WHO’s director-general called on ministers of health of the Americas to prepare for an influenza pandemic and to support international efforts to control H5N1 in Asia.

Concerns about the potential for an influenza pandemic have heightened in recent weeks as highly pathogenic H5N1 influenza in birds has spread from Asia to Central Europe and Turkey. The threat of a pandemic has received increasing coverage in the news media in Europe and the Americas, raising public concerns and questions about measures needed to prepare for such a development.

Lee urged the ministers of health and other delegates from across the Americas to ensure that their countries all have pandemic preparedness plans and reminded them that WHO has offered help in developing such plans.

“The WHO guidelines recently sent to you all set out the phased steps that need to be taken to prepare,” he said.

He also called on the region’s health leaders to support the International Partnership on Avian and Pandemic Influenza launched by U.S. President George W. Bush at the United Nations General Assembly in New York in September.
What drove your interest in public health?

I grew up in a medical family. My grandfather was the second doctor in our small town [Kong City] in California in the Salinas Valley, and my father was a primary care doctor who grew up working with his father. When I was young I would go on house calls in the country with him, and I knew from a young age I wanted to be a doctor. I felt fortunate when the families we helped showed us great appreciation. Then, after getting my medical degree and working in the National Health Service Corps in a rural county in California, I realized I could do much more for many more people by going into public health. I went into the Peace Corps and was assigned to Malawi, running a hospital in a poor area with a lot of malnutrition.

How did field work overseas affect your outlook?

I learned many things about public health and international medicine, but I realized that the practical side of things was essential. Having enough food in the hospital to feed patients and having enough gas for the Land Rover to take nurses where they had to go was equally important. You need the operational side working well to support the medical side.

What got you interested in immunization?

Well, 1986 was the Immunization Year in Africa, and we had a huge injection of enthusiasm. I saw the power of immunization to prevent disease and protect children, and I realized that this could benefit all health services. The community mobilization, the support, the benefits of saving lives—that was when I fell in love with immunization. Then, working on disease eradication made it the best job in the world. I like being back in PAHO where we have a real commitment to the vaccine program and where we have continued to lead the world, from smallpox to polio eradication and now the potential impact of what you’re doing makes it more exciting. I think we have the best staff in the world in the vaccine program, with a high esprit de corps and total support. Every single day, I look forward to coming to work. I feel very fortunate to be able to make a difference in people’s lives, and I think we’re all passionate about what we can do.

Was there a downside to living in Africa and Asia?

I had three bouts of malaria and hepatitis E, as well as a back injury that led me to come back. I went to the University of California at San Francisco to teach and continue working on immunization programs and advising on polio eradication. But I was always happy to work in the field and to be able to make a difference. I think it’s important to meet the operational challenges in the field and the challenges at the policy level. We have to focus on technical cooperation, equitable vaccination, effective management, surveillance, research, evaluation, and lots of other factors. As I said, I love coming to work every day.

How is your work at PAHO different from earlier assignments?

In Africa and Southeast Asia, the poverty is enormous, and so are the challenges. We have large pockets of poverty here [in the Americas], and these are also challenges. But the commitment you see in the people who work in vaccination is outstanding, and the potential impact of what you’re doing makes it more exciting. I think we have the best staff in the world in the vaccine program, with a high esprit de corps and total support. Every single day, I look forward to coming to work. I feel very fortunate to be able to make a difference in people’s lives, and I think we’re all passionate about what we can do.
Influenza Watch

PAHO Offers New Regional Plan for Pandemic Flu

The Pan American Health Organization’s Communicable Diseases unit, in collaboration with a multidisciplinary team of experts, has developed a plan for a regional approach to preparedness and response in case of an influenza pandemic.

PAHO’s Task Force on Epidemic, Alert and Response has met several times to discuss the Strategic and Operational Plan for Responding to Pandemic Influenza for PAHO and its member countries, and an external advisory group of experts on avian and human influenza provided feedback on the plan.

Otavio Oliva, PAHO’s regional advisor on viral diseases, presented the plan at a special briefing for the PAHO Directing Council in September. He provided delegates with an update on the spread of the H5N1 virus and emphasized that a human pandemic could occur at any time, with potentially catastrophic consequences. However, he also said, “With this advance warning, we have a unique opportunity to prepare.”

The PAHO plan takes a multisectoral, phase-specific approach to planning for an influenza pandemic, based on the World Health Organization’s (WHO) Global Influenza Preparedness Plan. The PAHO plan proposes activities to be carried out both before and in the event of a pandemic. It emphasizes the need for joint action among authorities in health, agriculture, emergency response, and other sectors, as well as with civil society and the private sector.

In the pre-pandemic phase, PAHO will work with its member countries to:

- Promote the development of national pandemic preparedness plans
- Strengthen early warning systems
- Promote local availability of a pandemic vaccine and antiviral drugs
- Plan for health care services and infection control
- Reduce opportunities for human infection
- Develop pandemic communication plans and raise awareness of the pandemic threat
- Estimate the potential impact of an influenza pandemic and assess information gaps
- Build partnerships and strategic alliances to support an effective response.

Should a pandemic virus emerge, PAHO will work at the regional and country levels to contain or delay the early spread of the virus. In the event of a full-scale pandemic, the plan proposes actions to reduce morbidity, mortality, and social disruption through coordinated action with PAHO’s member countries and with WHO.

Albino Belotto, head of PAHO’s Veterinary Public Health Program, noted that the PAHO plan includes actions to strengthen animal surveillance and encourage safe poultry farming practices in the region.

PAHO Assistant Director Carissa Etienne said that, given the potential impact of a flu pandemic and the uncertainty about its timing, “we must act today as if the pandemic could start tomorrow.” She noted that many member countries have requested assistance in this area, and she called on all PAHO Member States to undertake pandemic planning and to share their plans with one another to strengthen these efforts.

U.N. Agencies
Draft Flu Contingency Plans

The Pan American Health Organization (PAHO) and other agencies belonging to the United Nations system are developing internal contingency plans that outline measures their agencies and staff should take to prepare for an influenza pandemic.

PAHO is finalizing a Staff Policy & Contingency Plan for an Influenza Pandemic, based on the United Nations Medical Services Staff Contingency Plan Guidelines for an Influenza Pandemic, which have been distributed to all U.N. agencies.

The purpose of the PAHO plan is “to ensure preparedness for a timely, consistent and coordinated response across the organization in the event of an influenza pandemic.”

The PAHO plan outlines the use of both medical and nonmedical interventions in preparing for and responding to a pandemic. These include procurement of antivirals and a pandemic vaccine, determination of “essential staff,” and arranging for medical evacuation, repatriation, or relocation of international staff and dependents.

Continuity of operations during an influenza pandemic is a major concern for PAHO and other organizations, not only in the health sector but also in government and the private sector. Employee absenteeism, disruption of supplies and inputs, and requirements for social distancing are among the numerous factors that contingency planning efforts must take into account.

WHO Director-General Warns PAHO Region on Pandemic Flu

(Continued from page 1)

“Lees’s warning came just a few weeks before H5N1 was detected for the first time in birds in Turkey, Romania, and Croatia. WHO confirmed that the virus’s introduction into Central Europe and Turkey increased the risk of human exposure but said this should not divert attention from areas where H5N1 is already endemic in birds.

