PASB directed much of its technical cooperation toward creating a new culture of health promotion and protection that views health as a social value.
The Bureau pursued this goal by promoting a broad concept of health as the basis for human development and for an acceptable quality of life, and by encouraging Member States to pursue the five action areas or strategies of health promotion: establishing healthy public policies, creating supportive environments for health, empowering communities, developing personal skills, and reorienting health services.

A growing number of countries in the Region have recognized the importance of health promotion as a powerful public health strategy and have incorporated many of these action areas in their national health plans and programs. These advances have been achieved through active collaboration among national governments, non-governmental organizations (NGOs), national and international institutions, and communities. Although progress has been made toward many of the goals of “health for all,” challenges remain.

The Fifth Global Conference for Health Promotion—“Health Promotion: Bridging the Equity Gap”—held in June 2000 in Mexico City, built on the advances of the four previous international health promotion conferences (Ottawa, 1986; Adelaide, 1988; Sundsvall, 1991; Jakarta, 1997). This conference brought together 100 countries to review the lessons learned since the first conference was held in Ottawa and to renew the commitment to promote the health of the world’s people, to increase intersectoral collaboration, and to improve the infrastructure for health promotion. Ministerial delegations from almost all of the countries of the Region of the Americas participated and all signed the “Ministerial Statement for the Promotion of Health: From Ideas to Action,” also known as the Mexico Declaration. In signing the Declaration, PAHO Member States have committed themselves to strengthening health promotion planning by making health promotion a fundamental priority in local, regional, national, and international policies and programs; taking a leadership role to ensure that all government sectors and actors in civil society participate in the implementation of health promotion activities that strengthen and expand partnerships for health; using every means available to support the preparation of nationwide health promotion plans of action tailored to each country’s circumstances; establishing or strengthening national and international networks to promote health; advocating that UN agencies be accountable for the impact on health of their development agenda; and informing the Director General of the World Health Organization of the progress made in the performance of the above actions so she can report on this to the 107th session of WHO’s Executive Board.

A strategic planning process involving PASB, the Caribbean Food and Nutrition Institute (CFNI), the Latin American Center for Perinatology and Human Development, and the Institute of Nutrition of Central America and Panama (INCAP) was initiated to integrate the technical areas within a conceptual and methodological framework for health promotion. Understanding of the basic determinants of health inequities has improved significantly, yet social and economic inequities in the Region continue to

A young man’s lifestyle choices in adolescence will have far-reaching consequences throughout his life: staying active and avoiding risky behaviors are like buying health insurance for adulthood and old age. PASB has worked actively with Member States, as well as in partnership with other international agencies and nongovernmental organizations, to sponsor healthy policies and advocate for legislation that protects adolescents’ rights. In addition, by encouraging the wide use of life skills training, many of the young in the Americas have been empowered to take charge of their own health and sprint into a healthy future.
erode health conditions for many population groups. For this reason, health promotion must continue to focus on bridging equity gaps among and within countries.

Building Healthy Public Policy

Public policies in all sectors influence the determinants of health and are important vehicles for reducing social and economic inequities, for example, by ensuring equitable access to goods and services, among them health care. The Regional Healthy Public Policy Initiative relies on a multisectoral approach for ensuring the sustainability of services; increasing protection and reducing risks; increasing care to indigenous groups; enhancing coverage and impact at the local level; and improving quality of life. Some countries have assessed their policy, analysis, and development needs, and this information, in turn, has strengthened the governments’ capacity to participate in the initiative.

In Chile, for example, health promotion has been established as a State policy and is strongly supported by the President and by most government sectors. Led by the Ministry of Health and with support from PASB, 24 national agencies work together through the National Council for Health Promotion, known as “VIDA CHILE.” This intersectoral entity sets strategic lines of work for health promotion, and ensures that...
there is sufficient political commitment in the country to launch and sustain health promotion activities. Local intersectoral councils also have been established in the country’s regions. The intersectoral body relies on information dissemination, social communication, and human resources training to fulfill its mandate of strengthening health promotion and enhancing quality-of-life efforts undertaken by each sector. VIDA CHILE designed a communication campaign to promote healthy nutrition and underscore the importance that physical activity has for health. The private sector, NGOs, scientific organizations, and universities have joined in the campaign, which significantly extends the reach of the message. In November, VIDA CHILE submitted the national goals for health promotion for 2000–2006 to Chile’s President; PASB was actively involved in establishing these goals.

