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PAH TODAY

INSIDE . . .

Health Leaders of the Americas Define New Policy Directions

45th PAHO Directing Council

Ministers of health from throughout the Americas pledged to work to bridge the gaps in health status across countries and population groups in the region, during the 45th annual meeting of the Directing Council of the Pan American Health Organization (PAHO).

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Improving maternal and child health is a key objective of the Millennium Development Goals, which received renewed support from the ministers of health attending PAHO's 45th Directing Council meeting in September.

During the week-long meeting, held Sept. 27 to Oct. 1, representatives of 38 countries, including 27 ministers, defined new directions for health policy and programs in such areas as access to essential medicines, scaling-up treatment for HIV/AIDS, revising the International Health Regulations, and achieving the Millennium Development Goals.

The conference's opening session was attended by LEE Jong-wook, director-general of the World Health Organization (WHO); Miguel Angel Rodriguez, then secretary general of the Organization of American States; and Tommy G. Thompson, U.S. Secretary of Health and Human Services.

WHO's Lee noted the importance of a key agenda item, updating the International Health Regulations, which govern cooperation between countries in the case of disease outbreaks. "Epidemics continue to threaten the Americas and the world," said Lee. "The new International Health Regulations will help minimize that danger. But real dangers remain, and we must be prepared for crisis and response." (See story p. 4.)

Another agenda item—the impact of natural disasters on health facilities—acquired special significance as news of the impact of the 2004 hurricane season flowed into PAHO headquarters throughout the week. Ministers from the affected countries appealed for help in recovering from the series of hurricanes and storms that swept the Caribbean in September. (See story p. 3.)

U.S. Secretary Thompson, at the opening session, expressed sympathy for the affected countries and urged PAHO to take the lead in forming a new disaster response "strike force," whose members include trained doctors and nurses who "can go immediately into a country and assist people who have suffered."

In a final resolution, members of the Directing Council called on PAHO member countries to ensure that new health facilities are built to withstand the impact of disasters and, in the case of older facilities, to reinforce them to make them more disaster resistant. (See story p. 5.)

The meeting offered an opportunity to take stock of progress toward meeting the United Nations Millennium Development Goals, which call for major advances in health and quality of life for the world's poor by the year 2015. A PAHO report prepared for the meeting noted progress toward a number of health targets but warned that no country in the Americas will likely reach all of the millennium goals. In a declaration, the ministers called on PAHO member countries to formulate national plans of action for pursuing the goals, to promote greater involvement by different sectors, and to support research on and monitoring of progress toward the goals. They also called on PAHO to support these efforts through its technical cooperation.

An important outcome of this year's meeting was the approval of a new Regional Program Budget Policy that, for the first time, allocates PAHO resources according to member countries' needs. It targets 40 percent of the organization's total budget to country-level work and 7 percent to subregional programs.

Another key item on the council's agenda was the HIV/AIDS epidemic. In a resolution, the ministers welcomed recent cuts in the prices of antiretroviral drugs as a result of multicountry negotiations led by PAHO/WHO and UNAIDS. They also called on PAHO Member States to take steps to counter stigma and discrimination against people living with HIV/AIDS. (See story p. 4.)

On the issue of essential drugs, the council endorsed the use of generics to contain costs and urged PAHO member countries to develop policies and regulatory mechanisms to ensure product quality and safety. They also urged countries to adapt their trade policies to allow them to benefit fully from provisions in the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) regarding access to drugs.

Other issues discussed during the conference included the migration of qualified registered nurses from Latin America and the Caribbean, human resources in health, primary health care, health research in the region, and PAHO's process of organizational change.

Nicaragua's health minister, Jose Antonio Alvarado, presided over this year's meeting as council president. In the closing session, he described the results as "an example of what the hemisphere can do jointly on behalf of regional health." ■

More coverage on pages 4-5.

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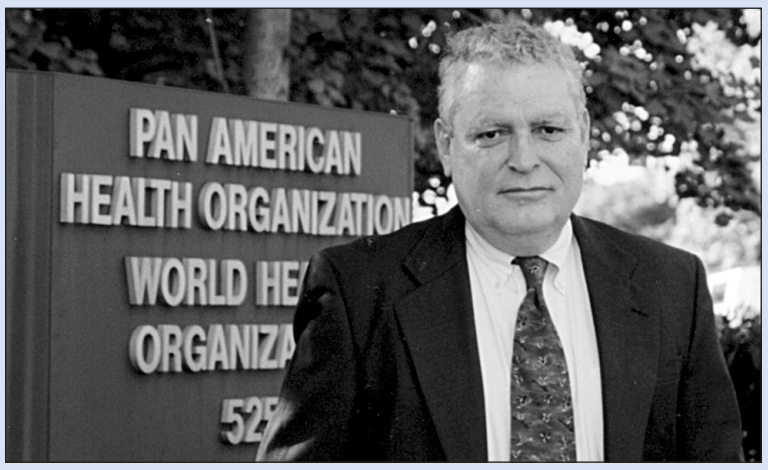

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John Ehrenberg
Unit Chief, Communicable Diseases, PAHO

John Ehrenberg was named chief of the Pan American Health Organization's Communicable Diseases Unit in August. He has worked at PAHO since 1998, focusing on tropical diseases and spearheading a multicountry effort to fight lymphatic filariasis. Before joining PAHO, he managed a $6 million Carter Center project to eliminate river blindness from six Latin American countries. He has been a faculty member at the Autonomous University of Yucatán in Mexico and has taught and carried out research in Ethiopia and Liberia. He holds a doctorate from the Johns Hopkins School of Public Health, a master's from the London School of Hygiene and Tropical Medicine, a diploma from the Bernhard-Nocht Tropical Diseases Institute in Germany, and a medical degree from the National Autonomous University of Mexico.

Why do they call the diseases you work on "forgotten diseases"?

These are diseases that don't cause epidemiological emergencies and therefore aren't usually perceived as public health problems. This translates into less demand on the part of countries for important technical cooperation. It means they don't attract the attention of ministries of health or get on the agenda of important public health problems; that agenda is taken up by tuberculosis, dengue, malaria or HIV. Also, they particularly affect forgotten populations: indigenous people, people who live in difficult-to-reach rural areas, where interventions become more complicated. For example, the nomadic Yanomami population of the northern Amazon, where onchocerciasis [river blindness] is endemic, or in indigenous communities in Chiapas, Mexico. All the communities affected by these diseases share high levels of poverty. So it's also difficult to develop medications and diagnostic tools for a market that pharmaceutical companies do not see as profitable, and which is of little interest even to academics.

Yet these are important diseases?

Oh, yes. Take the case of geohelminth infections, which are caused by parasitic worms in the soil. Some 20 to 30 percent of the population in Latin America may be carriers of these parasites. In the case of lymphatic filariasis, there are nearly 9 million Latin Americans at risk of contracting it and 3.2 million already infected. It is the second-leading cause of disability worldwide. When not treated, it can cause chronic swelling in the legs, arms, breasts and genitals. These are stigmatizing effects. Then there are 2,673 communities in our region that live at risk of onchocerciasis, known as river blindness. The common denominator of all these diseases is that they affect communities with limited resources. In some cases, the highest risk groups are preschool and school-age children; in others, they are indigenous people or African Americans, women of childbearing age or people like fishermen, small farmers, or coffee pickers, whose occupations expose them to infection by larvae in the water or soil, or through an insect bite.