“The problem is still focused in Asia,” Mike Ryan, WHO’s director of communications, disease surveillance and response, told reporters during an Oct. 17 teleconference.

Ryan characterized the virus’s appearance in Romania and Turkey as “two small introductions into Europe” and said the possibilities for containing further spread there were good “with all of the resources we have at hand.”

In contrast, he said, “the scale of the problem in the Asian world is actually very difficult.”

PAHO Director Mirta Roses echoed Lee’s pandemic warning in Spain after attending the Ibero-American Summit in Salamanca in mid-October.

“We should not be over-alarmed, but we should be alert,” she told the EFE news agency during a visit to Valencia. “The responsible thing for society and the authorities is to prepare themselves to mitigate whatever impact might occur and not to wait until it happens and then regret the results.”

“We should not get panicked; we should get active,” she said.

New Influenza Resources Online

The Pan American Health Organization’s (PAHO) website now has a section featuring information on avian influenza, accessible via “Avian Flu” on the PAHO home page (www.paho.org).

The site provides links to authoritative information on avian, pandemic, and seasonal influenza, with materials on preparedness, prevention and control, surveillance, and PAHO activities.

The site makes a number of key documents available in Spanish, including the WHO Global Influenza Preparedness Plan, the WHO Checklist for Influenza Pandemic Preparedness Planning, and the WHO Guidelines on the Use of Vaccines and Antivirals during Influenza Pandemics.

The section provides links to WHO’s frequently asked questions on avian influenza and its “10 Things You Need to Know about Pandemic Influenza.” There is also a list of National Influenza Centers in PAHO member countries, with complete contact information, and a selection of media articles on avian and pandemic flu.
The 46th meeting of PAHO’s Directing Council, held Sept. 26–30, brought together ministers of health and high-level delegates from all the region’s countries to assess the health needs of Latin America and the Caribbean and to set policy for the year ahead.

The ministers discussed and passed resolutions calling on the countries of the region to step up public health efforts in areas ranging from HIV/AIDS, tuberculosis, and malaria to maternal and child health, primary health care, immunization, and blood safety. The ministers also expressed support for PAHO and its work, approving its proposed budget for 2006–07 and endorsing its efforts toward institutional strengthening.

In her opening address, PAHO Director Mirta Roses noted that in the Americas and throughout the world, there is growing awareness of the importance of health to development. She urged the ministers to capitalize on that fact.

“The countries of the entire world recognized the centrality of health in human development when they established eight Millennium Development Goals for the year 2015, six of which are related to key achievements in health,” Roses said. “The budgets of all our countries are finite, and many different interests compete for a portion of those budgets. In this context, we must defend investment in health.”

Global neighbors

U.S. Secretary of Health and Human Services Mike Leavitt, in his address to the council, acknowledged international expressions of solidarity after two major hurricanes struck the United States earlier in September.

He said hurricanes were a reminder that “bad things can happen very fast. We must constantly reassess the state of our pre- preparedness for natural disasters as well as terrorist attacks and disease outbreaks.” He said a potential influenza pandemic was “one of our greatest threats” and should be a top concern for countries in the PAHO region and around the world.

“When it comes to influenza, we live in a global community, neighbor to neighbor, because a threat against one nation is a threat against the entire world,” Leavitt said. “Our task now is to make sure when the first influenza pandemic of the 21st century strikes, as it surely will, that the global community is ready.”

In a special briefing on immunization, PAHO Assistant Director Carlisa Etienne said that vaccines were key to the region’s ability to meet the Millennium Development Goals on reducing child and maternal mortality. She cited important advances in immunization in the region, including the eradication of polio and measles and progress toward eliminating congenital rubella syndrome and rubella. But “we must continue required equitable access to immunization, and particularly to new vaccines.”

It is crucial for us in the health sector to strengthen our links with ministers of finance and those responsible for budgets in our countries, because we have very important times ahead of us in terms of new vaccines.”

New committee

During one of its last sessions, the PAHO Directing Council elected three new members to the nine-member PAHO Executive Committee. Antigua and Barbuda, Chile, and Panama were elected to replace outgoing committee members Dominica, Paraguay, and the United States. The PAHO Executive Committee now has nine members and acts as a working group in preparation for the annual Directing Council or the once-ever-four-years Pan American Sanitary Conference.

Directing Council Highlights

PAHO’s 46th Directing Council approved a number of resolutions calling for new action in support of public health priorities in the region. In some of its key actions, the Directing Council:

• Approved a new regional framework for halting and beginning to reverse the HIV epidemic and other sexually transmitted infections (see also p. 2).
• Pledged to make tuberculosis control a priority, including use of the DOTS strategy and allocating sufficient resources to fight TB.
• Called on member countries to adopt a new Regional Plan of Action for Transfusion Safety 2006–2010 and promote wide participation in both the public and the private sectors in the plan’s implementation.
• Adopted the PAHO Gender Equality Policy, aimed at overcoming gender inequalities in health and development in the hemisphere, and urged member countries to implement the policy in collaboration with all relevant government sectors, the United Nations system, the inter-American system, and civil society stakeholders.
• Approved a biennial program budget for PAHO at a zero-percent increase, calling on Member States to make voluntary contributions to support priority topics identified in an alternative budget scenario based on a 2-percent increase.

Annual Report Spotlights

PAHO Achievements

PAHO Director Mirta Roses presented her annual report to the region’s ministers of health on the opening day of the Directing Council meeting.

The report, Working Together for the Health of the Americas, focuses on initiatives and achievements at both the country and regional levels during 2004–05. This year’s edition reflects PAHO’s growing “country focus,” that is, work carried out in close cooperation with countries and other partners in the hemisphere.

Among the key achievements cited in the report for the period were:

• An additional 100,000 people in Latin America and the Caribbean gained access to antiretroviral treatment for HIV, as part of the PAHO/WHO “3 by 5” initiative to scale up treatment for HIV/AIDS.
• Support for the Amazon Initiative against Malaria and the Amazon Network for Monitoring of Antimalarial Drug Resistance, which coordinates research and action in malaria control.
• In Uruguay, the launch of a Productive and Healthy Municipalities project that combines health interventions with employment generation in small rural communities.
• In Bolivia, a partnership for environmental health involving governmental departments, international and bilateral development agencies, and the Ministry of Health.
• In Haiti, the PROVIDA Community in Action project, which combats violence in poor urban areas and improves basic sanitation services.
• In Mexico, support for mental health reform efforts, particularly to promote community-based mental health services and legislation and policies to protect the rights of people with mental disorders.
• Joint efforts by Bahamas, Barbados, Dominica, Jamaica, St. Lucia, St. Kitts and Nevis, and Trinidad and Tobago to build a port surveillance network to prevent the spread of disease through the transport of people and goods.

PAHO HQ Turns 40

The landmark Washington, D.C., building that serves as PAHO’s U.S. headquarters celebrated its 40th anniversary during this year’s Directing Council meeting.

Inaugurated in September 1965, the building provided the first permanent home for all of PAHO’s U.S.-based staff, at the time about 300 people. It was designed by Uruguayan architect Roman Fresnedo Siri, who won a hemisphere-wide competition. The building presented special architectural challenges because of legal height constraints (Washington buildings were not supposed to exceed 50 feet in height) and the U.S. government’s work on its space-occupancy requirements. Some contemporary observers referred to the building as a “little U.N.” for its resemblance to United Nations headquarters in New York.