The focus on healthy public policies is timely, as most countries are reforming various sectors, particularly health and education, and are incorporating health promotion in this process. During 2000, PASB’s technical cooperation in health promotion has supported the ministries of health and other agencies at the national and regional levels in establishing healthy public policies. The development of legislation favoring healthy public policies has been one way of addressing the Region’s health priorities. Six countries in the Region have implemented policies to facilitate delivery of integrated adolescent care. In addition, the Bureau actively participated in the discussion and formulation of laws to protect the sexual and reproductive health rights established in the constitutions of 14 countries in the Region, and many countries have developed laws to guarantee access to sexual and reproductive health information and services. Venezuela has enacted comprehensive laws that protect children and adolescents and establish their right to sexual and reproductive health education. These laws aim to increase access to services and programs and ensure confidentiality. In addition, laws establishing national intersectoral youth programs have been incorporated into the framework of child and adolescent health and social policies, and a minimum age limit of 18 years was established for the purchase of cigarettes. These laws require all cigarette packaging to include a health warning covering 20% of the package’s surface area.

PASB’s technical cooperation in adolescent health utilizes a conceptual framework for human development and health promotion; the Bureau has contributed to healthy policies and advocacy in Central America by conducting a seminar on health policy, equity, and youth in El Salvador. PASB has actively supported the countries in order to generate consensus and put adolescent health on the agenda of the United Nations Special Session on Children, to be held in September 2001. The Bureau’s technical cooperation was also key to the incorporation of adolescent health issues in the Fifth Ministerial Meeting on Children and Social Policies in the Americas, held in October 2000 in Jamaica, and in the Kingston Consensus on Children and Social Policy in the Americas that resulted from the meeting.
PASB, in collaboration with The George Washington University's Center for International Health, conducted case studies of policies affecting adolescents and youths, which were published in Colombia, the Dominican Republic, and Nicaragua. The Central American countries, as part of the project on adolescent sexual and reproductive health conducted by PAHO and the Swedish International Development Cooperation Agency (SIDA), have formed an intersectoral committee on adolescence to formulate policies on adolescence and youth. The Dominican Republic, with PASB's support, passed the Law of Youth and allocated 1% of the national budget and 4% of municipal budgets for its implementation. This process was carried out with the participation of various sectors and of young people themselves. The Central American Seminar on Policy and Equity was also held with the support of the PAHO-SIDA project.

With the Bureau's support, Antigua, Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, and Saint Lucia participated in the survey of adolescents published recently in A Portrait of Adolescent Health in the Caribbean, which is being effectively used as an advocacy tool and a model for the use of research in policymaking and programming.

One of the most significant public policy developments in health promotion was the beginning of negotiations on the Framework Convention on Tobacco Control, the first international health treaty of this kind, which has been developed under the auspices of WHO. Approximately 25 countries in the Region have participated in this process. PASB provided technical cooperation and funding to help the countries prepare for the negotiations on the Framework Convention on Tobacco Control.

In 2000, significant tobacco policy developments in the countries included Brazil's passage of wide-ranging restrictions on tobacco advertising, which are now the most comprehensive in Latin America. Canada introduced new health messages that cover half the surface area of tobacco packaging and provide advice to smokers.

PASB supported the promotion and monitoring of public policies for iodine fortification of salt to ensure the elimination of iodine-deficiency-related disorders in Bolivia, Chile, the Dominican Republic, and Panama. By improving the monitoring and surveillance systems and ensuring the quality of iodized salt, this effort will help guarantee the sustainability of fortification programs. At present, 97% of the population in Bolivia, over 95% in Chile, less than 40% in the Dominican Republic, and over 90% in Panama consume iodized salt.

Technical cooperation was provided to several countries to implement vitamin A supplementation, significantly increasing coverage of at least the first dose (Figures 1 and 2). The implementation status of national food and nutrition plans in the Region was reviewed and information was gathered from 18 Spanish-speaking countries. Eleven countries' plans have been approved and are being implemented, four countries have formulated plans, and three countries as yet have no plan.

PASB supported the analysis of nutritional status and equity in Ecuador and of health and equity in eight other countries in order to help them develop healthy pub-
lic policies to address internal inequities. The Bureau also promoted and supported the evaluation of Chile's program to fortify flour with folic acid in order to demonstrate this effort's contribution to the reduced incidence of neural tube defects.

