

UNEDITED

HEALTH AND HUMAN DEVELOPMENT – THE LOCAL PERSPECTIVE

Ladies and Gentlemen, let me thank you for this invitation to speak at your 3rd Congress of the Americas of Healthy Municipalities and Communities. I must again thank my friend Dr. Luis Carlos Ochoa for his generosity and his having given me and the Pan American Health Organization such an opportunity to address a topic that is among the most important for those of us who work in health.

I must congratulate you on stating so clearly that the fundamental pilares de la estrategia de municipios y comunidades saludables son la Equidad, la Democracia y la Solidaridad. I am in complete agreement with you that the acción municipal para promover la salud y la calidad de vida es un proceso continuo and we can never believe that the municipio o comunidad saludable represents a finite static state that is reached once for all. Success in this area, as in so many aspects of human endeavor, lies in the journey and not in any mythical arrival.

I wish to contribute to your deliberations and help to fulfil one of the objectives of this Congress in terms of the conceptualization and puesta en práctica de los planes específicos que contribuyan a la calidad de vida y promoción de la salud de la comunidad. I wish to share with you my thinking as Director of the Pan American Health Organization about these issues as well as outline the approaches that will guide our technical cooperation at least for the next four years.

I have been consistent over the past four years in pointing out that the two fundamental principles for PAHO are the search for equity and the Pan American approach, so I was pleased to note your acceptance of the importance of preserving health equity. I never tire of explaining what equity must mean for us here and why this search for equity is fundamental for the creation of the environments that will sustain Latin America and the Caribbean in the years ahead.

There are intense debates about the models of economic development that have been predicated on the assumption that differential in the possession of material goods is an inevitable if not a necessary prerequisite of such development. This debate is all the more pertinent in this Region that has the dubious distinction of being the most inequitable in the world. The cry is mounting that the maintenance of this inequality that is unjust is one of the factors that contributes to much of our poverty. What is worse is that inequality of income has worsened over the past 15 years.

There have been excellent analyses of this phenomenon and the Inter-American Development Bank has presented a recent report entitled Facing up to inequality in Latin America. Many factors were explored and I was attracted to the issues of capital accumulation, urbanization, formalization of the work force, education, and the demographic transition.

There is a curved relationship between the accumulation of capital and income inequality. At both stages of low and high individual capital accumulation there is less inequality. The phenomenon of urbanization is of particular interest to our Region where the migration from the rural to the urban areas continues with the creation of urban slums and large numbers of marginalized citizens. These groups have low incomes and indeed this process of urbanization

may be linked to the growth of the informal sectors in many of our countries. The earnings in the informal sector are notoriously low and the higher the number engaged in this sector, the greater the income inequality in the country. The role of education is clear, as the more educated obviously have greater access to income generating activities.

There is a steady movement towards low fertility and mortality rates in the Americas but initially as the fall in mortality rates precedes the fall in fertility rates, we have young populations with pressures on the educational and other support systems. It is remarkable that most of the inequality is due to large wage differentials and contrary to popular belief is not as a result of concentration of wealth in a few hands.

Luckily the tide is turning or is about to turn and for a start there is now a significant body of evidence being accumulated that is demonstrating that inequality of income distribution impedes economic growth. Much of the attention to this phenomenon has come from the work of a distinguished Colombian economist, Juan Luis Londoño.

For many of you, discussions of equity and poverty are not arcane subjects. You have to deal daily with the manifestations of poverty as seen by social instability and lack of educational facilities. You see it in deterioration of your surroundings and in the face of the children who suffer ill health needlessly.

This inequity, as seen in health, is being brought out into the open more and more. In a recent publication co-authored by no less a person than the President of the Inter-American Development Bank said:

Unequal rates of infant mortality among regions or social groups, are not direct indicators of income distribution: they illustrate a distinct kind of inequality, more painful in human terms than other kinds.

We know however that there is a good correlation between income inequality and other aspects of health. This inequality of health outcomes is a matter of concern to all, because much of it can be reduced. There are countries of our Region such as Costa Rica and some countries of the Caribbean with modest levels of wealth, but smaller degrees of income inequality that have shown how health indicators can be improved. In PAHO this concern for inequity plays itself out in our approach to our work. We believe that it is important to define the health indicators accurately as a prerequisite for establishing those differences or inequalities that are socially unjust. There must be definition of inequality before one can speak of inequity.

