From the Director

Prospects and Challenges for Health in the Americas

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I would like to take a few minutes to share my ideas about the status of health in the Americas, the factors that influence it, and the strategic approaches necessary to ensure that our citizens enjoy the highest possible level of health. I will focus more on collective problems than on ones that affect individuals.

Any discussion of health in the Americas must stem from an understanding of the social picture and an appraisal of the social currents that are adversely affecting health in the Region. I would therefore like to point to some trends that influence how we view health and the current state of public health. I have previously referred to these trends as the four P's—politics, poverty, pollution, and population—but, in light of some recent events, I would now like to reformulate and modify these concepts.

Up to now, the strongest trend has been the consolidation of capitalism as the dominant model for organizing and utilizing social production—a trend that has gone hand in hand with the development of participatory democracy. We now see the world’s political powers emphasizing that the principles of the free market and democracy are necessary elements in the political dialogue.

The events of the past five years have supported the concept that human history is moving definitively in the direction of liberal democracy, a system in which market forces play a key role. Liberal democracy may represent the common road toward which all of history’s diverse experiments are converging. Most of the world has been captivated by the image of this form of organization, which offers limitless possibilities for individual betterment, and although there have been authoritarian States with rather high levels of material well-being, they are considered aberrations. The inexorable trend points toward liberal democracy, which in essence is a form of social organization in which we human beings can finally obtain the recognition that we all need. This is the argument put forth by Francis Fukuyama in his book, The End of History and the Last Man. Faced with this proposition, my greatest question is, what type of challenge will have to present itself before human beings will be able to satisfy this inalienable right to struggle for recognition?

The second trend affecting our work is the globalization of action and interests.
Our technology and the mind-boggling communications explosion have caused the world to shrink, blurring the concept of national interests. Some authorities talk about changing the idea of what constitutes national security. What goes on in a corner of one country can have a major impact on the financial and political stability of other countries that do not even share its borders. The distinction between the strictly national and the international grows more nebulous day by day. Environmental degradation, drug trafficking, disease, and population problems can imply greater threats to national security and integrity than armed aggression. To maintain the domestic stability indispensable for national security, any government must consider not only its alliances and its physical defense but also its relations with neighboring countries; it must know what is happening in these sister nations with regard to health and the other areas I have just mentioned.

As the United Nations Development Program’s latest Human Development Report indicates, the concept of national security has long been identified as protection against threats to national borders, and thus nations have long employed arms to safeguard their security. This report expands on the idea of the more human and global, rather than strictly national, nature of security. People’s security is threatened by social troubles elsewhere in the world, and this means that timely and preventive action against these problems is needed.

But a serious question is, how can the State, with very limited possibilities for acting extranationally, influence matters that affect its security but whose origins lie outside its borders? Perhaps the answer is that intergovernmental or international mechanisms represent the only way of responding to these new challenges.

With all this in mind, the importance of information is evident. I have on several occasions called information the most powerful instrument in today’s world for effecting changes at the national, community, or individual level. Unfortunately, we are not taking full advantage of this resource, and the way in which information is transmitted to decision-makers as well as those affected by the information is still very deficient.

The third trend is the recognition of the importance of the environment. We have heard many warnings about potential dangers to the global environment that are not actually imminent, while at the same time we are not devoting enough attention to the local environments that clearly affect human health.

For those of us in the health sector, the anthropocentric focus underscored at the Earth Summit in Rio de Janeiro in 1992 is fundamental, and we must always be alert to the impact of the environment on human health. Happily, I have the impression that human health is now receiving more attention in environmental policy discussions.

Finally, the global and regional trend which, to my way of thinking, is having the greatest effect on our actions is recognition of the importance of the social sphere. I do not mean to imply that no attention has been devoted to this area in the past. However, there is now a sense of urgency about addressing social deficits which, if ignored, could have a negative impact on national stability and—even more important—on national well-being.

