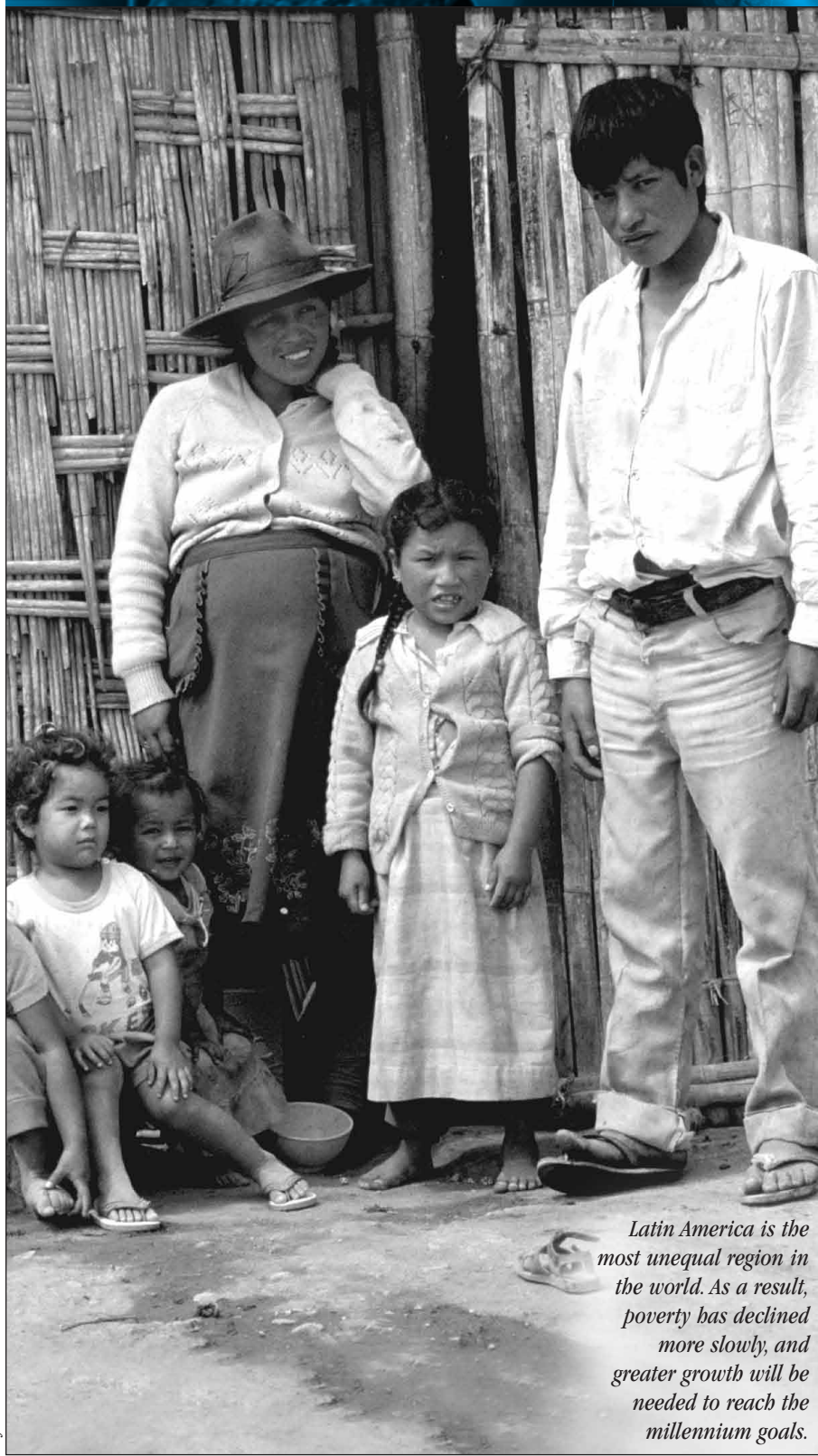


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Latin America is the most unequal region in the world. As a result, poverty has declined more slowly, and greater growth will be needed to reach the millennium goals.

MDG Update

Inequity Impedes Progress on Millennium Goals

Latin America and the Caribbean are on track to meet some—but not all—of the Millennium Development Goals, according to a new report.

A report launched recently at Pan American Health Organization (PAHO) headquarters takes stock of PAHO member countries' progress toward achieving the Millennium Development Goals (MDG). It concludes that the region has advanced toward several of the goals, but some goals are proving more difficult than others, and a few countries lag seriously behind. The main stumbling block is the region's enduring problem of inequity.

The *Millennium Development Goals: A Latin American and Caribbean Perspective* was prepared by 12 United Nations agencies led by the Economic Commission for Latin America and the Caribbean (ECLAC) and including PAHO. The report was presented at PAHO in July by ECLAC's executive secretary, José Luis Machinea, and by PAHO Director Mirta Roses.

The report assesses progress made since 1990 toward achieving the millennium goals and notes that Latin America and the Caribbean appear to be on track to achieve

some goals and indicators, including:

- Reducing hunger and malnutrition.
- Cutting infant and child mortality.
- Expanding access to safe drinking water.
- Achieving gender equity in education.

But the region is not making sufficient progress in these areas:

- Reducing extreme poverty.
- Improving maternal mortality.
- Achieving universal primary education.
- Expanding access to sanitation.
- Ensuring environmental sustainability.

The rate of extreme poverty in the region declined from 22.5 percent in 1990 to 18.6 percent in 2004, according to the report. Even so, the absolute number of people living on less than \$1 per day rose by 3 million during that period, to 96 million.

Contributing to the lack of progress in some countries and toward some goals is the region's slow rate of job creation, which prevents many people from escaping poverty and makes it hard for them to provide adequate health care, education, and food for their families. Stronger economic

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2 Quoted at Length

Richard Van West Charles, area manager for Information and Knowledge Management, talks about the challenges of sharing knowledge within and outside the organization.



5 Pandemic Planning

WHO has developed a pandemic preparedness plan for its regional offices and other United Nations agencies, and with FAO and the OIE has proposed new measures for battling bird flu.



8 Scaling Up AIDS Care

PAHO reports on the effects of multicountry negotiations on antiretroviral drug prices and examines four communication campaigns aimed at countering homophobia.



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Richard Van West Charles Area Manager, Information and Knowledge Management (IKM) Pan American Health Organization

Richard Van West Charles joined PAHO in 1990 following a fast-track public health career in his native Guyana. He was appointed minister of health, water, housing, and the environment in 1980, just a year after receiving his medical degree from the University of Havana. After five years in that post, he became minister for medical education, food policy, and environment. He has served as PAHO/WHO program officer for the Eastern Caribbean and PAHO/WHO representative in Jamaica and Bahamas. He assumed his current position in 2003. He holds a master's degree in public health from the University of Michigan and has done private clinical practice as a general practitioner. He holds dual citizenship in Guyana and Canada, where he completed his secondary and undergraduate education, the latter at McMaster University.

How did you get interested in medicine?

My mother was a nurse, and a close family friend was a physician. As a boy, I would accompany him to clinics. I commenced my studies in medicine at the University of the West Indies and transferred to Cuba my third year. After completing my medical degree, I returned to Guyana and worked in Georgetown Hospital as a government medical officer. During my training in Cuba, I gained a good insight into the role of health in development. I've always been active in and close to politics—first student politics, then national and global politics—so I got involved in politics, and I became minister of health.

Did you start your career wanting to be minister of health?

No, I was focused on cardiology. But when I became minister, I realized the importance of public health to the country and the region. One of the things I did was to work closely with a number of Guyana's physicians, including Claudette Harry and Roger Luncheon, to establish the first medical school in Guyana. The government had made significant investments in rebuilding hospitals and health centers, but we needed to expand the number of physicians to increase access to these services. Doctors in Guyana had to go abroad to receive their medical education, so Guyana needed its own medical school. PAHO/WHO consultants assisted the Ministry of Health with the design of a problem-based curriculum, and the school was inaugurated in 1986. We started with about 20 students; now there are over a hundred.

Has your government experience affected your work at PAHO?

I always say I've seen PAHO/WHO from both sides of the divide, as a minister and a member of the governing bodies for seven years, and working for PAHO/WHO for the past 15 years. That gives me a certain perspective, for example, on the value of PAHO/WHO's current country focus. As a minister of health, I was a member and one-time chairman of the Conference of Ministers of CARICOM, where I realized that there were many common issues among our states and hence the need for common solutions at the subregional level. I also gained an understanding of the need of Member States to have an appreciation of the effective use of quota contributions. As a member of the WHO Executive Board in 1986, I recall dealing with the misallocation of resources by one of the WHO regions. I also gained insight into the demands placed on the secretariat to respond to the interests of different states and how that balance should be achieved. As both minister and staff of PAHO/WHO, I have embraced the principle of Pan Americanism, which to my mind is the foundation of this glorious organization and which directly relates to the important operational component that is knowledge sharing.

What are your goals in IKM?

My first goal is to understand the decisions of the governing bodies and also the orientations of the director and executive management. In this 21st century, the director has identified the importance of PAHO/WHO becoming a more efficient and effective knowledge-based organization to be able to respond to its mission. I led the task force, comprised of staff from across the organization, that developed the information and knowledge management strategy for the organization, which was endorsed by executive management. The strategy identified four states that the organization must achieve: PAHO/WHO as an authoritative source of public health information, PAHO/WHO as a learning organization, PAHO/WHO as a collaboration-based organization, and PAHO/WHO as a networking and partnership organization.

