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HEALTH PROMOTION IN THE AMERICAS

The Americas labor under the double burden of the not-yet-controlled traditional diseases of underdevelopment and a steady increase of degenerative noncommunicable diseases. To these have been added the new epidemic of HIV infection and AIDS and the multiple threats to mind and body of increasingly violent lives and deteriorated urban environments. Economic adjustment policies, required as a condition for future credit, involve considerable reductions in public sector expenditure, with disproportionate cuts in allocations for education, health, and social services

Health promotion and protection, though not a quick fix, may be the only fix for the health needs of the Americas. Health promotion and protection bring strong allies to an ancient battle, forming a new covenant with individuals and communities regarding their health. Health promotion and protection draw on the strengths and resources within individuals and communities to prevent illness and improve the quality of their lives, unleashing perhaps the only force capable of bringing a new health profile to the Americas for the twenty-first century.

The challenges facing the development of health promotion and protection in the Region stem from the broader challenges facing health in general. Member Governments face the daunting challenge of reconciling the economic measures needed to remedy the crisis of the "lost decade" with the massive needs of growing numbers of their citizens living in poverty. Health plays an important and dual role in this challenge.

The compelling goals of health promotion presented in this document obviously dwarf the capacities and resources for technical assistance of the Pan American Health Organization and specifically of the Division of Health Promotion and Protection. The success of technical cooperation in health promotion and protection depends on the ability to encourage local, individual experiences as well as collective policy-level experiences. Strategies like healthy communities, social participation, use of social communication, the encouragement of healthy policies, and work in critical areas like nutrition, violence, adolescent and risky behaviors, form part of a new approach to health development.

The specific needs of technical cooperation within the Organization as a whole, and the countries themselves are technical, political and financial. The health promotion strategies of PAHO must provide the countries a new type of technical capability in the form of professionals able to facilitate, encourage and accompany processes, programs, and policies conceived within a comprehensive perspective of health promotion and protection. Financial resources must be sought to support the countries in the development, production and utilization of technologies and knowledge in the fields of health promotion and protection. In spite of these and other limitations, the successful completion of initial efforts of health promotion and protection provide a basis for optimism that, working together, these limitations can be overcome in the not-so-distant future.

The Executive Committee is asked to review this organizational perspective on the challenges and opportunities to create a fresh and dynamic approach to health promotion and protection in the Americas, to critique the response of the Organization to the recommendations of the international conferences held since 1986 on this issue, and to recommend future courses of action.

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1. INTRODUCTION AND JUSTIFICATION

As the Americas enter the twenty-first century, universal access to health care and achievement of healthy lives by all constitute daunting challenges. The inhabitants of the Americas have more participation in determining their own futures than they did 10 years ago but, by and large, fewer resources with which to live their lives productively and to their fullest potential. Two hundred million in the Region now live in poverty, an estimated 50 million more than in 1980, and most countries have experienced decreases in real GNP per capita. Even if resources were available, the challenge of "Health for All" cannot be met with health care alone. Greater attention to health promotion and protection—healthy lifestyles and a health-promoting environment—are crucial to achieving significant, sustained, and equitable improvements in the health status of the Region.

In September 1990, the XXIII Pan American Sanitary Conference directed the Pan American Health Organization to emphasize health promotion and fostering healthy lifestyles. This document reports how the Organization has interpreted and implemented this mandate and seeks agreement for reinforcing the future activities of the new Division of Health Promotion and Protection, and of the Organization as a whole.

2. ANALYSIS OF THE SITUATION

The demographic, epidemiological, and socioeconomic characteristics of the countries of Latin America and the Caribbean have changed significantly in the past decade. Fertility rates are lower and so are rates of infant mortality and infectious disease. As a result people are living longer; the populations of the countries have grown, and those of the cities even faster. By the year 2000, Mexico City and São Paulo will each have close to 24 million inhabitants.

The populations of the Americas, although still "young," are "greying," experiencing higher rates of heart disease, high blood pressure, diabetes, cancers and the multiple threats to mind and body of increasingly violent urban lives and deteriorated urban environments. The Americas labor under the double burden of the not-yet-controlled traditional diseases of underdevelopment—since 1991, at least 750,000 in the Americas have been stricken with cholera, and 6,400 have died—and a steady increase in degenerative noncommunicable diseases. To these has been added the new epidemic of HIV infection and AIDS.