It is well recognized that in the 30 years preceding the 1970s, Latin America experienced impressive economic growth. Then the 1980s brought the world economic crisis that negatively affected nearly every aspect of life in our countries. The effects of the crisis and the measures taken to cushion the impact of the economic adjustments are well known, but there is another outcome that is important for health in the Americas.
In the 1980s, the entire international financial system was in jeopardy and was almost on the verge of collapse. Concerned about its own survival, the system had little interest in directing its attention to social areas and concerns. My sense is that this picture has changed, that the financing agencies are now more secure about their own future and are devoting more resources to social areas. They are returning to some of the challenges posed in the 1970s by Robert McNamara, who stressed the absolute necessity for all financial institutions to focus their attention on the social sphere. The interest of these financing agencies represents a veritable wellspring of opportunities that we should use to the fullest.

It is helpful to understand these political and economic trends, but the great problem facing those of us involved in health is that we see no rapid or immediate solution to the enigma that frightens us more than anything else: we see no definitive reduction in the level of inequality or inequity that our countries have been experiencing, and poverty grows more acute every year.

A study by the Economic Commission for Latin America and the Caribbean (ECLAC) reveals that while some countries, such as Argentina and Chile, had reduced their poverty index by around 1990, this reduction only represented a partial recovery of the regional situation in the late 1970s. Indeed, the poverty in our Region is structural, not cyclical, and tends to be more acute in urban areas. Another fact that merits special attention is that the reduction in poverty, in the few countries that have experienced it, resulted from an increase in household income, with no improvement in income distribution. Further on, I will speak of the relationship between income distribution and health. Another interesting point in the ECLAC study is that in several countries that reduced their social expenditure in the 1980s, health was less affected than some other areas. The sector that was hardest hit was housing, with repercussions in the cities of our countries.

What are the health indicators like in Latin America and the Caribbean, a region that is experiencing the above-mentioned trends in addition to inequity and poverty? Infant mortality, a commonly used indicator, has been declining in recent decades. The data in PAHO's publication, Health Conditions in the Americas, 1994 edition, indicate that infant mortality for Latin America and the Caribbean as a whole—around 47 per 1,000 live births—is better than in some other regions of the world but is also four to six times higher than in Europe or North America. Note that this figure should not be grounds for complacency, because it implies that roughly 600,000 children are dying in their first year of life, and—worse yet—these deaths are usually preventable.

The average figure for the Americas conceals great disparity within and among countries. Countries such as Chile, Costa Rica, Cuba, and some of the English-speaking Caribbean countries have infant mortality rates approaching those of North America. The same holds true for life expectancy at birth, which is an indicator of reduction in mortality. In the past 10 years, Latin America has experienced an increase in life expectancy of 12.6 years; the Caribbean, 15.3 years; and North America, 7.2 years.

These totals, however, conceal the inequity in access to basic services. We do not have reliable data on service coverage, but we can deduce large inequities from several sources. There are inequities in terms of the rural/urban distribution of services; there are inequities related to gender and ethnicity. One of the major challenges before us is to establish mechanisms for measuring these inequities and facilitating the appropriate targeting of interventions to remedy them.
Conventional indicators enable us to see clearly some of the emerging problems or the existing but hidden problems. I accept the indicator constructed by the World Bank on disability-adjusted life years (DALYs), which quantifies the disease burden. Research based on this indicator has revealed the significance of some illnesses. In Latin America and the Caribbean, infectious diseases remain a major problem. Tuberculosis is assuming dramatic importance; about 100,000 people die annually from this disease, which is eminently manageable. In terms of number of DALYs lost, the most important diseases are diarrheal and respiratory illnesses. Chagas' disease accounts for roughly 10% of the burden from infectious and parasitic diseases. Noncommunicable diseases, surprisingly, have almost caught up with infectious diseases, cardiovascular disease being the most important category.

I cannot let the occasion pass without mentioning another "disease" that is ravaging our countries—the epidemic of interpersonal violence. Violence, of course, is not a new phenomenon, but human beings are utilizing technology to amplify its effects, with enormous costs for the health sector. The health sector has recently begun to insist on becoming involved, bringing a public health perspective to this problem instead of leaving it exclusively to the criminal justice system.

