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FACES, VOICES, AND PLACES: A COMMUNITY-BASED RESPONSE TO THE MILLENNIUM DEVELOPMENT GOALS

A Strategy from the Local to the Regional

Background

1.   During the United Nations Millennium Summit, 189 countries made a commitment to halving poverty by the year 2015 and endorsed the Millennium Declaration, which inspired the establishment of goals, targets, and indicators known as the Millennium Development Goals (MDGs). Five years later, the United Nations General Assembly received the first assessment of progress through the national reports submitted by the Heads of State and Government. The United Nations agencies in the Region of the Americas, coordinated by the Economic Commission for Latin America and the Caribbean (ECLAC), prepared a report entitled *The Millennium Development Goals. A Latin American and Caribbean Perspective,* which analyzed the progress made and lessons learned for each MDG, identifying the challenges that must be overcome to guarantee their achievement within the period stipulated.

Challenges for Achieving the MDGs in the Region

2.   The foremost global and regional challenge is lack of equity. The Latin America and Caribbean region remains the most inequitable in the world. If the Region does not make drastic changes in its social policies, inequity will increase by 2015. Thus, emphasis was placed on the need to look beyond national averages to identify inequities and opportunities for action in populations and territories within the countries themselves.

3.   The second challenge is working at the local level, focusing on the most vulnerable communities and municipalities through initiatives that address the multicausality of poverty, bearing in mind the synergistic, indivisible nature of the MDGs and the influence of the social and environmental determinants of health.

4.   The third challenge, to reclaim the principles of Health for All and the Primary Health Care (PHC) strategy, is social participation: the power of community organization and self-management, the collective identification and recognition of problems, and the decision to change the situation by adopting the technically feasible solutions that are possible, in addition to the construction of a baseline for measuring progress and the impact of the action taken.

5.   The fourth challenge is intersectoral action through interinstitutional coordination and comprehensive, integrated public policy-making, based on the real needs perceived and expressed by people in the poorest, most vulnerable communities.

6.   The fifth challenge is external cooperation and interagency coordination, targeting efforts and resources to the most vulnerable communities through complementary, synergistic, and synchronized action. Joint programming with national and local authorities taking the lead is an essential element of the United Nations reform that calls for integrated action based on the local reality and a common effort to mobilize resources.

7.   Almost 30 years after the International Conference on Primary Health Care in Alma-Ata, a new approach is generating new momentum for progress toward the achievement of the MDGs. A move is on to strengthen the health systems to guarantee fair, equitable, and sustained access to services and to reinforce health promotion and disease prevention activities, which include addressing social determinants and recognizing the connection and reciprocal influence of health and development.

PAHO's Stance on the MDGs

8.   The Region of the Americas is comprised largely of middle-income countries, although there is a group of poor countries and many countries with people living in poverty. In recent years, great strides have been made toward reducing poverty and extreme poverty. In 2004, 222 million people were listed as living in poverty; by 2006, that figure had fallen to 205 million. While in 2004, 96 million people were identified as living in extreme poverty or indigence, by 2006 the figure had dropped to 81 million.[1] Nevertheless, inequity within the countries remains the Region's greatest challenge. Prospective studies using the Gini coefficient forecast that in 2015, the Americas will still be the world's most inequitable region.

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[1] 2007 ECLAC report

9.   This regional situation has not only caused the global approach to stress the need to work in the poorest countries, but to focus on vulnerable people living in poverty in middle-income countries who are concealed by the national averages. More than 90% of the Region's poor are found in middle-income countries. PAHO has therefore made a commitment to focusing on the municipalities that are most vulnerable not only because of their socioeconomic status but their health conditions as well. The Faces, Voices, and Places initiative will facilitate support for the countries to close the equity gaps and ensure that every family and individual in these communities is an active participant in the processes that guarantee their health, thus making progress toward achievement of the MDGs.

Municipal Inequity Mapping

10.   Under the PAHO-ECLAC agreement, a mechanism was devised to promote the MDGs' Faces, Voices, and Places initiative through the analysis of the databases from the 2000 censuses in Latin America and the Caribbean. The activities consisted of selecting one vulnerability indicator for the municipalities to rank them nationally; estimating indicators for monitoring achievement of the MDGs and the other social and economic indicators available in census database; and mapping the national situation. The indicator selected for ranking the municipalities was Unmet Basic Needs (UBN). This is a complex indicator that includes dimensions associated with the quality of housing (construction materials); the situation in the household (overcrowding, availability of drinking water, access to sewerage services); access to education by members of the household (children who do not attend primary school), and the economic capacity of households (ratio: number of people/members employed and heads of a certain age and educational level). The end result is a database and maps for selected indicators (UBN and infant mortality rate) at the municipal level in each country.