The U.S. government donated the building site, at the time valued at $1.1 million, while the W.K. Kellogg Foundation donated $5 million to finance construction. The Kellogg donation was considered a “loan” to be paid back by PAHO member governments through their quota contributions to support the organization’s work.

Located near the famous Watergate complex, the Kennedy Center for the Performing Arts, and the U.S. State Department, PAHO headquarters continues to be a unique architectural feature of the Washington, D.C., landscape.
Don Francisco, PAHO Team Up To Fight Obesity

In a resolution the ministers pledged to continue their countries’ support for the Roll Back Malaria initiative, begun in 1998, and to establish national policies and operational plans to enable the region to reduce the burden of malaria by at least 50 percent by 2010 and by 75 percent by 2015. The ministers also called for annual mass drug administrations in some countries’ health systems, and to prevent and control it.

Pedro García, minister of health of Chile, endorsed the effort, acknowledging that “in Chile we have a serious problem with obesity.” He said a study carried out two years ago found that 61 percent of Chilean adults were overweight or obese.

“Of all the commitments from all the Pan American governments, we can, through PAHO, carry out a great campaign to end sedentary lifestyles and obesity, two problems that reduce the quality of life and shorten the life of adults,” Don Francisco told the ministers of health.

Television personality Don Francisco announces a partnership with PAHO to fight obesity by promoting physical activity and increased consumption of fruits and vegetables.

Malaria: Step Up the Fight

Malaria remains endemic in 21 of PAHO’s Member States. Of these countries, 15 reported declines in the number of cases between 2000 and 2004, more than half of these with declines of more than 50 percent. However, six countries reported increases during the same period: Colombia (9 percent), the Dominican Republic (94 percent), Guyana (20 percent), Panama (392 percent), Peru (23 percent), and Venezuela (57 percent).

Among the factors accounting for these differences are ecological conditions, variance in diagnostic and treatment coverage, weaknesses in some countries’ health systems, and variations in technical capacity.

Don Francisco, whose real name is Mario Kreutzberger, was named a PAHO Champion of Health in 2002 for his support of PAHO public service announcements, printed materials, a television host, announced a new joint effort with the Pan American Health Organization (PAHO) to fight obesity and promote healthy living in the Americas, during an appearance at PAHO headquarters on the opening day of the 46th Directing Council meeting.

The star of the popular TV variety show Sábado Gigante is teaming up with PAHO to mount a major public health campaign to encourage healthy eating and physical activity. He called on the ministers of health and other delegates to support the campaign with initiatives in their own countries.

“I am here today to emphasize what many say is the number-one health problem globally, a problem that I have suffered all my life: obesity,” he told the assembled health leaders. He noted that many countries are fighting tobacco consumption with effective measures such as health warnings on cigarettes, “but we don’t realize that many more people around the world die from sedentary obesity. There’s nothing on junk food, for example, that warns you ‘this is dangerous for your health.’

The new campaign, whose details are being finalized, will target U.S. Latin American audiences and will encourage viewers to eat more fruits and vegetables and incorporate more physical activity into their daily routines. It will include public service announcements, printed materials, a website, and occasional messages during Sábado Gigante, which boasts viewers in at least 30 countries.

Don Francisco pointed out that former U.S. President Bill Clinton has launched a similar campaign aimed primarily at English-speaking children in the United States.

Don Francisco, whose real name is Mario Kreutzberger, was named a PAHO Champion of Health in 2002 for his support of PAHO public service announcements and a long series of telethons starting in his native Chile and now covering 13 countries, which have raised millions of dollars for hospitals and people with disabilities.

Don Francisco says his interest in fighting obesity stems from his own battle with excess weight. Though genetic factors may play a role in overweight and obesity, he says the larger part of the growing problem has to do with lifestyles.

The report points out that there are wide variations in the degree of success of antimalaria efforts across the region. Malaria transmission is being to a PAHO report presented to the Directing Council meeting.

The approach is outlined in a new Regional Declaration on the New Orientations of Primary Health Care, adopted by the ministers during their meeting in September.

The declaration notes that the Americas region has made important progress in health, but significant challenges and disparities remain. Among the most important is the need to extend quality health care to all sectors of the population. Integrating the principles of primary health care into health systems would help meet this challenge, as well as new challenges resulting from epidemiological and demographic changes, emerging infections, the impact of globalization, and rising health care costs.

Experience over the last 27 years shows that health systems that adhere to the principles of primary health care produce greater efficiency and better health outcomes in terms of both individual and public health, according to the declaration.

A health system based on primary health care orients its structures and functions toward the values of equity and social solidarity and the right of every human being to enjoy the highest attainable standard of health without distinction of race, religion, political belief, or economic or social condition.”

The declaration commits the region’s health leaders to:

• Work toward the goal of universal access to high-quality health care
• Strengthen individual, family, and community participation in health policies and programs
• Facilitate intersectoral action, including both public and private sectors
• Emphasize health promotion and disease prevention
• Focus on quality care and patient safety
• Strengthen human resources in health
• Promote efficient health sector organization and management capable of responding effectively in situations of change or crisis
• Guarantee financial sustainability of primary health care based systems
• Promote research, development, and appropriate technology
• Foster international cooperation, exchange of knowledge and practices, and resource mobilization for primary health care

The Regional Declaration on the New Orientations of Primary Health Care resulted from a year-long process spearheaded by PAHO to develop new orientations to primary health care following the celebration of the 25th anniversary of Alma-Ata last year.

The new focus on primary care is set out in the Regional Declaration on the New Orientations of Primary Health Care, adopted by the ministers during their meeting in September.

The approach is outlined in a new

The approach is outlined in a new Regional Declaration on the New Orientations of Primary Health Care, adopted by the ministers during their meeting in September.

The declaration commits the region’s health leaders to:

• Work toward the goal of universal access to high-quality health care
• Strengthen individual, family, and community participation in health policies and programs
• Facilitate intersectoral action, including both public and private sectors
• Emphasize health promotion and disease prevention
• Focus on quality care and patient safety
• Strengthen human resources in health
• Promote efficient health sector organization and management capable of responding effectively in situations of change or crisis
• Guarantee financial sustainability of primary health care based systems
• Promote research, development, and appropriate technology
• Foster international cooperation, exchange of knowledge and practices, and resource mobilization for primary health care.
PAHO/WHO Teams Assist in U.S. Katrina Response

Emergency response experts from the Pan American Health Organization and World Health Organization (PAHO/WHO) traveled to the southern United States in early September to assist efforts to cope with the catastrophic effects of Hurricane Katrina.

The Category-4 hurricane struck the U.S. Gulf Coast on Aug. 29, causing widespread destruction and provoking flooding that shut down the city of New Orleans.

The PAHO/WHO deployment followed an official offer of assistance by PAHO Director Mirta Roses, which was accepted by U.S. Secretary of Health and Human Services (HHS) Mike Leavitt. The PAHO/WHO staff also formed part of a United Nations team sent by U.N. Secretary General Kofi Annan.

