

## Health in Haiti<sup>1</sup>

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Mr. Minister of Health, distinguished invitees to this inaugural session of the 15th meeting on vaccine-preventable diseases, and ladies and gentlemen, first let me thank the Minister and the Government of Haiti for allowing us to have this meeting here in Haiti. We were pleased to come here, partly in recognition of the marvelous work this country has done in immunization over the recent months. I will address the matter of vaccines and their importance in health, but I also wish to take this opportunity to see this marvelous life-saving technology in the wider context of health and its various social and political dimensions.

This meeting will review much of the work done in the Central American subregion, in Mexico, and in the Spanish-speaking Caribbean in the field of vaccines and the diseases they prevent. It will review progress achieved, the steps that have to be followed to consolidate the gains that have been made to date, and the strategies that have to be adopted to face the challenges ahead. It will comment on some new initiatives and, based on experiences shared, see how we may advance together.

The discussions will be also framed within the context of what the Americas have done in this field. While avoiding the triumphalism that may induce hubris, it will record the advances that have been made in recent years. The meeting will be conscious of the progress made towards the goal of eliminating measles—a goal that 5 years ago appeared to be almost a chimera—but today is a reality borne out by the achievements of the last 2 years. When we note that for the year 2000 there were only about 1 700 cases of measles in the whole of the Americas, and about 70% of these were in this island of Hispaniola, there is reason to feel satisfied. When we recall the success in the eradication of poliomyelitis, an accomplishment that has not been dimmed by the cases of paralysis caused by mutant vaccines, there is reason to be proud. When we see new vaccines steadily but surely being introduced into the immunization schemes of an increasing number of countries, this gives us immense comfort.

The success of these various efforts could not have been realized in the absence of some critical factors. First, there had to be a commitment to the kind of partnership that is based on sound technical norms and a strong political will. Partnership among countries in this field is one of the examples

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<sup>1</sup> Remarks made to participants at the XV Central American and Latin Caribbean Meeting on Vaccine-preventable Diseases, Port-au-Prince, Haiti, 13 August 2001.

of the Pan American spirit that I have learned to cherish and laud. As I continue to stress, by working together, the countries of the Americas can achieve great things in health. But there have been other partnerships besides those of a national character. There have been partnerships between institutions and organizations, and I am so pleased to see Dr. Canseco here with us today. His organization, Rotary International, has given a magnificent example of entering into and sustaining a partnership—in this case, the partnership for the eradication of poliomyelitis, not only in the Americas, but in the world. Let me not forget to recognize and also thank those countries, agencies, and institutions that have joined and participated in the effort. But in addition to the partnerships, there has to be strong and sustained national effort. We have witnessed that here, as well as in the Dominican Republic, where the campaign has been equally successful.

Sometimes we fall into the trap of thinking that the effort is equal in all countries, but when we examine the data, we find that we have to give special credit to the smaller and poorer among us. I know that during this meeting there will be much technical discussion of the success of the recent immunization efforts here in Haiti. Dr. Ciro de Quadros [Director of the Division of Vaccines and Immunization of the Pan American Health Organization] has kept me informed of the work done here, and I must offer my congratulations to you, Mr. Minister, and to the health workers of Haiti.

Haiti's polio campaign has quite properly been called a success story. You will no doubt hear how almost 1 year ago to the day, the first case of flaccid paralysis caused by Sabin-1-derived virus was detected here, and how the first efforts at vaccination were less than optimal. But with renewed vigor another nationwide campaign was carried out, some 2.4 million doses of vaccine were administered, and coverage has been estimated at about 90% of the target population. There also has been massive training of health workers, and many other aspects of the health services have been strengthened.

Of course, there has been support from the international community, for which we are very grateful. The Pan American Health Organization (PAHO) itself has dedicated a tremendous amount of effort to accompanying the process here. But let it not escape our attention that of the approximately US\$ 5 million that have been mobilized for the effort so far, some 20% has come from the Ministry of Health—and this at a time of fiscal crisis! What greater demonstration of commitment can there be to confronting and solving a problem that was urgent and important?

