

CHAPTER 4: HEALTH CHALLENGES OF THE NEXT DECADE AND A PAHO PREPARED TO FACE THEM

Health Agenda for the Americas

331. In the 2003-2007 quinquennium, the technical cooperation of the Bureau was directed to accelerating the attainment of the MDGs most closely related to health. In their efforts to improve health, guarantee equity, and remedy the persistent disparities, the Member States of PAHO collectively defined and stated their public health priorities in the Health Agenda for the Americas, launched in Panama on 3 June 2007, in a ceremony that was attended by the President of Panama, Martín Torrijos; the Minister of Health of Panama, Dr. Camillo Alleyne; the Secretary General of the United Nations, Ban Ki-moon; and the Director of the Pan American Sanitary Bureau. Several ministers of foreign relations were also present. The Agenda, a declaration of political will at the highest level in the sphere of health in the Region, is a collective call to fight to ensure that all inhabitants in the Americas, without exception, have access to preventive and curative health services and that all families and communities receive public health benefits in equal measure.

332. The Agenda is a long-term planning guide for defining the strategic objectives of the Bureau's results-based management, according to the recommendations made in 2005 by the United Nations Joint Inspection Unit.

333. The Bureau assisted the countries throughout the process of priority setting, helping them to achieve consensus among themselves and with governmental and nongovernmental, academic, and civil society entities. The Agenda expresses the common goal of the countries to concentrate their actions throughout the decade 2008-2017 on eight strategic areas, which will serve as the foundation for the future health plans of the Hemisphere's countries and for all organizations interested in cooperating with them in health.

The values and principles reflected in the Health Agenda for the Americas

334. The Health Agenda for the Americas is based on respect for and adherence to the following values and principles:

335. *Human rights, universality, access, and inclusion.* In order to make the right of every human being to enjoy the highest attainable standard of health a reality, the countries of the Region should work toward achieving universality, access, integrity, quality, and inclusion in the health systems, which in turn should be accountable to citizens for the degree to which they achieve these ends.

336. *Pan American solidarity.* Solidarity, defined as collaboration among the countries of the Americas to advance shared interests and responsibilities to reach common targets, is an essential condition for overcoming the inequities observed in health and enhancing Pan American health security during crises, emergencies, and disasters.

337. *Equity in health.* The search for equity in health is manifested in the effort to eliminate all health inequalities that are avoidable, unjust, and remediable among populations or groups. This search should emphasize the essential need for promoting gender equity in health.

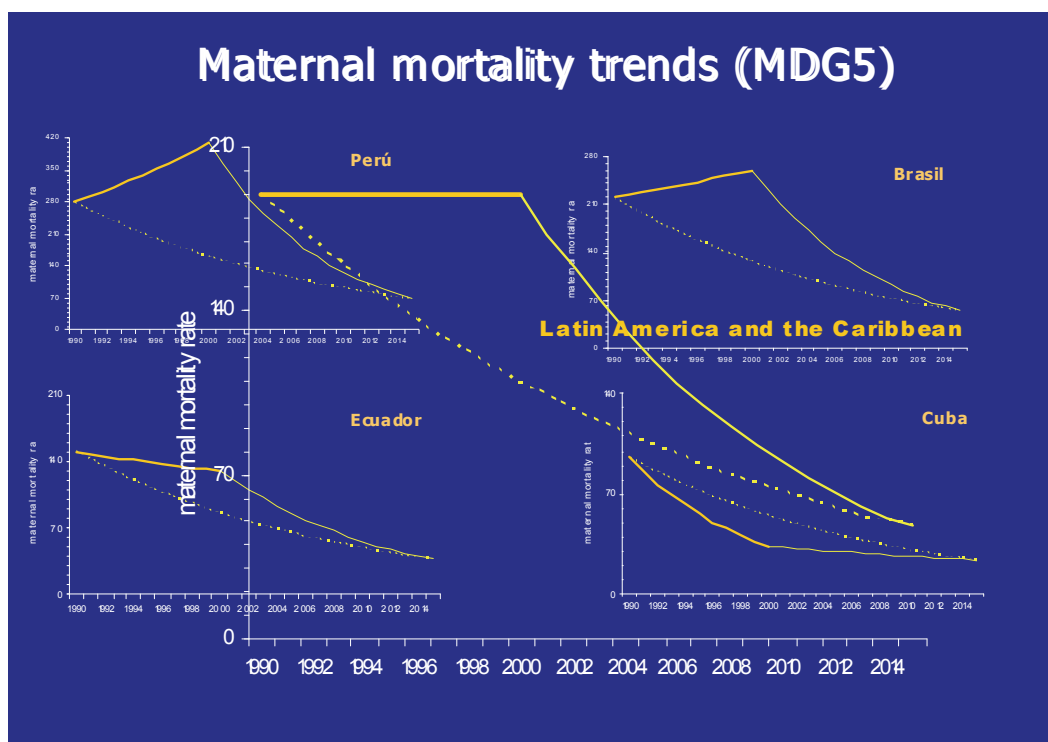
338. *Social participation.* The opportunity for all of society to participate in defining and carrying out public health policies and assessing their outcomes is an essential factor in the implementation and success of the Health Agenda.

