

George A. O. Alleyne
Director, PAHO ·
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**HEALTH AND THE QUALITY OF LIFE: OUR MUNICIPALITIES IN AN
ERA OF GLOBALIZATION
(Québec, Canada) ****

First, let me welcome you to this 3rd Conference of Local Health Authorities in the Americas and congratulate the Quebec Collaborating Center that is organizing it as part of its responsibilities for the Development of Healthy Cities. The Pan American Health Organization has been associated with the two previous conferences held in Brazil and Cuba and our continued interest in these conferences stems from our conviction of the importance of local action in health.

The movement towards Healthy Cities has been strong in Canada now for almost 20 years and it has become known for its focus on a broad incorporation of public health activities as well as embracing the concept not only of a healthy city, but also a healthy community. This makes it possible to incorporate communities of ranging sizes and focus on the multisectoral action at the level of the municipality. It is therefore pleasant to see that the predominant representation here is one of municipal authorities who no doubt are conscious of the political imperatives of ensuring a healthy municipality that will respond to the priorities of its citizens.

The focus of this 3rd Conference is on the impact of globalization on the health of people in the municipalities and what the process means for the ability of local managers to ensure such health. It is interesting to note that the Charter of the Conference in Fortaleza began by noting the "drive towards globalization" and implied that there may be contradictions if not difficulty in having this process compatible with efficient discharge of decentralized administration that entailed "a trend towards participative democracy which is the foundation for the development of health as both process and social product." So the topic of today's conference was clearly very present in the thinking of those who gathered in Fortaleza. Perhaps this time we may advance further in resolving or at least defining better the contradictions and the difficulty.

I will take as a given that I do not have to justify here the relationship between health and the quality of life. Life that is optimum in quality must be one that offers human beings the best possibilities of exercising to the fullest their life options. I would use the old fashion terminology of Maslow and say it is one in which all human beings achieve full self actualization. I prefer to

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say that it is one in which the elements necessary for human development are present and in balance. Prominent among these is of course health, and without health one cannot enjoy to the maximum some of the other elements, such as education.

Because the term globalization is much used and often abused, it is proper that I explain my perception of the essence of the process or phenomenon. First it is an extremely complex and uneven process, and bears little relevance to the romantic notion of a virtual global village in which everything and everyone relates intimately to everything and everyone else. But if I may be a trifle simplistic, I would say that there is one school that sees it very much in terms of international relations and the focus is principally on the relations among nations and the organizations that are their creatures. The other view relates predominantly to the world economy and globalization has been described by the International Monetary Fund as "the growing economic interdependence of countries worldwide through the increasing volume and variety of cross border transactions in goods and services and of international capital flows, and also through the more rapid and widespread diffusion of technology."

I find both of these interpretations too limiting even though they are in themselves accurate and I prefer the approach taken by Giddens who sees it as action at a distance —"the intensification of worldwide social relations which link distant localities in such a way that local happenings are shaped by events occurring many miles away and vice versa." This approach also gives us a better basis for examining the impact of the process on local systems.

Although there is argument about the genesis of the process of globalization, there is no doubt about two things: First, it has been and continues to be accelerated by the expansion of the means of communication and secondly, it evokes extremely strong reaction from its proponents and its critics. There is no doubt that there was similar, if not, more commercial interconnectedness one hundred years ago, but the scope of progress and the magnitude of effects are very different now. The seeds of globalization can be found in the rise of modernity and the establishment of the nation state as well as capitalism as a form of social organization of production. This consolidation of modernity brings with it the two features of liberal democracy and market capitalism which increasingly are being seen as inevitable for the evolution and progress of modern societies, at least in a material sense.

The defenders of globalization point to the benefits in economic terms to those countries that have created the conditions favorable to economic globalization. Some make it a moral issue and point out that the transformation of the world economy will lead to increased jobs and the elevation of millions of the world's disadvantaged out of poverty. It has a leveling effect in that power is shifted away from the traditional centers in the developed world and the developing countries can become more significant players in global affairs. But the critics are equally vocal and point to the fact that the economic consequences of globalization are widening the gaps between and within countries and contributing to an almost inevitable progress towards a world that is unstable. Markets cannot really be free and will implacably proceed to leave the weaker behind even at the cost of political and social dislocation. The most extreme consequences are almost akin to social Darwinism.

In a comment on the economic crises of 1998 Henry Kissinger acknowledged that "free-market capitalism remains the most effective instrument for economic growth and for raising the standard

of living of most people. But just as the reckless laissez-faire capitalism of the 19th century spawned Marxism, so the indiscriminate globalism of the 1990s may generate a world wide assault on the concept of free financial markets". And he goes on," But the extreme version of globalism neglects the mismatch between the world's political and economic organizations. Unlike economics, politics divides the world into national units. And while political leaders may accept a certain degree of suffering for the sake of stabilizing their economies, they cannot survive as advocates of near-permanent austerity on the basis of directives imposed from abroad."