As a contribution to the development of healthy public policies on breastfeeding, the article “Length of Exclusive Breastfeeding: Linking Biology and Scientific Evidence to a Public Health Recommendation” was published in the Journal of Nutrition and a chapter was produced for a book on the short- and long-term effects of breastfeed-
Enlisting the Media to Promote Health

The Office of Caribbean Program Coordination (CPC) has been one of PAHO’s most active country offices in using strategic social communication to support its technical cooperation interventions. During 2000, the CPC continued to grant its Awards for Excellence in Journalism to journalists and other media workers in the English-speaking Caribbean who did outstanding work for health. Over the years, these awards have increased the reach of health messages among the people of the English-speaking Caribbean, and in doing so, have increased their capacity to make healthy lifestyle choices.

The awards, which have been handed out since 1992, are designed to increase awareness of health and environmental issues by encouraging the publication or broadcast of news items, features, documentaries, and other materials on these subjects; recognize the contribution of national and regional journalists in putting health and the environment on the public agenda; improve the coverage of health and environmental issues; and increase awareness of the importance of international cooperation in health in general and PASB’s contribution in particular.

The effort to promote health through these awards involves a partnership coalition that includes the governments of the Region, particularly individual ministries such as the ministries of health, of the environment, of labor and social transformation, and of education, as well as parts of the private sector. PAHO’s Office of Caribbean Program Coordination is firmly committed to actively participate in the partnership among the health sector, media professionals, UN agencies, the private sector, and the community at large, believing that this is an effective way to enhance the state of health and well-being in the communities of the English-speaking Caribbean.
Five countries have implemented healthy public policies in the area of nutrition, focusing on national food security and micronutrient supplementation. Panama carried out national surveys and utilized the data collected to review its micronutrient supplementation strategies and to work toward certifying the country as free of iodine deficiency.

Also in 2000, PASB held a series of subregional forums to examine and promote technical collaboration among countries to develop national policies to promote the health and well-being of the elderly. The Central American Forum on Health and Aging was held in El Salvador in collaboration with the Ministry of Public Health, the National Secretariat of the Family, the Office of the First Lady, and Spain’s Institute of Migration and Social Services.

The Bahamas, Bolivia, Brazil, Chile, Costa Rica, Dominica, El Salvador, Mexico, and Peru developed policies that address quality of life issues for older persons. These policies use a multisectoral approach to promote the participation of nongovernmental organizations and other civil society actors, and address health inequities and poverty as major risk factors for poor health in the elderly. Peru and Chile collaborated technically to draft Peru’s national policy, which focuses on healthy aging and on the contributions that various sectors of society make toward a dignified old age. Technical collaboration between Canada and Mexico has significantly advanced the development of a model of healthy public policy for aging. This model will be tested in both countries and used as part of an ongoing effort to develop the necessary building blocks for establishing a public policy on healthy aging. The Caribbean Charter on Health and Aging has fostered the adoption of national policies oriented toward health promotion in various countries; Dominica’s and the Bahamas’ national policies are good examples.

To address these priorities, Brazil, Canada, Chile, Costa Rica, Jamaica, Mexico, Panama, Suriname, Trinidad and Tobago, and the United States have developed public policies for mental health and have empowered communities to care for the mentally ill, sensitizing police and security forces to the needs of this group, and enacting legislation to protect the human rights of the mentally ill.

Domestic violence and violence against women have been increasing in the Region, and four countries have responded with public policies to address these concerns. Strategies for combating domestic violence include putting this problem on the public agenda, strengthening multisectoral coordination between government sectors and nongovernmental actors, and providing support to women’s groups.

Acknowledging the link between environmental conditions and health outcomes, in 2000, several countries in the Region formulated policies and standards to guide future economic and developmental activities in ways that consider the health impact of environmental changes.
Health promotion needs assessments carried out in the countries identified key issues for intersectoral collaboration. In Trinidad and Tobago, training needs in the area of public policy analysis and development were assessed among senior staff at the Ministry of Health. The objective was to obtain information about training needs and to strengthen the Ministry’s capacity to lead healthy public policy initiatives and to participate with other sectors in joint efforts in this regard. The results highlighted the need for negotiation skills to build consensus among stakeholders and for the adoption of a multisectoral approach. Based on the assessment’s findings, three policy documents dealing with noncommunicable disease control and prevention, tobacco consumption control and prevention, and sexual and reproductive health care were drafted with PASB’s support and are being submitted to the Ministry of Health for approval.