Progress Toward the Attainment of the Millennium Development Goals

339. A recent report coordinated by ECLAC, to which PAHO and other international organizations contributed, has summarized the status of the MDGs in the Member States of PAHO. According to this report, Latin America and the Caribbean have made some progress toward achieving several of the objectives, but a number of countries are very behind. The main stumbling block is the persistent inequity, which is ethically unacceptable. The values of social justice should serve as a guide for improving this situation.

340. Judging by the trends observed since 1990, the progress has chiefly been in reducing hunger, malnutrition, and child mortality, providing better access to safe drinking water, and promoting gender equity in education. All this notwithstanding, in some countries it is clear that the current rate of progress will not be sufficient to reach the goal of reducing under-five mortality by two-thirds between 1990 and 2015. Similarly, not enough progress has been made in reducing extreme poverty and maternal mortality, providing primary education for all, expanding basic sanitation coverage, and protecting the environment.

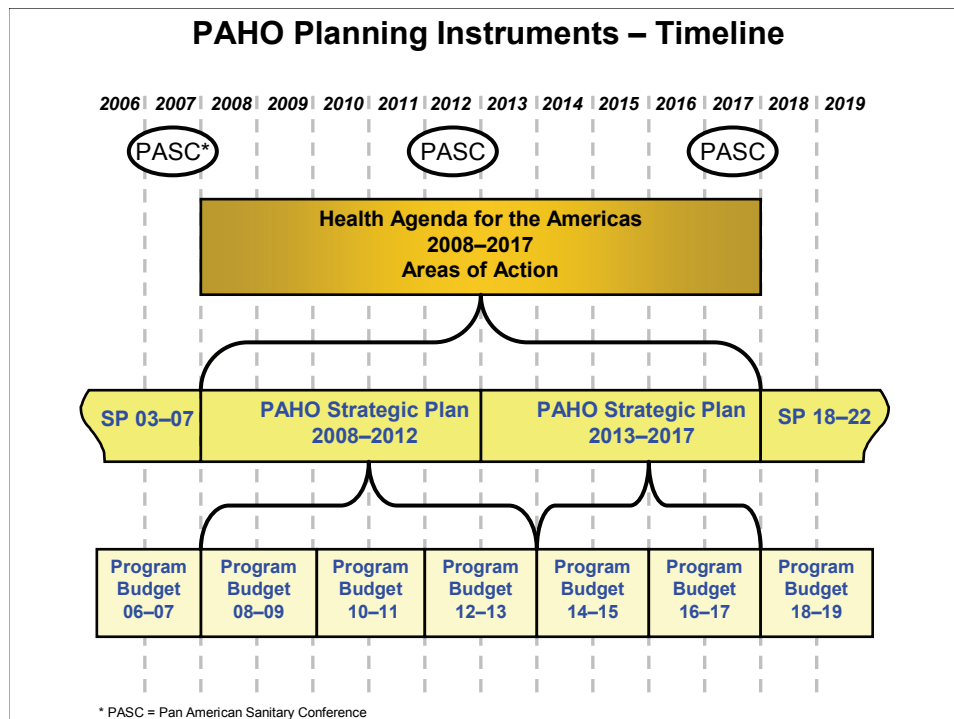
341. The figure below illustrates how far Latin America and the Caribbean still have to go toward attaining one of the MDGs.



Strategic Plan 2008-2012

342. The Strategic Plan of the Pan American Sanitary Bureau 2008-2012 is the highest-level planning instrument of PASB and is based on both the Health Agenda for the Americas and the global health agenda adopted with WHO's Eleventh General Program of Work. The plan, whose preparation involved a broad participatory process, contains 16 strategic technical cooperation objectives and their expected results for 2008-2012 and represents all the work contemplated by the Bureau for the period.

343. In the SP 2008-2012 there is a close connection between the biennial work plans of each structural unit, the expected results, and the program budget. This eliminates the need for extensive program planning every two years and makes it possible to use the program budget evaluations produced at the end of each biennium as reports on the execution of the SP 2008-2012.