Other problems that must be addressed concern women's health. For many years, we have approached the health of women basically from the standpoint of their reproductive function. I would divide women's health problems into two groups. One group is linked to women's biology. In general, we have studied these problems and have the instruments to remedy them, although we do not apply them widely; the scandalous statistics on maternal mortality are overwhelming proof of this. The other group stems from gender constructs, and we are generally very ill-prepared to resolve these problems.

Of the same order are the health problems of indigenous populations, which are marginalized and have little access to needed care. As already mentioned, these shortcomings stem basically from the inequities in the health systems and services.

In brief, it can be said that the Americas represent a mosaic from the standpoint of health. The wealthy countries of the North have very high health expenditures; for example, the United States spends 14% of its GDP on health, but a considerable number of its citizens lack access to basic services. The countries of Latin America and the Caribbean have health indicators that are not as good as those of the countries of the North; this subregion spends around 6% of its GDP on health, and a very large proportion of its population is without access to health services. In our Region, we see the diseases of economic privilege as well as those of extreme poverty. But what characterizes the picture more than anything is the inequity among and within nations, with its consequences for health.

Naturally, the trends I have spoken of influence both current health and the outlook for the future. The trend toward democracy can contribute to people's more active participation in decisions on how their health needs are to be met. This participation can contribute to the adoption of measures geared toward the formulation of public policies that are truly healthy. Acceptance of this global trend can lead the countries to admit the need for a different perspective on health and for a common effort in the attempt to solve some of their problems. Of course, this awareness has always existed with respect to infectious diseases, but now other diseases and the shortcomings of the health systems are being viewed in a different light, as are the undeniable environmental influences on health.
Finally, attention to the social sector can have a profound impact on health in the Americas. Funds are available for major investments in health, but I fear that we do not have a clear enough idea about where we should invest these resources. In other words, how should investments be planned and programmed so that something useful, something that improves the services infrastructure, emerges? The blame will be on our heads if we waste this opportunity, for it may not come again in our lifetime.

If we wish to eliminate or at least ameliorate the problems that I have mentioned and see the Americas meet these challenges, what strategies and tactics should the countries adopt and how can PAHO help them? Despite their individual difficulties, the countries of the Americas persist in the idea that “health for all” is a laudable and desirable goal. They have collectively reaffirmed their conviction that the fundamental principles of this goal are valid and that they should continue to fight for the equity and social justice implicit in the objective of health for all, maintaining primary health care as the most suitable strategy.

Despite the joint declarations, however, there are signs that we are still far from our goal. With PAHO support, the countries have conducted a series of evaluations and monitorings of the situation, the last monitoring having taken place in 1994. Our findings show that we have made progress, and, as I mentioned, there have been positive changes in the indicators of life expectancy at birth and infant mortality. What is most gratifying is the progress in immunization and in extending coverage of the vaccines under the Expanded Program on Immunization—one of our hemisphere’s and our health systems’ most spectacular achievements. Notwithstanding, the feeling I get from the results of this monitoring is that the countries have lost a great deal of the enthusiasm of 1978, when they unanimously adopted the goal of health for all. In a certain sense, they seem apathetic and have lost the spirit they once had.

The reasons behind this attitude are many, but the most troubling are the following: concern about health has been confined to the Ministries of Health or the health sector as such, and strategies and policies are considered the responsibility of that sector. We have not seen the true reorganization of national health systems using the primary health care approach. Community participation and intersectoral evaluation, which are the pillars of the primary health care strategy, are still merely words. Moreover, the countries have not made enough progress toward the decentralization that they all accepted as a key principle in improvement of the health system.

Nevertheless, I remain optimistic and believe that with a little more support, the countries can meet the new commitments that they made last year and can advance more rapidly in the future. In 1994, the Pan American Sanitary Conference adopted the strategic and programmatic orientations that will guide the Organization’s work in the next four years. These five orientations represent the commitment of the governments and the Secretariat to work in this direction.