The Bureau has actively participated in monitoring the fulfillment of the commitments undertaken at the 1990 World Summit for Children and has contributed to the evaluation of the achievements and to the political and strategic situation analysis of infant health in the Region. An ongoing advocacy effort by UN agencies, NGOs, academic institutions, and others to incorporate health promotion in public policies dealing with children and adolescents is under way in the countries. These efforts have led to the signing of the Kingston Consensus and to preparatory meetings for the United Nations Special Session on Children, which were held in January 2001, where children’s health was central to the agenda of the countries in the Region.

PASB made substantive contributions to the construction of conceptual health promotion frameworks that highlight the importance of biological, psychological, and social determinants of health and quality of life of children and adolescents. The role of supportive environments (family, community, school, municipalities) for comprehensive childhood development was clearly demonstrated, as was the need for accessible, quality health services with a health promotion approach.

Maternal mortality continues to be a major public health challenge in the Region of the Americas. A significant event in 2000 was the consolidation of the Regional Interagency Task Force on Maternal Mortality Reduction, which is a partnership among PAHO, the World Bank, IDB, USAID, UNICEF, UNFPA, Family Care International, and the Population Council. This task force was born of the lessons learned from the past decade, particularly that partnerships can produce positive changes. As its technical secretariat, PASB played a key role in bringing this task force to action, building consensus on strategies and effective interventions based on lessons learned, and creating a common vision for the reorientation of public policies aimed at reducing maternal mortality.

In conjunction with PASB and CDC, the Member States met to assess epidemiological surveillance systems for maternal mortality in 26 countries of the Region, and found that since 1995, most have improved these systems.
PASB, in collaboration with the countries, is improving the information and surveillance systems that will supply evidence on tobacco use and tobacco-related deaths to be used in policy development. The Bureau continued to collaborate with WHO and CDC to support implementation of the Global Youth Tobacco Survey in several Latin American and English-speaking Caribbean countries, which included two regional training sessions on conducting the survey.

The Bureau published a study of tobacco use in Latin America and North America and began work on a study of tobacco use in the Caribbean and on mortality caused by tobacco throughout the Region. The latter two studies will be published in 2001. Preliminary data from 1989 on tobacco-caused mortality in the Americas show a far greater impact than previously thought, with an estimated 845,000 deaths caused by tobacco every year. It is likely that the current annual death toll in the Region from tobacco approaches one million.

Creating Supportive Environments

The Sundsvall Statement on Supportive Environments for Health (Third International Conference on Health Promotion, Sundsvall, Sweden, June 1991) addresses the creation of supportive environments—the physical and psychosocial aspects of where people live, work, and play. It also encompasses the framework that determines access to resources and opportunities for empowerment. During 2000, PASB’s technical cooperation enabled countries to create supportive environments, considering their interrelated physical, social, spiritual, economic, and political dimensions. Coordinated actions at local, regional, national, and global levels were effective in achieving sustainable solutions. The Bureau collaborated with 17 countries during 2000, mainly on the initiatives highlighted below.

Health Promoting Schools

The establishment of a health promoting school is a social development process that provides a comprehensive response to children’s biological, psychological, and social needs. The Health Promoting Schools Initiative focused on disseminating information on and ensuring the rights of children and adolescents to health and education, including sexual and reproductive health, life skills, family life education, interfamily communication, exercise, and healthy lifestyles. Technical collaboration included reviewing and updating school health policies, establishing and/or strengthening intersectoral coordination between the health and education sectors, and committing to
the incorporation of health promotion in school curricula, particularly when training teachers in life skills education. PASB also collaborated with UNICEF and UNESCO to incorporate life skills education in the Education for All Initiative, undertaken at the World Conference on Education for All in Jomtien, Thailand, in 1990.

Most countries have established intersectoral and interinstitutional committees in which all social sectors actively participate to discuss problems and suggest solutions. As a result, domestic violence and other problems that affect children and adolescents are increasingly visible and are being addressed as priority issues.

Healthy Municipalities

In 2000, PASB collaborated with 13 countries to promote healthy municipalities. Figures 3 and 4 illustrate the evolution of healthy municipalities from 1995 to 2000 in selected countries. In Mexico, the healthy municipality movement has developed dynamically and steadily and is considered a key national strategy to promote intersectoral collaboration, community participation, dissemination of health and public policy information, and creation of healthy spaces. PASB provided technical cooperation and mobilized national and international resources for the consolidation of the healthy community network’s strategies and projects.