In all, PAHO and WHO deployed nine health disaster experts to sites in Arkansas, Louisiana, Mississippi, and Texas. Robert Lee, an epidemiologist at PAHO's Caribbean Epidemiology Center in Trinidad, traveled to Atlanta, Georgia, to work in the Emergency Operations Center (EOC) of the Centers for Disease Control and Prevention (CDC). It was the first time a PAHO representative was invited to observe the CDC's EOC in action during a crisis. Lee says the experience provided an opportunity to explore future avenues of cooperation between PAHO and the CDC in the area of disasters.

PAHO epidemiologist Keith Carter, an expert on malaria and other vector-borne diseases, traveled to Arkansas and Texas, where he worked with staff from the Office of Foreign Development Assistance of the U.S. Agency for International Development. Carter surveyed shelters and visited a logistics center in Little Rock, Arkansas, and reported his findings to the regional office of the U.S. Federal Emergency Management Agency (FEMA).

Rony Maza, an environmental health specialist with PAHO's country office in Belize, traveled to Baton Rouge, Louisiana, as part of the U.N. team. He worked closely with disaster teams from FEMA and HHS, providing advice on offers of foreign assistance, shelter assessment, and the development of a recovery health plan. He also spent two days in Mississippi working with disaster officials from that state and from Florida, which has extensive experience in hurricane relief.

In addition to the staff deployment, PAHO helped HHS develop public service announcements in Spanish and made PAHO technical publications and other materials available through the U.S. National Library of Medicine and on the Web. The Office of the U.N. High Commissioner on Refugees, the U.N. Office for the Coordination of Humanitarian Affairs, and the United Nations Children's Fund also sent staff for the U.N. team.

Central America Struggles in Wake of Hurricane Stan

The 2005 Atlantic hurricane season set an all-time record of 23 named tropical storms and 13 hurricanes (by Nov. 1). Following the destruction caused by hurricanes Katrina, Stan, and Rita, Hurricane Wilma left some 15,000 people homeless in Mexico and provoked widespread flooding in Cuba before moving on to batter southern Florida, USA, and the Bahamas. Tropical Storm Alpha, the first Atlantic storm to get its name from the Greek alphabet, killed 19 people in Haiti and the Dominican Republic, while Hurricane Beta forced the evacuation of nearly 10,000 people in Nicaragua.

PAHO disaster experts mobilized at headquarters and in the region to assist countries in their response and recovery efforts.

The Pan American Health Organization (PAHO) mobilized disaster and health experts from its headquarters and country offices to help Central America recover from the effects of Hurricane Stan, which swept through the isthmus in early October. The Category-1 storm unleashed torrential rains, causing deadly flooding and mudslides in Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and parts of southern Mexico.

In Guatemala, the hardest-hit country, the death toll was preliminarily estimated at 654, not including some 500 to 1,400 residents of an entire village that was buried under 40 feet of mud. The flooding and mudslides destroyed more than 8,000 homes and forced more than 140,000 Guatemalans to seek refuge in temporary shelters. The storm also caused severe damage to roads and bridges, cutting many areas off from badly needed food and assistance.

In neighboring El Salvador, the hurricane was preceded by a volcanic eruption on Oct. 1 that required the evacuation of some 5,800 people. Flooding and mudslides claimed 69 lives and forced more than 70,000 people into temporary shelters.

In El Salvador, PAHO is also assisting in the reconstruction phase, advising U.N. agencies on the design of healthy housing and coordinating environmental risk assessments and proposals for disaster prevention and mitigation.
Earthquake Anniversary in Mexico Highlights Need for Safer Hospitals

More than 800 disaster and public health experts marked the 20th anniversary of Mexico City’s devastating 1985 earthquake by calling for stepped-up action to ensure that hospitals and other health services remain functional following natural disasters.

The experts were gathered for “20 Years after the Earthquake: Safe Hospitals,” a conference organized by Mexico’s Secretariat of Health and the international Social Security Institute, and leaders from other national institutions, with the support of the Pan American Health Organization (PAHO). The meeting was part of a series of events commemorating the 8.1-magnitude earthquake in Mexico City that killed an estimated 10,000 people and destroyed large sections of the city.

Jean-Luc Poncelet, PAHO area manager for Emergency Preparedness and Disaster Relief, told participants in the conference that the 1985 earthquake had taught a painful lesson about the importance of keeping health facilities operational in the aftermath of disasters. The earthquake damaged or destroyed a number of major hospitals, resulting not only in the loss of thousands of injured survivors without access to medical services. In his presentation to the conference, Poncelet noted that in Latin America, natural disasters have caused more than $3 billion in direct damages to hospitals during the past 20 years. But the loss of health services has also meant that countless people have suffered greater illness, injury, and disability; more time off from work; and greater economic hardship following disasters.

Poncelet added that the challenge of ensuring safe hospitals involves more than safe construction, since hospitals must not only remain structurally sound but also maintain basic services such as water, electricity, and communications in order to provide health care. The Sept. 19–20 conference was a follow-up to the World Conference on Disaster Reduction, held in Kobe, Japan, in January of this year. Participants in that conference proposed making safe hospitals a global indicator, akin to the Millennium Development Goals. They called on countries to make all new hospitals disaster-safe by the year 2015 and to retrofit existing health facilities to make them better withstand disasters.

Other organizers of the Mexico meeting included the Institute of Social Security and the Interior, the Social Security Institute, which lost 90 percent of its hospital and clinic capacity in the 1985 earthquake, has made great progress in this area, certifying 19 of its 44 hospitals nationwide as “disaster prepared.”

PAHO’s SUMA Goes Global

The Pan American Health Organization (PAHO) and four other United Nations agencies have completed the first development phase of a new Logistics Support System (LSS), based on PAHO’s SUMA system for the management of humanitarian supplies following disasters.

Both LSS and SUMA are software-based systems that help disaster response teams consolidate and share information, improve transparency, and register and monitor the distribution of undocumented items, particularly unsolicited donations.

LSS software, like the SUMA system, is designed to help coordinate functions not covered by other systems used by major humanitarian organizations. LSS is an inventory control tool primarily for smaller agencies (including national institutions) that cannot afford the cost and human resources needed to develop their own systems.

Funds for Recovery

The Pan American Health and Education Foundation, PAHO’s private philanthropic partner, has established special recovery funds to help Guatemala and El Salvador rebuild after suffering the effects of Hurricane Stan. Funds collected for Guatemala will be used to purchase medicines and vaccines, to support mental health teams, and to build or repair health facilities and water and sanitation projects. Funds for El Salvador will be used to help residents of Villa Centenario, a PAHO-supported healthy housing project that was severely affected by the hurricane. For more information or to donate, visit www.pahof.org.
**PAHO Training Program in International Health**

Two Decades Shaping Health Leadership in the Americas

Rohnda Sealey-Thomas is Antigua and Barbuda’s acting chief medical officer, responsible for overseeing the services delivered in her country’s hospitals and health centers. Maria Rovere is a professor of international health at the University of Buenos Aires and associate coordinator of the university’s master’s program in public health.

They’re all accomplished public health professionals with different backgrounds and interests, but a common thread ties them together: they all honed their skills and knowledge in the PAHO Training Program in International Health. They are among more than 180 health professionals from 32 countries who have gone through the program since its inception in 1985. This year, the program celebrates its 20th anniversary with a series of events highlighting progress in promoting leadership among young health professionals from PAHO member countries in the Americas.