What is their impact on public health?

They contribute to poverty, and they lower the life expectancy of those who suffer them. Onchocerciasis and lymphatic filariasis, if not treated, can cause chronic disabilities. Geohelminth infections affect psychomotor development in childhood and therefore limit educational opportunities. They make children miss school, and they affect children's nutritional status, because the parasites consume nutrients. The problem cannot be solved exclusively from a public health standpoint; you need to coordinate with other sectors, especially the educational sector. There are socioeconomic and environmental aspects that go beyond medicine.

As diseases of poverty, do they increase in times of crises?

Yes, when the economic situation deteriorates, as in the case of Uruguay or Argentina, these parasites reemerge or become a more critical problem where they already existed. It's a vicious cycle because they are diseases of poverty that also exacerbate poverty. They are always with us, feeding chronic poverty, contributing to the global burden of disease. And in one way or another, they affect all the Millennium Development Goals.

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IN FOCUS

Patient Safety: "First, Do No Harm"

The Pan American Health Organization (PAHO) recently hosted the launch of a new World Alliance for Patient Safety, aimed at galvanizing international efforts to reduce illnesses, injuries and deaths of patients receiving health care.

The initiative is being led by the World Health Organization (WHO), whose director-general, LEE Jong-wook, was on hand for the Oct. 27 launch. Partners include PAHO, the Department of Health of the United Kingdom, the U.S. Department of Health and Human Services, and other government and non-governmental agencies.

Fact sheets prepared for the launch noted that medical errors kill an estimated 44,000 to 98,000 patients in the United States each year—more than the number of deaths due to car accidents, breast cancer or AIDS. In Canada and New Zealand, some 10 percent of hospital patients suffer adverse effects from medical errors, and in Australia, some 16.6 percent.

Data from developing countries are scarce, but experts believe their situation is even worse. WHO estimates that at least 50 percent of all medical equipment is unsafe and that 77 percent of all reported cases of counterfeit and substandard drugs occur in developing countries.

Sir Liam Donaldson, chief medical officer of the United Kingdom and chairman of the alliance, noted that even in richer countries, human error is only part of the problem.

"Adverse events are not just due to human mistakes. The majority are due to underlying factors in the system, such as faulty protocols. If we simply punish staff, the potential for learning from our mistakes will be buried with the patient who died."

Susan Sheridan, vice president of Consumers Advancing Patient Safety, described a series of medical errors that left her firstborn child brain damaged and claimed the life of her husband. She emphasized the importance of incorporating consumers' experiences into patient safety efforts. "Patients know about errors firsthand," she said. "Health care systems have to be responsive to them and provide ways for them to report errors, which can facilitate learning."

Among the priority actions of the new alliance are:

- Addressing healthcare-associated infections worldwide through a campaign titled "Clean Care is Safer Care";
- Developing a taxonomy for patient safety and for reporting adverse events;
- Carrying out research on these issues, particularly baseline studies in developing countries;
- Identifying and disseminating "best practices" for improving patient safety;
- Developing reporting and learning systems on medical errors and "near misses" to facilitate analysis of the root causes of errors and to draw lessons about preventing them;
- Getting patients fully involved in the alliance's work, so that health care providers can learn from their experiences.

"To err is human. To cover up is unforgivable. To fail to learn is inexcusable," said Donaldson. ■

Scant Progress on Cervical Cancer

A new Pan American Health Organization (PAHO) report, *A Situational Analysis of Cervical Cancer in Latin America and the Caribbean*, finds that cervical cancer screening programs in the region have generally failed to reduce cases and mortality rates largely because of inadequacies in treatment and follow-up.

According to the report, incidence and mortality rates from cervical cancer have declined steeply in North America, to below 10 per 100,000 females in both Canada and the United States. Yet rates in most Latin American and Caribbean countries are higher than 20 cases per 100,000 (in many cases, much higher) and are surpassed only by rates found in East Africa and Melanesia.

In addition, cervical cancer accounts for a higher percentage of cancer deaths in the region—as high as 49.2 percent in Haiti, compared with 2.5 percent in North America.

These higher rates persist even though screening programs are found in countries throughout the region. In Mexico, where screening has been used for more than 20 years, less than 13 percent of preventable cases have been averted. In Costa Rica, none of the screening programs in place since the 1960s has had an impact on incidence or mortality. In Cuba, where screening has been available since 1968, incidence and mortality have increased, especially among younger women.

According to the report, these high rates are the result of problems in access and quality of services. In Mexico, for example, cervical cancer rates correlate with poverty levels. In Costa Rica, higher rates of invasive cervical cancer were found in coastal areas, which have less access to health services.

The report highlights other problems:

- Women may be afraid to get screened because they fear cancer and lack knowledge about treatment options. In a study of rural Mexico, only 40 percent of women knew what a Pap test was.
- Women often have to wait so long for Pap smear results that they lose interest in the process and fail to return for follow-up.
- Health centers may fail to automatically schedule diagnosis and treatment, preventing timely follow-up.
- Many programs lack sufficient quality control in smear sampling, collection, preparation and interpretation of results. A 1996 study in Mexico found that false negatives ranged from 10 percent to 54 percent in 16 reading centers.
- Younger women are screened more often than older women, despite their lower risk of developing the disease.
- Screening coverage of target populations remains low in many countries.

To improve the situation, the PAHO report advocates the following:

- The formation of technical advisory groups to help countries and subregions develop strategic policies and plans;
- Advocacy at the political, technical, donor and community levels to ensure the inclusion of cervical cancer prevention on countries' political agendas;
- More research on the human papillomavirus and on the cost-effectiveness of screening, diagnostic and treatment models;
- Better coordination and information sharing between countries and regions;
- Incorporation of the latest knowledge about cervical cancer into education and training of health professionals. ■

DISASTERS

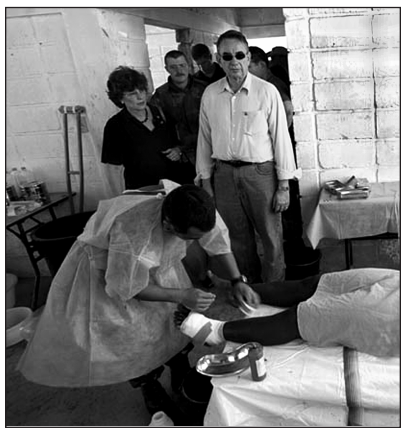
PAHO Joins International Relief Efforts in Storm-Struck Caribbean

The Pan American Health Organization (PAHO) mobilized disaster experts and millions of dollars in emergency aid to help Caribbean countries cope with a deadly series of hurricanes and tropical storms in September.

Following hurricanes Frances, Ivan and Jeanne, PAHO mobilized disaster coordinators, physicians, sanitary and civil engineers, health systems experts, and supply management personnel to the Bahamas, Barbados, the Cayman Islands, the Dominican Republic, Grenada, Haiti, and Jamaica. Staff already stationed in Cuba and Panama were deployed there to help with relief efforts.