It is important to deal with differences between countries as a first approximation to discussions of equity. But it is critical that these measurements of difference incorporate data from the local level. The elimination of the most egregious forms of health inequity will depend on the capacity to generate data at the local level. I would urge and plead with you to make it a priority to collect and analyze local health data. No principle of equity can be sustained and no inequity reduced or eliminated without local data. We have seen elaborate models for establishing the importance of one or other health problem or demonstrating levels of inequality subject to doubting scrutiny because the reliability of the basic local data on vital events was called into serious question. It

sometimes appears pedestrian among other grand declarations of principles and high sounding resolutions to emphasize the need for local data. But I assure you that it will be worth your while to address this issue seriously and of course without getting drawn into the ever complex web of ultramodern information technology.

I compliment you for establishing the link between health and sustainable human development. There is some confusion as to the nature of this linkage. Over decades, if not generations, human development has been seen in terms of the physical and psychosocial growth of human beings. Health workers have labored to prepare measures of such development and a large part of modern puericulture is devoted to determining whether the young reach certain physical or intellectual milestones at the appropriate times. The concept has widened beyond attention to the young and we now accept that the process of human development is a continuous one from birth to death.

But important though that may be, a different face to human development is evolving that has engaged the attention of all disciplines. We hold that human development implies the state in which human beings should enjoy to the fullest the options life has to offer. Health is among the most important of these options. Others include education, a healthy environment, material possessions that come with economic growth, and human rights such as democracy and freedom. A country is said to enjoy a higher level of human development when its citizens can enjoy these options. In a country in which the democratic freedoms have been abrogated, education denied to many and health choices belong to the privileged few, there is a poor level of human development. We have moved away from the vision of sustainable development as being strictly related to the preservation and maintenance of the world's physical environment.

There are now various measurements of this human development and the UNDP publishes annually a Human Development Index that ranks countries. You must be concerned however not so much with the national mean or average as you know that within your countries there are vast differences in the factors that contribute to this human development. I hope that we will be able to work with our countries to provide the tools for measuring the extent to which at the local level these various options implied by human development are achieved. We already use the indicator of basic needs unsatisfied to show the level of deprivation that occurs at the local and even household level. This is another call for you to be aware of the need for your own local data.

Why do I state that health is one of the most important of the life options we take into account when we estimate the level of human development of a country or a society at large? First it is essential to the enjoyment of many of the others. Education will not be possible without health. Economic productivity at the individual level in terms of labor is clearly related to the healthy state. I have said on occasion that while many of the economic and physical resources are renewable, health is essentially non-renewable. Once lost, it is almost impossible to have it renewed to its pristine state. Unfortunately it is often valued more in its absence than being appreciated when present.

There are good political reasons as well for you who have local jurisdiction to be concerned with the health of your populations. There is every evidence that people value their health or more specifically value those measures and facilities that restore them to

health when it has been damaged. Many of the complaints you receive or suggestions for improvement of social conditions deal with health. But I am sure that your attention to health will be guided not only by political and economic consideration but also the humanitarian considerations that spring from our very basic empathy with our fellow man.

If we are going to improve health and stress the local level, there are two main aspects you may wish to consider. First there are the actions to be taken within the health sector itself and second, those actions that are taken or facilitated by other sectors. This is perhaps a restatement of the classic approach to considering the determinants of health status that owe so much to work from Canada. These determinants include the health services themselves, the biology of the individual, and then perhaps of greatest importance, the physical and social environment.

You are very aware of the importance of the health services as they consume a very large part of your budgets. While they are important for restoring health at the individual level, they are not usually funded appropriately to focus on the promotion and prevention aspects that are so important for the population's health. We have great expectations that the integration of these approaches can take place most appropriately at the local level.

I would be naïve to suggest that there should not be expenditure on the curative health care services. It is these that are most politically sensitive and for which the population clamors. You know that very little political credit goes to prevention of disease or promotion of health, but it is very much a part of the political leaders' social responsibility to see that there is support for attention to all aspects of health.

This movement towards a reaffirmation of action at the local level is part of a worldwide movement that is now irreversible. You will hear during this Congress of the historical antecedents of health actions at the local level. You will hear of European cities focussing on local health conditions and planning to improve them.