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MDG Update

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growth would help, says the report, but the overarching problem is the region's extreme levels of inequality.

"Latin America and the Caribbean continue to be the most unequal region in the world," Machinea said in his presentation of the report. "We see persistently high levels of inequality in income distribution and inequities related to place of residence, ethnicity, and gender."

In this area, he noted, Latin America and the Caribbean compare poorly with Asian countries, where poverty has declined and the income gap has narrowed much more rapidly. As a result, Latin America and the Caribbean will have to attain much higher rates of economic growth to reach the millennium goals.

"At the same level of growth, poverty declines much more slowly in countries with high inequity. An improvement of just 10 percent in the Gini coefficient would mean significantly less growth would be necessary," said Machinea.

Real progress

One piece of good news in the report is that one country—Chile—has already achieved the number-one MDG, cutting extreme poverty by half. And if present trends continue, Brazil, Costa Rica, Mexico, Panama, and Uruguay could also meet this goal. In other countries, however, progress has been slow or there has been backsliding.

Regarding hunger, the region is on its way to meeting the millennium goal of reducing by half the proportion of the population that consumes too few calories per day; 15 of 24 countries are also on track to reduce the proportion of children with low body weight. However, the report notes that the region's poorest countries, where progress is most needed, are lagging behind.

In primary education, the region has raised enrollment rates to more than 93 percent, with countries of intermediate development, such as Brazil and Mexico, registering the greatest progress. Nevertheless, if current dropout rates hold, 6 percent of the region's children will not have completed primary education in 2015, falling short of the millennium goal of universal primary education.

Regarding gender equality in education, Latin America and the Caribbean compare well with other developing regions. Only

Bolivia, Guatemala, and Peru have failed to achieve gender parity in schools, and in some countries, more women than men are completing primary, secondary, and higher education. On the down side, women in the region earn 30–40 percent less than their male counterparts in the workforce. Moreover, women continue to suffer disproportionately from family violence and are underrepresented in legislative bodies throughout the region.

In the area of child health, under-5 mortality in the region fell from 56 per 1,000 live births in 1990 to 33 per 1,000 in 2003 (a 40 percent decline), and under-1 mortality fell from 43 to 25 per 1,000 (a 42 percent drop), indicating the region is well on its way to meeting the millennium goal of reducing child mortality by two-thirds by 2015.

However, the report warns that "averages mask wide disparities between and within countries." Ten countries in Latin America and the Caribbean still had more than 40 under-5 deaths per 1,000 live births in 2004, representing 270,000 infant and child deaths.

On the issue of maternal mortality, the report says the region is not on track to meet the MDGs. The ratio of maternal deaths to live births has stagnated in the past decade, and the absolute number of mothers who die each year is "troubling," says the report. "Evidently, the countries will have to redouble their efforts in order to approach this target."

In the HIV/AIDS epidemic, Latin America and the Caribbean saw an increase of 200,000 cases between 2000 and 2004. Brazil, with the region's largest population, has 28 percent of the region's 2.4 million cases, but it has made significant progress in holding back the epidemic.

The July 1 presentation of *The Millennium Development Goals: A Latin American and Caribbean Perspective* followed a regional launch of the report at ECLAC headquarters in Chile in June. Commenting at the PAHO launch were Organization of American States Secretary General José Miguel Insulza, World Bank Vice President for Latin America and the Caribbean Pamela Cox, and Carlos Eduardo Vélez-Echavarría, head of the Inter-American Development Bank's Poverty and Inequality Unit.

PAHO helped design, plan, and write the 335-page report. The other U.N. agencies involved were FAO, UN-HABITAT, ILO, WFP, UNDP, UNEP, UNFPA, UNESCO, UNICEF, and UNIFEM. The report can be viewed or downloaded at <http://www.eclac.cl>. ■



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The countries of Latin America and the Caribbean have significantly improved rates of child mortality. But maternal mortality has stagnated in recent years, and countries will have to redouble their efforts if they are to meet the Millennium Development Goals in this area.

Mar del Plata

Ministers Link Health and Environment

Ministers of health and environment from throughout the Americas debated ways to strengthen linkages and integrate their work to improve quality of life in the region at a meeting in Mar del Plata, Argentina, in June that was supported by the Pan American Health Organization (PAHO), the Organization of American States (OAS), and the United Nations Environment Program (UNEP).

Inés González García, Argentina's minister of health and environment, hosted the meeting, which included presentations on the threat of chemical pollutants, inadequate sanitation, and drinking water, the effects of unhealthy environments on children, and related themes.

"Healthy environments are determining factors for good health and the future prosperity of our countries," PAHO Director Mirta Roses told the ministers. "That is why we promote healthy spaces in our schools, our workplaces, our municipalities, and our countries."

Roses noted that countries of the Americas have pioneered the elimination of lead from gasoline, but she added that poisonings from other sources such as mercury and pesticides are still a major challenge for public health.

In a separate session, ministers discussed progress and remaining challenges in achieving the Millennium Development Goals related to health and environment.

The ministers agreed on the need for a plan of action on children's environmental health, integrated water resources, and solid waste management, and sound management of chemicals. The plan of action will be proposed to heads of state meeting at the Summit of the Americas, also scheduled to be held in Mar del Plata, in November.

In their conclusions, the ministers said they would work together to seek additional funding "to advance a work plan that can guarantee environmental health in the countries of the Americas." They cited critical factors necessary to protect health and reduce infant mortality, including access to

drinking water, basic sanitation, and solid waste management.

On the issue of safe handling of chemical substances, the ministers said they were "committed to strategies to reduce the risk to our ecosystems and human health from pesticides and other substances, especially

among vulnerable groups including the indigenous, industrial workers, farmers, and women and children."

In addition to ministers, participants included the director-general of the World Health Organization, LEE Jong-wook, and officials from UNEP and the OAS. ■



Ministers agreed to develop a new plan of action on children's environmental health, water resources, and solid waste management to present to the Summit of the Americas in November.

PAHO Urges Greater Use of Strategic Fund

The Pan American Health Organization (PAHO) is encouraging its member countries to take advantage of financing and technical cooperation available for acquiring essential supplies and medicines through the PAHO Strategic Fund.

First created in 2000, the fund helps countries with planning and procurement of supplies and medications that are consid-

ered essential to the maintenance of public health. The fund provides technical cooperation to help ensure efficiency in the procurement process, adherence to high quality standards, and, in general, a timely and adequate supply of essential medicines and supplies.

By purchasing supplies and medicines in large volumes directly from manufacturers, the fund is also able to negotiate lower prices for these goods.

In addition, the fund—which is officially known as the Regional Revolving Fund for Strategic Public Health Supplies—has developed special policies in coordination with the Global Fund for AIDS, Tuberculosis, and Malaria to help beneficiaries comply

with the Global Fund's administrative requirements.

Through the Strategic Fund, PAHO staff provide advice and training for country health officials on assessing their needs for essential medicines and supplies and planning their purchases. Research by PAHO has found that some member countries have inadequate practices for planning and procurement of essential goods.

The fund also helps beneficiaries by providing lists of reference prices and prequalified suppliers, whose products and manufacturing practices adhere to PAHO/WHO standards.

Over the past five years, the Strategic Fund has purchased \$24 million of essential public

health supplies on behalf of four countries in the region. In 2004, PAHO's Directing Council called on member countries to make greater use of the fund.

To promote greater use of the fund, PAHO recently organized a workshop in Honduras for staff from Central American ministries of health and organizations that are principal beneficiaries of Global Fund projects. Additional workshops are planned for the Caribbean and Andean countries before the end of 2005.

PAHO's Revolving Fund for Vaccine Procurement operates in a similar fashion and has provided extensive support to PAHO member countries in acquiring vaccines, syringes, and cold chain equipment. ■

Commission Sheds Light on Social Barriers to Health

Health officials, academics, and members of civil society organizations from throughout the Americas joined experts from the Pan American Health Organization/World Health Organization (PAHO/WHO) to discuss how to overcome social barriers to health at a regional consultation on the work of the global Commission on Social Determinants of Health, held at PAHO headquarters July 5–6.

The Commission on Social Determinants of Health was launched earlier this year, at the urging of WHO Director-General LEE Jong-wook, to recommend and promote policies and practices that improve health and narrow health inequalities by addressing social factors. This was the second in a series of regional consultations on the commission's work and the first in the Americas.

Participants in the PAHO meeting noted that in the Americas and throughout the world, vulnerable and socially disadvantaged people have less access to health resources, get sicker, and die earlier than those in more privileged social positions. These gaps are growing despite unprecedented global wealth, knowledge, and health awareness.

Health policies have traditionally focused on diseases and medical solutions, largely ignoring the effects of the social environment

on health. As a result, health problems persist, inequalities have widened, and health interventions fall short of optimal results.

"What good does it do to treat people's illnesses . . . then send them back to the conditions that made them sick," said Timothy Evans, WHO assistant director general for evidence and information for policy.