PAHO also helped mobilize financial assistance for the region, formulating appeals for nearly $3 million to cover disaster-related health needs in the Cayman Islands, the Dominican Republic, Grenada, Haiti and Jamaica. PAHO also joined a United Nations System appeal for $30 million in emergency relief and early recovery funds for Haiti.

Haiti sustained the worst damages from the hurricanes, which affected tens of thousands of people throughout the Caribbean and in the United States.



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PAHO's Roses and U.S. Secretary of Health Thompson visit Haiti after the floods.

On Sept. 18 and 19, rains from Tropical Storm Jeanne fell on severely deforested and eroded areas of the country, resulting in massive flash floods in the Artibonite Valley and northwestern Haiti. According to official figures in early October, 1,870 people were confirmed dead, 884 were still missing, and 2,620 had been injured as a result of the hurricane. Nearly 300,000 Haitians in all were affected, with 14,000 living in shelters as of early October.

The northern coastal city of Gonaïves sustained the most casualties and damage. Parts of the city were hit by a raging torrent of mud and water up to three meters high, which witnesses said carried away heavy equipment "as if it were paper." Hundreds of bodies emerged from receding waters, while many remained buried in the mud. Severe damage to roads initially left survivors largely cut off from the rest of the country.

Relief agencies reported that distribution of water and food was hampered by problems of both access and security, with only a special U.N. stabilization contingent providing protection for the distribution efforts. The flooding also caused extensive damage to livestock and agriculture, creating long-term food problems in the affected areas.

The city's main hospital, La Providence, was left inoperative. "There were five times as many doctors available as there are normally, but there were absolutely no facilities whatsoever," said Claude de Ville, former head of PAHO's disaster program, who emerged from retirement to join the PAHO team in Haiti.

As part of its relief efforts, PAHO shipped water treatment supplies and emergency kits with essential drugs and supplies sufficient to treat 10,000 patients to the country. Its on-the-ground team of 18 medical and relief experts worked closely with local health officials, the local and international Red Cross, and agencies such as Doctors Without Borders to restore health services.

PAHO experts reported that damage to the power grid, interruption of water supplies, and contamination of wells, housing, and other facilities had increased the risk of disease. To monitor the situation, PAHO set up an emergency disease surveillance system, which as of early October had detected no disease outbreaks.

The $30 million U.N. aid appeal, issued Oct. 1, included $9.9 million to help reestablish primary health care for the affected population, as well as for essential drugs and supplies, to support emergency surveillance, and to monitor and improve water quality, sanitation, and vector control. Also included were funds for HIV/AIDS care, nutrition, oral rehydration, latrine construction, water and sanitation, cold chain for vaccines, and reconstruction of maternity facilities.

According to relief agency reports, major distribution efforts in Haiti were expected to taper off in mid-October, but ongoing assistance would be needed for the most vulnerable groups. Moreover, future requests for aid for the country's recovery were likely as damage assessments were completed.

Beyond Haiti

In the neighboring Dominican Republic, Tropical Storm Jeanne killed 11 people, injured 261 and left three missing. Thousands were stranded in the country's northeast as a result of flooding. PAHO sent a team of experts to evaluate health conditions and to procure medicines and supplies for some 23,000 people living in emergency shelters.

In Panama, mudslides and flooding due to heavy rains killed 16 people and left more than 1,400 homeless. The turbulent weather created waves as high as 16 feet that flooded coastal communities. According to the National System of Civil Protection, 12,891 people were affected by the flooding, with 2,744 houses damaged and 281 destroyed. PAHO experts worked side-by-side with local health officials and U.N. personnel to carry out on-the-ground assessments of damage.

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Medical records in a hospital in Gonaïves, Haiti, were all but destroyed by flooding.

©PAHO Haiti

Residents of Gonaïves, Haiti, wade through floodwaters following Tropical Storm Jeanne in September. The floods claimed at least 1,870 lives and caused widespread damage.

Earlier in September, Hurricane Ivan caused damages and displaced large numbers of people in Barbados, the Cayman Islands, Grenada and Jamaica. In all it claimed at least 68 lives in the Caribbean. PAHO's Caribbean Epidemiology Centre (CAREC) coordinated the organization's relief effort in these countries.

Ivan killed at least a dozen people in Jamaica, including several residents of a fishing village who were swept away in a tidal surge. Health facilities faced shortages of power, water, supplies and personnel. Ivan also damaged the main health facility on Union Island in the Grenadines.

Grenada took Ivan's hardest hit. The hurricane blasted the island on Sept. 7 with torrential rains and sustained winds of 140 mph, causing at least 37 deaths, 380 injuries and 42 hospitalizations, according to PAHO reports. Winds blew the roof off a laboratory at St. George's Hospital, and Princess Alice Hospital was left nonfunctioning.

Cases of diarrhea, fever and rashes were reported at the nearly 240 emergency shelters set up throughout Grenada. PAHO mobilized a team of doctors and volunteer nurses from other Caribbean islands to make rounds of the emergency shelters, collect data and provide medical treatment.

PAHO also sent in a team of civil and environmental engineers and architects to gauge repair needs at damaged health facilities, assess environmental health conditions and assist with vector control efforts. PAHO also helped mobilized financial assistance for the island and established SUMA sites to handle the distribution of aid.

Hurricane Frances swept through the Bahamas on Sept. 2, destroying homes and killing two. PAHO provided technical support in needs assessment and training and systems development for SUMA. It also procured environmental health supplies and materials to support the country's vector control efforts.

Earlier in the season, Hurricane Charley hit Cuba on August 13, causing widespread damage and killing four. The hurricane then moved north to the United States, causing 27 deaths and $15 billion in damages in the state of Florida.

Throughout the emergencies, PAHO's priorities included assessing the health situation in the disasters' aftermath, supporting ministries of health with epidemiological surveys and management of cadavers, coordinating emergency supplies and distribution, restoring health services, and supporting vector control and sanitation efforts. ■

Cadavers Do Not Cause Epidemics

Human casualties are the most tragic outcome of natural disasters. But experts at the Pan American Health Organization (PAHO) say a commonly held misconception adds to that tragedy: the idea that dead bodies must be buried as quickly as possible to avoid epidemics.

According to the PAHO manual *Management of Cadavers in Disaster Situations*, cadavers do not lead to disease outbreaks. The belief that they do often leads to mass burials without identifying remains.

"Unfortunately, we continue to see the use of common graves and mass cremations for the rapid disposal of bodies, based on the myth that bodies represent a high risk as a source of epidemics," says PAHO Director Mirta Roses in the introduction to the PAHO manual. In fact, the manual explains, pathogens are unable to survive for very long in dead bodies.

The failure to identify remains and conduct proper burials "not only contravenes the cultural norms and religious beliefs of the population, it also generates social, psychological, emotional, economic, and legal consequences that exacerbate the damage caused by the disaster itself," Roses notes.