The kickoff will be a Nov. 29 anniversary celebration involving current and former participants throughout the Americas via webcast and the World Bank’s Global Development Learning Network. Discussions will focus on the program’s achievements, remaining challenges in leadership development, and new directions for the future.

**New leadership**

The program seeks to create a “critical mass” of trained health leaders capable of advancing the public health agenda in their own countries and at the international level.

To do this, PAHO recruits young health professionals from the Americas who have the potential to be future leaders in their countries, whether in their ministries of health, other government offices, bilateral and multilateral agencies, academic institutions, or non-governmental and voluntary organizations.

During their year at PAHO, the residents, as they are known at headquarters, sharpen their skills, knowledge, and leadership abilities through an intensive work-study program. The program focuses on five macro areas of competence: situational analysis, policy analysis, directing at processes, communication, and cooperation. To ensure a hands-on experience, each resident is placed in a PAHO technical unit in his or her field of interest along with the unit chief and designated mentor, the resident devises a work plan in line with the unit’s priorities. He or she then works side-by-side with PAHO staff, helping formulate and evaluate technical cooperation projects, performing policy and case analyses, studying best practices, attending technical meetings, and participating in country missions and training workshops. Residents also produce a personal project tying their work at PAHO to larger issues of global public health.

In addition to this technical experience, residents participate in group activities, visiting other international organizations and participating in outside conferences and meetings. They also gain exposure to the diplomatic and political life of PAHO, attending governing body meetings and participating in other activities related to PAHO/WHO governance, policymaking, and programming.

**Emerging themes**

Charles Godie, chief of PAHO’s Human Resources Development unit, which oversees the training program, says it has three main goals: “To help each resident build a broader vision of regional and global trends in health and development, to develop their critical

**Applying to the Program**

The PAHO Training Program in International Health accepts approximately 10 new participants each year. Each applicant must have a master’s degree or its equivalent in public health or a related field and a minimum of two years’ work experience in public health. All applicants must be 35 years old or younger, a resident of a PAHO member country, and able to communicate in both English and Spanish. Participants receive a monthly stipend and transportation to and from their country of origin. More information and application forms can be found by visiting the PAHO home page (www.paho.org) and entering “training program” into the search box.

**A Window on History, Health, and Change**

Anne-Emmanuelle Birn holds the Canada Research Chair in International Health at the University of Toronto. She was a resident in PAHO’s Training Program in International Health in 1994 and wrote this memoir of her experience for PAHO Today.

As a historian of public health in Latin America, I found PAHO’s international experience to be an incredible opportunity to bring history forward—in the sense of understanding the current dilemmas, debates, and developments of the field—and to bring the challenges of the present to bear on understanding the historical roots of contemporary international health issues and exploring dimensions of the past revealed by contemporary international health ideologies, practices, and institutions. While I had extensive research experience in Mexico and had worked in several AIDS policy positions in the United States and Spain, I had little firsthand knowledge of the international health field in Latin America. The PAHO residency opened up vast areas for me, both intellectually and substantively.

During my residency, I had the great fortune to work with Alberto Pellegrini in the PAHO Health Systems Division, a transformative experience on the history of health reform in Latin America. Given the reform processes most health systems were undergoing at the time—and the crises faced by the health sector in many countries of the region—the initiative was aimed at incorporating a historical perspective into health reform. On one level, historical analysis contributed to understanding why and how public health systems had developed over time and how to explain current configurations and dilemmas. On another level, a historical perspective could offer ideas about the potential successes and pitfalls of reform in particular contexts and junctures of time. At yet another level, the initiative was designed to stimulate social and political historians in Latin America to take on public health as a principal subject of inquiry, both in terms of the substantive issues raised and as a window on societies undergoing change.

We developed a three-pronged strategy to promote the initiative, through: a research competition on the history of health reform, open to historians of the region; a bibliographic database of secondary work on the history of public health and health reform in Latin America, institutionalized at the Casa Oswaldo Cruz (Fiocruz) in Rio de Janeiro; and a model syllabus for a course on the history of public health in Latin America, which the Peruvian historian Marcos Cueto and I published in Historia, Ciencias, Saúde – Marginilas. For me, this was the most exciting part: to work over time and be left to explain current configurations and dilemmas. On another level, a historical perspective could offer ideas about the potential successes and pitfalls of reform in particular contexts and junctures of time. At yet another level, the initiative was designed to stimulate social and political historians in Latin America to take on public health as a principal subject of inquiry, both in terms of the substantive issues raised and as a window on societies undergoing change.

We developed a three-pronged strategy to promote the initiative, through: a research competition on the history of health reform, open to historians of the region; a bibliographic database of secondary work on the history of public health and health reform in Latin America, institutionalized at the Casa Oswaldo Cruz (Fiocruz) in Rio de Janeiro; and a model syllabus for a course on the history of public health in Latin America, which the Peruvian historian Marcos Cueto and I published in Historia, Ciencias, Saúde – Marginilas. For me, this was the most exciting part: to work over time and be left to explain current configurations and dilemmas. On another level, a historical perspective could offer ideas about the potential successes and pitfalls of reform in particular contexts and junctures of time. At yet another level, the initiative was designed to stimulate social and political historians in Latin America to take on public health as a principal subject of inquiry, both in terms of the substantive issues raised and as a window on societies undergoing change.

**Global perspectives**

Judging from its graduates, the program has succeeded in its mission to broaden its participants’ horizons. In a survey conducted in the mid-1990s, all the respondents (75 percent of past participants) said the program had a profound impact on their development, both personal and professional.

Sealey-Thomas, who attended the program in 2004, says, “The program gave me a global perspective with regards to the social determinants of health and global factors that influence health. It also helped me understand how issues get onto the global health agenda and how they are dealt with.”

Pedro Brito, area manager for Strategic Health Development at PAHO and a former program resident, notes, “When I go to important international meetings in the region, I often run into four or five people who are alumni of the PAHO training program.”

Yet the program has managed to avoid contributing to “brain drain” in the region. Some graduates have gone on to careers in PAHO/WHO and other international agencies, but the majority have returned to their countries after completing their training.

Today the training program is shaping itself to address new challenges facing the Americas and its leaders in public health.

“Health leaders in our region need to have a clear understanding of how global developments impact on their own countries’ health and particularly on inequities,” says PAHO Director Mira Roses. “Everything we want to achieve—from the MDGs to a 5 by 5 immunization—requires leaders who understand the global context and how to influence the global determinants of health.”
**The statistics are impressive. People with diabetes are 25 times more likely to have a leg amputated than those without the condition, according to the International Diabetes Federation.**

Worldwide, up to 70 percent of all leg amputations happen to people with diabetes. Somewhere in the world, a leg is lost to diabetes every 30 seconds.

The good news is that up to 85 percent of diabetic amputations can be prevented. The Pan American Health Organization (PAHO), in partnership with the International Diabetes Federation, is using this year’s World Diabetes Day (Nov. 14) to raise awareness of the importance of good foot care, especially for people with diabetes.

Foot problems are among the most common complications of diabetes and, if not treated in time, can lead to severe consequences, including amputation.