Among the disadvantaged sectors of society, the main causes of disease and death continue to be diarrheal diseases, acute respiratory infections, diseases preventable by immunization, and endemic and parasitic infections. These, however, coexist with cardiovascular diseases, cancer, accidents and the consequences of violence, along with perinatal disorders, which are coming into the lead as causes of death. Chronic degenerative diseases, mental disorders, and alcohol, tobacco, and drug addiction are increasingly the cause of disabilities and morbidity. Incidence rates of these diseases for entire societies are increasing as the risk factors heighten and become more evenly distributed geographically and socially.

Poverty, illiteracy, and poor living conditions resulting from the economic stagnation of the last decade underlie many of the Region's health problems. In many countries debt servicing and repayment and unfavorable prices of raw materials have redirected the net flow of resources outward. Total Latin American indebtedness now equals about \$1,000 for every man, woman, and child. In 1989, for example, the net transfer of capital showed Latin America losing around US\$25 billion.

The share of health services in the national budget declined from 5.5% to 4.2% in 20 developing countries between 1973 and 1986. The devaluation of national currencies also means higher costs for imported drugs and medical supplies. Economic adjustment policies, required as a condition for future credit, involve considerable belt-tightening and reductions in public sector expenditure, with disproportionate cuts in allocations for education, health, and social services. These policies and other economic constraints are of immediate significance for public health, and they perpetuate inefficiencies in potable water and covered sewerage systems that undermine individual efforts for better health. In the long run, the principle of equity and universality in health care comes under pressure as increased emphasis is placed on self-sustaining health services and cost-recovery strategies, including partial or total user-charges for medical care.

The effects of demographic shifts, new epidemiological patterns, and the stagnated growth of the last decade have compounded the health problems facing the Americas. Health promotion and protection, though not a quick fix, may be the only fix for the health needs of the Americas. Health promotion and protection bring strong allies to an ancient battle, forming a new covenant with individuals and communities regarding their health: "Do your part and the health providers and policy makers you have chosen and elected will do theirs." Health promotion and protection draw on the strengths and resources within individuals and communities to prevent illness and improve the quality of their lives, unleashing a great force, perhaps the strongest force capable of bringing a new health profile to the Americas of the twenty-first century.

3. BACKGROUND AND CONCEPTUAL FRAMEWORK

The concept of health promotion has evolved during this century as a strategy for protecting and improving public health and encouraging individual and collective initiatives and actions. Health promotion's goal of Health for All can be achieved by promoting healthy lifestyles and community action for health, and by creating conditions which make it possible to live a healthy life. The former entails empowering people with the knowledge and the skills needed for healthy living. The latter calls for influencing policy-makers to enact health-supportive public policies and programs. Both require strong social support. A public that knows its rights and responsibilities, supported by political will and awareness at all levels of government, can make Health for All a reality.

A working framework of health promotion has emerged over the last half dozen years or so from a series of conferences held throughout the world and more recently in the Region of the Americas. The meetings have played an important role in the definition of health promotion and protection within PAHO, as can be seen from the following brief review of their main conclusions.

3.1 Health Promotion Conferences

3.1.1 The Ottawa Conference and the Ottawa Charter

The potential of health promotion was fully articulated for the first time in 1986 at the international Ottawa Conference on Health Promotion, cosponsored by the World Health Organization. The Ottawa Charter, adopted by the conference, characterizes health promotion as the "process of enabling people to increase control over and to improve their health." The Conference spotlights the importance of food and shelter for health, access to the basic amenities of sanitation and safe drinking water, education and employment opportunities, as well as a stable ecosystem and sustainable resources. The Ottawa Charter calls for a clear political commitment to health and equity in response to "the health gap" found within and between societies. Health and its maintenance should be recognized as a major social investment and challenge.

The Ottawa Charter's concept of health promotion is a positive concept of health as a source of wealth in everyday life. A crucial component to its success is getting the population involved, changing lifestyles and behaviors harmful to health, reducing health risks, and developing a feeling of shared responsibility for health services. The Charter makes health promotion an intersectoral task including education, information, social communication, legislation, policy-making, organization, population involvement, and efforts to reorient health services.