To counter the practice of mass burials, PAHO developed these recommendations:

- Provide survivors with access to victims' bodies and support for their final disposition;
- Conduct burials in such a way as to permit later exhumation. Above all, avoid mass burials and cremations;
- Raise awareness among the public and authorities that cadavers do not cause epidemics;
- Make identification of remains a priority to avoid adverse legal consequences and other long-term problems;
- Avoid subjecting relief personnel and the general population to mass vaccination against diseases supposedly transmitted by cadavers;
- Respect cultural and religious beliefs, even when the identities of the dead are unknown, showing respect for the feelings of those at the site of the tragedy. ■

45TH DIRECT

PAHO Seeks Fast Track for ART

The number of people getting treatment for HIV/AIDS in the Caribbean increased nearly 25 percent in six months during 2004, said Carol Vlassoff, head of the HIV/AIDS program at the Pan American Health Organization, in a briefing for ministers of health gathered for PAHO's 45th Directing Council meeting in September.

An increase of some 1,240 Caribbean patients between February and July of this year has put the subregion on track to meet the goal of providing antiretroviral treatment (ART) to all those who need it by the end of 2005, Vlassoff noted.

The region of the Americas as a whole is seeking to provide antiretroviral treatment to an estimated 600,000 people—the total number believed to need such treatment—by 2005. The goal was established by the region's heads of state in the Declaration of Nuevo León at the Americas Summit in Monterrey, Mexico, in January, and falls within the framework of the World Health Organization's global "3 by 5" initiative, which aims at putting 3 million people in the developing world on treatment by 2005.

In her briefing, Vlassoff said that some 2 million people are currently living with HIV/AIDS in Latin America and the Caribbean. An estimated 200,000 became newly infected during the past year, with the greatest increases among women and young people aged 15 to 24.

The Caribbean has the second-highest rates in the world, after sub-Saharan Africa, with an estimated 2-3 percent of adults infected. Central America has seen a steady increase in infections, primarily through heterosexual transmission and sex between men. In the Southern Cone, intravenous drug use is a significant factor in new infections. Throughout the region, the epidemic has taken its heaviest toll on the poor and vulnerable.

Despite these developments, efforts to control the epidemic are showing results, Vlassoff said. In Brazil, new cases, hospitalizations and deaths have been declining since the late 1990s in response to prevention and treatment programs. Similar efforts in Barbados have brought a drop in death rates and new cases, and Bahamas has seen a decline in hospitalizations and death rates, though new cases continue to climb.

Multicountry negotiations spearheaded by PAHO and UNAIDS have produced agreements with pharmaceutical manufacturers to lower the prices of antiretroviral drugs by as much as 90 percent in the region.

As of late 2003, PAHO estimated that 210,000 people were receiving treatment in both Latin America and the Caribbean, or 55 percent of those believed to be in need of the drugs.

Scaling up treatment involves more than reducing drug prices, however. Countries also must increase testing, counseling, monitoring and evaluation, and prevention efforts, including condom and sex education programs.

PAHO's support for the region's efforts to scale up treatment has included:

• Development of a regional plan for epidemiological surveillance of HIV/AIDS with the World Bank, the U.S. Agency for International Development, and the U.S. Centers for Disease Control and Prevention;

• Establishment of the Pan American Network of quality-control drug laboratories;

• Central American workshops on youth counseling about HIV/AIDS;

• PAHO guides on treatment for HIV/AIDS and tuberculosis and on sexually transmitted infections.

PAHO is focusing much of its support on countries that have both a high prevalence of HIV/AIDS and low rates of treatment, including Belize, the Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Jamaica, Suriname and countries of the Eastern Caribbean. ■

New Health Regulations Reviewed

The Pan American Health Organization (PAHO) has been gathering feedback from its member countries on proposed changes to the International Health Regulations (IHR), the rules that govern cooperation between World Health Organization (WHO) member countries in controlling disease outbreaks that threaten international health.

The need for changes in the IHR has become increasingly apparent in recent years with the emergence of new diseases such as severe acute respiratory syndrome (SARS) and the resurgence of older infectious diseases. The regulations have been under review for nearly 10 years, and the new rules are expected to be approved at the next World Health Assembly in May 2005 in Geneva.

The underlying premise of the proposed new IHR framework is that the best way to prevent the international spread of diseases is by detecting and containing them at the local level. Among the most important changes is that countries will be required to report any outbreak that poses a potential international threat. The current regulations require countries to report only outbreaks of cholera, plague and yellow fever.

Among other changes under discussion:

• WHO may use information other than official notifications from Member States to help identify and control urgent international events.

• Member States will respond to WHO requests to verify nonofficial information.

• National focal points will be appointed to exchange information with WHO and disseminate information to hospitals, other health officials, and airports.

• Countries will establish surveillance and response systems that incorporate the health services as well as ports, airports and border crossings, and which include early warning systems.

The proposed regulations say the criteria for reporting a given disease event should include the potential seriousness of its public impact, whether the disease has an unusual or unexpected nature, its potential for international spread, and whether travel and trade restrictions might come into play in containing it.

"When there is an event with possible international repercussions, national administrations (with input from several sectors) will be required to determine whether the event fulfills the criteria and, therefore, whether it must be reported to WHO," says a PAHO report prepared for the Directing Council.

PAHO member countries have been stepping up efforts to prepare for emerging and reemerging diseases. The results include:

• Subregional surveillance networks have been established in the Amazon Basin, the Southern Cone, Central America and, most recently, the Caribbean. They allow epidemiologists, clinicians and laboratory scientists to share information and get help from one another in responding to outbreaks.

• Argentina, Bolivia and Brazil are undertaking a comprehensive reorganization of their surveillance systems, with emphasis on building local capacity to detect and respond to outbreaks.

• PAHO has helped its member countries strengthen their epidemiological and laboratory capacities for disease surveillance and control and has organized networks of laboratories for specific pathogens and diseases.

• The proposed changes to the IHR have been placed on the agendas of such regional groups as the Andean Health Agency (ORAS) and MERCOSUR, which has pledged unanimous support for the revision process and endorsed its implications for border health and trade. ■

Annual Report Cites Challenges

Pan American Health Organization (PAHO) Director Mirta Roses discussed her organization's priorities, achievements and challenges during a presentation of PAHO's 2004 annual report to ministers of health gathered for the 45th Directing Council.

"My leadership has focused on fulfilling our unfinished agenda, protecting our achievements, and meeting new challenges in health, with the goal of achieving the Millennium Development Goals, renewing primary health care, extending social protection and seeking greater equity in health," she said.

The annual report highlights a number of achievements during 2004, including multicountry negotiations to lower the cost of treatments for HIV/AIDS, a reduction in mortality from tuberculosis, the declaration of Central America as a cholera-free zone, Vaccination Week in the Americas (which reached 40 million people throughout the region), and programs to control and eradicate foot and mouth disease.

Roses also noted that "severe acute respiratory syndrome [SARS], the first new epidemic disease of the 21st century, showed that solidarity, coordination, transparency and joint work between countries and institutions can mitigate the damage provoked by new diseases."

Regarding the millennium health goals set for 2015, Roses noted that major challenges include infant and maternal mortality, HIV/AIDS, and malaria. She noted the enormous gaps in indicators for the first two areas: In 2003, infant mortality rates in the region varied from 5.3 per 1,000 live births in Canada to 80.3 per 1,000 in Haiti, while maternal mortality varied from 16 per 100,000 live births in Cuba to 680 per 100,000 in Haiti.