In Argentina, several municipalities have worked with NGOs, schools, governmental and educational institutions, ecological groups, and the Red Cross, to implement strategies to improve infant, adolescent, and maternal health; reduce malnutrition; create microenterprises and community gardens; and establish radio networks to assist in the dissemination of health promotion and protection messages. PASB provided technical cooperation to establish healthier environments in jails.

In Cuba, a model program for adolescents and young adults in the healthy municipality of Horquitas (Cienfuegos) involves community members and young people in managing the program.

In Chile, health promotion was strengthened through the creation of intersectoral health promotion committees in 60% of the country’s municipalities. The mayors played a leading role in ensuring political support and mobilizing resources.

In Jamaica, the creation of healthy spaces has been broadened to include the Inter-Church Association of Health, Healing, and Counseling Ministries, thereby expanding the churches’ health and healing programs to include health promotion in their services.

As part of the Caribbean Tourism Health, Safety, and Resource Conservation Project, which is a joint venture among
PAHO, CAREC, the Caribbean Hotel Association, and Caribbean Action for Sustainable Tourism, a number of workshops on the need for continued vigilance in preparing and serving healthy food both to the local population and to foreign visitors were conducted for hotel and restaurant personnel and for street food vendors. The workshops provided information to management and staff on cost-effective steps to improve food and beverage preparation practices and to eliminate unsanitary and unhygienic practices among catering industry personnel. Work was done in collaboration with the various national ministries and agencies, and private sector groups, which resulted in the staging of several workshops on food safety in the tourism industry.

In collaboration with the ministries of health of the Bahamas and of Uruguay, PASB has been addressing the challenge of improving physical and psychosocial conditions in long-term care facilities for the elderly. The Bureau has provided technical cooperation for the review of regulatory and monitoring systems as well as for training workshops for caregivers. The lessons learned will be useful to other countries.

**Mexico’s Healthy Municipalities Movement Soars**

Beginning in the 1990s, PASB began to promote the creation of healthy municipalities in the Region, believing it to be a strategy that held great promise for improving health at the community level. In Mexico, healthy municipalities have burgeoned since the movement’s inception, and at this time, the country has close to 1,500 municipalities registered with the program coordinated by the Secretariat of Health. Many of the Mexican healthy municipalities fall along the perimeter of ancient Aztec settlements, which, in turn, were established according to sound ecological considerations.

In becoming a healthy municipality, a community engages in various activities, such as the development of healthy policies, enlisting its members’ participation and self-management, the creation of healthy environments, and the reorientation of community health services so as to improve the population’s access to them. Healthy municipalities in Mexico have undertaken citizen education campaigns to protect the environment and improve basic sanitation, projects to improve quality of life and the physical and social environment, activities to prevent drug addiction, and the establishment of investment policies designed to improve the quality of life for special groups affected by various inequities. The health of the communities will continue to improve as the citizens increasingly gain control of the future of their municipalities and cities.
Strengthening Community Action

The Bureau’s technical cooperation has focused on community leaders and individuals in an attempt to get communities to accept greater social responsibility for their health and to translate this into activities that lead to the improvement of existing conditions and the adoption of healthier choices and lifestyles by the population. PASB has collaborated with community leaders in training activities that have empowered them, improved their relationship with health workers, and strengthened the community development process. Community initiatives have helped to bridge gaps in health equity in many countries.

In recognition of the role that city mayors play in decision-making and resource allocation for health, PASB developed advocacy tools and audiovisual materials to create awareness of the importance of supporting safe motherhood programs at the local level. These materials were designed to encourage community leaders to mobilize efforts and increase access to quality essential obstetric care.

Health fairs are held frequently in the Region. They strengthen the relationship between the community and health providers, including physicians, nurses, and pharmacists. The community also benefits from increased awareness of the importance of health and a healthy environment.

Jamaica’s four Regional Health Authorities conducted workshops to strengthen the leadership and health promotion skills of 100 community leaders. For the International Day of Older Persons, 16 countries in the Region participated in the WHO Global Movement for Active Aging, which advocates greater recognition of the role of healthy lifestyles in maintaining health and function in old age. In Mexico, the day was celebrated with 767 health walks in 29 of the country’s 32 states. Chile held an intergenerational walk and a health fair and distributed health education materials. In Peru, PASB provided technical cooperation and sponsored a radio program on health and aging issues. PASB also collaborated with Peru’s Ministry of Women and Development in sponsoring a number of self-care workshops for older persons and in disseminating public information on important health topics for older persons.

