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OVERVIEW OF THE DEVELOPMENT OF HEALTH CARE IN HONDURAS

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In the years 317-987 of the Christian era the Maya Empire flourished in Honduras, Guatemala, Yucatan, and Mexico. It was to bequeathe to us in granite its far-reaching knowledge of curative and preventive medicine as well as sanitary engineering, with its water supply and drainage systems and advanced mastery of urban development.

When Hernan Cortes arrived at Trujillo and Natividad he ordered the appointment of a city inspector to oversee trash removal, had slaughterhouses set up outside the city, and issued cleanliness and hygiene standards for butcher shops. This was the beginning of a systematic approach to health measures.

With the Spanish conquest came the exotic diseases of that time, which caused epidemics among Indians and racially mixed populations. It was necessary to transport smallpox vaccine by boat from Europe, carried by children brought over for that purpose and administered arm-to-arm. On May 22, 1906, Joseph Tortelo arrived at Comayagua, and on the 25th of that same month he carried out the first vaccination, thus launching the fight against immunopreventable diseases in Honduras. For more than 300 years health care was the responsibility of religious in monasteries, churches, and special facilities that were later transformed into hospitals. An example of this occurred in Trujillo in 1621, when the first Hospital of the Republic was founded by Franciscan monks.

Independence brought a slowdown in the development of Honduras and, unfortunately, a rise in epidemics of smallpox, yellow fever, cholera, whooping cough, influenza, etc. These were fought with the means available, and at the end of the nineteenth century health provisions and regulations were issued, backed by local and municipal ordinances.

The commercial importance of the port of Amapala on the Pacific coast obliged the authorities in 1895 to create the Health Board, a landmark in health development in that it brought together the townspeople and the government to set it

up: the military commander, the military surgeon, the municipal magistrate, merchants, the customs administrator, and others were all assigned duties relating to local and international health concerns. The Board was financed by the establishment of a duty on articles imported through the port.

In 1910 the first known health code, containing provisions that made it one of the most advanced in the Western Hemisphere, became law. One such provision created the Consejo Superior de Sanidad [Higher Council of Health] or CONSUSA, composed of two doctors, one pharmacist, one chemist, one attorney, and one engineer. It also included the departmental and local councils and could call on cooperation from governors, municipal governments, police departments, hospitals, physicians, and municipal engineers.

In 1925 the Government of Honduras accepted technical and economic assistance from the Rockefeller Foundation through the Direccion General de Sanidad [Bureau of Health].

The period from 1925 to 1929 was the most fruitful in terms of training Honduran health experts at all levels, beginning with Dr. Antonio Vidal's departure in 1925 for graduate studies in public health at Johns Hopkins University. After his return as the first Honduran public health doctor he contributed to health research and administration in coordination with the Rockefeller program.

The assistance of the Rockefeller Foundation made possible the creation of the Department of Tropical Diseases, which undertook the study and control of hookworm and other parasites and was active in malaria control. The Departments of Microbacteriology, Serums, and Vaccines and of Sanitary Engineering and Enforcement were created, which played a prominent role in the fight against yellow fever in the southern part of the country, and the Tegucigalpa Water Treatment Program was set up.

This period also saw the construction of the Santa Rosita sanatorium for the treatment of tuberculosis, 36 km from Tegucigalpa at Tamara. Sanitary engineering projects were carried out at San Felipe general hospital, and a feasibility study on the Tegucigalpa sewage system was conducted.

It is important to mention that in 1917 the Direccion General de Sanidad divided the country into five health zones with twenty subdivisions, and in that year the Health Code was amended with respect, among other things, to trade and distribution of drugs and narcotics, which from then on were deemed dangerous to health.

During this period Honduras became a member of the Pan American Health Organization, and in October 1926 Dr. Jose Jorge Callejas attended the Eighth Pan American Health Conference in Lima, Peru, at which he presented a report on Honduran health programs and their achievements.

From 1929 to 1932 our country was wracked by a series of internal wars that set back health efforts. Nevertheless the fight against tropical diseases continued, and the Tegucigalpa sewage and Puerto Cortes sanitation projects were begun, while planning went ahead for the future Hospital del Sur in Choluteca and the children's health-care programs were strengthened.

From 1933 to 1936 attempts were made to regain the pre-1930 levels in health matters. For the first time health education received emphasis, and in 1934 this led to an organizational project that was published in the PAHO Bulletin. To improve the health situation, teams made up of a doctor, a nurse, "health technicians," sanitary police, and administrators were sent to visit villages in order to vaccinate, exterminate parasites, proclaim sanitary measures, and hold educational meetings.

The Japanese attack on Pearl Harbor on December 7, 1941, brought home the possibility of an expanding world war. It was necessary to strengthen inter-American solidarity, and the foreign ministers of the 21 American republics were invited to meet in January 1942. This was the Third Meeting of Foreign Ministers, whose first aim was to foster and strengthen health, education, and agricultural development in the Hemisphere. In Honduras an office of technical and economic cooperation was formed and initially called ICA (International Cooperation Administration). Its studies led to the establishment of the following priorities:

- Improvement of water supplies and sewage disposal.
- Control of contagious diseases.
- Introduction and improvement of health-care systems.
- Training of public health personnel.
- Extension of the malaria control program.