Roses also emphasized the need to improve access to potable water and sanitation, as well as essential medicines.

The report also highlighted PAHO's work in its five priority countries: Bolivia, Guyana, Haiti, Honduras and Nicaragua. ■

PAHO Awards Honor Health Leaders

The Pan American Health Organization (PAHO) and the Pan American Health and Education Foundation presented three awards in the fields of medicine, health care and bioethics during the 45th Directing Council meeting in September.

The awards honored a Brazilian, a Peruvian, and an Argentine for their contributions to medicine and public health.

María Graciela de Ortúzar, an Argentine physician and researcher, received the Manuel Velasco Suárez Bioethics Award for her efforts to develop a new framework on the benefits of genetic research in Latin America. She is professor of bioethics in the humanities, law, and medical schools of the National University of La Plata in Argentina and is currently a Fulbright research fellow at Dartmouth College in New Hampshire, studying the ethical and social implications of the Human Genome Project. Her proposed research will culminate in a new framework on the benefits of genetic research for Latin America and will be published in book form.


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Argentina's María Graciela de Ortúzar won the Manuel Velasco Suárez Bioethics Award.

Created in 2002, the Manuel Velasco Suárez Award is given to stimulate the development of young scholars in the field of bioethics. It was named after the Mexican physician, scholar and researcher who founded Mexico's National Institute of Neurology and Neurosurgery and the Mexican National Bioethics Commission.

Peruvian physician Eduardo Salazar Lindo received the Abraham Horwitz Award for Inter-American Health for his "outstanding dedication to infant and child health, especially in the control and mitigation of sanitation- and hygiene-related communicable diseases." The award cited his lifesaving

Call for Disaster-Safe Hospitals

© Claude de Ville/PAHO

Mud-soaked equipment at a flooded hospital in Gonaïves, Haiti, in September.

Health ministers agreed to place high priority on making health facilities safer in the event of natural disasters, during the 45th Directing Council meeting of the Pan American Health Organization (PAHO) in September. The ministers resolved that, by 2015, all new and remodeled hospitals in the region should be designed, built and maintained so that they can continue to function after a disaster.

In a presentation to the ministers, Jean-Luc Poncelet, head of PAHO's disaster preparedness and response program, noted that hospitals are critically important in the aftermath of disasters, providing both life-saving health services and a much-needed sense of security for the population. When hospitals are incapacitated, the risk of death or permanent handicap increases overall and especially among the sick and injured.

"Unfortunately, in many disasters, hospitals become inoperable when they are most needed," said Poncelet.

More than half of the 16,000 hospitals in the region are in high-risk areas, and many have been lost or incapacitated by earthquakes, hurricanes and floods. During El Salvador's 2001 earthquake, nearly 2,000 hospital beds (39 percent of the country's total capacity) were put out of service. Hurricane Mitch in 1998 damaged or destroyed 78 hospitals and health centers in Honduras and 180 in Nicaragua, while Hurricane Georges damaged or destroyed 87 health facilities in the Dominican Republic the same year.

More recently, "Grenada lost its entire health capacity in one blow with Hurricane Ivan," said Poncelet.

Yet improvements in building design and construction have proven effective in reducing the vulnerability of hospitals and other facilities to disasters. In recent decades, developed countries such as the United States and Japan have adopted building codes that require hospitals and other public facilities to be disaster resistant.

A recent PAHO report notes that 21 Caribbean and Latin American countries have also begun to address these issues. El Salvador is incorporating modern disaster mitigation principles into its designs for a newly rebuilt health services network. Costa Rica and Colombia have retrofitted hospitals to make them safer, and Colombia and Chile have adopted new laws that require disaster mitigation and prevention measures in the construction of new health infrastructure.

Pilot projects in low- and middle-income countries have shown that it is possible to significantly reduce vulnerability to disasters with existing knowledge and available resources.

"We will have safe hospitals when other sectors fully recognize that health facilities save lives and therefore must remain functional following disasters," Poncelet told meeting participants.

Citing the effects of the 2004 hurricane season in the Caribbean, he added: "We have to learn to live with nature. Hurricanes are terrible, but we just have to prepare for them." ■

Primary Health Care Remains Key

Health ministers from throughout the Americas marked the 25th anniversary of the First International Conference on Primary Health Care by renewing their countries' commitment to "Health for All" and reaffirming the importance of primary health care as an orienting strategy for public health.

A special session of the 45th Directing Council meeting was held as part of a series of events organized by the Pan American Health Organization (PAHO) in observance of the anniversary of the 1978 conference in Alma-Ata, Kazakhstan, in which health leaders from around the world endorsed primary health care as a strategy for achieving greater equity in health.

In introductory remarks, PAHO Director Mirta Roses noted that the push for health sector reform in recent decades had led some countries of the Americas to lose sight of the importance of primary health care. She emphasized that the strategy remains as relevant today as ever in a region where there are major gaps in health status among different population groups.

"This anniversary is more than a historical event. It is an opportunity to gain from the experiences of those who have worked in and advocated for primary health care during these 25 years," she said.

Minister of Health of Jamaica John Junor said his country had embraced the principles of primary health care even before the Alma-Ata conference. He attributed important health gains such as increased life expectancy and the eradication of polio to the implementation of the strategy.

"All of CARICOM countries have benefited from the primary health care strategy," said Junor.

He added that the major challenge for the Caribbean today is to adapt the primary health care strategy to newer health problems such as chronic diseases.

"We must redouble our efforts and reconfirm our commitment to primary health care as an essential strategy for delivering promotive, preventive and rehabilitative health care to the population," said Junor.

Secretary of Health of Mexico Julio Frenk described "Health for All" as "a vision, an aspiration, an orientation for public health policy." But also, "Primary health care is a concrete strategy and therefore open to debate." For example, the slogan of "Health for All" might be improved by adding the word *better*, he said. "'Better health for all' is a more dynamic concept. We should be capable of updating and critically evaluating our successes without giving up our commitment to basic principles."

Frenk emphasized that the basic principles underlying primary health care—that is, universal coverage, community participation, and multisectoral action—are just as valid today as they were during the 1970s.

"Primary health care is not primitive health care, as some have seen it, but rather health care that deals with the primary issues of health," he said.

Argentina's health minister, Ginés González García, said that his country's Federal Health Plan gives a central role to primary health care and that the strategy was key in restoring Argentina's health status following its financial crisis.

"The main problem is not poverty," said González García. "The main problem is injustice…and there is no better strategy to employ than primary health care to fight injustice in the health sector."

During the original Alma-Ata conference, 134 countries and 67 international organizations endorsed the primary health care strategy as a way of reaching the goal of "Health for All by the Year 2000."

The conference's final declaration defined primary health care as care "based on practical, scientifically sound and socially acceptable methods and technology made universally accessible through people's full participation and at a cost that the community and country can afford, in each and every stage of development, with a spirit of self-responsibility and self-determination."

