health;
- c) To maintain immunization coverage at not less than 90% for the target groups;
- d) To reduce morbidity and mortality from diarrheal diseases and acute respiratory infections;
- e) To reduce the incidence of disability in children as well as to improve the health and well-being of the mentally and physically handicapped children.