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THE PROSPECTS AND CHALLENGES FOR HEALTH IN THE AMERICAS ..
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The Honorable Minister has brilliantly outlined the current status of medical technology--not only in Brazil but worldwide--and has analyzed the trends and the necessary measures for correcting the problems identified. I sincerely congratulate you for the clarity of your presentation, Mr. Minister, and I would like to express the firm commitment of the Pan American Health Organization to accompany you in your efforts and put human beings at the center of our concerns in this field.

The Minister spoke about medical technology or technology in health. I would like to broaden the discussion. In a few minutes, I will 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 attempt to focus my thoughts more on collective problems and devote less time to individual problems.

Any discussion of health in the Americas, however, 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 may be influencing how we view health and the current state of public health. On another occasion, I referred to these trends as *the four P's*: politics, poverty, pollution, and population. However, I would like to reformulate and modify these concepts in light of some events.

Up to now, the strongest current 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. And we have the world's political powers emphasizing the principles of the free market and democracy as necessary for the political dialogue.

The events of the past 5 years have supported the concept that human history is definitively moving in the direction of liberal democracy, in which market forces play a key role. This 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 concept of this type of organization, which offers limitless possibilities for individual betterment. There have been authoritarian States with rather high levels of material well-being. However, these were thought to be aberrations, and

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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 of Francis Fukuyama in his book, *The End of History and the Last Man*. Faced with this proposition, my great dilemma is, what type of challenge will have to present itself before human beings will acknowledge 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 are talking about changing the concept of national security. What goes on in one corner of an individual country can have a major impact on the financial and political stability of other countries that are not even on 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 fortifications but also its relations with neighboring countries--it must know what is happening in these sister nations in health and the other areas that I have just mentioned. As the UNDP's latest *Human Development Report* indicates, the concept of national security has long been identified with threats to national borders, and likewise, nations have long had to resort to weapons to safeguard their security.

This report expands on the idea that security has a more human and global aspect than national. The people's security is threatened by social situations elsewhere in the world. This means that it is important to take timely and preventive action.

Another serious question is, how the State, with very few possibilities for acting extranationally, can influence matters that affect its security but whose origins lie outside its borders. The answer to this perhaps lies directly in the intergovernmental or international mechanisms, as the only way of responding to these new challenges.

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

The third trend is the recognition of the importance of the environment. Unfortunately, we have heard many warnings about potential dangers that are not actually imminent, and at the same time we are not devoting enough attention to the microenvironment that is clearly affecting human health.

For us, the anthropocentric concept underscored at the Earth Summit in Rio is fundamental, and we in the health sector must keep always on the alert, observing how the environment impacts on human health. Happily, I have the sensation that human health is receiving more attention in the environmental policy debate.

Finally, the global and regional trend, which to my way of thinking, is having the greatest effect on our actions is the recognition of the importance of the social sphere. I do not mean to imply that no attention has been devoted to this in the past. However, there is now a sense of urgency about addressing social deficits which, if not dealt with, 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. But with the 1980s came the world 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 a matter of record. However, there is another important aspect 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 the picture has changed, that the financing agencies are more secure about their own future and devoting more resources to social areas. They are responding to some of the challenges posed by in the 1970s by Robert McNamara, who stressed the almost imperative need for all financial institutions to focus their attention on the social sphere. The interest of these financial agencies represents a veritable wellspring of opportunities that we should take advantage of.

It is useful to understand these political and economic trends, but the great problem facing those of us involved in health is that we see no rapid nor 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.

An ECLAC study reveals that while around 1990, some countries, such as Chile and Argentina, had reduced their poverty index, in reality this only represented a partial recovery of the Region's situation in the late 1970s. Indeed, the poverty in our Region is structural and noncyclical and tends to be more acute in urban areas. Another fact that merits special attention is that in the few countries that have experienced a reduction in poverty, it is the result of an increase in household income, with no improvement in income distribution. Latin America has perhaps the most inequitable income distribution in the world and further on, we will speak of the relationship between income distribution and health. Another point of interest in the ECLAC study is that in several countries that reduced their social expenditure in the 1980s, health was less affected, and the sector that was really 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 these trends in addition to inequity and poverty? Infant mortality, a commonly used indicator, has been declining in recent decades. The data in our publication, *Health Conditions in the Americas*, indicate that infant mortality--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 die in their first year of life and, worse yet, these deaths are usually preventable.