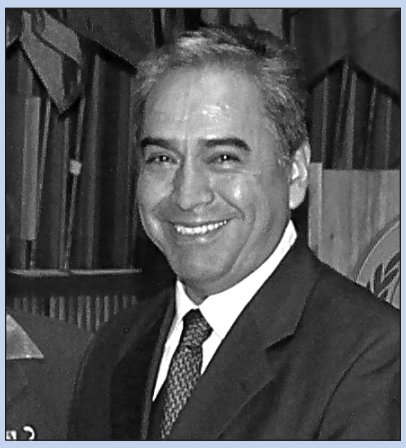
PAHO has appointed a working group to develop a draft for a new regional declaration on primary health care and the future of public health. A special issue of the *Pan American Journal of Public Health* on primary health care is scheduled for 2005. ■

work during Peru's 1991-95 cholera epidemic, including his use of a multimedia educational campaign and evidence-based integrated management of public health responders. Earlier in his career, Salazar Lindo pioneered the use of oral rehydration therapy in Peru, training Peruvians and foreign nationals and guiding Peru's Ministry of Health in its planning and implementation of a national oral rehydration program.

The Abraham Horwitz Award recognizes excellence and leadership in health in the Americas by honoring those who "produce ideas and work of regional significance."

Gastão de Souza Campos, a Brazilian physician and researcher, received the PAHO Award for Administration for his "outstanding contribution to the transformation of the health care model through the development of a management method that increased the democratization of the services by strengthening the links between services and the users of the Unified Health System (SUS) in Brazil."

The Award for Administration is given annually to an outstanding health professional to stimulate excellence and leadership in health administration and management. ■



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Eduardo Salazar Lindo won the Abraham Horwitz Award for health leadership.

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Brazil's Gastão de Souza Campos received the 2004 PAHO Award for Administration.

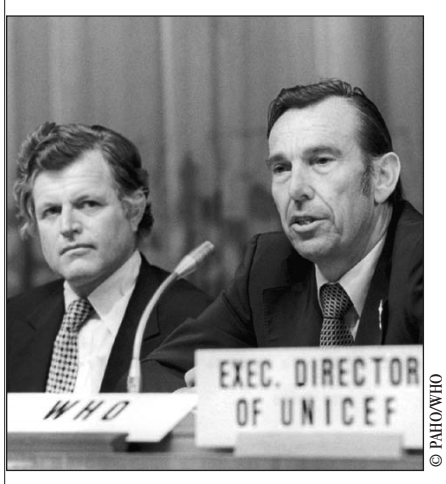
Kennedy Recalls "Health for All"

U.S. Senator Edward Kennedy made a surprise appearance at the First International Conference on Primary Health Care in Alma-Ata, Kazakhstan, in 1978. Though not an official delegate, he was an important participant in the conference, sharing the dais with then Director-General of the World Health Organization Halfdan Mahler.

In a recent statement honoring the 25th anniversary of Alma-Ata, Kennedy recalled the conference and expressed support for the principles of primary health care:

"At Alma-Ata, we declared that health care is not just another commodity. The wealth of a nation should not determine the health of its people. Good health is not a gift to be rationed based on ability to pay. Quality, affordable health care for all people is a matter of basic fairness…. At Alma-Ata, we urged the governments of the world to guarantee this right by the year 2000."

Kennedy's full statement is available at www.paho.org/English/DD/PIN/alma-ata_kennedy.htm. ■



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U.S. Sen. Edward Kennedy (l.) and then WHO Director-General Halfdan Mahler at Alma-Ata.

PHOTO GALLERY

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WHO Director-General LEE Jong-wook confers with PAHO Director Mirta Roses during the 45th Directing Council meeting in Washington, D.C., in September.

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PAHO Director Mirta Roses is named honorary professor by Manuel Burga Díaz, rector of San Marcos University in Lima, during Roses' official visit to Peru in July.

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(From l.) U.S. Secretary of Health and Human Services Tommy Thompson speaks with Minister of Health of Argentina Ginés González García and Secretary of Health of Puerto Rico Johnny Rullán at PAHO's 45th Directing Council in September.

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Fernando Lolas (left), head of PAHO's bioethics program, received an honorary doctorate from the Medical School of San Marcos University in Lima, Peru, in July.

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José Antonio Sermeño, secretary of the Central American Integration System (SICA), discussed his organization's work in health at PAHO headquarters in September.

QUOTED AT LENGTH

Continued from page 2

Why haven't they spread even more throughout the region?

Unlike other diseases that have always been in the Americas, some of these forgotten diseases—like onchocerciasis and lymphatic filariasis—were introduced into the region during colonization as a result of the slave trade. Coming to a new continent, the parasites had to adapt to new vectors and new ecological environments and to biological hosts with different genes and resistance mechanisms from those they were originally adapted to. This combination of factors probably explains why they did not spread rapidly but remained localized. And this localized pattern is precisely what makes onchocerciasis and lymphatic filariasis eliminable.

What are the goals of the elimination efforts?

In the case of geohelminth infections, the goal is for no less than 75 percent of the region's school-age population to have access to antiparasitic medicines and to be under treatment by 2010. But while medicines reduce the parasitic burden, these programs are not sustainable without a political commitment to carrying out educational campaigns alongside and coordinated with other community development projects. As for onchocerciasis, the goal is that, by 2007, it be eliminated as a public health problem in the seven countries where it is endemic: Mexico, Guatemala, Ecuador, Colombia, Venezuela and Brazil. The program is based on two rounds of treatment with Ivermectin [a drug that is effective against the parasite's larval stage] for no less than 85 percent of the population at risk during 12 to 14 consecutive years. In the case of lymphatic filariasis, all indications are that it may already have been eliminated in Costa Rica, Suriname, and Trinidad and Tobago. We expect it to be eliminated in Guyana in 2005 and in Haiti and the Dominican Republic by 2010. Brazil has already eliminated eight of its 11 areas of transmission.

How do you make sure they don't remain forgotten diseases?

There is a consensus within PAHO about the need to break with the traditional scheme of vertical programs and centralization, whereby policies were defined centrally and then imposed on the countries. I think the fact that these diseases were forgotten was in part a consequence of centralization. Most countries do not have any legal agreements even though there are resolutions that countries adopted during the world health assemblies, which call for concrete actions to control or eliminate one or other of these diseases. We are currently promoting small-scale interventions to determine the feasibility of integrated, intersectoral and multi-illness approaches to controlling some of these diseases. There are initiatives under way in Haiti, the Dominican Republic, Brazil, Honduras, Nicaragua, Ecuador, Bolivia, Belize and Suriname. We are working together with UNICEF, the World Bank, the World Food Program, nongovernmental organizations, community groups, and pharmaceutical companies, some of which donate medicines that are essential to the elimination programs. We urge states and provinces to carry out these interventions with strong community participation, through local community associations, town committees and/or health promoters. In planning actions, you need to make use of existing infrastructure and trained personnel, for example, like those from leprosy programs, to manage disabilities caused by lymphatic filariasis.

Are the affected communities receptive to these efforts?