The new commission cites a growing body of evidence showing how interventions that address the social dimensions of health can improve health conditions and access to health care. These include:

- Prevention and health promotion campaigns targeting vulnerable groups.
- Occupational health services for all employees.
- Job rotation for laborers in high-risk jobs.
- Employment protection for chronically ill citizens.
- School-based health and nutrition services.
- Healthy food catering to workplaces.
- Social welfare programs that make benefits conditional on children's school attendance, regular medical checkups, and other health-promoting actions.

Participants in the meeting discussed ways to support the commission's work by gathering and sharing evidence and best practices

on successful interventions; developing and implementing policies that address key social determinants; raising awareness in government, civil society, and the health sector about the need to address social determinants; and incorporating social determinants of health interventions and related approaches into planning, policy, and technical work within PAHO/WHO.

Participants in the PAHO meeting included commissioners Monique Begin of Canada and David Satcher of the United States; Elisabeth Duarte of Brazil's Ministry of Health; Sylvie

Stachenko of the Public Health Agency of Canada; Andrés Botrán, secretary of food and nutritional security of Guatemala; Damian Greaves, minister of health of St. Lucia; Penelope Royall, deputy assistant secretary for health of the U.S. Department of Health and Human Services; and Sir George Alleyne, former director of PAHO and currently president of the Caribbean Commission for Health and Development.

More information on the work of the global commission is available at http://www.who.int/social_determinants. ■



Health policies cannot ignore social factors, says a new commission established by WHO.

In Geneva

World Health Assembly Sets New Policies

The World Health Assembly—the chief governing body of the World Health Organization (WHO)—made a series of policy decisions that address some of the world's major challenges in public health during its annual meeting in Geneva in May.

The assembly, which brings together ministers of health and other health leaders from WHO Member States throughout the world, announced a new Global Immunization Strategy, approved a new set of International Health Regulations, increased WHO's budget for 2006–07 by 4 percent, reviewed progress made in scaling up treatment and care for HIV/AIDS, and discussed smallpox vaccine reserves and research on the smallpox virus.

The assembly also assessed progress in polio eradication and what needs to be done to interrupt the final chains of wild poliovirus transmission worldwide by the end of this year. (The Americas have been polio-free since 1994.)

In a special briefing session by WHO influenza experts, delegates to the meeting heard detailed updates on the avian influenza outbreaks in Asia and assessments of their potential for sparking a human flu pandemic (see also opposite page).

Vaccine strategy

Among the key outcomes of this year's meeting was the new Global Immunization Strategy, designed to fight vaccine-preventable diseases, which kill more than 2 million people, mostly children, every year. Designed by WHO and the United Nations Children's Fund (UNICEF), the new strategy sets the goal of immunizing more people against more diseases, introduces a range of newly available vaccines and technologies, and combines a number of critical health interventions with immunization, such as insecticide-treated nets and vitamin A supplements.

"We will take immunization to new heights, building on solid achievements of

the past, and will bring good health to many more," said LEE Jong-wook, director-general of WHO. He noted that vaccination has been one of the most successful and cost-effective public health interventions in history, but that immunization is far from universal in many countries.

Supporters of the strategy noted that over the next 10 years, the cost of immunization is expected to rise substantially as countries include newer and more expensive vaccines in their immunization programs. Although these vaccines are still cost-effective, low-income countries in particular will have difficulty acquiring and delivering them. Strategic partnerships with industry and new approaches to health financing will be critical to ensuring equitable access to these vaccines.

Calls for action

The assembly passed a number of resolutions calling for new action in key health areas.

Recognizing that much of the illness, injuries, and deaths that occur during crises and disasters are preventable, the assembly adopted a resolution on health action in crises and disasters, which calls on WHO to provide early warning of disease outbreaks, improve access to clean water and sanitation, and increase the availability of care for the physical and mental health of disaster survivors. It also urges Member States to formulate disaster preparedness plans and pay more attention to gender-based violence as an increasing concern in these situations.

The assembly also called on each of WHO's Member States to develop and implement national plans for pandemic influenza preparedness and response that focus on limiting the health impact and economic and social disruption. The health leaders said WHO Director-General LEE should seek a solution to the current global shortage of influenza vaccines. In the special briefing for participants, LEE called

avian influenza "the most serious known health threat the world is facing today."

On a related matter, the assembly noted that the containment of microbiological agents in laboratories is critical to preventing outbreaks of diseases such as SARS, and called for new measures to enhance laboratory safety.

their national budgets to health.

- Member States should increase resources and actions toward universal access to reproductive health care and coverage of maternal, newborn, and child health interventions.
- WHO should strengthen its program on human resources for health.



Ministers of health from WHO member countries called for a series of measures to improve global public health. The World Health Assembly, WHO's lead governing body, meets annually in Geneva.

Other actions called for included:

- WHO should intensify its collaboration with Member States to reach internationally agreed malaria control goals, and should consider making bulk purchases of insecticide-treated nets and antimalarial medicines.
- WHO member countries should set up collaboration between tuberculosis and HIV/AIDS programs and integrate the prevention and control of tuberculosis in mainstream health development plans.

For the Millennium Development Goals:

- Developed countries should increase official development aid to 0.7 percent of gross national product.
- African countries should fulfill their commitment to allocate 15 percent of

Development of human resources for health will be the theme of the 2006 *World Health Report* and World Health Day 2006. It will also be a key area of work in WHO's General Program of Work 2006 – 2015.

Other areas dealt with in the assembly's discussions and resolutions included the eradication of iodine deficiency, the rational use of medicines to slow the growth of antimicrobial resistance, public health problems caused by the harmful use of alcohol, sustainable health financing and the move toward universal health coverage, the need for increased support of health research, the United Nations' reform process, and the need for coordination of WHO activities with those of other organizations of the U.N. system and with other actors working to improve health outcomes. ■

Bill Gates: Global Health is Humanity's Challenge

The world "is failing billions of people" and must act more aggressively to fight disease and reduce inequity, Bill Gates told health ministers from 192 countries at the World Health Assembly on May 16.

Gates announced a new \$250 million commitment from his Bill & Melinda Gates Foundation, which has an endowment of \$28 billion, for its Grand Challenges global health research initiative. So far, the foundation has committed a total of \$4.9 billion to global health grantees, he said.

"In my view—and there is no diplomatic way to put this—the world is failing billions

of people. Rich governments are not fighting some of the world's most deadly diseases because rich countries don't have them. The private sector is not developing vaccines and medicines for these diseases, because developing countries can't buy them. And many developing countries are not doing nearly enough to improve the health of their own people," Gates said.

He called for stepped-up action by governments to improve global health, more scientific research to develop solutions for diseases in developing countries, and market incentives to encourage private sector investment in "the discovery and delivery of health tools for the developing world."

"There is no bigger test for humanity than the crisis of global health," Gates said.

Pan American Health Organization (PAHO) Director Mirta Roses said during the assembly that she supported Gates' call to action, "especially the need to reduce health inequities and to involve governments and the private sector, in both developed and developing countries, in researching, design-

ing, and delivering the health interventions we need to save lives."

Roses also said that the priorities cited by Gates are important for improving health among the poorest populations and poorest countries, but "so is his optimism, compassion, and fresh outlook to help us change the sad situation of people dying from preventable causes."

Gates said that solving the crisis of global health will require "the full commitment of our hearts and minds."

"Without compassion, we won't do anything; without science, we can't do anything. So far, we have not applied all we have of either. I am optimistic that in the next decade, people's thinking will evolve on the question of health inequity. People will finally accept that the death of a child in the developing world is just as tragic as the death of a child in the developed world. And the expanding capacities of science will give us the power to act on that conviction. When we do, we have a chance to make sure that all people, no matter what country they live in, will have the

preventive care, vaccines, and treatments they need to live a healthy life. I believe we can do this, and if we do, it will be the best thing humanity has ever done." ■



Bill Gates told the World Health Assembly that both rich and poor countries need to do much more to solve the crisis of global public health.

PAHO/WHO Offer Advice on Pandemic Plans

The Pan American Health Organization and the World Health Organization (PAHO/WHO) are providing their Member States and other United Nations agencies with advice on measures to prepare for and respond to a potential influenza pandemic.

WHO has issued several key documents dealing with pandemic preparedness. They include the *WHO Global Influenza Preparedness Plan*, the *WHO Checklist for Influenza Pandemic Preparedness Planning*, and the *WHO Health and Medical Services Contingency Plan for an Influenza Pandemic*, which is being provided to United Nations agencies. Based on that document, PAHO is developing an internal contingency plan that outlines measures the organization would take at headquarters and in its country offices in the event of an influenza pandemic.

PAHO has urged its member countries to undertake pandemic planning and has provided them with the WHO materials (which are available on the WHO website at <http://www.who.int>). PAHO is currently translating WHO's pandemic planning materials into Spanish for distribution and for posting on the PAHO website at <http://www.paho.org>.

As part of its ongoing technical cooperation, PAHO's Communicable Diseases unit has been holding workshops to train country experts in the areas of influenza epidemiology and surveillance. The most recent workshop was held in Atlanta, Georgia, in May and was cosponsored by the U.S. Centers for Disease Control and Prevention (CDC).

"There was significant interest in pandemic preparedness," says Otavio Oliva, PAHO's top expert on influenza. "There is a great deal of concern about a potential pandemic in the countries."

The new *WHO Global Influenza Preparedness Plan*, released in April, is an updated version of a 1999 document. WHO decided to update the original plan in response to recent developments surrounding the H5N1 avian influenza virus, including endemic animal infection in several Southeast Asian countries and continuing human cases, better understanding of the evolution of flu viruses, new techniques for diagnosis and vaccine development, improved antivirals, and the ongoing revisions of the International Health Regulations.