The Charter identifies five action areas:

- Building public policies which promote health in all sectors and levels of society.
- Creating supportive environments in both their physical and social dimensions and strengthening the community's social support system.
- Strengthening community action and getting people involved in decisions and actions for promoting health, drawing on people's own resources and giving them a greater sense of self worth.
- Developing personal skills to strengthen people's capacities to make choices and cope with the pressures they face.
- Reorienting health services to give greater emphasis to promotion and the potential of health care institutions as health promotion settings.

3.1.2 Adelaide Conference on Healthy Public Policy

Two years after Ottawa, a conference on health promotion was convened in Adelaide, Australia, to address the first of the five health promotion areas—building healthy public policy—of the Ottawa Charter. The conference outlined four policy areas for immediate introduction at various levels of government:

- Supporting the health of women.
- Enabling people to have access to healthy food and nutrition.
- Reducing tobacco growing and alcohol production, marketing, and consumption.
- Creating supportive environments.

The Adelaide Conference made a special plea for combining initiatives for the environment and the economy with efforts for public health, and for linking the developed and the developing world in a coordinated effort toward health.

3.1.3 A Call for Action

In 1989 a working group on health promotion in developing countries, convened in Geneva, produced a call for action, a strategy document examining health promotion and its application in the developing countries. The call emphasizes:

- Generating social and political action for health.
- Fostering health-supportive public policies and building alliances with all sectors of society.
- Identifying grassroots strategies for enabling and empowering people.
- Strengthening national capabilities as well as political will for health promotion and community involvement in health development.

3.1.4 Sundsvall

The Sundsvall Conference in Sundsvall, Sweden, in 1991 addressed the second of the five areas of action of the Ottawa Charter—creating supportive environments in the fullest social, political, economic, cultural, and physical sense. Empowerment of people and community participation are essential to a democratic health promotion approach and the driving force for self-reliance and development. The conference identified four key public health action strategies to promote the creation of supportive environments at the community level:

- Strengthening advocacy through community action, particularly through groups organized by women.
- Enabling communities and individuals to take control over their health and environment through education and empowerment.
- Building alliances for health and supportive environments in order to strengthen the cooperation between health and environmental campaigns and strategies.
- Mediating between conflicting interests in society in order to ensure equitable access to supportive environments for health.

3.1.5 Santa Fe de Bogotá

In November 1992, 550 representatives of 21 countries attended the International Conference on Health Promotion in Santa Fe de Bogotá to define what health promotion means for the Americas. (A ministerial-level Conference on Health Promotion for the English-speaking Caribbean will be held in Port of Spain, Trinidad Tobago some time in 1993.) The first international conference on health promotion held in a developing Region, Bogotá brought an added sense of urgency to concepts of development, equality, concertation, civil society, and the participation of all sectors, cultures, genders, and resources in achieving health.

The Declaration of Santa Fe de Bogotá highlights the relationship between health and development and the need for solidarity and social equality for their achievement. Important sectors of the population lack the means to satisfy their basic needs. The Americas cry out for new approaches to public health promotion to combat inequalities, traditional diseases of backwardness and poverty, and newer diseases of urbanization and industrialization. Popular participation in the modification of health and living conditions, creating a culture for health, is a vital component of health promotion. Information and education are crucial to changing communities' lifestyles.

The Bogotá conference deplores the impact of the violence on the health of societies and their members. It summons the political will to modify social relations and make unacceptable the diseases resulting from marginality, inequality, and environmental destruction. The Conference calls for concertation among all social sectors and institutions to improve well-being and encourage the transfer of social spending to the organizations of civil society. "Concertation" entails a commitment to decreasing unnecessary expenditures in the public sector, increasing the participation of civil society, insuring the full integration of women, and promoting a "dialogue" with different forms of health knowledge and traditions.