There is a growing demand in the region for help in these areas. In the case of geohelminth infections, imagine a child getting medication and shortly afterward expelling the worm. His mother is going to be impressed to see the immediate effects of the treatment. This has an impact on the mother, sensitizing her about the benefits of health actions. In the end, these programs are useful not only for controlling intestinal parasites but also for health work in general. The Regional Program for the Elimination of Onchocerciasis has practically eliminated blindness due to this disease. It has also reduced other ocular manifestations of the disease to a minimum, even in several of the Yanomami populations in the Amazon. To maintain these achievements and reach others, we have to work in ways that go beyond classical public health measures. We have to work with the private sector, the agricultural sector, and with others who favor and promote sustainable development. We have to work keeping the Millennium Development Goals in view. These diseases will be eliminated or cease to be a public health problem when we solve the problems of poverty, among them, problems of environmental sanitation and lack of access to education. This is a big job that requires interprogrammatic and intersectoral participation. This is part of our unfinished agenda with sectors of the population that have been left behind. ■

AROUND THE AMERICAS

U.S., Mexico Promote Border Health

The United States and Mexico recently staged a series of joint public health events along the U.S.-Mexico border that highlight the benefits of international cooperation in pursuing joint health goals.

The events were part of the Healthy Border 2010 initiative, which promotes community-based programs in priority areas for border health, such as diabetes, disaster preparedness, injury prevention, immunization and health promotion.

The first U.S.-Mexico Border Binational Health Week took place on Oct. 11-17 and was sponsored by the U.S.-Mexico Border Health Commission, Mexico's Secretariat of Health, the U.S. Department of Health and Human Services, the U.S. Centers for Disease Control and Prevention (CDC) and the Pan American Health Organization (PAHO), among others.

The series of events included health fairs, workshops, seminars, conferences, health walks, and public clinics—in all, more than 200 health promotion activities in 14 sister cities on both sides of the border.

PAHO Deputy Director Joxel García, appearing at the Border Binational Health Week with U.S. Secretary of Health and Human Services Tommy Thompson and Secretary of Health of Mexico Julio Frenk, called the joint efforts "a model for bilateral collaboration that other countries can follow."

In July and October, the two countries held border-area vaccination drives as follow-ups to PAHO's hemisphere-wide Vaccination Week in the Americas in April. The drives were designed to ensure that children on both sides of the border received the three doses of vaccine needed for full immunity.

Activities on the Mexican side of the border included public service announcements aired on television and radio urging parents to take their children to local health clinics to be vaccinated. In addition, trained volunteers went house-to-house inviting parents to vaccinate their children and providing vaccines on the spot upon request.

On the U.S. side, public service announcements featured parents promising to vaccinate their children, and health clinics opened their doors for walk-in immunization. The initiatives included a number of health fairs, such as one held in Dona Ana County, New Mexico, which drew more than 3,000 people.

A key partner in getting the word out on the U.S. side was Head Start, a preschool program of the Department of Health and Human Services, which tied vaccination to its back-to-school activities.

The most recent vaccination week was carried out as part of Border Binational Health Week.

Border health concerns are unique and stem from a number of interrelated problems, including poverty, lower levels of education, poor access to health care, inadequate health care resources, high levels of communicable diseases and a rapidly growing population. With large numbers of people crossing the border daily in both directions, the risk of cross-border transmission of communicable diseases such as HIV/AIDS and tuberculosis increases, as do risky behaviors such as substance abuse.

Health conditions vary significantly on different sides of the border, as is evident in vaccination rates. On the U.S. side, an estimated 70 percent of children under 3 are vaccinated, below the U.S. national rate of 79 percent (as of 2003). In contrast, Mexican border states have higher coverage rates than the country as a whole, with 97 percent of children under 1 year vaccinated. Among the goals of the Healthy Border 2010 initiative is to maintain immunization coverage at 95 percent or higher for Mexican children ages 1 to 4 years and to achieve, by 2010, immunization rates of 90 percent for U.S. children 19 to 35 months old.

Cristina Beato, U.S. assistant secretary of health, was on hand for the launching of the April vaccination week and urged parents to keep their children up to date on their vaccines. U.S. Surgeon General Richard Carmona visited San Diego, California, during the second vaccination week and congratulated 300 health promoters for their work with border residents.

PAHO's U.S.-Mexico Border Field Office, in El Paso, Texas, is a key partner in Healthy Border 2010. ■

In Brazil, Roses Details Health Goals

Pan American Health Organization (PAHO) Director Mirta Roses was the keynote speaker at a seminar on "The Future of Public Health: A New Vision for the Americas," in Rio de Janeiro, Brazil, in mid-September. The seminar was part of a series of activities honoring the 50th anniversary of the National School of Public Health, of Brazil's Oswaldo Cruz Foundation (FIOCRUZ).

In her talk, Roses presented key data on the health situation in Latin America and the Caribbean and discussed their relationship to the Millennium Development Goals. Among highlights of her presentation were:

- 230 million people in Latin America and the Caribbean (46 percent) lack health insurance.
- 125 million (27 percent) lack permanent access to basic health services.
- 17 percent of births take place without the assistance of qualified health personnel.
- 87 million children do not complete their vaccine schedules.
- 152 million people lack access to potable water or basic sanitation services.
- 120 million people lack access to health care for economic reasons.
- 107 million lack access for geographic reasons.

Roses also noted that PAHO and its member countries are developing policies to increase access to health for those who have been left behind. The goals include:

- Guaranteeing social protection in health for all citizens;
- Help eliminate inequalities in access;
- Guarantee quality health services;
- Ensure that socially excluded groups have access to integral care;
- Ensure that access to care is not dependent upon the ability to pay.

Roses pointed out that both poverty and inequality are on the increase in Latin America and the Caribbean, yet there are other more encouraging trends: increased civic consciousness, greater awareness of human rights, and increased participation as a result of decentralization. ■

Nutrition in Focus at INCAP 55th

The Institute of Nutrition of Central America and Panama (INCAP) hosted a special scientific meeting on food security and the Millennium Development Goals, as part of a series of activities honoring the organization's 55th anniversary.

The Sept. 8-10 meeting drew 600 experts and officials from throughout Latin America and the Caribbean to Guatemala City. Featured presenters included Vice President of Guatemala Eduardo Stein, Minister of Health Marco Tulio Sosa, and Pan American Health Organization (PAHO) Director Mirta Roses.

Discussions during the three-day meeting focused on the role of food security in strategies for achieving the Millennium Development Goals. A session on "eradicating extreme poverty and hunger" examined successful experiences in anti-hunger programs such as "Zero Hunger" in Brazil, "Opportunities" in Mexico, and "Vida Nueva" in Costa Rica. Presenters from Colombia, Cuba and Central American countries presented other examples of successful experiences in food security and local development.

A session on "achieving universal primary education" analyzed the role of nutrition and health care during pregnancy and the first three years of life, including their impact on brain development and learning capacity.

Other sessions focused on the use of folic acid supplements to prevent neural tube defects, obesity in Central America, and programs to address obesity among children throughout the region.

The meeting also included a trade fair, "Exponutrition," which featured new nutritionally improved products, nutritional supplements for use in food fortification programs, and equipment and supplies for monitoring and ensuring food safety and nutritional status of the population.

Noting the importance of the Millennium Development Goals, Vice President Stein of Guatemala quoted a U.N. Development Program report that defined inequity as "the greatest risk that our democratic states face throughout the hemisphere." He called for a new global effort in which "collective responsibility prevails and societies are committed, in an organized and active way, to overcoming the problems of inequity."