The new plan lays out six pandemic phases and appropriate public health responses for each one (see box at right). According to the plan, the world is currently in a Pandemic Alert Period – Phase 3, and countries should already have detailed pandemic preparedness plans in place.

The new WHO plan defines additional phases (beyond those defined in the 1999 document) during which coordinated international public health actions could be taken to gain time for developing vaccines and implementing preparedness measures planned in advance.

"Success will depend on several factors, including surveillance to provide global early warning of human infections with new influenza subtypes," notes the document.

The plan also emphasizes the importance of intersectoral planning and involving partners outside the health sector, such as agriculture, transport, trade, labor,

WHO Pandemic Phases and Planning Goals

NEW PHASES	OVERARCHING PUBLIC HEALTH GOALS
<p>Interpandemic period</p> <p>Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p> <p>Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, national, and subnational levels.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p>Pandemic alert period</p> <p>Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification, and response to additional cases.</p>
<p>Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement pandemic response measures.</p>
<p>Pandemic period</p> <p>Phase 6. Pandemic: increased and sustained transmission in the general population.</p>	<p>Minimize the impact of the pandemic.</p>

defense, education, and the judicial branches of government, as well as partners in industry and nongovernmental organizations.

WHO provides an array of information on avian influenza and pandemic preparedness at http://www.who.int/csr/disease/avian_influenza/. ■

WHO, FAO and OIE Propose New Bird Flu Strategy

International health and agriculture experts have developed a new strategy to prevent avian influenza from sparking a human pandemic and have appealed to the international community for \$250 million to support the effort.

The strategy emerged from a July 4–6 conference in Kuala Lumpur organized by the World Health Organization (WHO), the U.N. Food and Agriculture Organization (FAO), and the World Organization for Animal Health (OIE). It reflects experts' growing concern over the H5N1 virus that has wreaked havoc on the Asian poultry industry and killed more than 50 people in Cambodia, Vietnam, Thailand, and Indonesia.

Participants in the meeting described the avian influenza situation in Asia as extremely serious, but they said there was still a window of opportunity to ward off a pandemic. They said the \$250 million investment now could save billions of dollars in global economic losses that would result from a pandemic.

The focus of the proposed strategy is on small-scale and backyard farms in Asia, which have produced the majority of human cases since early 2004. Specific elements of the strategy include:

- Educating farmers and their families about the dangers of high-risk behaviors and ways to make their farming practices safer.
- Segregating different species—such as chickens, ducks, and pigs—and reducing contact between these animals and humans.
- Compensating and/or rewarding farmers who report suspected avian influenza outbreaks in their flocks and apply control measures.
- Vaccinating poultry flocks in high-risk areas.

"We agreed that it is vital to urgently change or even end a number of farming practices that are dangerous to humans," said Joseph Domenech, FAO's chief veterinary officer, in discussing the results of the meeting. "These include the way chickens, ducks, and pigs are raised in close proximity to each other, often with no barriers between them and humans. Another area of concern is wet markets, where animals are often slaughtered in unsanitary conditions. These activities constitute a high risk to people who are exposed to contaminated animals or products, such as blood, feces, feathers, and carcasses."

Such practices increase the danger of transmission of avian viruses between species, increasing the chances that strains could exchange genetic material and produce a new virus that is more dangerous to human health.

Shigeru Omi, Western Pacific regional director of WHO, said the proposed strategy "gives us a real chance to make a mark on history—as long as we work together with maximum energy and commitment."

The FAO/OIE part of the strategy would cost around \$100 million to support vaccina-

tion, surveillance, diagnosis, and other control measures. "Without international support, poor countries will not be able to battle bird flu," said Domenech.

WHO efforts on the public health front would cost an estimated \$150 million, mainly for capacity building in affected countries, including emergency support in the areas of laboratory diagnosis, vaccine development, surveillance, and public education, as well as antiviral drugs and personal protective equipment. ■



Veterinary health workers vaccinate poultry against highly pathogenic avian influenza in Indonesia. International experts on animal and human health have proposed new measures to try to prevent the disease from producing a human influenza pandemic.



Immunization

Vaccination Week in the Americas Promotes Equity in Health

For the third year in a row, the countries of the Western Hemisphere joined forces for Vaccination Week in the Americas, April 23–30, a regionwide effort to promote greater health equity through the use of vaccines.

The top goals of this year's initiative were to complete children's vaccination schedules and to reach people in the remotest corners of the region, to make sure that millions of children and adults are immunized against preventable diseases.

The official launching of this year's initiative took place in Washington, D.C., on April 25. Mirta Roses, director of the Pan American Health Organization (PAHO), insisted that no child should ever be denied the benefits of immunization for lack of funds.

"Health promoters, nurses, doctors, and volunteers are fanning out today all over

the hemisphere to vaccinate kids and promote the benefits of immunization. Immigrants and migrants are being targeted, health departments are collaborating across borders, and the whole continent is caught up in this tremendous event," Roses said.

U.S. Surgeon General Richard Carmona said at the opening event: "We need to do all we can across borders to prevent disease....More than 35 countries in the Western Hemisphere have worked together on this unprecedented event to highlight the need for routine vaccinations and to promote access to health services for infants and children."

This year's initiative coincided with the 50th anniversary of the Salk polio vaccine. In the subsequent half-century, smallpox has been eradicated from the world, polio has been eliminated from the Americas, and there is progress toward the elimination of measles and rubella from the region—all thanks to vaccines.

For the countries participating in Vaccination Week in the Americas, immunization is one of the most valuable interventions for the promotion of equity in health. "The political commitment on the part of governments to maintaining vaccination as a regional public good is clear from the high levels of political priority,

resource mobilization, and coordination and cooperation between agencies during this week," said a PAHO communiqué on the initiative.

Vaccination Week in the Americas grew out of a proposal made by the ministers of health of the Andean region four years ago. During the first event, in 2003, more than 16 million children and women of childbearing age received vaccines. By 2004, the number vaccinated had risen to 43 million and included children, women, and older adults.

Among the goals this year were:

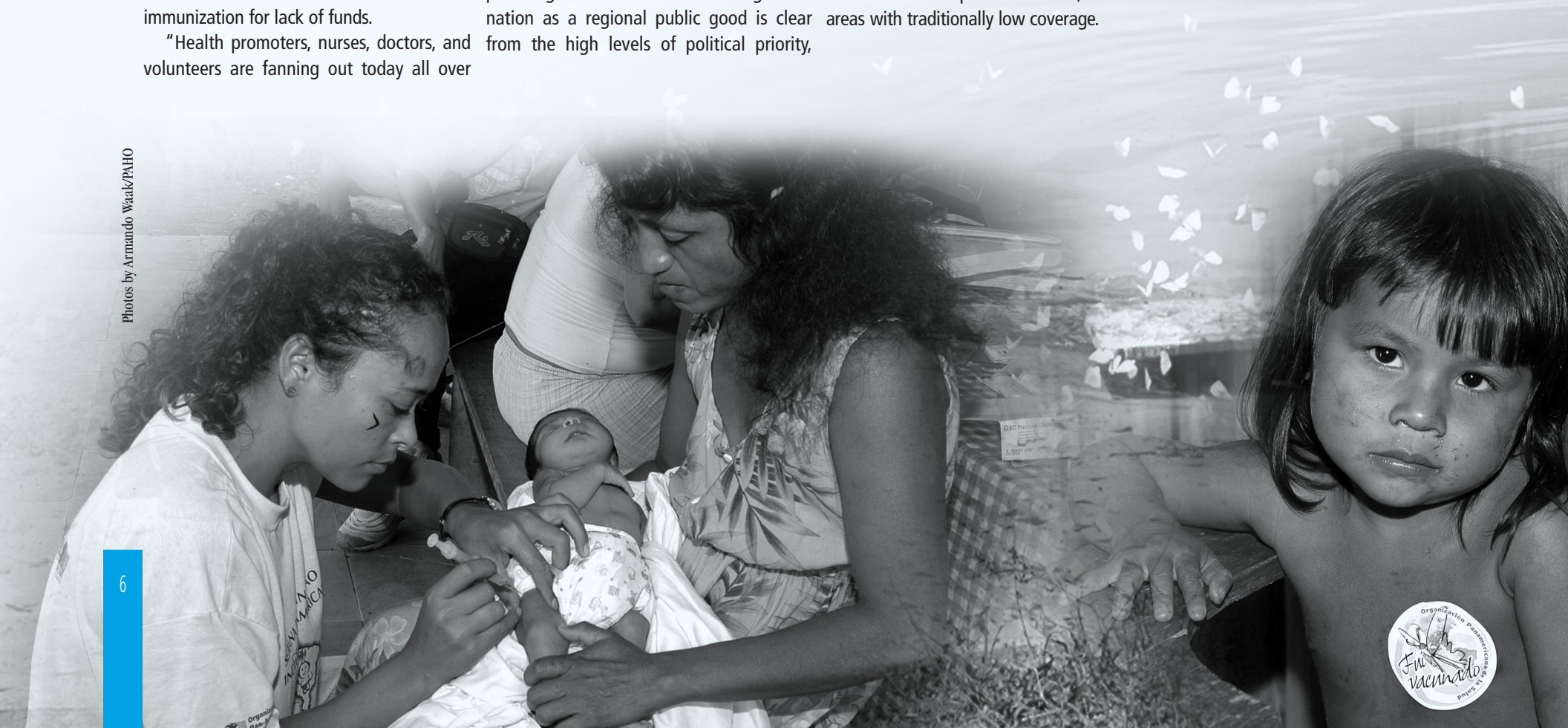
- Reducing inequities in immunization, particularly in hard-to-reach areas.
- Vaccinating children under 5 who have never been vaccinated or to complete their immunization schedules.
- Vaccinating high-risk groups and the elderly.
- Keeping the region free of measles and polio.
- Supporting efforts to eliminate rubella and congenital rubella syndrome.
- Strengthening epidemiological surveillance.