The participation of members of the clergy, beauticians, and women’s associations is being proposed to identify individuals suffering from depression. An evaluation study conducted in Panama showed that 89% of the beauticians surveyed were eager to improve their knowledge of mental health. Nearly 40% of a sample of 268 hairdressers were able to recognize depression in a case vignette, but only 14% of them said they would refer their customers to the health services for treatment.

Encouraging the participation of young people has been a priority strategy of the projects on adolescents and young adults in Central America. El Salvador, Guatemala, Honduras, and Nicaragua held national youth forums in order to define policies,
plans, and programs. Young people have also participated in such international events as the Fifth Ministerial Meeting on Children and Social Policy in the Americas.

Paraguay’s Interinstitutional National Commission on Tobacco Control has collaborated with Argentina, Bolivia, Brazil, Chile, Colombia, Peru, Uruguay, Venezuela, and on tobacco control initiatives. In some areas, this initiative included alcohol abuse prevention targeted to youths.

With support from PASB, community leaders and health personnel worked together to develop programs in the following areas:

**Domestic violence** - Several countries in the Region have focused their efforts on increasing the visibility of the issue of domestic violence as a way to define policies to diminish or eradicate this kind of violence. In El Salvador, for example, city leaders played an important role in establishing cooperation agreements with the Ministry of Public Health, developing interventions to promote and protect health, strengthening intersectoral efforts, and seeking the population’s commitment to establish healthy lifestyles and reduce violence. El Salvador’s comprehensive model for domestic violence prevention is supported by national development policies and a law against domestic violence, which assist and protect such at-risk groups as women, children, girls, the disabled, and the elderly. Similarly, efforts have been initiated in Panama through community networks in 14 regions to institutionalize domestic violence prevention. The Ministry of Health and several NGOs have started sexual abuse prevention campaigns to increase awareness of child and adolescent abuse.

**Nutrition** - Interinstitutional participation in the protection and promotion of infant health reached a high point in Ecuador in 2000 with the adoption of the Integrated Management of Childhood Illness (IMCI) strategy in the majority of public institutions. The IMCI strategy includes managing severe malnutrition and offering breastfeeding and other nutrition counseling, as well as vitamin A and iron supplementation, at the primary care level. Research and evaluation reveal that the implementation of the strategy yielded positive outcomes. One of the strategy’s objectives is to empower communities to promote and protect health. In 2000, these community-oriented components were expanded at the national level with the support of NGOs and community organizations, particularly those working with indigenous peoples.

INCAP and El Salvador’s Ministry of Public Health have identified the population groups at greatest risk of malnutrition. The multisectoral work has resulted in the signing of an agreement among INCAP, FAO, and WFP to support nutritional and food security.

Because good health and nutrition are key to scholastic achievement, PAHO is especially concerned with the nutritional status of schoolchildren. For example, the Organization has worked with governmental and nongovernmental organizations in Bolivia to improve nutrition in schools. With the help of mayors’ offices working through the healthy municipalities initiative, about 20% of the country’s elementary schools currently offer breakfast to students.
PAHO and CFNI developed a position paper on nutrition and healthy aging, which is being reviewed by a group of experts and will be an important tool for technical cooperation in the Caribbean.

With support from PASB, community leaders and health personnel in Trinidad and Tobago are actively participating in wellness programs in four health regions to promote physical fitness and appropriate nutritional practices within the community. The effort focuses on developing healthy lifestyles with emphasis on risk factors for chronic diseases such as diabetes and hypertension.

**Indigenous rights** - The Wayuu community in Colombia has taken the lead in establishing microenterprises among indigenous communities to stimulate employment and economic development in rural areas while improving basic sanitation. This project, initiated in Guajira State, has improved environmental health conditions for the most vulnerable groups. In Brazil, the National Health Foundation is developing a system to strengthen cultural, linguistic, and organizational potential to enhance the quality of life and health of indigenous groups.

**Mental health** - In Uruguay, an initiative has been formulated to address the country’s high levels of depression and its high suicide rate, the highest in the Region (12 to 17 deaths per 100,000 population). “El Club de los Cazabajones” (The Depression Hunters) promotes self-help strategies for people who suffer from depression and encourages the involvement of their family and friends in treatment. The club provides psychiatric and psychological services, including diagnosis, psychotherapy, pharmacological treatment, and rehabilitation. An important factor taken into consideration in this initiative is the economic sustainability of community activities.