"Most people take their feet for granted," says Alberto Barceló, acting head of PAHO’s Noncommunicable Diseases unit. "Most of us can get away with it, but people with diabetes really need to pay attention to their feet.”

---

**Mental Health Day Links Mind and Body**

Leaders expert on the prevention and treatment of mental illness participated in a symposium on "Mental and Physical Health: Across the Life Span" at the Pan American Health Organization (PAHO) in Washington, D.C., on World Mental Health Day 2005, Oct. 11. The campaign for World Mental Health Day 2005 builds on the 2004 theme of the links between physical and mental health, including co-occurring mental illnesses and physical disorders such as diabetes, cancer, cardiovascular disease, and HIV/AIDS.

"The fundamental premise of health promotion is that the health of a nation depends on the health of both its mind and body," said Carissa Etienne, assistant director of the Department of Mental Health and Substance Abuse of the World Health Organization (WHO), co-chair of the symposium’s keynote speaker. He emphasized the growing recognition of the intricate relationship between disorders of the mind and the body.

"The complex challenges presented by the comorbidity of mental and physical disorders would be much better addressed throughout the world with integral care strategies that focus on the patient and the community," he said. "The experts need to talk among themselves, because this comorbidity between the physical and mental clearly demands vertical, not horizontal, intervention. Clinical comor- bidity is the rule, not the exception."

PAHO Director Mirta Roses said that mental disorders represent a growing proportion of the burden of illness in Latin America and the Caribbean. Some 114 million people in the Americas suffered some type of mental disorder in 1990; that figure is projected to increase to 176 million by the 2010.

---

**Diabetes Experts Urge Better Foot Care**

The problem is rooted in the long-term effects of raised blood glucose levels. People with diabetes are at high risk of nerve damage and problems with the blood supply to their feet. Nerve damage makes it difficult to feel pain, and therefore injuries may go unnoticed. Poor blood supply can slow down the healing process for wounds. These problems can lead to foot ulcers, which, if they become infected, may ultimately lead to amputation.

"The message is that even if foot problems are painless, they can be very serious in people with diabetes," says Barceló. The International Diabetes Federation has developed a set of foot-care recommendations for people with diabetes. They include:

- **Check feet daily for cuts, blisters, bruises or changes in color, swelling, and open sores. If you find anything, consult a health care provider.**
- **Protect feet with well-fitting shoes. Do not go barefoot, to avoid injuries.**
- **Check for rough, sharp objects, and rough spots before putting on shoes.**
- **Buy new shoes late in the day, when feet tend to be more swollen.**
- **Wear clean socks every day; make sure they’re not too tight and have no holes.**
- **Wash feet with soap and water, including between your toes. Dry them carefully, especially between the toes.**
- **Cut toenails straight across and file any sharp edges.**
- **Get feet checked regularly by a health care professional.**

Experts also say that people with diabetes should avoid wearing shoes and socks that are too tight or have holes, wear warm—not hot—water to wash their feet, avoid heaters and hot water bottles to warm the feet, avoid over-the-counter corn removers, and give up or don’t start smoking, which interferes with the supply of blood to the feet.

There are a number of warning signs people with diabetes can watch for, including:

- Swelling of the foot or ankle
- Very cold feet or legs
- Red, blue, or black discoloration
- Pain in legs while at rest or walking
- Open sores, no matter how small
- Wounds that won’t heal
- Ingrown toenails.

More information on diabetes and foot care is available from the International Working Group on the Diabetic Foot (info@iwefg.org).

---

**From Bangkok, A New Push for Health Promotion**

Some 700 public health experts met for the 9th PAHO World Health Promotion Conference on Health Promotion in Bangkok, Thailand, called for a renewed commitment to and broader participation in health promotion.

The conference, held Aug. 7-11, produced as its final document the Bangkok Charter for Health Promotion. The charter identifies the major challenges of addressing the determinants of health in a globalized world and calls for a wide range of stakeholders to commit themselves to efforts to achieve health for all.

Carissa Etienne, assistant director of the Pan American Health Organization (PAHO), was among the participants from more than 100 countries.

The charter calls for more coherence in policies on health promotion and more partnership and investment among governments, international organizations, civil society, and the private sector. It says their efforts should center on four key objectives:

- **Ensuring that health promotion is central to the global development agenda**
- **Making health promotion a core responsibility of governments**
- **Making health promotion part of good corporate practice**
- **Encouraging health promotion as a focus of community and civil society activities.**

The charter reaffirms the core principles of the field of health promotion as set forth in the 1986 Ottawa Charter, which defined the approach as one that emphasizes prevention and healthy living over biomedical solutions. It tries to identify and affect the root causes of health and to help people increase control over their health. It also encourages the development of personal skills, community action, accessible health services, supportive environments, and public policies that help reduce risks to health. The Framework Convention on Tobacco Control and the World Health Organization’s (WHO) Global Strategy on Diet, Physical Activity and Health are recent exam- ples of global action on health promotion.

A key message of the Bangkok Charter is that effective health promotion requires the involvement of many sectors. Speakers at the conference called for stronger links between the health sector and the development, human rights, human security and environmental communities, among others.

"The fundamental premise of health promotion is that a wide spectrum of actors, representing all sectors of society, must engage in promoting health if the goal of health for all is to be achieved," said Catherine Le Gales-Camus, WHO’s assistant director-general for Noncommunicable Diseases and Mental Health, told participants in the conference.

Lee Jong-wook, WHO’s director-general, praised the new Bangkok Charter and underscored its call for “all stakeholders to work together in a worldwide partnership to fulfill its commitments and carry out its strategies.”

Lee assured participants in the conference that the action you take in the light of this charter will radically improve the prospects for health in communities and countries around the world.”
Expert Q&A
Preventive Policies Can Help Curb Violence

The Inter-American Forum on Citizen Security and Violence Prevention, sponsored by the Inter-American Developing Bank, was held in Medellín, Colombia, in mid-September. PAHO Today interviewed Alberto Concha-Eastman, the Pan American Health Organization’s top expert on violence prevention, about the forum and the issues it raised.

What was important about the forum in Medellín?
It was held in Medellín to showcase the experiences of that city and also Bogotá. Both these cities have significantly reduced their violence rates and promoted peaceful coexistence. This represented a great opportunity for participants from other countries to see that it is possible to work with prevention as a point of departure—that policies of repression and punishment don’t need to be the only policy options available.

How does violence affect public health?
Public health is the manifestation of everything that is going on in one way or another affects health, development, and people’s well-being. Violence, in all its forms, leads to death, disability, illness, emotional breakdowns, sexual and psychological trauma, and involuntary displacement. Violence prevents investment and keeps development from happening. It affects governments’ ability to provide assistance.

Is there enough being done to stop the growing influence of Central America’s maras?
Or course not. But you have to see the whole forest and not just the trees. This is not a new phenomenon, and it does not have a single cause. It is clear that governments in the countries where the problem is most prevalent have not given it the right kind of attention. Today, when the problem is so serious, the loudest voices are calling for strong-arm measures—extraditions, incarceration, and generally repressive measures whose effects are not at all clear.

In fact, in Central American countries, where thousands of youngsters have been jailed and have stayed there for several months, they come out having learned how to operate, and they have direct ties to it. This is the perverse effect of misguided policy.

