ANALYSIS OF DEVELOPMENT OF THE THEORY AND PRACTICE
OF PUBLIC HEALTH IN THE REGION OF THE AMERICAS

Frame of Reference

Health Situation and Trend Assessment (HST)
Health Manpower Development (HSM)
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I. INTRODUCTION

In the past few years awareness has risen of the current crisis in public health—understood to be the inability of most societies to promote and protect health as much as required by the historical circumstances. Verification of the fact that countries have made insufficient progress toward the goal of Health for All by the Year 2000, and new demands posed by the socioeconomic circumstances in the Region, have added an additional emphasis to understanding of the aforementioned crisis and the search for alternatives to rectify the situation.

Previously the root of the problem was said to be in schools or the process of education on public health, as occurred in the 1970s. However, considerable evidence places the issue in a much broader context, when one judges the behavior of the various health indicators and their usual practices. As a consequence of that, the processes currently underway at a global level revolve around a concept of public health not only as a field of professionalization or a State duty, but above all as society's commitment to its health ideals.

This perspective requires more comprehensive or holistic approaches to this complex issue. For that reason, it is believed necessary to begin a process of looking at the hows and whys of the evolution of public health in the Americas, in order to help draw up guidelines or directives for the decisions needed in the medium- and long-term.

II. OBJECTIVES

1. To describe and explain the situation and main trends in the development of public health in the Hemisphere, in light of the new challenges posed by the social situation in general, and the health situation in particular.

2. In the above analysis, to identify bases for revitalizing or reorienting the conceptual, methodological, and operational development of public health in the countries of the Region, particularly in the promotion of sectoral leadership and advanced training in public health.
III. CONCEPTUAL AND REFERENTIAL ELEMENTS

1. Public health is conceived as an organized or unorganized effort by society, stemming from its commitment to meet or attain its ideals in health.

2. Evolution in the background of knowledge, attitudes, traditions, beliefs and health practices of each society is causally related to variations in its economic, political, and social context.

3. In that context, the countries of the Region are characterized at present by a far-reaching economic crisis, a swelling wave of democratization, and increasingly more marked social participation.

4. With regard to how health is perceived in general, there are pronounced differences between subregions, countries, and even regions within a single country. There has been a decrease in communicable diseases and an increase in non-communicable ones as well as environmental damages or risks, which are associated with growing industrialization, urbanization, and the aging of the population.

5. Regarding health services, the following classic problems persist: separation between some vertical programs and the infrastructure that supports comprehensive care of the population and the environment; low coverage, emphasis on cure, increasingly deficient quality, and progressive inaccessibility of the services. Many questions are raised by the recent trend towards the privatization of health, which is certain to affect public services even more.

6. Education on public health, for its part, has not accompanied these changes. Transformations are occurring quickly in the social, economic, and political realms, which pose the need for different and more complex theories and practice. Added to this is the more pronounced schism seen in most countries between academia and practice.

7. Promising in this picture is the attempt to reorient the national health systems by strengthening and developing the local systems. This regional political decision is an operative tactic in the strategy of primary health care.

8. The contemporary enhanced clarity of the strategy of population-based intervention is also encouraging: promoting health in action, the multisectoral potential,
the potential of popular knowledge and power, the role of the family, and the mobilizing capacity of the inherent values in such concepts as health, participation, empowerment, social control, and others.

IV. THE MAIN FEATURES OF THE PRESENT LINE OF ACTION

1. The object of analysis includes both the theory and practice of public health in its various expressions (service, teaching, and research).

2. Such an analysis will not be limited to a cross-section of the situation. It will also attempt a retrospective, longitudinal look at the more prominent processes and players of the past few decades.

3. Given the choice of deductive or inductive options for its execution, the latter will be preferred, that is progressing essentially from the specific to the general in scientific terms, and from country to region in geographic terms.

4. The methodological approaches will be the great traditions based on the existing paradigms (positivist, phenomenological or heuristic, and critical socio-anthropological traditions) depending on the fundamental question(s) or the realm of observation.

5. From an analytical view, the larger trend would relate to the political, scientific, technical, and operative changes that occurred; another one would refer to its repercussions on the social processes of service, education, and research. Between the two, one must examine through time the interaction between specific problems or ideals and specific actions or programs.

6. The sources of information will be several (individual or institutional actors, studies, publications, etc.) in each context, be that a country, subregion, or region.

7. The counterparts for the different parts of the study can be both national (Ministry of Health, Social Security, the University, research institutions, etc.) and international (for example, PAHO, ECLA, the World Bank, the Inter-American Development Bank, the Kellogg Foundation, CDC, etc.).

8. In both of the above dimensions, the focal points could be persons, groups or institutions.
V. EXPECTED RESULTS (ACTIONS)

(a) Final Results

The description and explanation of the situation and trends in the development of the theory and practice of public health obtained from execution of this proposal will serve as the basis, as was said, for the promotion and hopefully generation of a movement oriented toward the formulation and execution of guidelines or policy directives to develop this field of social action in the Region of the Americas.