In a speech at the World Economic Forum of 1999 in Davos, the American trade unionist, Jack Sweeney, said:

Let us not think of globalization as a natural phenomenon with regrettable social side effects. The forces of globalization now wracking the world are the creation of man, not of God. Our task is not to make societies safe for globalization, but to make the global system safe for societies.

In the midst of the conflicting and confusing rhetoric, it is clear that the process has taken on a momentum born of technology that cannot be reversed. Indeed, the process of globalization has made decentralization of all sorts inevitable. There must be commercial decentralization in the multinational corporations. The complexity of the arrangements necessary to sustain global capitalism makes for decentralization and this phenomenon is not unique to commerce, it is seen in politics as well. The fall of communism was proof positive that the centralized bureaucratic state as possibly the extreme of the Weberian model was no longer functional.

I see a dilemma, the solution of which is not helped by the extreme rhetoric. Does decentralization in a sense mean a return to the relative isolation of the pre modern society in which space and place were coterminous? But we know that this is not possible, given the nature of the interconnectedness that is driven by communication. How do we retain the comfort of the local place that makes for "ontological security," and at the same time face the reality that the forces of globalization make it possible for the actions taken at a distance to have an effect on the local environment? One answer I suppose is to change the nature of the organization that takes place locally —to use the information and technology that flow in from outside to open local visions. The organization must clearly seek to make the local place more comfortable and one in which there is optimum chance of exercising the possible life options.

In terms of local action and responsibility, I see globalization having two other significant effects. The economic forces will make for inequalities between societies and within societies. We will undoubtedly have municipalities that prosper and others that suffer. But at the same time, local action that might be taken to mitigate such suffering may be impaired by actions that take place far away, but have a local impact. Globalization by definition will affect health globally. To the extent that groups are marginalized, there will be poverty and the diseases attendant on poverty that must often be faced in poor nations without the possibility of social safety nets. There is the well-recognized spread of diseases across borders as a result of movement of people as occurs with migration or travel or as a result of movement of information that promotes health damage as is the case with tobacco. There is the real possibility of environmental degradation and the depletion of resources such as fresh water and loss of ozone from the atmosphere. Scarcity of water will result in epidemics, some of which may be food-

borne and it will cause hunger and malnutrition from crop failure. The fact that these effects are global does not mean that they are uniform, and indeed they will affect communities to varying degrees.

One will see some communities with the capacity to use increased resources hopefully for social improvement and to blunt the global effects while others will of necessity struggle to survive.

Although the focus here is on local action, there are some results of globalization and the concomitant market capitalism that cannot be dealt with locally. Ideally, markets cannot be subjected to rigid central control. At the same time, laissez-faire produces gross inequalities as we have seen in many countries. Giddens proposes that the dilemma can be resolved by a post scarcity system—one in which the major goods essential for life are not scarce. It is attractive to propose that health, or many of the means to ensure health should be put in the category of goods that should not be scarce. This carries its problems, because the determinants of health that would fall into this category include income and it is clear that to regard income as a non-scarce commodity is nothing short of fantasy or Utopia. We will have to content ourselves with such determinants as the physical environment, some social conditions of work and leisure and of course the health services.

During the course of this Congress you will discuss some of the strategies you must follow to cope with this globalizing process. The first to consider is the use of your advocacy at the proper place for the measures to be adopted to preserve health of the population. Municipalities do not exist outside of the national political fabric and collectively they have the capacity to influence policy. Perhaps the most important point for your advocacy is the process of health sector reform that is common in all of our countries. You must advocate forcibly for the elimination of the segmentation of the health systems that is so common in Latin America. The rigid separation of the system of social security, the public system of the Ministry of Health and the private sector is not healthy for the health services.

You must be clear that decentralization of responsibility to the municipalities does not remove certain responsibilities from the state. Highest among these is the capacity to regulate and steer the health system in the right direction. It is no reduction of your responsibility to have the central guidance. I must give here a specific issue that has caused some concern. I am afraid that the delegation of all authority for expenditures will jeopardize the well established, efficient and effective system for joint purchase of vaccines that has been a major instrument in ensuring the success of the regional programs for the elimination of vaccine preventable diseases. The countries of Latin America and the Caribbean are very proud of the Revolving Fund of the Expanded Program of Immunization that over the past 20 years has allowed them to plan their needs for vaccines and through collaborative action acquire them at the lowest possible price and with the assurance of the best quality.