What are the main challenges in preventing intrafamily violence?
There are many: from poverty to lack of equity, access to firearms and alcohol abuse, the impact of violence in the media, the culture of violence, complacency toward acts of violence, and violence at home and on the streets. The causes are many, and that is why we need to confront the issue from many angles. What we need now are national policies that support and define prevention projects that can be developed over time with sufficient resources.

New PAHO/WHO Collaborating Centers
Fifteen new Pan American Health Organization/World Health Organization (PAHO/WHO) Collaborating Centers have become active during 2005. The centers support PAHO/WHO’s work by focusing on priority areas of the organizations. Seven of the new centers were reported in the last edition of PAHO Today; eight others are described below.

The Joint Commission on Accreditation of Health Care Organizations (JCAHO), in Oakbrook Terrace, Illinois, USA, has been named PAHO/WHO Collaborating Center on Patient Safety. The center will assess the international health care environment to identify emerging high-risk or high-visibility patient safety issues and will collaboratively develop, disseminate, and support the implementation of evidence-based solutions. It will also provide education to the international health care community on patient safety solutions and support the work of the WHO-based World Alliance for Patient Safety.

Health Canada’s Food Research Division (Food Directorate, Bureau of Chemical Safety) in Ottawa has been named PAHO/WHO Collaborating Center for Food Contamination Monitoring. The center will participate in the Global Environment Monitoring System’s Food Contamination Monitoring and Assessment Program (GEMS/Food) by providing data on levels of pesticides, disinfectants, flame retardants, radionuclides, trace elements, acrylamide, veterinary drugs, and heavy metals in food. It will also provide analytical training and cooperate in the design and implementation of food monitoring programs in countries around the world.

The International Section of the Department of Psychiatry at Dalhousie University, in Halifax, Nova Scotia, Canada, has been named PAHO/WHO Collaborating Center for Mental Health Training and Policy. The center will evaluate mental health policy, legislation, and reforms; provide education and training for mental health and primary health care professionals; offer postgraduate training in psychiatry; and disseminate and help implement an innovative skill-based training model internationally.

The National Medical Sciences Information Center in Havana, Cuba, has been named PAHO/WHO Collaborating Center for the Development of the Virtual Health Library (VHL). The center will provide technical cooperation in the development of the VHL in the English-speaking Caribbean. It will assist in the development of national plans for the construction of the VHL; assist in the development, operation, and evaluation of information sources; provide methodological training at the managerial and technical levels and internships and distance education in health information and knowledge management; and cooperate with the BIREME/WHO, based in Brazil, to promote equitable access to health information through new methodologies and technologies available worldwide for the management of digital collections.

The Center for Health Systems Research at the National Institute of Public Health in Cuernavaca, Mexico, has been named PAHO/WHO Collaborating Center on Injuries and Violence Research. The center will conduct research and capacity building for the surveillance, understanding, and prevention of injuries and violence in Latin America and the Caribbean. It will help implement traffic injury prevention programs, strengthen pre-hospital care for victims of violence injuries, participate with other PAHO/WHO collaborating centers to build and support international and national programs on injury prevention and trauma care, and assist PAHO/WHO in the preparation of technical documents and publications in these areas.

The Center for the Study of Violence at the University of São Paulo, Brazil, has been named PAHO/WHO Collaborating Center for Research on Violence Prevention. The center will develop methods for studying the determinants of violence in developing countries; identify good practices for interpersonal violence prevention; evaluate violence prevention programs and work to strengthen national action plans and policies in this area; provide training for staff of government institutions, civil society, and nongovernmental organizations; contribute to the development of integrated and multisectoral approaches to violence prevention; and support the global campaign on violence prevention.

The Center for Geriatrics and Gerontology at the Pontifical Catholic University of Chile, in Santiago, has been named PAHO/WHO Collaborating Center for the Teaching of Geriatrics and Gerontology. The center will provide professional training in social gerontology, form partnerships with other Latin American countries to provide postgraduate training in geriatrics, develop demonstration projects, and conduct evaluations of community health programs for older adults, and translate international literature on elderly care for practitioners in Latin America.

The Third Age Open University in Rio de Janeiro, Brazil, has been named PAHO/WHO Collaborating Center for Elder Health Promotion. The center will promote the concept of “active aging” for older adults through research, information systematization, and dissemination; participation in policymaking for the elderly; support for community-based programs; and human resources training.
PAHO Director Mirta Roses named Professor Emeritus in Spain

Pan American Health Organization (PAHO) Director Mirta Roses was named professor emeritus by the Andalusian School of Public Health during a visit to Granada, Spain, in October. The school was celebrating its 20th anniversary. The first of its kind to be set up by one of Spain’s autonomous regions, the school is today one of the country’s leading public institutions focusing on international cooperation in health. It has worked closely with PAHO in the development of programs and management of projects in Latin American countries, including Argentina, Chile, the Dominican Republic, Honduras, Nicaragua, and Uruguay.

2005 Awards Presented for Health Achievements

Three Latin American health specialists were honored by the Pan American Health Organization (PAHO) and the Pan American Health and Education Foundation (PAHEF) for contributions to international public health.

Ricardo Uauy, a Chilean physician, won the Abraham Horwitz Award for Leadership in Inter-American Health. Uauy is known for more than three decades of work in the area of international nutrition, particularly infant and child nutrition. In presenting the award, Antonia Novello, former U.S. surgeon general and now commissioner of health for the State of New York, called Uauy “one of the most eminent and distinguished scientists in international nutrition in the world.” The Horwitz award, which carries a cash prize, is intended to recognize and encourage excellence and leadership in health in the Americas for people who produce ideas and work of regional significance.

Last year’s winner was Eduardo Salazar-Lindo of Peru.

Patricia Sorokin, of Argentina, won the Manuel Velasco-Suárez Biethics Award. Sorokin “a young scholar leading bioethics efforts in Latin America.” The award was named after Mexican physician, scholar and researcher Manuel Velasco-Suárez, founder of Mexico’s National Institute of Neurology and Neurosurgery and of the Mexican National Bioethics Commission. Last year’s winner was María Graciela de Ontáriz, also of Argentina. Sorokin is the fourth winner since the award was created in 2002.

Francisco Rojas Ochoa, a Cuban physician, received the PAHO Award for Administration. The award recognizes his contributions to the development of Cuba’s Health Programs and Services Administration and his work in other countries, particularly “his outstanding contribution to the training of various generations of public health leaders and professionals.” The PAHO Award for Administration was created in 1969. Last year’s winner was Brazilian physician and researcher Gastão de Souza Campos.

What brought you to PAHO originally?

A
fter working in Africa, I went to the Centers for Disease Control and took the Epidemic Intelligence Service course, and I was an EIS officer in the Oregon State Health Department. Then I went back to Atlanta and was seconded to PAHO, working on the epidemiology of polio. Ciro de Quadros asked me to continue here, and I was lucky to be involved in the eradication of polio from the Americas. There was a lot of work and a lot of travel. My daughter was about 6 months old at the time, and I was gone for about six weeks. When I came home, she didn’t recognize me.

You won the Public Health Service’s highest award. What was it for?