344. The strategic framework for 2008-2012 lends continuity to that of 2003-2007. The PASB will continue to focus its technical cooperation primarily on priority countries and the unfinished agenda. It will make efforts to safeguard the achievements obtained to date in all the countries of the Region and will target the most neglected and vulnerable population groups, thus promoting equity in and from the field of health.

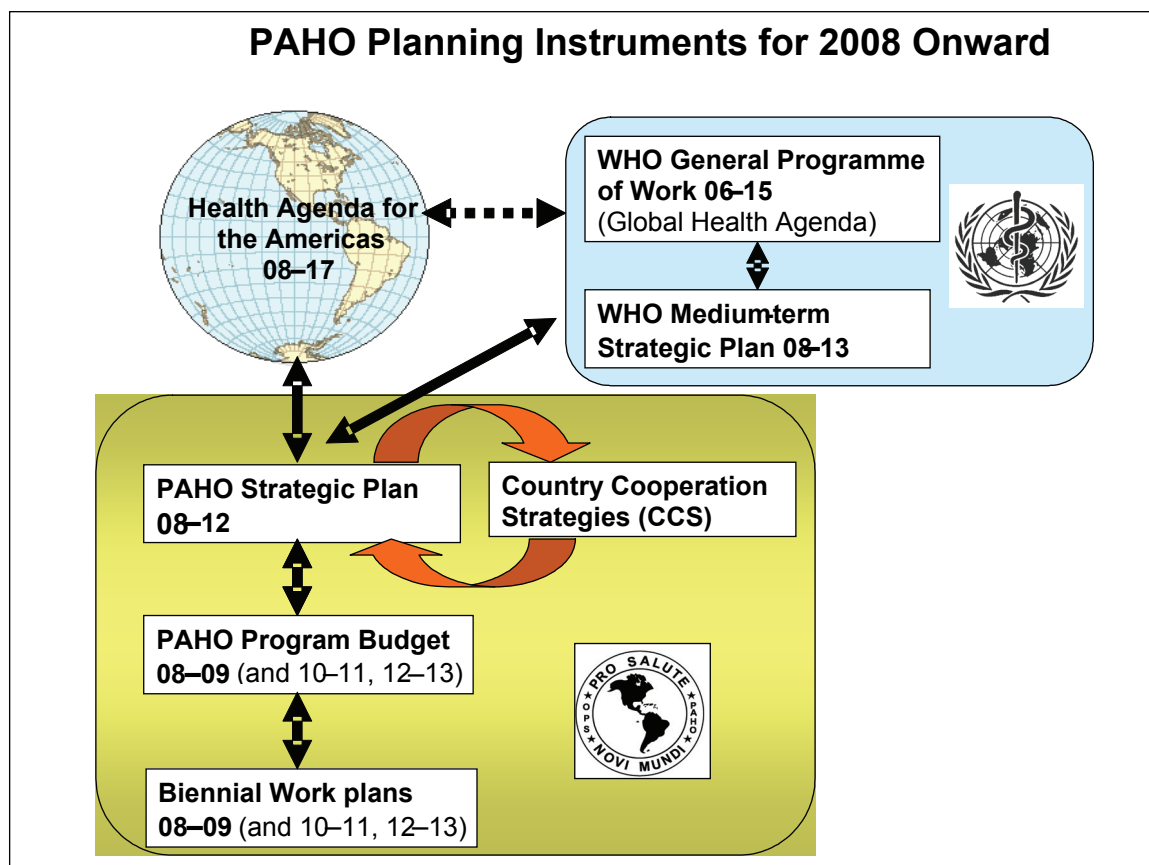
345. As part of the country-focused cooperation strategy, PASB will continue to apply the regional program budget policy (RPBP). A greater proportion of institutional resources will be channeled to country programs and to the new subregional allocation level to increase technical assistance to the Hemisphere's subregional integration processes.

Alignment with WHO

346. The SP 2008-2012 is aligned with the Eleventh General Program of Work and the Medium-term Strategic Plan of WHO. Formerly these plans had never been in alignment. Moreover, the expected results of the PASB represent the Bureau's contribution to the expected results for all of WHO, and for the first time, the respective regional and global indicators have been brought into line. Program convergence with WHO has gradually been accomplished during previous planning cycles, recognizing PASB's function as the

WHO Regional Office for the Americas. The SP 2008-2012 completes the program integration process while responding to the mandates of the Governing Bodies and other important forums, mandates that include the development goals of the Millennium Declaration.