Country Support for the Initiative: Renewing Commitment and Action

11.   This initiative does not propose to reinvent the wheel but to make it spin faster. The idea is to revisit the work experiences since Alma-Ata, breathe new life into them with a community approach and a specific objective, and move toward the achievement of the MDGs by improving the health and development of the least visible marginalized communities. Faces, Voices, and Places is a catalyst for change to revitalize and coordinate activities that will enable political leaders, community leaders and residents, nongovernmental organizations, international agencies, and the international cooperation community to work together. Subnational experiences supported by national commitments in the different countries are detailed below.

Central America, Cuba, and the Dominican Republic

12.   Different strategies have inspired the work in the selected municipalities of Central America. In *Guatemala,* the multicultural and gender approach in health has driven efforts in the Chiquimula and El Estor regions. *El Salvador* has launched an integrated strategy for municipal health development in Rosario de Mora and Santiago Texacuangos; the strategy employs an intersectoral, multiprogrammatic approach to influence health determinants through participatory activities centered on situation analysis, the identification of problems, and support for the design of local health plans grounded in the renewed PHC, reducing inequities, and extending social protection through a family health model. In *Nicaragua*, a two-pronged approach in community work is being employed in San Carlos: maternal and child health and tourism promotion, using a health approach to foster economic growth in the Río San Juan region. Two lines of work were identified in Corredores Canton in *Costa Rica*: sustainable food production, within the framework of nutrition and food security and healthy settings, giving priority to safe drinking water and solid waste collection and management. Here, local development, education, and information were identified as cross-cutting issues for strengthening community participation and leadership. In Santa Fe de Veraguas, *Panama,* the activities included combating malaria through integrated vector control mechanisms, environmental management, strengthening of the health services, and intersectoral efforts focusing on health determinants to identify the cycle of poverty, inequality, exclusion, and vulnerability; the linchpins of the intervention strategies were health promotion, interculturalism, and social and community participation. The *Dominican Republic* focused on the most vulnerable municipalities, enlisting the commitment of the entire political cabinet to provide an integrated response to the problems that arise. *Cuba* has joined the initiative with the Cotorro community, selected because of its socioeconomic vulnerability.

English-speaking Caribbean English, Haiti, and Suriname

13.   The English-speaking Caribbean's strategy for achieving the MDGs addresses chronic diseases, addictions and violence, as well as other issues of relevance to the subregion as part of the MDGs. It seeks to make progress toward the achievement of MDG+, establishing a close link with the primary health care and health promotion strategies. The initiative in the Caribbean cannot be limited to a geographic community whose vulnerability is defined by its socioeconomic situation, but extends to populations who are vulnerable for different reasons— migration, exclusion, or discrimination, as well as young people living with HIV. Haiti's situation demands special treatment to target efforts through local strategies aimed at reducing poverty and improving governance.