The citation was for leadership and technical contributions in eradicating polio in Southeast Asia. I was responsible for coordinating polio eradication in Bangladesh, Bhutan, Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand. They had crowded conditions, open sewers, high birth rates, and low immunization coverage and about 60 percent of the reported polio cases globally. We succeeded in getting political commitment for national immunization days in these countries, and we got funding from USAID, Rotary International, the Danish government, and others. We vaccinated millions of children, and polio incidence dropped by 65 percent in Southeast Asia from 1992 to 1999. [Editor’s note: According to WHO, global eradication efforts have reduced the number of polio cases from 350,000 annually in 1988 to 1,349 in 2005. Six countries remain polio endemic: Afghanistan, Egypt, India, Niger, Nigeria and Pakistan. However, poliovirus continues to spread, with 10 previously polio-free countries reinjected in late 2004 and 2005: Angola, Cambodia, Chad, Eritrea, Ethiopia, Indonesia, Mali, Somalia, Sudan, and Yemen.]

What are your priorities for immunization in the future?

This is a very exciting time for us. We are focusing on the elimination of rubella by 2010, but it could be done a year or two ahead of that target if we have the political commitment. Vaccination Week in the Americas has been successful, and we plan to continue and expand it. And there are new vaccines in the pipeline that have the potential to prevent more diseases. Bill Foege spoke of essentially having a single vaccine with all the antigens [against diseases], and that’s still a long way off because there are so many technical issues and vaccines are so different—some are taken orally and others injected, some are live and others are killed-virus vaccines or lypohlated [freeze-dried], and so on. So we need more research before we reach that point of one vaccine. There’s also interesting new research, with aerosol measles vaccine under study in Mexico, a vaccine to prevent deaths from severe diarrhoea caused by rotavirus, and of course HIV and malaria vaccine research. Pneumococcal disease is very important and kills more people than AIDS and TB combined, but the vaccine is very expensive. More countries are now doing influenza vaccination, and this continues to be important, especially if there is a highly pathogenic avian flu pandemic. We have to help the countries make informed decisions on vaccines, because there are economic and logistics considerations and the practical questions of sustaining and financing vaccine programs with enough political commitment.

What are the major challenges after the successes of polio and measles?

Vaccination is one of the best public health interventions, but the challenge is to make it equitable so everyone can be protected. You have to combine the scientific with the practical side. Our revolving fund, for example, is a tremendous success story and the backbone of our technical cooperation. We can guarantee a vaccine supply at bulk prices with this fund, which is now capitalized at $350 million. Last year countries spent $150 million buying vaccines at lower prices through the fund. The challenge of equity and self-sustaining vaccine programs is key for me.

Do your children plan to follow your path as a public health doctor?

I have two daughters who are 16 and 13, and my proudest moments were when they were born. One loves teaching, and the other one wants to be a chef, and that’s great. I encourage them to follow their own path. Neither is interested in medicine, but both have a passion for helping others.
Global Meeting on Tobacco Treaty

The Pan American Health Organization (PAHO) is urging member countries that are signatories to the new Framework Convention on Tobacco Control (FCTC) to participate in a Feb. 6–17, 2006, meeting in Geneva that will nail down important details of the treaty’s implementation. The Conference of the Parties will discuss and likely decide on critical issues including the structure and functions of the FCTC Secretariat, financing mechanisms for implementation, reporting requirements, and priorities for negotiation of protocols to the treaty. The FCTC entered into force in February and has been ratified, acceded to, or accepted by 110 countries, 14 of them from the PAHO region. Others must do so by Nov. 8 to participate in the February Conference of the Parties. (Contact: selinhea@paho.org.)

Grenada Eyes Five-Year Health Plan

Grenada’s Ministry of Health, with support from PAHO, is developing a new five-year National Strategic Plan for Health, which it expects to begin implementing in early 2006. The plan provides guidelines for future actions in health protection, health promotion, and health services and explores ways “to collaborate, finance, and implement” changes needed to improve the country’s health system, according to Minister of Health Ann David-Antoine. “The plan will give people a chance to take charge of their own health needs and encourage them to seek the kind of health care and modify lifestyles to achieve optimum health,” the minister said during the launch of the planning process in September. The plan will incorporate elements of several regional and international agreements, including the Caribbean Single Market and Economy and the Millennium Development Goals.

Cyclists Raise AIDS Awareness

Extreme sportsman Joachim Franz of Germany and a team of five other cyclists set a Pan American record by cycling 30,000 kilometers from Alaska to the southern tip of Argentina in an effort to raise awareness on nutrition and the promotion of active lifestyles. Cyclists Raise AIDS Awareness Expedition 2005. In several countries, local PAHO offices provided logistical and other support, organizing press conferences and special events. The team took 39 days—from Aug. 12 to Sept. 19—to travel from Deadhorse, Alaska, to Ushuaia, Argentina, the hemisphere’s southernmost town. The trek across 13 countries inspired radio, television and print media coverage that called attention to the global HIV epidemic and the needs of the 3 million people in the Americas who have HIV. The expedition was cosponsored by the Joint Program for AIDS of United Nations (UNAIDS). (Contact: sida@paho.org.)

Central America In Joint Approach to Water and Waste

The Forum on Potable Water and Sanitation for Central America and the Dominican Republic (FOCARD-APS) met in San Salvador in early October to discuss plans for an integrated approach to water and sanitation in the subregion. Participants included Minister of Health of El Salvador José Guillermo Maza Brizuela and representatives of the World Bank, the Central American Bank of Economic Integration (CIECU), the Swiss Agency for Development and Cooperation, the Central American Integration System (SICA), the Central American Regional Network for Potable Water and Sanitation (RASCAS), ministries of health, and nongovernmental organizations. Discussions focused on the need for a regional policy on water and sanitation, ways of harmonizing methods for water quality monitoring, the implementation of a regional system for epidemiological surveillance, and training programs to address common human resource needs in these areas. The Pan American Center for Sanitary Engineering and Environmental Sciences (CEPES), one of PAHO’s network of scientific and technical centers, is supporting FOCARD-APS’s efforts. (Contact: jjenkins@paho.org.)

Clean Hands Mean Safer Patients

The World Alliance for Patient Safety has launched a new campaign, “Clean Care is Safer Care,” to encourage health care workers to practice better hand hygiene to help reduce infections acquired in health care settings. Health care associated infections are a major issue in patient safety, contributing to deaths and disability, promoting resistance to antibiotics, and adding to health care costs. The launch of the campaign drew some 250 participants to Geneva in mid-October, including senior government officials and representatives of international and governmental agencies, professional associations, civil society organizations, academic and medical institutions, and departments of WHO and its regional offices. Participants called on ministries of health around the world to pledge their support for actions to reduce health care associated infections in their countries and to share results and lessons learned. The campaign is the first in a series of “Global Patient Safety Challenges” planned by the alliance, and will also promote blood injection safety, safe clinical practices, and safe water and sanitation in health care.

Nutrition and an Active Life

This newest book from PAHO shows how research on nutrition and the promotion of active lifestyles can inform and enhance public health policymaking and programs.

From Knowledge to Action

An important resource on best practices at the national and community levels for professionals in health promotion, maternal and child health, nutrition and fitness, social marketing, and health education.

The new link from the

http://publications.paho.org

The Pan American Health Organization is an international public health agency with more than 100 years of experience working to improve the health and quality of life of the peoples of the Americas.