Special efforts focused on high-traffic border areas, indigenous communities, low-income urban and peri-urban areas, and other areas with traditionally low coverage.

"Every country set its own goals according to its specific health needs, within the framework of the Expanded Immunization Program," said Jon Andrus, chief of PAHO's immunization unit. He added that the overarching goal was to raise rates of vaccine coverage throughout the region.

Communication efforts included promotional materials produced in local dialects and taking into account cultural differences, aimed at carrying messages about the importance of vaccines to every corner of the continent.

Nils Kastberg, regional director for Latin America and the Caribbean for the United Nations Children's Fund (UNICEF), said that Vaccination Week is "not just a matter of vaccinating children, as important as that is. The week is an opportunity not only to reach children with life-saving vaccines but also to raise awareness among the public, especially adolescent mothers, who lack information and may not be aware of the importance of having their kids immunized. Parents and communities vitally need this information and awareness in order to demand immunization as a human right, one of the foundations of their children's survival and development." ■





Efforts Around the Region

Health workers and volunteers in countries throughout the Americas joined forces to make sure vaccines reached their targets, from urban neighborhoods to the remotest rural zones.

Brazil used Vaccination Week in the Americas to mount a major campaign to immunize children in indigenous communities. A PAHO team traveled with Brazilian health workers to take vaccines to indigenous villages in Xingu Park, in the state of Mato Grosso. Health workers and volunteers organized by the Ministry of Health and the national agency for indigenous affairs managed to deliver vaccines to some 17,000 indigenous people. Brazil also targeted 12 million elderly people with vaccines against influenza.

In Cali, **Colombia**, some 5,000 children were vaccinated on a single day against tuberculosis and polio. Countrywide, more than 187,000 children under 1 were vaccinated against polio and more than 100,000 1-year-olds against yellow fever.

Cuba vaccinated 542,000 children against polio. The country currently boasts the highest number of vaccines included in its national immunization program.

In Santo Domingo, the **Dominican Republic**, dozens of teenagers worked as vaccination volunteers as part of a community service requirement for graduation from high school. The youths helped health workers vaccinate children from 1 to 5 against polio, pertussis, diphtheria, measles, meningitis, and hepatitis B. In all, more than 55,000 people participated in the effort, working in 900 health posts throughout the country.

In a show of bilateral solidarity, the ministers of health of **Nicaragua** and **Honduras** carried out a Binational Immunization Day as part of Vaccination Week in the Americas. The launch took place in San Marcos Colón in the department of Choluteca, Honduras, and in the city of Somoto, in the department of Madriz, Nicaragua. A similar event took place on the border between Honduras and **Guatemala**.

Paraguay placed special emphasis on vaccination against rubella. By the end of the week, the country had vaccinated 1.2 million people, or 32 percent of the population. The highest rate of coverage achieved was in the capital, Asunción, with 52 percent vaccinated and in Alto Paraná, with 50 percent.

In **Peru**, 24,000 workers from the Ministry of Health participated in Vaccination Week, delivering vaccines against

polio, diphtheria, whooping cough, tetanus, influenza B, and measles.

In **Venezuela's** Guayana region, health workers set up 246 vaccine posts to ensure that children could complete their immunization schedules. Communication campaigns focused on motivating parents to take their children for vaccination, and more than 15,000 individuals in all received vaccines. Health officials from both Venezuela and **Colombia** worked together to improve monitoring of rates of vaccination. ■



PAHO Report

Negotiated Prices Support Expanded HIV/AIDS Treatment

A study sponsored by the Pan American Health Organization (PAHO) concludes that countries in Latin America and the Caribbean have benefited from joint regional HIV/AIDS price negotiations but could take greater advantage of negotiated prices for antiretroviral drugs and reagents used in HIV/AIDS treatment and diagnosis.

The study was carried out by the School of Public Health of the University of Ohio at PAHO's request, a year after ministers of health from 10 of the region's countries—Argentina, Bolivia, Chile, Colombia, Ecuador, Mexico, Paraguay, Peru, Uruguay, and Venezuela—concluded negotia-

tions with eight pharmaceutical companies to lower prices on large-volume purchases of antiretroviral treatment and reagents.

The June 2003 negotiations followed similar successful negotiations by the countries of Central America and the Caribbean in 2002, which dramatically lowered prices for antiretroviral treatment. The 2003 negotiations were supported by PAHO, the Andean Health Agency, the Secretariat of the Andean Community, and UNAIDS.

In the study, carried out between December 2004 and January 2005, researchers examined six countries to see if the negotiations had translated into lower-priced purchases. The study concludes that, in entering the negotia-

tions, the countries were able to form strategic alliances and consolidate demand for drugs and reagents, thereby increasing their negotiating power. The result was significant reductions in prices for antiretrovirals and diagnostics.

The study also found, however, that problems with the regulatory framework, administrative structure, and health systems had made it difficult for countries to buy medicines and reagents at the negotiated prices. In particular, difficulties in the procurement process meant that the six countries examined did not purchase antiretroviral drugs directly from the manufacturers as anticipated. Instead, purchases were often made at higher prices, which "reduced the resources available for prevention, diagnosis, and treatment of HIV/AIDS and for other health necessities."

PAHO has reported that comprehensive strategies for scaling up HIV/AIDS treatment, including price negotiations, have contributed to an increase of 108,000 peo-

ple receiving treatment throughout the region since 2004.

The price of antiretroviral drugs has been one of the main barriers to wider access to HIV/AIDS treatment. Through price negotiations with manufacturers, the cost of first line annual treatment has fallen from \$10,000 to approximately \$400 in the past five years. Price competition from generic drug makers and voluntary discounts from research and development companies have also contributed to the steep decline in prices.

The study recommended that countries improve access to drugs and reagents, and reduce health costs overall, by addressing the difficulties experienced in implementing conditions of the negotiations, including harmonizing regulations and policies in product acquisition and improving systems for production and distribution of medicines.

The results of the PAHO study were presented to the ministries of health of the countries involved at a meeting in Buenos Aires hosted by the Ministry of Health of Argentina in June. As a result of the meeting, the 10 countries and Brazil have called for a second round of joint price negotiations with manufacturers of antiretrovirals and diagnostics, scheduled to be held in early August in Buenos Aires. ■

**TREAT
3 million
by 5
2005**

Communication Campaigns Counter Homophobia

Argentina, Brazil, Colombia, and Mexico have recently carried out communication campaigns aimed at reducing social stigma against homosexuals, as part of their efforts to prevent HIV/AIDS and other sexually transmitted infections (STI).

The Pan American Health Organization (PAHO) provided support for Mexico's campaign and has commissioned a study of all four campaigns to determine how they can help other countries undertake similar efforts.

The purpose of the campaigns, according to Carol Vlassoff, head of PAHO's HIV/AIDS program, is to change positively how homosexuals are viewed by the general public, members of special groups such as health professionals and educators, and homosexuals themselves.

"In many cases, homosexuals themselves have low self-esteem, and this can make them ignore the need to protect themselves," says Vlassoff. "These messages about respect and prevention are

aimed at homosexuals as well as the general public, so that both learn to respect differences and the dignity of every human being."

In Mexico, the "Campaign against Homophobia and for the Reduction of Stigma and Discrimination Associated with Sexual Orientation" was carried out this year by the National Council for HIV/AIDS Prevention and Control (CONASIDA) and the National Council for Prevention of Discrimination (CONAPRED), with support from PAHO and UNAIDS.

Colombia's Ministry of Social Protection carried out a similar campaign in 2004, with the theme "This stops AIDS; which side are you on?"

Argentina's National Campaign against HIV/AIDS took place in 2004 as part of a project financed by the Global Fund for AIDS, Tuberculosis, and Malaria.

The theme of Brazil's campaign, in 2002, was "Respecting differences is just as important as using a condom." It was sponsored by the National Program



Courtesy of Ministry of Health of Mexico.

on AIDS and STI and homosexual organizations.

To find out how other countries can learn from these experiences, PAHO asked the Calandria Association of Social Communicators in Peru to conduct a study evaluating the campaigns. The study will identify lessons learned and compile information on the impact of the campaigns.

In general, Vlassoff says, the campaigns were well received, provoking only a little controversy, primarily in Mexico's news media.

"We view the debate arising out of these campaigns as a positive development," she says. "The result is that different sectors now have a more open perspective on these issues." ■

Belize to Analyze HIV/AIDS Services

Belize is carrying out a comprehensive situation analysis of HIV/AIDS care and treatment in the country, following its introduction more than a year ago of

free antiretroviral therapy, voluntary counseling, and testing.