**Developing Personal Skills**

One of PASB’s main focuses has been the development of personal skills throughout the life cycle. Life skills education in schools, the principal element of this strategy, includes teacher training, parental involvement, and the implementation of the Health Promoting Schools Initiative. With the Bureau’s cooperation, Brazil, Chile, Colombia, Costa Rica, Mexico, Venezuela, and all the Caribbean countries have developed a protocol to incorporate life skills education in schools. In Colombia, 80 health promoting schools incorporated life skills education in their curricula, which enhanced the students’ learning capacity. Teachers reported that they spent less time disciplining chil-
Contest in Brazil Helps People Quit Smoking

A study on tobacco use conducted in Goias State, Brazil, revealed that 26% of the overall population and about 10% of the population aged 15 to 19 years used tobacco. Considering that tobacco advertising targets youths in this age group, the latter figure is particularly alarming. To counteract the influence of tobacco ads, the Secretariat of Health organized an international smoking-cessation contest—“Quit and Win 2000”—in which contestants committed themselves to quit smoking for four weeks. This activity is part of an anti-tobacco effort supported by Finland’s National Institute of Public Health; in support, the Bureau provided specific technical cooperation to help launch the campaign.

“Quit and Win 2000” was a resounding success: more than 80 countries participated and six commercial enterprises sponsored prizes for winners and paid to publicize the contest in the media. The winner was a contestant from Chile.
cators to develop quantitative and qualitative research projects to assess health communication activities. As a result of this effort, the quality of health education materials has improved and health educators at the regional levels are conducting evaluations.

In Haiti, a national committee for tobacco control was established to educate the population about the dangers of tobacco use and second-hand smoke.

In Costa Rica, in collaboration with the Costa Rican Social Security Fund, and in Mexico, in collaboration with the Ministry of Health, PASB field tested a training manual on health care for older persons aimed at primary health care professionals. A training workshop on aging was held for community caregivers in collaboration with the PAHO/WHO Collaborating Center on Health and Aging at the University of West Indies in Kingston, Jamaica. PASB also worked with the Catholic University of Chile to conduct a workshop to teach professionals who work with the elderly about the myths and realities of aging and strategies for dealing with them.

Reorienting Health Services

PASB’s technical cooperation has contributed to the identification and definition of new care models in Chile, Costa Rica, and Jamaica by utilizing integrated health care policies that aim to strengthen primary health care, enhance the problem-solving capacity of the health services, and emphasize health promotion and protection actions that involve civil society. These policies also seek to make health promotion and protection an integral part of the health care delivery process, and to incorporate health promotion principles into health services management.

In 2000, the Bureau supported Member States’ efforts to strengthen and reorient health service models. In Brazil, the family health model was strengthened and expanded, and the inclusion of mental health as an integral part of the model was considered. In Cuba, the health promotion component was strengthened in the family physician model, which includes a school health services component as well as primary health care for families at the community level. In Chile, primary health care personnel received intensive training in health promotion strategies and now form an integral part of the healthy municipalities and “comunas” initiative.

In Jamaica, the Ministry of Health has made health promotion the primary strategy in all its programs and in health services delivery. The decentralization taking place within the health reform process has transferred responsibility for health services delivery and program implementation to the health regions. The Regional Health Authorities carry out their activities under the guidance of the Head Office, but with total independence in their decision-making. PASB supported the Ministry of Health’s
efforts to have people-friendly health services support the whole process of social mobilization and community participation.

Brazil, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, and Mexico completed qualitative research on the sexual and reproductive health of adolescent males in Latin America and the Caribbean that facilitated the incorporation of gender and health promotion in health services for adolescents. In addition, health services personnel received training that incorporated the new conceptual framework for human development and health promotion.

PASB supported a Regional consultative group meeting on primary health care and aging in Costa Rica. As a result of this meeting, the Bureau developed a kit to enable health centers to define their policies for promoting, protecting, and caring for the health of older adults. The kit teaches health personnel how to analyze the social, economic, environmental, biological, and behavioral factors associated with the autonomy and well-being of elderly persons in their community. The training manual provides methods and examples for the community health center to work effectively with the local government in addressing these factors. The manual uses a participatory methodology to identify resources, problems that older people face in accessing quality and appropriate health care in the community, and solutions to these problems. The manual will be tested in a variety of health centers before it is made widely available in the Region.