Mexico and South America

14.   Due to the vastness of their territory and diversity of their populations, *Mexico and Brazil* have opted for strategies that enable them to work at the subnational level through the Network of Mayors or Municipal Health Secretaries, among other means. *Colombia*, on the other hand, uses a two-dimensional strategy: national action through association with national initiatives such as the *Red Juntos*, aimed at reducing extreme poverty, and local action targeting selected municipalities. *Ecuador* is working in the municipality of Nabón in Azuay Province, which has a database, maps, social indicators, and an intersectoral, interagency intervention proposal with political backing and local investment. Through its *Barrio Adentro* initiative, *Venezuela* tackles health local challenges through primary health care strategies, the commitment of community physicians, and coordination of the *Misiones Sociales*. *Peru,* responding to the commitments and priorities of the national public agenda to reduce chronic malnutrition in children with coordination between the national government and the Callao region, receives support in Ventanilla to tackle the social determinants of health, promoting interagency work with UNICEF and UNEP. *Bolivia* has chosen the Healthy and Productive Communities Network, promoting changes in the quality of life in Chacaltaya through productive projects that generate employment and income. Using this experience as a model, the goal is to replicate the approach in other communities of the altiplano (Pampas Aullaga) and Chaco (Yapiroa) regions. Moreover, there is also support for the national Zero Malnutrition Program promoted by the Ministry of Health. In *Paraguay,* work is under way in Yuty, in the Caazapa region, through efforts involving the community component of Integrated Management of Childhood Illness (IMCI), a participatory planning exercise with local actors (local government, local commissions, schools, and health services), which has led to health promotion and disease prevention activities with mothers, children, and families under MDGs 1, 4, and 5. *Uruguay* promotes the activities of Faces, Voices, and Places under the Healthy and Productive Municipalities' project, which has demonstrated its ability to reduce poverty and promote development. *Chile* has elected to work in San Joaquín using an urban health approach; it has entered into an international partnership with the Kobe center, placing special emphasis on protecting children. The international, national, and subnational synergy centers on empowering local actors through training, research, and technical cooperation. *Argentina* has consolidated the Healthy Municipalities and Communities Network, as well as the Community Physicians Program, under the aegis of the Ministry of Health in coordination with the superintendancies, universities, and other national and local actors. Strategies for achieving the MDGs are currently under review in the different regions of the country as a part of an intersectoral effort by the National Social Policy Coordination Board. Two municipalities, Palpalá, and Chepes, have been selected to serve as demonstration models.

Basket of Methodologies, Strategies, and Good Practices

15.   The initiative seeks to make all the instruments and experience of PAHO and other agencies available to communities in order to work locally with the most vulnerable groups. The countries have a long history of programs aimed at reducing poverty and improving health conditions through intersectoral strategies such as: *Bolsa Familiar*, *Oportunidades*, *Chile Solidario*, *Chile Puente*, solidarity networks, social missions, Food and Nutrition Security (SAN), and Productive and Healthy Municipalities, to name but a few. Faces, Voices, and Places is designed to strengthen strategic partnerships between communities, ministries of health, and other entities, such as social investment funds and the ministries of social development, education, labor, and environment. This will show that even in the poorest, most vulnerable places, the MDGs can be achieved through joint effort and intersectoral activities that tackle the social determinants of health. The goal is to make a basket of evidence-based methodologies, strategies, and interventions with appropriate gender-sensitive and culturally acceptable technologies available to local actors to address each MDG through a health and development approach.

16.   It is necessary to shift national and international resources toward the most vulnerable communities and build capacity so that, based on the needs identified by the members of their communities, local authorities have access to cooperation resources and the wherewithal to efficiently execute them as an exercise in citizenship that enhances the right to participate in the benefits of development.

Synergy with Other Sectors and Agencies

17.   PAHO's responsibility in the Faces, Voices, and Places initiative is to assist the countries through agreements with the ministries of health and other sectors and to enlist the support of the United Nations agencies and Inter-American System through the competent areas and key programs to benefit the most vulnerable communities. Only through synergistic efforts that respond to the voices and actions of communities and address the multicausality of poverty will it be possible to achieve the MDGs and improve health and development conditions, guaranteeing their sustainability.

New Paths and Next Steps

18.   The Faces, Voices, and Places initiative, designed to work with the poorest municipalities and most vulnerable social groups, reflects the values of equity and Pan-Americanism. It stresses advocacy by the most vulnerable and strengthens citizenship building through a shared rights and responsibilities approach, with an intersectoral, interagency effort that unites actions and wills to achieve the MDGs in places where progress has stalled and national averages have made the reversals invisible.

19.   The municipalities selected in the first stage in the countries serve as demonstration projects and play an advocacy role. The initiative seeks to shine a spotlight on the social determinants of inequity in health. (It also seeks to open new paths for coordinating the Primary Health Care and Health Promotion strategies from the local development perspective and at the same time aims to demonstrate that a shared commitment, born of the needs expressed by communities, with political will and technical and financial support, can halve the poverty in these neglected municipalities). This initiative's contribution to the Region is to shift from the analysis of MDG indicators to participatory, action-oriented research that fosters local empowerment and a government and interagency commitment to changing conditions in the community. Systematizing and sharing experiences can further dissemination of the lessons learned and/or add to the dynamic in each country for comprehensive, integrated public policy-making that substantially improves health indicators as quickly as possible.

Action by the Executive Committee

20.   The Executive Committee is invited to offer its comments and suggestions on the Faces, Voices, and Places initiative and recommend possible actions to be taken to advance the Millennium Development Goals in the most vulnerable communities.

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