(b) Intermediate Results

1. Initial reflection (individual and collective contributions). Execution of this proposal will begin on the one hand by consolidating PAHO's previous work in this field; on the other hand, contributions will be requested from selected experts who as a whole represent the various points of view on health and its practices in the Region. Later, this will provide the basis for the establishment of a collective viewpoint on the issue. All of these contributions will be extensively disseminated in order to promote a broad debate on development of the theory and practice of public health in the Region.

2. Raising of critical awareness (national and subregional meetings). As an essential part of this process, group debate and reflection will be promoted in selected countries or subregions to motivate, promote, or have greater specific development. The spaces for the action identified in this phase will be an important reference point to guide PAHO's technical cooperation.

3. Partial description and analysis of public health (research line). Based on a proposed document or development plan which would include the objectives, categories of analysis, variables, spheres of study, and corresponding methods, national or subregional studies will be promoted according to the socio-cultural characteristics and the size of the populations or availability of critical information.

4. Dissemination of conceptual, methodological, and operative elements (publications). The latter will include documents on the personal experiences of the experts, institutional testimonies, and reports from the meetings and studies prepared or executed during implementation of the proposal.
5. Regional guidelines for the reorientation of public health (hemispheric scientific meeting). Presentations drafted by those in charge of institutions, invited groups, or experts would be discussed and analyzed by a larger audience at a great scientific meeting. The basic documents, conclusions, and recommendations of that meeting would be widely distributed to stimulate the implementation of concrete measures at the country level. What we have in mind for that activity is along the lines of the Meeting on the Usages and Prospects of Epidemiology (Buenos Aires, 1983).

6. Creation of political momentum (consensus conference). A group of leaders in the areas of teaching and service from the northern and southern parts of the Hemisphere would analyze a document on the situation of the area of study, and formulate a number of conclusions on it, as well as recommendations for its future development. The latter, in the form of a declaration or manifesto, would be extensively disseminated.

7. Theoretical, methodological, and operative development (development networks). The creation of nuclei of development in institutions or institutional consortia will be promoted in places where the political, technical, and operational conditions exist to make selective progress in reviewing areas of difficulty, or developing gaps found along the way. With a network-type approach, exchange of the theoretical, methodological, and instrumental elements generated will be encouraged, as will be application of this knowledge or technology to the actual institutional and social situation of the countries.

VI. TENTATIVE SCHEDULE AND FUNDING

Execution of the proposal is conceived at three levels: referential and conceptual (with emphasis on explanation), methodological (with emphasis on development), and operational (with emphasis on application and development) (Appendix I). Within these are the different activities contemplated, which are laid out in detail below.

During the last quarter of 1990, we will stimulate the preparation of a set of reference documents which, from different perspectives (Appendix II) explicitly lay out the current validity of the fundamental values and determinants of this line of work. Such documents would be circulated on a limited scale for purposes of critical review. The observations or reactions would somehow be consolidated and implemented through a joint exercise with the authors, which would be scheduled for the second half of 1991.
Also at the end of 1991, with an eye to planning, a small group of outside experts and PAHO staff would analyze the project as a whole and draw up a plan of action on more concrete bases. These activities would be financed by ASPH.

The individual and collective contributions would be an important subsidy to the subregional and national debate. Likewise, on this basis a proposal document will be drafted (implementation plan) for the studies. These activities will be assisted by PAHO technical and financial resources (regional programs). The meetings and investigations that will hopefully occur in 1992 and 1993, will require special funding. A workshop to promote research projects is anticipated, which could be taken up for consideration by the PAHO Research Grants Program. The resulting projects themselves could also be submitted for consideration by this Program.

The large scientific meeting should be held in the medium-term, with a probable date estimated for late 1993. There, progress reports will be given on the above activities, as well as on the national and subregional studies. Financing for this activity should be examined in due time, with the expectation that it will require significant outside funding in addition to special PAHO funding.

The consensus conference to be held in 1994 will be organized with partial financial and technical support from ASPH and PAHO will cover the additional expenses of organizing it, as well as publishing and disseminating the support documents and those on the outcome of the meeting.

Additional theoretical and practical activities aimed at meeting the fundamental objective of the project will be scheduled later.
BIBLIOGRAPHY


APPENDIX I

DYNAMIC OF THE INTER-PROGRAM PROJECT

REFERENCE-CONCEPTUAL LEVEL (EMPHASIS)

(Multiple Points of View)

(CONsolidation of Points of View)

METHODOLOGICAL LEVEL (EMPHASIS)

(TEACHING) (RESEARCH) (SERVICE)

OPERATIVE LEVEL (EMPHASIS)

(National)
(Regional)
(Local)

(TEACHING) (RESEARCH) (SERVICE)
APPENDIX II

REFERENCE-CONCEPTUAL LEVEL (EXPLANATION)

Definition of Points of View

FIELD OF HEALTH