I look at the success achieved in this area—which all Haitians can be justifiably proud—and I

reflect on the other health indicators that are present in this country, and I ask myself why it should be so and what the similarity is with other countries with similar indicators in other parts of the world. The data are well known to you, and I give them without any sense of criticism, but as an indication of the height of the mountain to be climbed. Infant mortality rates are 74 per 1 000 live births, for every 1 000 live births almost 5 mothers die, and life expectancy is among the lowest in the Americas. HIV/AIDS is a major problem. Why should all this occur? The answer is clear. It is poverty.

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But should we accept that as an answer and move on? It is clear that in countries with these kinds of health indicators, income poverty is not an isolated phenomenon. There is poverty in the realization of all aspects of human development, and these aspects are all intertwined. Poverty causes ill health; there is no doubt about that. What is less clear, and less discussed in circles in which economic policies are made, is that ill health is also a major cause of poverty and is often the impediment that prevents many souls from escaping poverty.

Ill health reduces the development and productivity of human capital. The health of our people and of our environment are also assets to society as a whole that are translated into financial resources. The heads of government of the Caribbean Community (CARICOM) countries recognized this in their recent declaration from the Bahamas entitled “The Health of the Region is the Wealth of the Region.” At this highest political level, there is recognition that the wealth of our people depends on their health—a health that is denied when there is poverty.

It is important that in poor countries we not fall into the trap of thinking poorly because we are poor, and accept with false fortitude the deprivations that come with poverty. There is no inevitability about poverty and its accompanying ill health. There is no genetic predisposition to poverty and its accompanying ills. We at PAHO are optimistic enough to believe that the experience such as you have gained in the recent immunization campaign can be applied to other areas of health, such that in

some small but tangible way these efforts may contribute to poverty alleviation.

I am not naive enough to think that health is a panacea, and that there must not be other ingredients for the flowering of human capital. I am not naive enough to believe that the poor of the earth do not need or merit the help of the rich. I am not so naive that I fail to recognize that political situations may affect efforts to achieve the kind of human development that includes improvement of health. But I have an optimism born of lived experience that health can be one of those nonconflictive areas around which men and women can find common cause. There is no partisanship to the avoidable death of a child from a disease that costs pennies to cure. There is no partisanship to the avoidable death of a mother in childbirth. There was certainly no partisanship in vaccinating 90% of Haitian children against poliomyelitis.

We in PAHO were witnesses to the role of health in stimulating discussion among countries and among factions in countries that were actually at war with one another. And yet, even in that climate, health served as a bridge for peace and understanding. And there are other examples in the world of factions putting aside differences in order to seek a health objective. That is why we are always optimistic about the possibility of health initiatives.

One of the reasons for my visit here with several of my senior staff is to discuss with some of the key actors whether there are some actions in health that may be accelerated. I have been cheered by my discussions with the Minister of Health. When we first met in April of this year, we spoke more formally about the ideas he had for the development of the kind of strategic plan that would see us tackling some of the major problems that he and his staff have already identified. I was pleased that when we met again in May, we spoke more like brothers with a common problem, and he insisted that I come and

see for myself what has been done and what is to be planned. Since then I have heard of the efforts to dialogue with neighboring countries and to try to establish productive partnerships in health. PAHO has been pleased to accompany these efforts.

Although our remit is health, we are acutely conscious of the many efforts being made to assist Haiti at this time in the political and social areas, which are of course interrelated. I was especially moved by the address of the Secretary General of CARICOM when he came here recently to establish an office as a clear indication of the willingness of the CARICOM countries to aid Haiti. He said:

The time has certainly come for Haiti to cast off the mantle of the Hemisphere's poorest and forge ahead with its Caribbean brothers and sisters. This would, however, require at least three major thrusts by Haiti: an internal bonding among its people under accountable governance; a more equitable sharing of its resources and opportunities; and a taking of its place—its rightful place—in the councils of the region and the Hemisphere.

The Secretary General went on to say that these are major objectives that require significant and sustained initiative and support. I agree, and would not be so arrogant as to think that all the issues turn around health. But the recent experience here with immunization and the enthusiasm that I believe can be generated around health issues make me optimistic that this area can provide some of the bonding of which he spoke and be a focus for the mobilization of the initiative and support needed.

The Pan American Health Organization values Haiti's place in our regional councils, and, as always, PAHO will do whatever it can to help.

Thank you, and I am sure the meeting will be successful.