The average for the Americas conceals a great disparity within and between countries. Countries such as Cuba, Costa Rica, Chile, and some of the English-speaking Caribbean have indicators approaching those of North America.

The same holds true for life expectancy at birth, which is an indicator of a 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; 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; there are inequities in terms of gender; and inequities of an ethnic nature. One of the major challenges before us is to establish mechanisms for measuring these inequities and facilitating the appropriate targeting of interventions.

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, which indicates 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 problem. Tuberculosis is assuming dramatic importance, and about 100,000 people die annually from this disease, which is eminently manageable. Numerically speaking, the most important diseases are diarrheal and respiratory diseases. Chagas' disease accounts for roughly 10% of the infectious and parasitic diseases. Noncommunicable diseases, surprisingly, have almost caught up with infectious diseases, cardiovascular diseases being the most important.

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 in this area, applying the public health approach, instead of leaving it exclusively to the criminal justice system.

Other problems that must be addressed are connected with women's health. For many years, we have approached women's health basically from the standpoint of their reproductive function. On other occasions, I have divided women's health problems into two groups. One group has to do with women's biology--that is, their sex. 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 of problems stems from the concept of gender, and we are generally very unprepared to deal with them.

Other problems of the same order are those of indigenous populations, which are marginalized and have little possibility of obtaining the necessary care. As already mentioned, these shortcomings stem basically from the inequities in the health systems and services. Very briefly, we can state that the Americas represent a mosaic from the standpoint of health. We have the wealthy countries of the North, with very high health expenditures; for example, in the United States, which spends 14% of its GDP on health, a considerable number of its citizens lack access to basic services. We have the countries of Latin America and the Caribbean, with 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 populations is without access to health services. In our Region, we suffer from the diseases of economic privilege as well as those of extreme poverty. But more than anything, what characterizes the picture is the inequity among and within the nations, with its consequences for health.

Naturally, the trends I have spoken of influence current health and the outlook for the future. The trend toward democracy can contribute to more active participation by the population in decisions on how its 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 accept the need for approaching health from a different perspective and for attempting to solve some of their problems through a common effort. Of course, this has always been the case with respect to infectious diseases, but now other diseases and the shortcomings of the health systems are viewed in a different light, and it goes without saying that the environment influences health.

Finally, it should be pointed out that 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 concept 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? It will be on our heads if we waste this opportunity, for it may not come again in our lifetime.

Now then, if we wish to eliminate or at least ameliorate the problems that I have mentioned and see the Americas meeting 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; that they should continue to fight for the equity and social justice implicit in this goal, maintaining primary health care as the most suitable strategy.

Despite the joint declarations, however, there are signs that we are still very far from our goal. With PAHO support, the countries have conducted a series of evaluations and monitorings of the situation--the last monitoring taking place in 1994. Our findings show that we have made progress, and, as I just 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 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 that once characterized them.

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 the sector. We have not observed a true reorganization of the 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 but words. Moreover, the countries have not made enough progress toward the decentralization that they all accepted as a key principle for the improvement of the system.

However, I remain optimistic and believe that with a little more support, the countries can meet the new commitments that they acquired last year and can advance more rapidly in the coming years. In 1994, the Pan American Sanitary Conference adopted the strategic and programmatic orientations as guidelines for 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 in 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 ship's 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, understood as the situation or circumstance that provides the maximum potential for human beings to exercise their options. As conceived, this human development is composed of the following elements: health, education, a healthy environment, economic growth, and certain civil rights--for example, 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--and from time to time, more so than education--in promoting a country's economic growth. Investment in health can also help reduce the inequitable income distribution found in many Latin American countries. Unfortunately, our Region has the dubious reputation 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 services are understood to be part of the health systems. This 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 under way in some fashion in nearly all the countries. This process is taking place within 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: the strategies to reorganize the system and the services that it offers, and how 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 factors linked with health problems stem from lifestyles, health concepts, and attitudes toward health that must be corrected through health promotion. Health promotion is not directed only toward the individual but also involves the creation and consolidation of truly healthy public policies. It is important to understand what this concept of healthy public policies means. It refers not only to policies that have repercussions on the availability of personal health care and is not limited to those directed exclusively toward a reduction in the incidence of disease. The concept involves steps to improve modern societies through a deeper understanding of health indicators and reminding policy-makers

