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HEALTH AND DEMOCRACY**
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Mr. President, Mr. Secretary-General, Mr. Assistant Secretary-General, your Excellencies, first let me thank you for giving me the opportunity to address this meeting of your Permanent Council. It is a pleasure and an honour for me—a pleasure at being once more in the company of those who represent the interests and opinions of the countries of the hemisphere and who work together to promote the spirit of collective action in the Americas.

Let me go back in time—to a time that the distinguished Ambassador from Barbados will remember well, when we were both fascinated by the ancient classics and in spite of, or because of the situation of our own country at that time, I dreamt of the utopia of the democratic state as lauded by Pericles in his famous funeral oration and described by Plato as

a charming form of government full of variety and disorder, dispensing a sort of equality to equals and unequals alike.

I was led to believe in the concept of a State in which there was a clear responsibility to participate—a responsibility that could not be delegated or abrogated. The health of the privileged citizens of that State was linked to the practices that derived from the form of political organization.

Time has taught me that many of the democracies have been and many are but imperfect versions of the utopia of my boyhood dreams. I came to realize that there is a great difference between the true participatory democracy and many of the systems that go by the name democratic. But I have also grown to appreciate that warts and all, the democratic system is one I would defend above all others. And in saying this, I do nothing more than affirm what the Charter of this venerable Organization puts so well

the American States are convinced that representative democracy is an indispensable condition for the stability, peace and development of the region.

The preservation of that principle has been the foremost task of the OAS and its organs and one of the first words of your current Secretary-General was that,

* **Pan American Health Organization, Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.**

** **Address to the Permanent Council of the Organization of American States**

there is no doubt that the great theme of the inter-American agenda for the end of the century is the strengthening of the democratic State in this hemisphere.

The fundamental purposes of the Pan American Health Organization as enshrined in its Constitution,

shall be to promote and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life and promote the physical and mental health of the people.

In these few minutes, I will show the congruence between these two tasks—that of preserving democracy and improving the health of the people and how links between them must be a concern of our two Organizations, of our countries and you, their distinguished representatives.

It is an incontrovertible fact that there has been a steady improvement in the health of the American people over the years. I will not give you detailed statistics, but the indicators of health are improving. Our people live longer than they did before, fewer children are dying and fewer mothers die in childbirth. The Americas led the way in the elimination of smallpox, our countries are free of poliomyelitis, measles is almost gone, there are fewer deaths from diarrhoeal diseases and respiratory infections. Those countries that have been affected traditionally by a deficiency of iodine that leads to goiter and mental retardation have made great strides in correcting the situation. And I could go on and on!

Sometimes we are all guilty of not recognizing these and many other achievements in our countries—sometimes the voices of those who put forward the apocalyptic vision are the most strident. Then we forget to recognize the numerous workers in health that have individually and collectively contributed to these achievements. We forget to acknowledge that these achievements have taken place in spite of the severe economic conditions that have affected our countries recently and in spite of the drastic measures taken to restore them to fiscal health.

But even as we acknowledge the valid and laudable achievements, we have deep concern over the present situation and the prospects for the future, and I wish to share with you some of the causes of that concern.

First I am concerned because the poverty and inequality that affect most of our countries frustrate the efforts to improve health. It is not comforting to appreciate that many of the children who are saved from an early death from infectious diseases, for example, survive to exist in conditions of poverty that have consequences you know well. I do not need to cite for you the details on poverty in the Americas—that one-third of the population of Latin America and the Caribbean live in poverty and one in every five is in extreme poverty. There are some 86 million of our people who exist on a daily income of about one dollar. Poverty is not some abstract state—it manifests itself in poor housing, lack of basic schooling, inadequate food intake, large families and the lack of essential health care. It is not only the poverty that frighten us, but the inequality in the distribution of income that everyone accepts as a source of internal tension in any society.

There is inequality of opportunity that shows itself in differentials of health outcomes within and among countries. The life chances of a child born in the urban slums of any of our countries are

much less than those of a child born in the more affluent parts. It is this inequality of access to the determinants of a healthy state that must concern us all.

I have to be concerned because of the environmental conditions that are changing and in most instances not for the better. The micro level changes are those that we see daily. There is a lack of basic sanitation and clean water—contamination of the air and earth—all producing disease. The appearance of cholera and its persistence in our Region is a shocking indication of the environmental deficit that exists. But recently the macro environmental changes are coming to be recognized as contributing more and more to health problems. Man induced climate change is producing both direct and indirect health effects—there is evidence of the direct effects of ultraviolet radiation on increased incidence of skin cancer, for example. These are the indirect effects, whose major manifestation is the appearance of new diseases or the reemergence of old ones.