To carry out its programs, ICA created three departments called "Inter-American Cooperative Services," one for public health, one for education, and one for agriculture. The Inter-American Cooperative Services carried out 229 projects from 1942 to 1961, some of the outstanding ones of which were construction of the Tegucigalpa Health Center, now the Ministry of Public Health, the hospital presently occupied by the Thorax Institute, 54 water-supply projects, and the improvement and expansion of the 10 systems that existed in the principal cities of Honduras.

During the administration of Julio Lozano Diaz (1954-56) the Ministry of Public Health and Social Assistance was created and assigned responsibilities formerly within the scope of the Ministry of the Interior. Its first Minister was Dr. Manuel Caceres Vijil, a man thoroughly familiar with public health issues. One of the Ministry's first initiatives was to obtain numerous study grants for the training of public health workers, financed by the Inter-American Cooperative Service.

In 1957, when the Minister of Public Health was Dr. Roberto Lazaros, the first national health plan was drawn up, with the participation of a large group of Honduran and foreign technicians from PAHO and the Inter-American Cooperative Service for Public Health. This plan divided Honduras into seven health areas and founded the first training center for auxiliary nursing personnel and health inspectors at Las Crucitas Health Center. It stressed the tuberculosis, public-health statistics, and public-health education programs with the financial support of the Inter-American Cooperative Service for Public Health, which paid for equipment, materials, and supplies, especially for the field work of the health inspectors.

Through the initiative of Arturo Galvez, Director of the National Lottery, the Patronato Nacional de la Infancia [National Childhood Fund] was set up by decree No. 115 of July 22, 1957, which enabled the Ministry of Public Health to use lottery funds to build most of the Health Centers in the country's main cities, as well as the Maternity and Child Hospital. This source also provided funds for the improvement of mother and child care services throughout the country, numerous training grants, a laboratory for the production of medications, and maintenance of existing health units.

From 1958 to 1963, when Dr. Rafael Martinez was Minister of Public Health, health services were organized on a regional basis. Special attention was directed to the tuberculosis program with the creation of the tuberculosis division, and to public-health education at the community level. Health statistics were helped by the installation of the first computer to process the information collected and improve the sectoral planning systems. These programs received important assistance at the national level from UNICEF in tuberculosis and from the Inter-American Cooperative System in education. The latter also provided materials, supplies, mobile equipment, and a long-term adviser.

From 1963 to 1972 more than 100 health centers were built, along with the hospitals of Danli and Tela and the laboratory of the Patronato Nacional de la Infancia. A new health code was drafted, the Department for the Control of Drugs and Narcotics was founded, and a decree was issued for the iodization of salt. Family planning programs were established, and mobile units of the Alliance for Progress

visited rural communities once a week, with comprehensive care, community participation, and family planning, under a vertical program wholly financed by AID.

In December 1972 a specially trained and highly motivated team took over at the Ministry of Public Health and initiated a program of reforms designed to extend health services to the countryside through community participation (primary health care) and the training of the traditional resources of the community such as the midwife, the health warden, the health representative, the nursing aide trained in schools specially set up for that purpose, and the health promoter. Other innovations were the levels of care and the construction of CESAR and CESAMO health units and CHA area hospitals.

Legislative decree No. 16 of January 22, 1973, created the Bureau of Public Health, the Office of Environmental Sanitation, the Office of Administrative Services, and the Office of Comprehensive Medical Care, with divisions of Epidemiology, Laboratory, Mother and Child Care, Infirmary, Health Education, Hospitals, and Mental Health. The Teaching Hospital, the Los Laureles dam with a modern water purification plant, and the Psychiatric Hospital for chronic cases in Santa Rosita are all built and equipped. The Manuel de Jesus Subirana Hospital is opened to the public and a new building is completed for the Gabriel Alvarado Hospital in Danli. Combining public health efforts with hospital care in a single facility, an Emergency Hospital is opened in Tocoa. The Hospital del Sur is remodeled, with comprehensive outpatient facilities. On February 22, 1973, the National Committee for Multivaccination is formed with the participation of community leaders in a mass vaccination program covering the Honduran child population; it was to remain in existence to our day. The building of the Nursing School and the land for the construction of the facilities of the Medical Science Faculty were donated to the Autonomous National University of Honduras (UNAH), and postgraduate courses in medicine, surgery, gynecobstetrics, and pediatrics were established with the support of the Patronato Nacional de la Infancia (PANI). With the support of AID the buildings for the schools for nurses' aides, CERAR of Tegucigalpa, Choluteca, and San Pedro Sula were completed and equipped, as well as the printing press of the Ministry of Health and a modern radio communication system. With the financial support of IDB a department is set up in the National Aqueducts and Sewers Service to supply water to rural areas.

This process could not be sustained at the same rate by the government that came to power in 1978. Changes were made in the administrative structure and policy of the Ministry of Public Health, and the health team that had achieved such a high degree of cooperation and development at the community level had an end put to its work. Nevertheless, in 1980 an agreement was signed with AID to resume primary health care efforts through the coverage extension program, which has

continued until this year with significant successes in different areas of Honduran public health. In the last six years the Government of Honduras has received aid from the European Community, the Italian Government through UNICEF, CARE, the Canadian Government, the United Nations Population Fund, the HOPE Program, and the Japanese Government. This aid has been channeled to specific programs with the health sector.