347. The plan relies heavily on the harmonization and convergence of initiatives and the horizontalization and articulation of approaches so that all lines of action in the countries and at Headquarters synergistically complement one another. The SP 2008-2012 will steer planning toward securing better results, facilitate surveillance and reporting, and increase the transparency of PASB activities and accountability to the Member States. Furthermore, the expected results are flexible enough to allow the Bureau to adapt and respond to new challenges that may arise. There is close a connection between the objectives of the SP 2008-2012 and the areas of action contained in the Health Agenda for the Americas.



The Challenges of a Changing Environment

348. Added to the major public health challenges outlined in the Health Agenda are those that PAHO must address, deriving from the profound transformations of the past 30 years in the Region and worldwide.

349. The number of actors and entities working in the health sector has soared, making it necessary for the Organization to rethink its position as a regional intergovernmental technical cooperation agency in public health. Working as part of a team without losing its identity and continuing to adhere to its values while contributing to the work of others, is a significant challenge for PAHO at present. At the same time, the Organization must meet new expectations about the transparency of its procedures and convergence with other entities, in addition to finding innovative mechanisms to mobilize resources and forge partnerships. This is particularly true given the fact that the Region is comprised largely of middle-to-high-income countries that are not of the highest priority from the standpoint of official international development assistance.

350. Economic globalization facilitates the transfer of environmental risks due to the movement of people and goods across borders, the spread of unhealthy lifestyles, and the rising international trade in harmful substances for licit and illicit consumption. Globalization, however, has also led to the strengthening of democratic processes around the world. Nevertheless, serious inequities persist, along with economic instability and insecurity, engendering social discontent and undermining public faith in democracy, especially its ability to provide opportunities and social protection. Restoring that faith is another major challenge.

351. Globalization has brought about other phenomena like urbanization, air pollution, and an increase in carbon dioxide emissions. The impact of these factors on human health, and especially on the people who live in developing nations, is increasing daily. Although urban living should be beneficial to health, serious problems have emerged in major cities in terms of access to services, resulting in reduced quality of life. In view of the fact that the future is likely to bring about more urbanization and that in a few years we will reach a crossroads in the history of humankind, with half of the world's population residing in urban areas, PAHO has acknowledged the importance of this issue and launched various activities in order to define the strategic approach that should be taken in dealing with urban health and determine prevailing urban health conditions in selected cities of the Region.

352. Climate change also is one of the great challenges faced by the health sector. In its 2001 and 2007 reports, the Intergovernmental Panel on Climate Change (IPCC) noted that global warming of 1.4 to 5.8 ° C is expected to occur by 2100; this has implications for health and portends an increase in the natural disasters that such environmental changes tend to bring about.

353. PAHO studied the problem and expressed its position and vision for the future regarding climate change in two international public health events: Montreal 2006 and Vancouver 2007. A follow-up to the Barbados meeting on the effects of climate change is being prepared.

354. A conference and workshop on climate variability and climate change and their health impact in Central America were held in San Jose, Costa Rica, in August 2007 with representatives of several Central American countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama) and national and international institutions. The conclusions served as the framework for the design of the Organization's projects and programs in the coming years.

Primary Health Care

355. On 17 August 2007, the 30-15 international conference on PHC was held in Buenos Aires. It was attended by the Director of the Pan American Sanitary Bureau and by WHO's Director General, Dr. Margaret Chan.

356. During her visit, Dr. Chan also visited Uruguay, where she confirmed WHO's commitment to the United Nations reform system, and Brazil, where she met with President Lula to explore the possibility of establishing south-south cooperation agreements.

Buenos Aires 30-15: From Alma-Ata to the Millennium Declaration

During the World Health Assembly held in May 1977, the countries of the world set the goal of achieving health for all by the year 2000 and agreed that the appropriate strategy for achieving this was primary health care (PHC). In September 1978, the International Conference on PHC, held in Alma-Ata, Republic of Kazakhstan, WHO, and UNICEF issued the Declaration of Alma-Ata, whereby the Member States of WHO adopted the primary health care strategy as the most promising way to secure access to health care for everyone.

With the 30th anniversary of the Conference approaching, Argentina's Ministry of Health issued a call for an international meeting whose purpose was to build new consensus and promote global and regional partnerships that would strengthen health policies to achieve the Millennium Development Goals by 2015.

To this end, it invited the Ministers of Health from every region, together with international experts, health authorities, and staff from international and technical agencies, to discuss these issues. The final joint Declaration, entitled "Towards a Health Strategy for Equity, based on Primary Health Care," reaffirmed the role of health in generating the development and growth of nations and expressed the countries' commitment to developing processes that incorporate the values and principles of the primary health care strategy to guide health system policies, structure, and functions at all levels and for all people.