The situation analysis is the first step in a major effort by Belize to scale up care and treatment as part of the Pan American Health Organization/World Health Organization's (PAHO/WHO) "3 by 5" initiative, which seeks to get 3 million people worldwide on antiretroviral treatment by the end of 2005.

PAHO, the Global AIDS Program of the U.S. Centers for Disease Control and Prevention (CDC), and PAHO's Caribbean Epidemiology Center (CAREC) are providing

technical cooperation in support of the study, which is being carried out by Belize's National AIDS Program.

The study will assess Belize's current HIV/AIDS care and treatment program, using outcome indicators set forth as part of the Millennium Development Goals. It will identify gaps and make recommendations for improving and providing comprehensive, integrated, and quality services to people living with HIV/AIDS.

The results will be used to develop a National Operation Plan for Comprehensive HIV/AIDS Care and Treatment. Belize is

expected to receive support from the Global Fund for AIDS, Tuberculosis, and Malaria to support these scaling-up efforts.

Other important components of the Belize strategy include:

- A Human Resource Strategic Plan for Comprehensive HIV/AIDS Care and Treatment in Belize
- A Monitoring and Evaluation Plan, with Indicators, for Comprehensive HIV/AIDS Care and Treatment in Belize
- A feasibility study of an HIV/AIDS Information System for Comprehensive HIV/AIDS Care and Treatment. ■

Blue-Ribbon Commission

Caribbean Leaders Endorse Health Recommendations

Caribbean leaders meeting at a CARICOM summit in July embraced the recommendations of the "blue ribbon" Commission on Health and Development, headed by former Pan American Health Organization (PAHO) director Sir George Alleyne.

Officials agreed on the need to increase health budgets and resolved to disseminate the report widely to generate public support for stepped-up efforts in health.

Denzil Douglas, prime minister of St. Kitts and Nevis and the CARICOM leader responsible for health issues, said that after analyzing the commission's report his colleagues agreed that governments needed to boost health spending above the current average of 5 percent of national budgets.

The report notes that Caribbean countries have made significant gains in recent decades in areas including infant mortality and life expectancy. However, as a result of population aging, lifestyle changes, and the adoption of

risky behaviors, chronic noncommunicable diseases have increased.

"Heart disease, cancer, cerebro-vascular disease, and diabetes mellitus have continued to be the four major leading causes of death for the past two decades," the report notes. "Deaths from stroke, heart disease, and hypertension, at least in Barbados and Trinidad and Tobago, are three to four times more common than in North America. Death from coronary artery disease is particularly prevalent in Trinidad and Tobago, with rates double those found in North America. Diabetes has emerged as a major problem and must now be regarded as an epidemic in the region."

The report cites high rates of overweight and obesity in every country studied. The trend is particularly alarming among children, the report says. It concludes: "This epidemic must be addressed with urgency."

The report also notes that a lack of epidemiological data made it difficult to draw conclusions about needs in some areas, such as mental health.

Regarding the issue of health financing, the report rejects calls for the introduction of user fees, which it says would be "regressive and likely to be particularly damaging



Addressing the changing health needs of citizens of the Caribbean will require higher national spending on health, according to a report by the Commission on Health and Development.

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to the very poor and others who need the services most." The report notes that many of the region's poor people have been made poorer by having to shoulder higher health care costs.

Citing the impending increased movement of people in the region as a result of the implementation of the Caribbean Single Market and Economy (CSME), the commission also calls for the introduction of a regional health insurance scheme. ■

Violence Exploited in Caribbean News

Graphic violence and exploitation have reached disturbing levels in the Caribbean media, according to the head of the Pan American Health Organization's (PAHO) Office of Caribbean Program Coordination (CPC), Veta Brown. She believes the growing emphasis on sensationalism could have a negative impact on mental and public health.

Brown spoke on the topic at a conference on "Broadcasting and Health," hosted by the Commonwealth Broadcasting Association (CBA) in Barbados in late April.

"Although many—indeed, perhaps most—of our people have never personally

witnessed an act of serious violence, we are all constantly reminded of its presence by the media," said Brown. "The media constantly bombard us with news about violent crimes."

The problem is just as serious in entertainment media, she noted. "The media use violence as a staple in telling fictional stories to entertain us. Thus they amplify and reconfigure the violence in real life. And they continuously pump these messages into our culture."

Brown cited research by the Caribbean Institute of Media and Communication in Jamaica in 2002–2003 that found that one in 10 news stories published by the *Daily Gleaner* had violent content, and one in six published by *The Jamaica Observer*. The Jamaican television station TVJ broadcast four items on violence out of every 10 news stories; on CVM Television the figure was two out of nine.

"The items with violent content on both stations gave graphic details with close-up shots of bloody clothing and at times uncovered dead bodies. Many of the stories made

the lead," said Brown. She added that mental health practitioners as well as teachers believe that the media's emphasis on crime and violence is contributing to desensitization to the impact of violence as well as to a pervasive sense of fear and hopelessness among youth.

Brown reviewed both broadcast and print media in the subregion. She contrasted Caribbean media treatment of violence with that of the European Broadcasting Union (EBU). The EBU's guidelines for handling violence in news and information programs state that "the audience should not, and cannot, be protected from this everyday occurrence" but that "care should be taken never to discomfort viewers gratuitously by over-indulgence. The more often viewers are shocked, the more it will take to shock them."

Brown said another disturbing trend in news coverage was the exploitation of the families of victims of violence. She said that overexposure in the media could cause long-term emotional damage to these individuals.

Brown called on the news media to consider the consequences of their treatment of violence and also to focus more attention on the public health aspects of the phenomenon. She noted that homicide is now the leading cause of death for people ages 15–24 in Caribbean countries, based on data from the Caribbean Epidemiology Centre (CAREC). For those 25–44, it is the second-leading cause after HIV/AIDS.

She affirmed that Caribbean media audiences are highly receptive to health information published and/or broadcast. "Our own research at PAHO/WHO and CFNI [Caribbean Food and Nutrition Institute] tells us that our people look to the media...for information on what can be done to maintain, improve, and reclaim healthy lifestyles." She noted that PAHO promotes this kind of role for the media through training and sensitization workshops, media research, and sponsorship of the annual PAHO/Caribbean Awards for Excellence in Health Journalism. ■

New PAHO/WHO Collaborating Centers

Several new Pan American Health Organization/World Health Organization (PAHO/WHO) Collaborating Centers have become active during the first half of 2005. Collaborating centers support the work of PAHO and WHO, working in priority areas of the organizations. More new centers will be reported in the next edition of *PAHO Today*.

The Center for Law and the Public's Health at Georgetown University in Washington, D.C., has been named PAHO/WHO Collaborating Center on Public Health, Law, and Human Rights. It will serve as an international leader and resource for promoting the role of law and human rights in public health and improving knowledge and understanding of the intersection of public health law

and human rights through research, policy development, and scholarship.

The Center for Genetics and Global Health at Columbia University's Mailman School of Public Health in New York has been named PAHO/WHO Collaborating Center in Community Genetics and Education. The center will conduct research and education on the ethical applications of genetic technology to public health, particularly in Latin America and the Caribbean.

The University of Texas Medical Branch (USA) has been named a PAHO/WHO Collaborating Center on Aging and Health. The center will work to improve the health of Hispanic older adults through collaborative research, education, and clinical training. The center will also offer a visiting scholars program.

St. Louis University's Prevention Research Center (Missouri, USA) has been named a PAHO/WHO Collaborating Center for Evidence-Based Chronic Disease Prevention. The new center will undertake research projects and train scientists on how to conduct evidence-based research to prevent and control diseases such as obesity, cancer, and type 2 diabetes.

The Dengue Laboratory of the Kouri Institute of Tropical Medicine in Havana, Cuba, has been named PAHO/WHO Collaborating Center for the Study and Control of Dengue. The center will conduct research, training, and laboratory activities to assist PAHO and its member countries with efforts to control dengue.

The McLaughlin Center for Population

Health Risk Assessment at the University of Ottawa (Canada) has been named PAHO/WHO Collaborating Center for Population Health Risk Assessment. It will conduct research and promote dialogue on the long-term health effects of air pollution and radiation, with a focus on South America. It will also promote research and training in risk assessment and risk perception and communication.

The Department of Community Health and Psychiatry at the University of the West Indies in Jamaica has been named PAHO/WHO Collaborating Center for Aging and Health. It will promote collaborative research, provide training, and develop policies and programs to meet the challenge of population aging in the Caribbean. ■

Nursing Shortage Threatens Health Care

A recent report by the Pan American Health Organization (PAHO) says that a shortage of nurses threatens the quality of health care throughout the Americas.

The nursing shortage in Latin America and the Caribbean is in part a result of deteriorating working conditions, the report says, while in the United States, the availability of professional nurses is declining as health services are becoming increasingly specialized.

Overview of the Nursing Workforce in Latin America, published earlier this year, notes that the pattern of nursing shortages mirrors other health inequities in the region. In Haiti, for example, there are only 1.1 nurses for every 10,000 inhabitants, compared with 97.2 per 10,000 in the United States.

"Fifteen countries have fewer than 10 nurses per 10,000 people, and the regional average is 30 per 10,000," notes the report.

Silvina Malvarez, a PAHO expert on nursing, adds: "There is also huge inequality in the geographical distribution of nurses. Most are concentrated in urban health centers that are

more focused on curative care rather than primary health care or prevention."