But there are strong global forces that are lending urgency to local activities. There is of course the universal movement for reexamining the distribution of political and social authority with diminution of the size of the central state apparatus. There is a growing consensus that while such areas like defense and macroeconomic policy are central functions, many of the social functions and actions of government are best ordered more closely to the problems themselves. The ideal Latin American state is being seen as one that is smaller, with stronger normative functions and ensuring that there is protection of those who would otherwise be marginalized.

There is no fear that the nation state will disappear or be weaker – its functions will steadily change. Thus there is increasing decentralization of responsibility for those social activities that affect people's lives very directly. But there will always be some central authority to which the people entrust functions that affect them as a social group. What will become more apparent however is that there will be other actors beside constitutional government that will influence or participate in these actions by the state.

There is however another phenomenon that drives activities towards a local level. The forces of globalization, although initially dominated by economic considerations and driven by information technology are leading towards something like an international democracy. The ease of communication and the identity of interests especially among the marginalized are changing the way the world does business. There is now more interconnection of local groupings, of non-governmental organizations and of individuals themselves. The power of NGOs, especially at the political level, is being appreciated and there are now several examples of their being able to move governments. It is not impossible to think of movements of municipalities having the same reach and capability for global change especially if there were a focus on an area like health that is of universal importance and interest.

I have observed the movement of healthy municipalities and communities, and although there is wide variation in size, capability and even name, I have seen a similarity of the steps taken. There seems to be a genuine popular wish for improvement in health that has been translated into some public declaration by the local authority that the goal of being a healthy area is a laudable one. This is usually followed by some kind of local diagnosis of major problems and the formation of a group or committee that is intersectoral in nature to draw up plans.

In all my visits to such communities, Pocrí in Panamá, Tumbes in the Peruvian border with Ecuador, Campinas in Brazil, Atyra in Paraguay and Tacuarembó in Uruguay among others, I have been impressed that the major focus of their activities has been the environment and basic sanitation. The reviews I have read all give me the same impression. I have reflected that this initial focus on the environment may be important in that it can be a visible demonstration of successful joint activity. In addition, environmental change demands community participation and there is always the possibility of course, that a healthy external environment is a reflection or a precursor of attention to a healthy internal environment.

We are constantly hopeful that these movements for creating healthy spaces or healthy environments are ideal for exercise of the basic strategies of health promotion. I am always firm in pointing out that while the creation of the group or the space has intrinsic merit in itself as I will describe later, there must be some human benefit to be achieved from the exercise. Thus I am attracted to the idea of seeing the establishment of healthy public policy enhanced by cohesion of action at the local level. The original Charter of Ottawa, in describing the need for healthy public policy, envisaged having health on the agenda of policymakers and “directing them to be aware of the health consequences of their decisions and to accept the responsibility for health.”

I am sure that in the exercise of your political responsibilities you are constantly reminded of the need for demonstrable and concrete results of your actions – your constituents will wish to see that there are prospects for the improvement of health. The strengthening of community action and the reorientation of the health services are likely to be more feasible at the local level with the increasing devolution of authority and budgets to these areas.

I have been impressed by the efficacy of local community action in environmental care and basic sanitation. Because of my anthropocentric approach, I view these improvements in basic sanitation as important not only because they enhance the beauty of the surroundings, but also because they contribute to reducing disease transmission. I am impressed with the similarity of efforts here and those needed to address a whole range of health problems. The successful movement to address the epidemic of cardiovascular diseases has stemmed from a mixture of aggressive community action and the development of healthy public policy. It is not too far-fetched to believe that the control of problems such as dengue and AIDS may be achieved through such a mixture of approaches. Success in this kind of approach that is grounded in the application of the limits of health promotion at the local level will take time, but is a goal that is worthwhile pursuing.

What I am advancing is simply that there is a significant commonality between the approaches to control of a wide range of communicable and non-communicable diseases. The modification of behavior that is needed for the environmental actions for vector control diseases is not too different from that needed for control of the cardiovascular diseases. The permanence of the effects that derive from good social communication will depend on the effective community actions.