The first orientation is health and human development, which involves an extraordinary effort to secure the recognition that health is a key component and a sensitive indicator of human development. We should set our course toward human development and stop talking in vague terms about socioeconomic development. It is almost universally accepted that the human being must be at the center of any concept of development, which is understood as the situation or circumstance that provides the maximum potential for human beings to exercise their options. Thus conceived, human development embraces the following ele-
ments: health, education, a healthy environment, economic growth, and certain civil rights—the participatory democracy and human rights that we all accept as necessary and basic. The great task before us is to demonstrate in concrete terms how health can interact with the other elements. It is well known that health and education interact and support one another, each benefiting from the exchange. It is also recognized that investment in education contributes to the economic growth of a society. What is less recognized is the premise that investment in health and nutrition can exert a similar influence on a country's economic growth—sometimes even more so than investment in education. Investment in health can also help reduce the inequitable income distribution found in many Latin American countries. Unfortunately, our Region has the dubious distinction of having the most inequitable income distribution in the world, a fact that is reflected in the health conditions in several countries.

The second orientation is health systems development, in which health services are understood to be part of health systems. This orientation implies an enormous effort to deliver health services to the people who currently lack coverage and to increase the efficiency of the system. One of the greatest challenges at this time is the reform of the health sector that is under way in some fashion in nearly all the countries. This process is taking place as part of a virtually global movement to bring about a basic reform of the State itself, reducing its size and refocusing its activities and responsibilities. For us, two elements are of the utmost importance in this process: strategies to reorganize the system and the services that it offers, and ways to finance the health system, with equity as our guiding principle. Naturally, all of this implies an intense effort both inside and outside of the health sector.

The third orientation is health promotion and protection. Many health risks stem from lifestyles, ideas, and attitudes toward health that must be corrected through health promotion. Health promotion is not directed only toward the individual but also toward society as a whole through the creation and consolidation of truly healthy public policies. It is important to understand what this concept of healthy public policies means. It does not refer to only those policies that determine the availability of personal health care, nor is it limited to policies directed exclusively toward a reduction in the incidence of disease. The concept involves steps to improve modern societies through extending a deeper understanding of health indicators and reminding policymakers of their responsibility to support action geared toward changing some of these indicators for the betterment of the health of the population as a whole.

The fourth orientation is environmental protection and development. There are many global commitments to preserve, protect, and restore the environment, with the goal of maintaining and protecting human health and well-being. The prevailing definition of the environment includes the microenvironments of home and workplace, as well as housing. The health sector must be involved in the debate on the environment and must maintain its capacity to address such topics as drinking water safety, solid waste disposal, and the preservation of air and soil quality. The relationship between environmental degradation and social problems is daily more evident, reminding us once more of events at the dawn of this century, when sanitary engineering led to major health advances.

Finally, the countries have agreed that we should redouble our efforts in the area of disease prevention and control, the fifth orientation. We will continue the fight to control infectious diseases, and from time
to time we must assert bluntly that there is no possibility in the foreseeable future of putting an end to them. We are now very concerned about AIDS, with all its health implications and collateral effects, but I sincerely believe that AIDS will not be the last scourge of humanity. Some scientists are optimistic that a “magic bullet” will be produced to cure disease, but the reality is perhaps different, and there is always a need to consider other methods of prevention and control. And, because the demographic transition is clearly under way in the Americas, we must devote more attention to chronic degenerative diseases.

I would like to emphasize some aspects of the strategic and programmatic orientations. They represent the firm commitment of the Organization as a whole to work in the subject areas, with the idea that if we work well, utilizing the primary health care strategy, we can advance toward meeting the goal of health for all. I can state categorically that the Secretariat will do everything possible to develop technical cooperation programs that are consistent with the orientations that guide its actions. We shall present programs in these areas, clearly specifying the outcomes that we wish to obtain. I hope that the countries will work in a similar fashion, and in the coming months the Secretariat will help them to develop the appropriate indicators to measure progress related to the orientations.