The Bureau strengthened the countries’ capabilities to establish adolescent health and development policies and programs and increased opportunities for youth involvement in reorienting health services. In 10 of the 11 countries participating in the Regional Initiative for the Reduction of Maternal Mortality (Bolivia, Brazil, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Guatemala, Nicaragua, Paraguay, and Peru), the methodologies used resulted in improved managerial capacity and in the incorporation and effective implementation of organizational policies and plans of action to ensure quality essential obstetric care at the first referral level.

In the Caribbean, the health services’ capacity in the dietary management of nutrition-related chronic diseases was strengthened with the support of CFNI and the ministries of health. In the Bahamas, nurses designed intervention strategies in the dietary management of obesity, diabetes, hypertension, and coronary heart disease and developed counseling skills for use when interacting with patients with chronic noncommunicable diseases. National dietary guidelines to promote healthy lifestyles were developed with CFNI’s support, based on a survey on Bahamians’ dietary habits.

The Bureau supported Argentina, Bolivia, Cambodia, Ecuador, Grenada, Saint Kitts and Nevis, Saint Lucia, and Trinidad and Tobago in training and developing human resources within the health sector to promote breastfeeding, including the development of skills in breastfeeding counseling using the WHO/UNICEF counseling methodology.

In Latin America and the Caribbean, more than 20,000 women die each year from pregnancy-related causes. As part of its multi-faceted effort to make motherhood safer for women in the Americas, PAHO has been fostering the implementation of essential obstetric care in the 11 Latin American countries that have the highest maternal mortality rates.
The WHO/UNICEF/UNAIDS guidelines on HIV and infant feeding were translated into Spanish and disseminated to all countries.

The decentralization of community health services has led to the incorporation of psychosocial services into primary health care. In Brazil, El Salvador, Guatemala, and Trinidad and Tobago, a technical advisory group has been appointed to guide the reorientation of mental health services toward a wider primary-care-based program. In support of this initiative, a technical cooperation among countries (TCC) project was undertaken with several Caribbean countries to develop and nurture mental health care at the primary care level. A main strategy has been to encourage the training of community health workers in mental health issues. Several areas have been targeted in the reorientation of community health care services, including large psychiatric institutions. A new mental health care model introduces favorable conditions and norms for guaranteeing patients’ rights and incorporates new crisis management services and rehabilitation interventions at the community level.

Specialized mental health services, including family and group therapy modalities, are being integrated into primary health care in an effort to provide mental health care coverage to more people. Mental health services have also been tailored to meet the needs of children, parents, and teachers as part of the health promotion and protection strategy to support children’s psychosocial development.

In Barbados, the Bureau is providing technical cooperation for the formulation of a national mental health plan that includes alternatives to the care provided at psychiatric hospitals. In El Salvador, a national committee on mental health was established and a national mental health plan is being prepared; community mental health services are being implemented in San Salvador. In Brazil, technical support is being provided for evaluating the integration of chronically ill patients discharged from two large mental hospitals into the community. Colombia received support to strengthen its institutional capacity to implement community-based mental health services. In Belize, a national mental health plan is being implemented. Trinidad and Tobago approved a national mental health plan and designed an action for its implementation.

As part of the Global Campaign Against Epilepsy and in collaboration with the International League Against Epilepsy and the International Bureau for Epilepsy, PASB supported the development of a training module for primary care doctors and nurses to detect and manage epilepsy as well as the development of questionnaires to assess changes in knowledge, attitudes, and practices after training. In preparation for a demonstration project to be launched in 2001, two pilot studies were conducted in Argentina to field test both the feasibility of the module and the provision of informational materials to both teachers and the general public for early detection and referral of possible epilepsy cases. The creation of self-help groups for epileptics and their families was also promoted.

PASB has worked with ministries of health in the Americas to improve the physical and psychosocial conditions of older persons living in long-term care facilities. This approach is part of the Bureau’s many-pronged initiative to promote the health and well-being of the Region’s elderly, bringing the hope of health, dignity, and autonomy to old age.
PASB supported the shift of family health and population programs from a birth-control orientation toward a more comprehensive sexual- and reproductive-health orientation. Action plans have been drawn up in the countries with the participation of NGOs, community-based organizations, and government agencies with special interest and activities in this area.

PASB facilitated technical cooperation with and among Member States that widely disseminated the concepts and practices of health promotion and protection. Lessons learned in Canada and other countries highlight the essential components for the development of effective and successful health promotion activities—a strong conceptual framework and the engagement of academic institutions with explicit research agendas and programs for training and developing human resources in health promotion. In the future, these aspects will be further developed and strengthened in the context of the Mexico Declaration.