The noticeable health improvements at the local level may be in terms of diseases but the focus of attention must not only be on the problems of persons, but also on specific groups of persons. In this context I would suggest that you pay special attention to the adolescents in your communities. The actual health problems of adolescents are relatively minor compared with those of other age groups, but adolescents represent an important group in terms of possibilities of change. This age group is prone to exploring and risk taking. They feel that they are immortal and act as such. Many of the unhealthy habits that lead to ill health later in life begin at this stage of development. Smoking is one such classic example. Thus in the context of health promotion we must reach out to them, work with them, engage their initiative and creativity and make them agents for positive change in health.

But there is one other group to which I would draw your attention. I hope that the movement for healthy municipalities and communities will give special attention to the health and other problems of women. Much of the ill health of women that goes unrecognized, and many of the problems that are usually thought of as health-related are due to the gender discrimination that is so widespread. There is every indication that women have more illnesses than men, but are treated less well in the services. But it is in areas like domestic violence that women suffer most. No community can be called healthy unless there is concerted effort to put an end to gender discrimination. Similarly there will be no genuine human development if half of the population is denied the possibility of enjoying to the full one of its most satisfying options -health.

There are other aspects of the connection between health and human development that have local relevance. Health in the local setting can contribute to the development of social cohesion that is crucial for the development of social capital that is so important for economic growth. The concept of social capital is relatively new but I would encourage you to think of it as you structure your local organizations. It represents “the

social and political environment that enables norms to develop and shapes social structure.” There is growing evidence that in those settings in which this social capital is strong, there is an impact on growth, reduction of poverty, and increased equity.

The construction of this social capital is not easy and it is possible that you already have in place the mechanisms for maintaining it. I would encourage you however to think that the organization of community association for health purposes represents a possibility of stimulating or strengthening such capital. One of my fears in our Region is not that social capital will not contribute to economic growth. It is rather that the models of economic growth have themselves led to the increase of poverty and the societal alienation that can so decrease social capital that we drift into a vicious downward spiral. When I see so many of our periurban and rural communities with such high levels of basic necessities unsatisfied, I fear that this spiral may become a reality if it is not one already.

The level of trust in the society is another indicator of social capital. This trust or confidence is likely to be seen clearly at the local level where there can be more citizen interaction in relation to issues like health that affect them directly.

Mr. Chairman, I have tried to outline the importance of health as one of the critical options in the human development process. It is in the local spaces for which you have responsibility that we may see the social creation of health. The health that is created there is both individual and population-based and there is every indication that the basic strategies of health promotion have particular relevance in these settings. Thus I do not equate health promotion with the mere presence of local associations. I have been definite in proposing that the setting or space is important but the ultimate indicator of relevance is the health of people. I have introduced the concept of social capital as one mechanism by which agreement about health practices and goals may lead to economic growth at the local level.

The Pan American Health Organization has had and continues to have a major interest in the creation of healthy environments or spaces and healthy municipalities and communities represent such spaces. We will continue to support their development. Our technical cooperation can assist in providing some of the tools for their organization and facilitating the interchange of experiences such as this Congress provides. Our cooperation must extend towards the establishment of the systems for collecting the data necessary to show the inequities that exist and the efficiency of the methods applied to correct or reduce them. Similarly our cooperation must extend to showing how you may see health promoted at this local level.

I was impressed to read of the experiences here in Colombia in stimulating the formation of Municipios Saludables por la Paz. There was some variation in the form of organization of the various municipios, but they were similar in seeing the local development that sought health for the people as contributing to the consecución de la paz en Colombia. It was impressive to note that the movement could progress in the absence of any massive influx of additional resources. This may be one other example of health serving as a bridge for peace and understanding between peoples.

In the long run I must accept that this is a joint process of learning. When our Organization was created almost 100 years ago, the basic form of political organization was one consistent with the primary and almost sole authority resting at the central level. We have seen dramatic changes in the forms of social organization and we must learn to structure our cooperation so as to relate in the most efficient way to the new social actors in the new social spaces. My personal belief is that these new forms of organization lend themselves better to the improvement of the health of people and genuine human development.

Our history has shown our flexibility and I have every confidence that we have the capacity to listen and adapt. There may be external limits to our capacity but I know of no limits of our capacity to be creative in our search for ways to work with our countries to benefit the health of their people. Thus I look forward to the debate and discussions at this Conference. This interchange may be as important if not more so than the formal final recommendations that are made.

I wish you every success and hope that you will all take back to your local space some ideas about how the health of your people can be improved as one important face of the human development to which we all aspire.

I thank you for your attention.

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