357. The governments' commitment to fight for equity in health and for the attainment of the MDGs, stated in Resolution CD44/R6 adopted by the Ministers of Health in September 2003—exactly 25 years after Alma-Ata—provides an opportunity to renew PHC and reorient management, organizational, financing, and care models in the direction of health system development. This renewal, which is essential for achieving equity in health and improving health conditions in the countries of the Hemisphere, is one of the main challenges facing the health sector.

Intellectual Property and Patents

358. Recent controversy regarding intellectual property and patents poses a challenge for the development of new, quality drugs, vaccines, and state-of-the-art technologies. Respect for intellectual property rights is important for developing new products. However, it is also essential to ensure affordable prices, which are often beyond the population's ability to pay. The 2001 Doha Declaration of the World Trade Organization states that public health should take precedence over industrial property rights. Developing countries have an opportunity to take advantage of certain flexibilities within the TRIPS (*Trade-Related Aspects of Intellectual Property Rights*) agreement to lower the price of proprietary products.

359. Unfortunately, the fact still remains that relatively few patents are obtained in Latin America and the Caribbean. For example, of the 13,566 patent applications submitted in Mexico in 2001, only 5% came from Mexicans. The situation with respect to antiretrovirals and other costly drugs is especially troubling, although Brazil has set a precedent in this area. The use of generic drugs is one of the most effective health interventions, and making them accessible to the population plays a fundamental role in achieving equity in health. Moreover, few science and technology policies are sensitive to national health policies. It is therefore necessary to promote and strengthen the actions of the ministries of health in research and development and in the production, distribution, assessment, and use of health technologies. Science and technology policies must include proposals and measures that specifically target the health industry, since the countries need vaccines, sera, blood products, diagnostic kits, equipment, and other medical supplies produced by industry.

Human Security and Health

360. Health is at the heart of human safety. Diseases, injuries, disabilities, and preventable deaths are all critical threats to human well-being and security. Health is also a prerequisite for social stability and the promotions of fully functional and economically productive societies.

361. Certain infectious diseases are becoming an ever-increasing threat that is spreading far and wide at a fast pace. Despite the great strides in medicine and technology, the world's poorest people continue to shoulder a very heavy burden. Injuries, disabilities, and death from traffic accidents and interpersonal violence directly undermine development objectives and call for new and intuitive forms of cooperation between public safety and public health. A broad range of actors is needed for a deeper, more integrated approach to the problem.

362. Defining the essential public health functions as they pertain to human security will enable the health sector to better exercise its ability to invite others to share in the provision of intersectoral cooperation. In recent years, PAHO has made a commitment to integrate the concept of human safety into work areas that, as mentioned earlier, play a key role in efforts to establish a safer, more humanitarian Region.

Building the Future

363. It is essential to invest not only in public health and primary care but in the sciences, technology, research, and human resources as well. One of today's challenges lies in putting the scientific and technical information needed to improve health status within the reach of developing countries. This implies providing institutions and the population with easier access to electronic and digital media. The digital revolution has bypassed virtually all the Latin American and Caribbean countries. It is essential to promote the creation of information networks and databases in these countries to facilitate epidemiological surveillance and the resulting data collection and analysis.

364. We must find out more about the institutional, organizational, and managerial determinants of ethnic and racial disparities in the quality of the health care received. To develop effective health interventions, it is important to know the relative importance of the various factors that affect health.

365. Over the next five years, the Organization will intensify its institutional transformation process. This will buttress its international leadership in health and its status as an institution that encourages the participation of its Member States in defining health policies; that has an improved financial management system; that applies clear criteria for effectiveness and equity in allocating financial resources; that has strong partnerships and linkages; that is closely aligned with WHO; that is able to coordinate international, national, and local aspects of the health agenda; and that promotes community participation and social involvement.

366. The goal is to attain transformation for action and a renewal process whose overarching purpose is to achieve regionwide equity in health and put health within the reach of all as a tangible contribution to the creation of inclusive, united societies that practice solidarity and encourage the full development of human beings. The SP 2008-2012 of the PASB provides a flexible, coherent strategic response that addresses all of these major challenges together with those of the Health Agenda for the Americas.

367. It is important to encourage structural changes that will enable citizens to become the architects of their own destinies through active community participation. To this end, we must offer citizens better tools and mechanisms to bolster their natural capacities so that they can fulfill their potential, especially the youngest among them. The creation of a better future with more equitable and inclusive societies with greater solidarity is in their hands.

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