In Guatemala, 70 percent of nursing personnel work exclusively in hospitals, and in Mexico, 55 percent. Meanwhile, community and rural health centers are left with serious shortages of nursing personnel.

According to studies by the World Bank, health care services in the region are heavily dependent on nurses. In Chile, nurses are responsible for 90 percent of well-child care in the national health services. In Belize, 90 percent of public mental health services are delivered by nursing personnel. In Nicaragua's Atlantic Coast region of Río Coco, 88 percent of outpatients are seen by nurses.

The impact of patient overloading is highlighted in a study published by the American Medical Association in the United States. It found that if a nurse's patient load is increased from four to five (during a single shift), the risk of patient death increases by 7 percent. The risk of death further increases proportionally to additional patient load.

According to PAHO's report, the impact of the nursing shortage is acutely felt in the English-speaking Caribbean. With English as their common language, trained nurses in these countries are in high demand in the United States and Canada. As a result, a large percentage of nurses left behind are nearing retirement, and 35 percent of nursing positions remain vacant.



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The supply of trained nurses in the Americas is not increasing nearly as fast as demand.

The nursing brain drain is also being felt in South America. Peru's national nursing association reports that in the last four years, more than 5,000 nurses—15 percent of the nursing workforce—have emigrated, primarily to Spain, Italy, and the United States.

The U.S. Department of Health and Human Services estimates that the shortage of nurses in the United States will grow to 275,000 by 2010 and to 800,000 by 2020.

The increased demand for nurses is in large part due to growing life expectancy and population aging. Other contributing factors include the HIV/AIDS epidemic, particularly in the Caribbean, where rates of infection are second only to sub-Saharan Africa.

Part of the solution, according to the PAHO report, is more nursing education and training. The region needs both more and better trained nurses to ensure that the nursing profession remains a vital force. Also important is better planning and human resource management in the field.

The PAHO report also points to the need for nurses' participation in decision making about health care. "Nurses are increasingly charged with carrying out administrative tasks that reduce the time they can spend with patients, exacerbating the shortage problem," the report notes. Currently, key decision making about health is almost exclusively in the hands of doctors. ■

Countries Join to Promote Breast Milk Banks

Representatives from 11 countries of Latin America and the Caribbean pledged to create a new Latin American Network of Breast Milk Banks to promote the benefits of breastfeeding for child health, during the 2nd International Congress of Breast Milk Banks in Brasilia in May.

The call came in the congress's final document, the Brazil Charter, which noted the importance of breastfeeding to the achievement of the Millennium Development Goals because of the critical role breast milk banks can play in preventing infant deaths.

The document was signed by delegates from Argentina, Bolivia, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Nicaragua, Paraguay, Uruguay, and Venezuela the minis-



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The new Latin American Network of Breast Milk Banks—with an initial 11 member countries—will help ensure that more babies have access to the many health benefits of mothers' milk.

ter of health of Brazil and representatives of the Pan American Health Organization (PAHO), the United Nations Children's Fund (UNICEF), the World Alliance for Breastfeeding Action, the International Baby Food Action network, and other organizations.

The charter points out that exclusive breastfeeding is the single most important

health intervention for preventing deaths among children under 5 and also helps prevent neonatal deaths, the largest component of under-1 mortality. Breastfeeding also contributes to babies' cognitive development, helps prevent anemia, and, in mothers, reduces the risk of ovarian and breast cancer.

Breast milk banks, which rely on donated

mothers' milk, play an important role in the promotion, protection, and support of breastfeeding, and particularly exclusive breastfeeding for the first six months. Much of the donated milk is used to feed premature and low birth-weight babies, who typically suffer from other health problems.

Most breast milk banks in Latin America and the Caribbean closed about a decade ago when it was learned that HIV/AIDS could be transmitted through breast milk. An exception was Brazil, which has continued to operate breast milk banks, ensuring the safety of the milk through sterilization. Today Brazil has 186 breast milk banks throughout the country. Other countries that have functioning banks are Venezuela, with eight banks, and Uruguay, with one.

In the Brazil Charter, countries promised to work together to support the development of human resources, equipment, and procedures needed to guarantee the quality, safety, and effectiveness of breast milk banks. Brazil will provide country-to-country technical cooperation to support the creation of the network, and its FIOCRUZ Foundation has offered to print technical norms for the banks. ■

Salt Fluoridation: Success Worth Repeating

A new book from the Pan American Health Organization (PAHO) shows how salt fluoridation has proven to be one of the most cost-effective public health interventions in history and shows countries how to implement programs of their own.

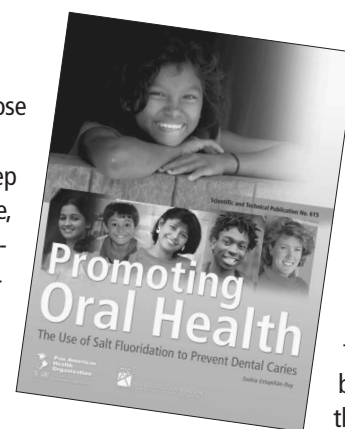
Promoting Oral Health: The Use of Salt Fluoridation to Prevent Dental Caries was written by Saskia Estupiñán-Day, head of PAHO's Oral Health Program. The book traces the history of salt fluoridation, first used in Switzerland in the 1950s and later elsewhere in Europe

and in the Americas. It explains why the practice is better suited to countries in Latin America and the Caribbean than fluoridation of water.

Experience has shown that putting fluoride in salt can reduce dental caries by as much as 84 percent at a cost of 6 cents per person per year. The practice is extremely cost effective, saving an average of \$250 per person per year in dental treatment for every \$1 spent. It is also highly equitable, benefiting equally both rich and poor, young and old, urban and rural dwellers, those with access to

professional dental services and those without.

The book provides step-by-step guidance on how to plan, promote, launch, operate, monitor, and evaluate salt fluoridation programs. It discusses in detail how the salt industry operates, including its manufacturing and marketing practices, and shows how to win the industry's cooperation. The book also provides blueprints for legislation, epidemiological surveillance, and biological monitoring that are nec-



essary for carrying out successful programs.

The new book is available in English and Spanish from <http://publications.paho.org>. The book was funded by the Kellogg Foundation, which has supported salt fluoridation efforts throughout Latin America and the Caribbean. ■

700,000 Health Professionals Pledge to Fight Tobacco

Organizations representing more than 700,000 health professionals in 30 countries of the Americas pledged to support tobacco control activities on this year's World No Tobacco Day, May 31, at the invitation of the Pan American Health Organization (PAHO).

In their Declaration of the Americas, the organizations also pledged to advocate for their countries' ratification and implementation of the Framework Convention on Tobacco Control.

PAHO spearheaded the declaration to increase awareness and motivate health professionals to be on the front lines of efforts to reduce tobacco use, which claims more than a million lives every year in the Americas.

"No one sees the devastating effects of tobacco use on our populations as often and as close-up as dentists, pharmacists, physicians, and nurses. Their professional organizations have more reason and responsibility than anyone to lead prevention efforts," said PAHO Director Mirta Roses.

She added that health professionals' credibility with policymakers and the public makes their advocacy particularly effective.

The Declaration of the Americas includes a pledge for health professional organizations to reject tobacco industry support, to make their institutions tobacco-free, to promote inclusion of tobacco control topics in health professional curricula and conferences, to advocate for strong tobacco control policies, and to support their clients' efforts to quit smoking and to avoid secondhand smoke exposure.

Also on World No Tobacco Day, PAHO recognized individuals and organizations for their advocacy of tobacco control. The six award winners were the National Alliance for Tobacco Control of Uruguay; Ginés González García, minister of health of Argentina; Odessa Henriquez and the Honduras Medical Association; Paula Johns of the REDEH Human Development Network; Physicians for a Smoke-Free Canada; and the St. Vincent and the Grenadines Medical Association.

Special recognition for exceptional tobacco control journalism was given to the late David Brewster of the *Trinidad and Tobago Express*; Mario Cesar Carvalho of *Folha de São Paulo*, Brazil; and Carola Fuentes and Channel 13 of Chile. ■



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PAHO Calls for Stepped-Up Efforts on Chagas

The Pan American Health Organization (PAHO) has called on its member countries to boost their efforts to fight Chagas' disease, an insidious parasitic illness that affects some 18 million people in the Americas.

Experts gathered at the 6th Meeting of the Andean Initiative to Control Chagas' Disease, convened by PAHO in May, called on countries to step up efforts to control the disease's vector, the so-called "assassin bug" (*T. cruzi*), and to improve surveillance and treatment.

Participants recommended that countries that lack surveillance and control programs start to develop them and that "countries that do have national control programs strengthen them and provide them with the best possible conditions for their sustainability."

The experts also called for more research on and production of drugs to treat Chagas and for inclusion of these drugs in countries' lists of essential medicines.

Chagas is considered one of the region's "neglected diseases," which have traditionally been marginalized in the health sector. Spread by insects that thrive in substandard housing, the disease disproportionately affects poor people, and treatment for it is not widely available. About 80 percent of all cases

are transmitted by the vinchuca, known also as the "kissing bug," which lives in cracks and holes in dirt walls and bites people, often near the mouth, while they sleep. The parasite enters the body when people scratch their skin or rub their eyes, then reproduces in the internal tissues and causes problems in the heart, the esophagus, the colon, and the nervous system.

