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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, of 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.

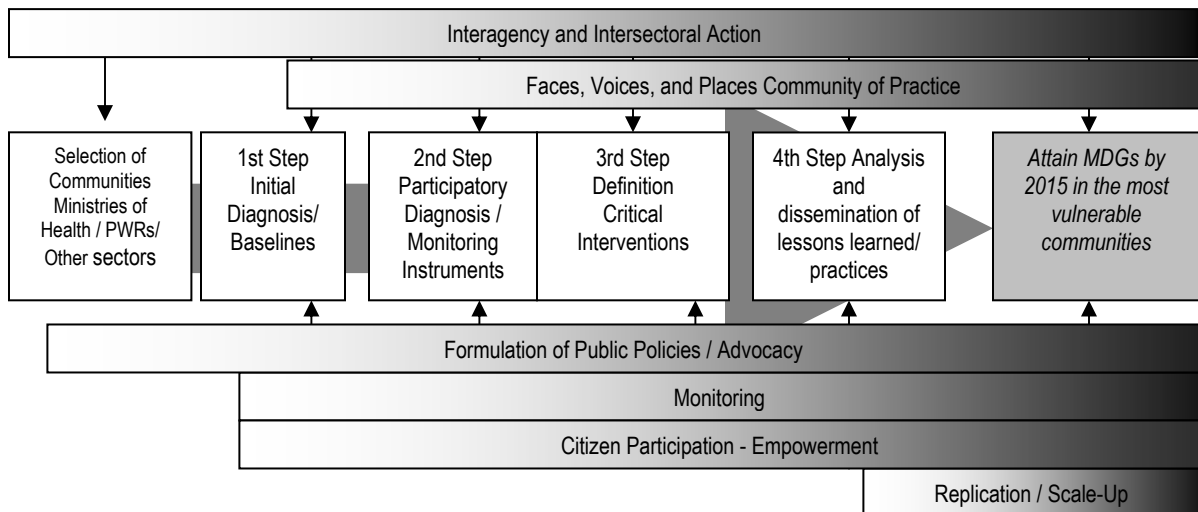
7. Almost 30 years after the International Conference on Primary Health Care in Alma-Ata, a new approach is generating new momentum for progress toward the achievement of the MDGs. A move is on to strengthen the health systems to guarantee fair, equitable, and sustained access to services and to reinforce 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. 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.

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 and progress toward achievement of the MDGs. For PAHO, the MDGs are the minimum objectives to be attained but they are never a limit on progress in quality of life and health in communities. Technical cooperation is based on solid scientific data and evidence that take into account the social and economic determinants of health. In order to provide ongoing support to the country teams that are working on the initiative, a Faces, Voices, and Places Community of Practice has been developed—using technologies for virtual dialogue and work—that has made it possible to reduce distances and support the work process in the communities. This has contributed technical knowledge to the solution of community problems and allowed ongoing contact to be maintained and periodic meetings to be held with key stakeholders in the country offices and ministries of health and in the communities themselves.

Faces, Voices, and Places Methodology 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 Caribbean countries where they are available. It should be stressed that data were chosen from those sources because they allowed smaller areas to be studied and because of the comparative strength of indicators selected in conjunction with CELADE. 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), a complex indicator that was widely used in and recognized by the countries in the last and other censuses. This indicator 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 will be a database with 50 indicators that will enable the construction of maps at the municipal level in each country. These maps, in turn, will make it possible to visualize relationships between situations of vulnerability and economic and social determinants.

11. Moreover, in the framework of ECLAC-CELADE-WHO cooperation, a diagnostic analysis of the municipalities participating in the Faces, Voices, and Places initiative is being carried out. This analysis, along with country data provided at the subnational level and municipal analysis, will contribute to constructing a baseline that will help develop critical interventions and construct monitoring and evaluation instruments. These instruments will subsequently help measure the impact of local actions. In addition, each municipal experience will be systematized and documented to explain the development strategies and the progress in meeting the MDGs at the local level.

Country Support for the Initiative: Renewing Commitment and Action

12. This initiative does not propose to reinvent the wheel but to make it spin faster. It revisits and joins the initiatives created by PAHO for work at the local level, such as Healthy Municipalities and community IMCI, to mention just two. The intention of Faces, Voices, and Places is to work with the poorest communities and municipalities. The priority focus on equity is a unique characteristic of Faces, Voices, and Places. It is expected that through local interventions this initiative will lead to the formulation of universal and national public policies. This regional initiative fills a void in interagency

and intersectoral coordination and directly meets the needs of groups that traditionally have not benefited from international cooperation, all within the context of synergies between MDGs and the social determinants of health. 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. It also revisits the work of healthy lifestyles and coordinates educational work starting in the schools to enhance development and contribute to progress in attaining the MDGs. 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

13. 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 Honduras, in La Ceiba, Atlántida, local development work is being carried out stressing community participation. 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 municipalities near the 10 hospitals that have been a priority under the Zero Tolerance strategy as well as on the Milenio Provinces, where work is carried out with the commitment of the entire cabinet. *Cuba* has joined the initiative with the Cotorro community, selected because of how it

addresses the socioeconomic vulnerability challenges in a suburban area and sets an example for its high coverage of health services and low morbidity and mortality rates.

English-speaking Caribbean English, Haiti, and Suriname

14. 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

15. 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, working is being carried out at the intersectoral and interagency level 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 use 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, Good Practices, and Policies

16. 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 and create a basket of methodologies, strategies, good practices, and policies consistent with local needs and community work in the most vulnerable communities from the perspective of the MDGs, health, and the social determinants of health. The basket is being designed to be available to and to be used by key community actors and to promote citizen participation. Its design will include strategies to facilitate the assimilation of knowledge even in conditions of economic insecurity and will have an evidence-based focus. It will promote local capacities to demand accountability and to carry out advocacy work so that community residents may benefit from development within a framework of rights. 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, and Productive and Healthy Communities, 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, environment, and agriculture, to identify the impact of focused and intersectoral work on reducing poverty and inequity. It is also important to analyze the role of health on the development of these communities. Intersectoral actions 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.

17. 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

18. 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. These activities will be coordinated through advocacy, awareness-raising of key actors, mobilization, the strategic, joint use of available resources, and intersectoral action at all levels. 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

19. 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.

20. 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 reduce 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 Pan American Sanitary Conference

21. The Conference 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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