What are the prospects that our countries will overcome their problems and reach a state in which there is equality of life chances for all? A recent publication from the Canadian Foundation for the Americas on possible scenarios for our countries, caused me to reflect on the various possibilities that were foreseen. There are two major important factors that can affect our future, and the work of our Organizations can be linked to some degree to the extent to which we may influence or be influenced by these factors. These two factors are the global economic environment and the capacity for responsible domestic governance. Thus, there are four possible variations depending on favorable or unfavourable economic milieu and responsible or deficient domestic governance. But whatever future scenario unfolds, the importance of responsive social policy is always dominant. It is in great measure the extent to which governments pay attention to satisfying social needs and expectations that will determine whether our Region progresses or stagnates in every sense.

Even with the warm embrace of the neoliberal policies that can make our countries better able to take advantage of a favourable external climate, there will be an urgent need to have the populations feel the benefit of these policies in social terms. And in the face of a hostile external environment, it will be the deterioration of the social fabric that will make for disruption of the progress or maintenance of democratic institutions based on a participatory civil society.

One of the clearest expressions of that social dislocation will be in the area of health. The health of individuals and groups is but one manifestation of social inequity or social injustice, and one of the key principles that underpins the work of PAHO is the support to the countries in their quest for equity in health. Equity represents fairness—not equality -but it is the inequality in access to services and technologies that contributes to this inequity. It is this search for equity that was the major driving force behind the call for *Health for All*, and is still present now, as the countries of the Americas are seeking to renew their enthusiasm for that call.

That call and that search has to be made operational through policies, strategies and plans, and I wish to relate to you briefly the approaches that have been taken by the countries of the Americas. At the XXIV Pan American Sanitary Conference held in September 1994, when I was elected Director, the countries agreed that there were five major strategic and programmatic orientations that must guide their work. They represent those areas in which they would seek to work together.

They are: Health in Human Development, Health Systems and Services Development, Health Promotion and Protection, Environmental Protection and Development, and Disease Prevention and Control.

Time will not permit me to present the details of our thinking and planned activities in all of these areas, but I do wish to expand on the first, as it is in this area that there may be more possibilities for joint approaches. Most of the countries of the OAS can be called developing and there is incessant debate about the means by which we should develop and what indeed does signify that development. I believe that we must seek human development. For a long time we equated our development with economic growth, but the concept of human development emphasizes that such growth is but one component of human development. Economic growth is crucial—it is critical. I cite frequently the chapter from Sir Arthur Lewis' seminal work—"The Theory of Economic Growth"—in which he poses the question rather rhetorically:

Is economic growth desirable?

And he answers his own question thus:

The advantage of economic growth is not that wealth increases happiness, but that it increases the range of human choice.

But in an equal sense health as a component of human development does the same thing, and I believe that the search for health and the quest for democracy are different expressions of the quintessential struggle of men and women to increase their range of choice and to exercise fully their life options. Let me refer again to your Charter which speaks of democracy as an indispensable condition for development: I would put it differently—democracy is a central piece of those rights and freedoms of people that are essential components of human development. The various components of human development must interact and complement one another and let me try to show you some concrete ways in which this might take place.

How can health contribute to the democratic process? The heart of the democratic process is people participation and it can be shown that given the right conditions, people will come together for health. I have seen people cross politically determined physical boundaries to cooperate for health initiatives.

There is universal agreement that the approach to many of the health problems of individuals or groups is through health promotion. Much of this health promotion has to be done through involvement of the critical social partners—the public sector, the private sector, the trade unions, the nongovernmental organizations and the press. The promotion of health by and through these partners represents a point of entry to secure the participation and empowerment of people that nourish democracy.

I will only highlight here the nongovernmental organizations. The evidence from our day to day activities and that from the major international fora show that these are becoming, or have become a major force in shaping public policy and opening society for wide participation. Many of them are concerned with health and it is a part of our work to foster relations with government and

the other parts of civil society, so that there are coherent and sustained approaches to health problems. We do not view them as alternatives, but as complementary to government action.

In a more narrow and perhaps negative sense, concern over unavailability of health services often produces manifestations of social discontent that can rock the democratic boat. It is not by chance that the potential representatives of the people are always careful to promise closer attention to their health needs—particularly the health care needs.

Conversely, we may ask how democracy influences the health of the citizens. Examination of some health statistics from Europe before the recent dramatic political change showed that the only countries in which for the period 1965-1974 there had not been an increase in life expectancy were those in which there were totalitarian nondemocratic regimes. I also like to think that in my own country the dramatic changes in public health with marked improvement of the indicators of health occurred contemporaneously with the growth of a genuine democratic spirit and process. It is not only art and music that flourish as expressions of a people's freedom!

I have dwelt on this area because the discussion with you is one aspect of a debate that we in PAHO have begun to initiate at all levels—particularly the political level in our countries. Most of the debate on health in our countries is driven by the ideal of meeting the demand for health care in a manner that is economically efficient. Most of the attention paid to health reform is also along these lines and sometimes we forget, or do not realize, that the possibility of meeting all the individual health care demands is an unachievable dream and indeed, is questionable as a practical goal. However, the best chances for genuine reform of the health sector probably lie in the kinds of change that can only take place in a democracy. The possibility of pluralistic organization, of having competition for provision of services, of disseminating information about providers to people so that they are informed, of having them financially empowered to make decisions about the use of services can best be realized in an open democratic society.