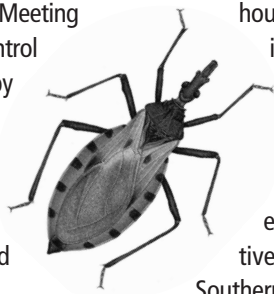
Chagas can also be transmitted through blood transfusions and organ transplants, and from mother to child at birth. An estimated 40 million people in the region are considered at risk of contracting the disease.

Effective control measures against Chagas include fumigation and improvements to housing, blood screening, and testing of pregnant women.

PAHO's Chagas program, headquartered in Uruguay, is supporting a number of international efforts to fight the disease, including subregional initiatives by the countries of the Southern Cone, Central America, the Amazon, and the Andean region.

The Southern Cone initiative succeeded in reducing the incidence of Chagas' disease by 94 percent in seven countries between 1991 and 2000. The initiative was recently cited as one of the 17 most cost-effective international public health interventions in the book *Millions Saved*, published by the Center for Global Development.

PAHO's Chagas program has provided technical cooperation, facilitated country-to-country cooperation, and partnered with the Japan International Cooperation Agency, the Canadian International Development Agency, Doctors without Borders, the Inter-American Development Bank, the Red Cross, and the European Community, among others. ■



Continued from page 2

My goals are to collaborate with staff and Member States in the implementation of the plan to give effect to these four states, which will improve our effectiveness as a knowledge-based organization. As for PAHO as a learning organization, there are many best practices in public health that are not available to the Member States and that can give great effect to the principle of Pan Americanism.

What are the challenges you face?

There are many challenges, which were identified by the task force. As with many organizations, we are not working in the best of ways. We are somewhat compartmentalized, and there is need for more integrative working. Another issue is the cultural shift needed to really share information and knowledge and also to devise mechanisms and processes for the capture of tacit knowledge. But the attainment of the solutions is not singularly my remit. It is the remit of all staff and, most important, the role of the leadership and of executive management. As a collaboration-based organization, we will have to intensify our collaboration by virtual means. This is a major change for both staff and Member States that have grown accustomed to working face-to-face. This will be a challenge, but I am sure we will succeed. Much of what we hope to do is linked to technology as an important enabler of the processes. This has a cost, but it will be resources well spent.

How do you get people to buy into information sharing?

First, one has to ensure that everyone is informed. We have to remember that we need to communicate in different languages, and most of all there must be involvement at the beginning. You have to market, you have to move it forward. You have to place it into the managerial process. Buy-in requires a process of sharing information and bringing people on board before and not after the fact. There must be a process for input, and the value of the input must be evident. This does not mean that every suggestion is carried, but it is at least noted and discussed.

How do you get the countries on board to share best practices?

The country offices will have to play a key role, because they are the face of PAHO/WHO in the countries. They will be interfacing with the national authorities; there will be a defined process by which best practices are identified. There will be a process for documenting these practices and making them available via the PAHO/WHO website and knowledge-sharing portal. It will support the operationalization of the principle of Pan Americanism. Countries will not be repeating mistakes made by others. It's a paradigmatic shift toward conceptually recognizing that there is value in sharing and reuse of knowledge. It's moving from the point of view that says, if I have knowledge, I have power, to the view that if I share knowledge, I will be enriched because it will fuel innovation and creation. Once you understand that, you begin looking at the different processes of sharing knowledge, such as communities of practice, after-action reviews, peer assist, for example. There's a lot of interest, because staff realize that their business is dealing with knowledge.

What about information sharing with external audiences?

We have a lot of knowledge and evidence, and we need to know how to communicate it to different audiences. It needs to be contextualized and translated and made simpler for different populations so they can be empowered to use this knowledge. We really have to look at communication as an up-front issue for the organization if we're going to have that impact and the empowerment that we want to see from our work. In this knowledge-based economy, networking and partnership are critical, and this must be an operational principle, supported by policy.

What are the obstacles there?

There is again the need to reorient staff to see that the impact of our work is not just to produce evidence and publish it in journals, which is the academic orientation. We have to bridge the know-do gap. We have a lot of existing knowledge, but it's not applied. We have to understand that this evidence is produced because it is related to problems for a population grouping or groupings. So up front, we have to ask, how are we going to communicate this evidence to that population? The other obstacle is the culture of boxes, and here the culture of the organization may be a problem. People tend to focus on the boxes they're in and to be quite territorial about them. We need to create processes to help us work in a more integrated way. Knowledge management is a crosscutting approach and has to be embraced at all levels if it is going to succeed. It is an approach that will help us be more effective in empowering people. It underscores the importance of human capital to development. ■

PAHO Supports Media Project on Global Health

The Pan American Health Organization (PAHO) is supporting a major multimedia project that seeks to educate U.S. audiences about global public health issues and motivate them to take action. The project, Rx for Survival—A Global Health Challenge, has as its flagship a six-hour public television series that will air throughout the United States in November. The series was coproduced by the WGBH public television station's NOVA Science Unit and Vulcan Productions. The project will also feature reporting from a broad range of media partners, including *TIME* magazine, National Public Radio, and Penguin Press. Viewers will be offered tools and opportunities to take action through Rx for Child Survival, a campaign to raise awareness and prompt citizen action on behalf of some of the world's poorest children. To get involved visit <http://www.pbs.org/rxforsurvival>. ■

Gates Grant Aids Cervical Cancer Prevention

The Global Health Program of the Bill & Melinda Gates Foundation has granted \$1.4 million to the Pan American Health and Education Foundation to support PAHO's cervical cancer prevention efforts. The funds will support an established PAHO demonstration project in a remote Amazonian region of Peru. The project is aimed at evaluating the effectiveness of a technique known as visual inspection with acetic acid (VIA) for use as a cancer screening technology in low-resource settings. PAHO is one of five international agencies in the Alliance for Cervical Cancer Prevention, which fights cervical cancer in developing countries. The Pan American Health and Education Foundation is an independent philanthropic partner of PAHO. ■

New Web Course Teaches Risk Communication

An interactive, self-taught course on risk communication is available at the website of the Pan American Center for Sanitary Engineering and Environmental Sciences, one of 10 scientific and technical centers of PAHO. The course focuses on the history, myths, components, and process of risk communication. It teaches students to recognize the importance of risk perception and how to create and implement plans to communicate risks according to community needs and specific problems. The course was developed by PAHO and the U.S. Agency for Toxic Substances and Disease Registry with support from the Centers for Disease Control and Prevention (CDC). Those who finish the course successfully receive a certificate of completion. The course is available in English, Spanish, and Portuguese at www.cepis.ops-oms.org/tutorial6. ■

Chinese Health Officials Visit PAHO

Four high-level officials from the Ministry of Health of China visited PAHO headquarters in Washington, D.C., in mid-May as part of a two-week U.S. study tour on "Cooperative Medical Systems in Rural Health." The officials met with members of PAHO's executive management team, human resources, technical units, and PAHO's fellowship program. Sponsored by the World Health Organization (WHO), the study tour provided an opportunity for cross-regional dialogue and developing linkages for future technical collaboration. The Chinese delegation also traveled to Chicago, Atlanta, and New Orleans to meet with government, university, and health insurance officials. One of the Chinese officials, Lusheng Wang, is well known for his work on rural health insurance and has published a book on the subject. ■

PAHO Staff Assist in Angola's Marburg Crisis

Two Portuguese-speaking PAHO staff members recently traveled to Angola to assist in efforts to control the outbreak of the deadly Marburg virus, which has claimed more than 300 lives this year. Marlo Libel, of PAHO's Communicable Diseases unit in Washington, and Carlos

Wilson de Andrade Filho, a communications consultant in PAHO's country office in Brazil, were recruited by WHO as part of a team sent to help Angolan officials respond to the crisis in the northern state of Uige. Wilson worked with local officials on a campaign to persuade families to bring their ill to the hospital rather than treat them at home, which increases the risk of spread of infection. Both Libel and Wilson are Brazilian nationals. ■



Carlos Wilson (left), of PAHO/WHO's country office in Brazil, with Angolan colleagues in Uige.

Awards and Honors

Antonio Hernandez, PAHO regional advisor on health services engineering and maintenance, received the first Association for the Advancement of Medical Instrumentation/Institute for Technology and Healthcare Clinical Application Award. The award honors a clinical engineer whose innovation solves a clinical patient care problem and demonstrates clinical application and efficacy. Hernandez has been at PAHO since 1982.

Martha Pelaez, PAHO's recently retired regional advisor on aging, received a presidential medal and certificate from the International Association of Gerontology (IAG), in recognition of her contributions to world gerontology. The award was presented at the opening session of the 18th World Congress

of Gerontology in Rio de Janeiro in late June. Also honored were Gary Andrews, past president of the IAG; Alexandre Kalache, chief of WHO's Aging and Health Program; and Alexandre Sidorenko, the United Nations' focal point on aging.

Staff of the PAHO/WHO office in Argentina received a special award from the Pan American Health and Education Foundation for support of the PALTEX program, which provides low-cost textbooks and supplies to students of life sciences and medicine in Latin America and the Caribbean. The award was made at the 5th Regional Meeting of PALTEX Administrators in the Dominican Republic in June. PALTEX is an initiative of the Pan American Health and Education Foundation. ■



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