of their responsibility to support action geared toward changing some of these indicators to improve 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, always from the perspective of maintaining and protecting human health and well-being. The prevailing concept of the environment includes the microenvironment of the home and workplace, as well as housing. The health sector must be involved in the debate on the environment and maintain its capacity to address such topics as drinking water, solid waste, and the preservation of air and soil quality. The relationship between environmental degradation and social problems is daily more evident, calling our attention once more to events at the dawn of this century, when major advances in health became a reality thanks to sanitary engineering.

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 our efforts to control infectious diseases, and from time to time, we must say categorically that there is no possibility in the foreseeable future of putting an end to communicable diseases. We are now very concerned about AIDS, with all its implications for health and its collateral effects, but I sincerely believe that AIDS will not be the last disease to ravage humanity. It is part of the optimism of scientists to think that they can produce a *magic bullet* that will cure diseases, but the reality is perhaps different, and there is always a need to consider other methods of prevention and control. The demographic transition is clear in the Americas, and we must therefore devote more attention to chronic degenerative diseases.

I would like to emphasize some aspects of the strategic and programmatic orientations. These represent the firm commitment of the Organization as a whole to work in these 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 must guide its actions. We shall present our 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 in the orientations. I also hope that we can count on the firm support of Brazil in this effort.

We know well that it is necessary, though not enough, to have technically well-prepared strategies and tactics. It is essential to engage interest and foster political advocacy. I believe that to renew the spirit and the enthusiasm that 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, we need a change in the debate on health. 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 focusing mainly on the shortcomings of the curative services for individual patients. The demands of the population are expressed in terms of its demand for individual services. As a rule, those who make the loudest noise are those who have power or access to power. The response is generally to try to extend the 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, in the anxiety to meet these demands, there is always an increase in costs. One of the concerns in most of our countries is the cost of health, understood as curative care for the people. Many of the activities to reformulate the services, boost their efficiency, and introduce different forms of financing derive from the concern about the cost of the services.

The debate should take into account not only the cost of individual health care services, but also the value of health in itself for the nation. What is the importance 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 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 components of human development. For example, we believe that there is a connection between a population's health and democracy that is effectively participatory--and we can demonstrate it. 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 health of the country as part of their capital. Health has political significance in the sense that the population's perception of its health, as an aspect of its share in the goods 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 health, as something especially valued, can help to resolve differences, even those involving armed conflict.

We are therefore arguing that the intersectoral approach that should be promoted 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. The nation's health has implications for other sectors: trade, tourism, transportation, education--and, why not say it?--foreign affairs. The nation's health is a topic of international interest.

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

I believe that any action of this nature should involve all the social actors. By social actors, I mean the public sector, the private sector, unions, nongovernmental organizations, and the media. In the health sector we have had many experiences that show us how to work with first three of these actors, and we are learning how nongovernmental organizations, or NGOs, can play an important role. I have always believed and I continue to maintain my faith in the usefulness and importance of NGOs, but bear in mind that we should search for ways for them to work with the government in a more coordinated manner. I categorically reject the idea that we should think about using NGOs as an alternative to 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, and in PAHO, we 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 be beneficial for the health of our peoples, and the responsibility for making this alliance effective rests, to a great extent, in our 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 too much to say that we can do it all much better and more efficiently if we actively seek ways to work together. PAHO's commitment is to discover 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 the future. Obviously, the prospects imply a futuristic vision, but as Aldous Huxley said in the Foreword to his famous novel *Brave New World*, that the things of the future can interest us only if their 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 a chimera. 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.