It is particularly important to have women involved in these discussions. The extent to which women enjoy civic rights and privileges is one of the criteria by which we judge modern democracies. There must be equal interest in ensuring that their health needs are met because it is still an unfortunate fact that in many of our countries, for reasons associated with gender rather than sex, the health problems of women are not adequately addressed. Our services often discriminate against them or overburden them unduly. In a democratic state women must participate more in the decisions that affect their health.

It is normal for the individual to seek to preserve and regain or restore good health and the growth of technology gives us the mirage of unending good health. The kind of response the State should make to these health care demands is often confused. As Daniel Callahan says,

We have lost our way because we have defined our unlimited hopes to transcend our mortality as our needs, and we have created a medical enterprise that engineers the transformation.

I wish to persuade you, or at least some of you, to join us in trying to focus this debate differently. While it is important for the individual to have the appropriate health aspirations, the State must view health more broadly. It must be prepared to reduce the inequalities that exist in the

provision of essential preventive and promotive services and ensure the availability of a certain essential minimum package of care services to all its population. It must see the inequalities in health status at the population level as a marker of unacceptable human development and also view the establishment of the kind of public policies that allow individuals and groups to be healthy, as a responsibility of the Government as a whole and not only of one sector. The health of the people as a whole is a national resource and must be viewed as such.

Mr. President, I have not here explored the very interesting relationships between the health of a people and economic growth that can strengthen the argument for investment in health. I could show that the relationship is not unidirectional, in that not only does the economic status of a country impact on the health of its people, but conversely, investing in health is important if a country is to maximize its economic possibilities. I have not touched also on the importance of health to other facets of human development such as education and a safe and clean environment. These are issues for more exhaustive treatment elsewhere.

Mr. President, this Organization and my own Organization exist because the countries of this hemisphere believe that joint action can be beneficial for their own survival and growth. Undoubtedly the most striking manifestation of that belief was the recent Summit of the Americas where the Heads of State and Government of the Americas committed themselves to *"advance prosperity, democratic values and institutions, and security of our Hemisphere."* They addressed the critical measures needed to achieve those goals and I am pleased to note the intensity of activity that is taking place to ensure that there is follow-up to the Plan of Action outlined at the Summit. Both the OAS and PAHO are undertaking several activities as a part of that process.

It was interesting, refreshing, and stimulating to see the resolve of the Heads of State who believe in the possibility of progress together, in spite of the tremendous diversity that exists in this hemisphere. Our countries show vast differences in their economic, cultural, and social characteristics. There are differences in population and in the growth of that population, there are giant and there are mini economies and there are differences in education and health indicators.

But there are also many things that they hold in common, and I believe that one of these is the value system that focusses on human well-being in its widest sense. And it is our belief that in the quest for well-being or, as I would put it, human development, this diversity may provide some strength. It is for this reason that we put so much emphasis on collaboration and see ourselves as being an instrument to foster the cooperation among all our countries so that they may benefit from one another. Health is one of the fields for which we can show the tangible benefits of the Pan American approach. It is in the interest of the large countries that the small countries have good programs and vice versa — we show, for example, that because of the tremendous efforts of the countries of Latin America and the Caribbean, there has been no case of measles imported from them into this country during the past year. Conversely, the epidemic of dengue in many countries threatens us all.

Over the years, PAHO and the OAS have worked together in several technical areas, such as incorporating health concerns into activities related to the environment. We have shared initiatives in the field of tourism, specifically on the extent to which health is relevant for the potential of our countries to enhance their tourism potential. We continue to look for the best ways to address the

problem of illegal drugs in this hemisphere. I am pleased that we are finding many more areas of common interest and work as we discharge our responsibilities for the implementation of the Plan of Action of the Hemispheric Summit and Secretary General Gaviria's visionary statement on the OAS *A New Vision of the OAS* is an excellent framework for this work.

But given the major interest and responsibility of the OAS in the promotion and preservation of democracy, I wish to refer to a joint activity begun several years ago to explore and demonstrate the linkage between health and democracy.

We have continued this work. I believe that the OAS might play a role in providing a forum or fora in which the debates about the establishment and maintenance of the democratic process might be leavened by reference to the value system that sees health and democracy as coequal components of the human development that we wish for our countries.

Mr. President, it is said that in all good Organizations their circle of influence widens and expands to approximate their circle of concern. I would hope that in relation to the linkage between health and democracy the circles of influence of PAHO and the OAS might overlap, if not be congruent.

It has also been said that the OAS will be judged by the extent to which it advances democracy, human rights, and the rule of law in the Americas. I know that PAHO will be judged by the extent to which it assists the countries of the Americas, working together to improve the health of their people. I hope I have shown that there is ground for common cause.

I thank you.