Hernán Delgado, director of INCAP, observed that "more than 50 percent of the Guatemalan population lives on barely a dollar a day, which aggravates the crisis of food security in our country."

PAHO Director Roses called for joint action to develop and implement programs to guarantee food and nutrition security in Guatemala and elsewhere in the region.

INCAP, established in 1949, is one of nine PAHO scientific and technical centers throughout Latin America and the Caribbean. It is dedicated to improving nutrition in Central America and Panama through research, information and communication, technical assistance, human resources development, and resource mobilization. ■

Bolivian Citizens Against Violence

The Pan American Health Organization (PAHO) is supporting an anti-violence program in Bolivia that has shown positive results from citizen participation in violence prevention efforts.

The program is based on Community Orientation Units (COUs) that act as liaisons between the community and government agencies, providing information and referrals and conciliating cases of violence that do not involve formal charges.

Members are drawn from existing neighborhood councils or other base organizations and receive training in areas such as forms of violence and abuse, risk factors, human rights, self-esteem, effective communication, conflict resolution and conciliation techniques.

The program also establishes systems for community surveillance of violence, which include risk maps, public suggestion and complaint boxes, monthly action meetings, and basic data collection. These activities support and are coordinated with the work of law enforcement and public health agencies.

Bolivia's first COU was organized in the PAHO Centennial District of El Alto, La Paz. An evaluation of its initial experiences showed the following results:

- Some 60 percent of cases of abuse can be resolved within the community, without requiring institutional action.
- Word-of-mouth communication among members of the community is an effective way for individuals to learn what their rights are and where to go to resolve problems involving violence.
- The COUs provide an effective way for communities to inform government agencies about danger zones and the most common forms of violence, and can collaborate effectively with those agencies to develop cost-effective actions.
- Members of COUs increase their levels of self-esteem and develop positive behaviors.

Based on these results, the COU model was incorporated in 2003 into the programs of Bolivia's Ministry of Health and its National Confederation of Neighborhood Councils. There are now 37 COUs working in four departments: Cochabamba, La Paz, Santa Cruz and Tarija. The goal is to organize 18 COUs per department throughout the country by the end of 2005.

Violence, both domestic and other forms, has emerged as a significant public health problem in Bolivia. Domestic violence affects an estimated 5-6 women and 1-2 men of every 10 married or common-law couples. One in three children suffers from child abuse. Personal safety is considered a major public concern. ■

NEWSBRIEFS

Medellín Meeting on Hidden Costs of Reform

Health officials from nine countries met with representatives of the Pan American Health Organization (PAHO) in Antioquia, Colombia, in September to discuss the effects of structural adjustment and health reform on community health in Latin America. The five-day meeting, organized by PAHO and the University of Antioquia, examined evidence that increases in efficiency in health systems have in many cases come at the cost of individual health rights, equity, and social protection. Participants were urged to renew their focus on the essential public health functions of the state and on protecting community health. Participants in the meeting included Mayor of Medellín Sergio Fajardo, Governor of Antioquia Anibal Gaviria, and PAHO/WHO Representative Pier Paolo Balladelli. A PAHO field office in Medellín is supporting efforts to improve the health conditions of low-income and marginalized residents of the city, including some 3,000 displaced people. ■

PAHO, USDA to Collaborate on Food Safety

The U.S. Department of Agriculture (USDA) and PAHO signed an agreement in June to work together to improve food safety and boost food trade throughout the Americas. The two agencies will work together to better protect the food supply and animal agriculture from contamination and diseases; to promote science-based decision making and standard setting; to support the harmonization of standards affecting trade and public and animal health; to promote exchanges among scientists, officials, producers and consumers in the region's countries; and to better coordinate and share resources for program management and scientific research. The USDA has participated in the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA), the region's main forum on veterinary public health. ■

Bristol-Meyer Squibb Joins Child Health Alliance

The Bristol-Myers Squibb Foundation granted $400,000 in August to the Catholic Medical Mission Board (CMMB), becoming the latest partner in a CMMB-PAHO project aimed at preventing child deaths in El Salvador, Haiti, Honduras, Nicaragua and the Dominican Republic. The project, Action for Family Health to Scale-up the Integrated Management of Childhood Illnesses Strategy (IMCI), promotes the use of IMCI to reduce infant mortality and the effects of childhood illnesses and to improve growth and development of children under 5. It provides essential IMCI and antiretroviral drugs and includes efforts to prevent mother-to-child transmission of HIV. The funds provided through this new public-private partnership will also help strengthen the capacity of faith-based organizations and ministries of health to coordinate and step up efforts in these areas. ■

University of Geneva, PAHO in Disaster Program

PAHO has signed an agreement with the University of Geneva to intensify cooperation in education and professional training in the area of disasters. PAHO's Emergency Preparedness and Disaster Relief program and the university's Multifaculty Program in Humanitarian Action will work together in the areas of professional development, academic research and analysis. The organizations will cooperate in identifying candidates for the masters' program in Geneva and will create a network to facilitate contact among graduates of the Geneva program and participants in related PAHO courses. PAHO will also consider Geneva students for internships in the Washington emergency preparedness program or in its subregional disaster offices in Barbados, Costa Rica and Ecuador. The University of Geneva's humanitarian action program includes courses on humanitarian crisis management, public health and humanitarian action, emergencies and development, and law and humanitarian action. ■

Health Congress Draws Hundreds in Ecuador

Ecuador's Second National Congress for Health and Life drew 801 delegates from different sectors throughout the country to Guayaquil in mid-September for discussions on national health policy priorities and the organization of the National Health System. A large number of participants in the congress were from civil society organizations, including women's groups, youth and indigenous organizations, and community associations. Key topics included equity and the right to health, health care models, and networks for expanding access to health care. The congress was organized by the National Health Council with support from PAHO, the U.N. Population Fund, and UNICEF. ■

Family Health International Partners with PAHO

PAHO and Family Health International, a nonprofit organization based in North Carolina, USA, have signed an agreement to continue working together to improve family and reproductive health services and research in Latin America and the Caribbean. The organizations have been carrying out joint efforts in areas including research, training, capacity building, information dissemination and provision of services for maternal and child health, prevention of sexually transmitted infections, prevention and treatment of HIV/AIDS and adolescent reproductive health. Specific activities covered by the new agreement include design and implementation of clinical trials for new contraceptive technologies and epidemiological research to help assess the benefits and risks of family planning methods. ■

PAHO, UNICEF Step Up Joint Work in Health

PAHO and the United Nations Children's Fund (UNICEF) signed an agreement in late July to step up their joint efforts in disasters, immunization, HIV/AIDS prevention, and monitoring of nutrition. The agreement places priority on collaboration aimed at achieving equity in health, improving the quality of life of children, and protecting children's rights. The agreement covers training of PAHO and UNICEF staff in technical areas related to preparedness and response in emergencies, development and utilization of PAHO's SUMA emergency supply system, and collaborative efforts in national vaccination days, nutrition and prevention of HIV/AIDS. ■

Safety first. *Formula One racer Juan Pablo Montoya of Colombia appears in a PAHO public service announcement promoting road safety. The PSA has aired throughout the Americas.*

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