We know well that it is necessary to have strategies and tactics that are technically sound, but it is not enough. It is also essential to engage interest and foster political advocacy. I believe that to renew the spirit and the enthusiasm that the goal of health for all deserves, it will be necessary to ensure that the countries adopt the proposals of the orientations as their own, and for this purpose, the public debate on health must change. As I have said on several occasions, we must place health on another plane of the public agenda.

At this time, the public debate on health is focused mainly on the shortcomings of curative services for individual patients. The demands of the population are expressed as the demand for individual care, and as a rule, those who shout the loudest are those who have power or access to power. The response is generally to try to extend services to meet these demands, with the consequent increase in costs. Very few governments want to accept what is virtually a law: that it is impossible to satisfy the population’s demand for health care. Moreover, anxiety over meeting these demands always leads to an increase in costs. One of the big concerns in most of our countries is the cost of health, understood as individual curative care. Many of the activities to reshape the services, boost their efficiency, and introduce different forms of financing derive from concerns about the cost of the services.

The debate should take into account not only the cost of individual health care services, but also the intrinsic value of health for the nation. What is the importance to a country of having a healthy population? It is critical to establish that the health status of the nation is important not only on moral and ethical grounds, but because of implications of another, more tangible nature.

The most easily understood argument is that health, like education, helps to create the human capital that is absolutely essential for national productivity. As previously mentioned, health contributes synergistically to the other components of human development. For example, we believe, and we can show, that there is a connection between a healthy population and a democracy that is effectively participatory. The health of a population is one aspect of the attractiveness of a country, and nations interested in promoting tourism clearly regard the health of their populations and the healthfulness of their countries as part of
their capital. Health has political significance in the sense that the population's perception of its health, as one aspect of its share in the wealth of the State, can have a strong impact on its attitude toward the political regime, generating confidence or mistrust. It can also be demonstrated that actions toward the betterment of health, as something especially prized, can spark the resolution of differences, even those involving armed conflict.

We argue, therefore, that promotion of the intersectoral approach in health is important for the nation as a whole and is not something that simply gratifies the interests of the sector and the Ministry of Health. A nation's health has implications for many sectors: trade, tourism, transportation, education—even foreign affairs. A nation's health is a topic of international interest.

The great question is, how do we carve out this niche for health and stimulate this new debate on public health? To respond to the pressing need to extend services to those who now lack them, we must understand that the ultimate purpose of all our effort is the health of the population and not just the care of the sick.

I believe that any action of this nature must involve all the social actors. By social actors, I mean the public sector, the private sector, unions, nongovernmental organizations, and the media. The health sector has had ample experience working with the first three of these actors, and we are learning about the important role that nongovernmental organizations, or NGOs, can play. I have always believed in and continue to have faith in the usefulness and importance of NGOs, bearing in mind that we must search for ways in which they can work with government in a more coordinated manner. I categorically reject the idea that we should think of collaborating with NGOs as an alternative to working with government. This approach further undermines the State, just when we need a State that is smaller but much stronger.

We have not taken sufficient advantage of the communications media. PAHO will continue to make an effort to work more closely with them. I support the thesis that this alliance between public health and the media can benefit the health of our peoples, and the responsibility for making this alliance effective rests, to a great extent, in the health sector's hands.

Finally, I believe that in order to overcome the challenges that I have mentioned and truly revitalize the goal of health for all, we should once more evoke the spirit of Pan Americanism that was present at the creation of PAHO. It is almost trivial to say that there is much to do, but it is not an overstatement to say that we can do it all much better and more efficiently if we actively seek ways to work together. PAHO is committed to discovering how the countries can march together, firmly and in step, hoisting once more the standard of health for all.

Some of you may say that I have devoted a great deal of time to discussing the future. Obviously, the prospects imply a futuristic vision, but as Aldous Huxley said in the foreword to his famous novel *Brave New World*, the things of the future can interest us only if the prophesies "look as though they might conceivably come true." If this is so, we can do everything I have mentioned and overcome all the difficulties that I have outlined. Then, our dream would not be chimerical. I have full confidence that this will be true, because I believe in you and in the thousands upon thousands of citizens of the Americas that you represent, because you are the true guardians of health.

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