Of course decentralization is not uniform in our Region, but we have noticed some trends. First it is increasing and there is a greater tendency to decentralize not only the responsibility, but also the financial and other resources. We also see decentralization to the intermediate level and from there to the more peripheral level. There is also the issue of

efficiency in that it is not efficient to decentralize to units that are too small to be managerially viable. It is also clear that the non-governmental organizations are playing an active role in the decentralized health systems. These different modalities make it even more necessary for the state to have the capacity to exercise a regulatory role.

Advocacy to the central level should include the clamor for more equitable allocation of resources between municipalities. But to ensure this we must have the data to indicate the areas of greatest need. Thus one of your major challenges is to ensure the collection and analysis of your local health data. You must insist on building the local capacity for generating data and transforming them into the needed information. There is of course a necessity to have these data sent to the central level, but the information technology available today in all of our countries makes it possible to collect the data locally, analyze it locally, transmit it to a central level and receive the national data that show the relative situation of the municipalities. National averages do not give any basis for allocation of resources and we have seen occasions on which central funding bears little relation to the health situation of the municipalities as expressed by the extent to which their basic health necessities have not been satisfied.

Of course, another major challenge is to have an efficient local organization of those areas that impact on health. It is easy to say that health is multisectoral, but in practice it is often politically difficult to ensure that multisectoral or intersectoral collaboration. The stronger the local government and the more intense the popular participation, the easier it will be to accomplish the intersectoral action which in my experience does not usually occur spontaneously.

Even within those communities that have prospered as a result of market capitalism that is a part of globalization there will be a need to establish priorities for action and I refer here only to health. The mechanism for setting priorities at the local level is much more difficult than appears in many of the discourses on local health systems. The priorities are almost always a result of compromises between what is technically desirable, what is financially and politically feasible and what is socially acceptable. In my experience the health priorities that respond primarily to the political imperative almost always point in the direction of providing essential care for those who are ill. It calls for astute political leadership and a process of popular consultation and involvement to fix on health promotion or preventive activities for priority action. It is no accident that in many communities we find that joint action and vigorous political support is given to environmental conditions. These are visually impacting and can accommodate almost all local interests.

Even when priorities have been established there is often weakness in the local programming of resources. Given the nature of the political processes in the majority of our countries, local authorities have relatively short terms and there is often discontinuity at the technical levels, making long-term action difficult. However, even with those limitations it is critical to implant the idea, technique and methods for local programming and evaluation. National governments are not shining examples of programming and evaluation, so it is difficult to have these at the local level, but I trust that since the possibility of popular participation is greater at the local level, there is hope for there being the kind of accountability that would necessitate good systems of evaluation.

The strategy for building some of the capacities described above lies essentially in shared action. The network of municipalities provides for exchange and joint learning. Networks that can express their opinions jointly and advocate nationally are essential. The organization of municipal authorities of Brazil is an example of this. However, more formal exposure to local programming needs other approaches with interaction in smaller groups that involve both the political and technical actors.

PAHO has taken a keen interest in the possibility of local action being a major engine for the achievement of many of the goals that were originally espoused in the call of Health for All and still remain relevant today. Perhaps we have been too rigid in making a separation between the healthy cities movement and the relationships with local authorities in the exercise of their functions of directing the establishment of appropriate local health systems. It has to be obvious that healthy municipalities will have to involve efficient action by local political and technical authorities. Our experience is that those municipalities that have succeeded in placing health on the political agenda have been those which have followed the strategies I outlined above, with the accent on establishing priorities and plans of action.

What of the future? There is no doubt that the process of globalization is irreversible. Major social movements of this kind that are part of historical currents do not disappear. There is the hope, however, that the inequalities and other undesirable aspects of the process will be modified. I see this happening only through actions by sovereign states. Those aspects that have expression in peculiarly local disruptions will be ameliorated by state action. There will be safety nets of some kind for the marginalized. Elsewhere I have proposed that there are cyclical movements in terms of the dominance of market forces and their being tempered by the appearance of state mediated welfare schemes. This has been seen clearly in health services.

But there are aspects of globalization that have effects on health that need global action mediated through an intergovernmental organization. The classic example is infectious disease control and the prevention of those diseases that owe their genesis to global risk such as those that arise from environmental degradation and from dissemination of information that promotes health damaging behavior.

In such organizations —and PAHO is one of them, we need the support not only of the governments, but of all actors within the state and we count the local authorities as one such powerful group. I hope I can count on your support. But there should be reciprocity, and I can promise that we will continue to help in any way we can to strengthen the networks of local authorities. We do this because we do not see the global and local forces working against one another. They must complement each other for the benefit of this world in which we live.

I wish you well in the Conference.