3.2 Response of the World Health Organization

The proposed Policy and Program Framework for the Ninth General Program of Work of the World Health Organization strongly endorses health promotion and protection. Many of the major health problems both in developing and developed countries, it states, are related to lifestyle and environmental factors. Individual health behavior can be a matter of personal choice. It is also highly influenced and often determined by social, economic, cultural and physical environments. In consequence:

Non-governmental organizations and community groups of all kinds at local, national and international levels must be encouraged to act on health matters...While recognizing the importance of raising people's awareness and motivation for health through information and health education, emphasis should be given to changing the social, economic, and environmental factors that make it easier for individuals and people to choose healthy lifestyles...Health promotion and protection therefore concern all sectors of human activity—education, housing, town planning, agriculture, fiscal and price policies, economic policies, and legislation.

WHO proposes:

- Supporting country programs aimed at promoting healthy lifestyles and behaviors and at discouraging unhealthy habits such as smoking, alcohol and drug abuse through education, information, and specific actions.
- Collaborating in developing programs within the framework of health care systems for the promotion and protection of health in vulnerable population groups.
- Promoting and supporting programs for the improvement of the physical environment and the reduction and control of environmental health risks.
- Encouraging and supporting the creation of conditions and networks for community participation and involvement in health promotion and protection.

3.3 PAHO's Response to the Call for Health Promotion

PAHO's Strategic Orientations and Program Priorities for the quadrennium 1991-1994 states:

The Organization should be more geared toward activities for health promotion and to foster healthy lifestyles. In so doing, it should direct its efforts at both the general population and individuals in the context of their everyday lives.

The Organization specifies two health promotion targets:

- To promote the full development and comprehensive use of human abilities through the strengthening of positive health among the inhabitants of the Member Countries.

- To promote the development of intersectoral health action plans and strengthen the social support system in favor of health in order to improve the living conditions of the most affected groups.

To achieve these targets the Organization will encourage the formulation and implementation of national and local policies and programs for health promotion and the development of pilot projects. Because health promotion involves a new way of thinking about health and disease and of assuming institutional and individual responsibility, the Organization will build networks with existing centers and groups working in health promotion and train human resources from within and outside the health sector.

3.4 Summary of Concepts and Definitions: Health Promotion and Protection

The concept of health promotion that has evolved in the international conferences and institutional positions described above is a way of defining health that is positive and grounded in a specific social and physical reality. It is an attractive concept for policy-makers and elected officials. In conflictive societies, battling over scarce resources, there are few goals that bring together many different social forces and actors. Health promotion is one of these. No one benefits from poor health, and society as a whole suffers from the poor health of any of its members. Measures to improve sanitary conditions and the livability of a city are not zero sum measures in which some win and others lose. They are measures that increase the human capital and wealth of society as a whole.

WHO characterizes the concept of health promotion and protection as the sum of policies and actions which secure the conditions for healthy living and sustainable health development at the individual and collective levels. It embodies for health the prerequisites to be met and the various criteria for a healthy environment to be satisfied, including the necessary social support, community organization, and other measures to assist groups and individuals in their health needs. The concept embraces the provision of education and information that will enable people to make their own choices and decisions relating to their way of life and help sustain their knowledge and motivation for their own health maintenance. In this way, health promotion and protection comprise all related steps which enable people to achieve their health potential, fulfill their various social roles, and enjoy their highest attainable quality of life.

PAHO's Strategic Orientations and Program Priorities for the quadrennium 1991-1994 define health promotion as the sum of activity of the population, the health services, the health authorities, and other productive and social services, aimed at improving the status of individual and collective health.

The Division of Health Promotion and Protection within PAHO joins promotion, the positive social-based concept of health with protection, epidemiological-based programs of prevention and control of noncommunicable diseases and other psychosocial pathologies. The relative weight of each component within the program is difficult to measure and, in many cases, their areas of action overlap.

In the short run, health promotion and protection can decrease or postpone illness, disability and death. Healthy lifestyles and higher standards of living are more important in the long run, but to achieve results will take years of concerted action on the part of local, national, and international actors. By putting promotion and protection under the same overriding goal of Health for All, PAHO sends out a clear message: the need to work concurrently for health promotion and disease prevention.

PAHO applies the principles of health promotion and protection in the Americas of today with a new urgency. The Organization must translate the recommendations and abstract goals of conferences and declarations into specific, effective programs of action. In order to succeed, programs must demonstrate results and encourage the health sectors of the countries to view health in a new way, as a resource and investment for development.

4. HEALTH PROMOTION AND PROTECTION WITHIN PAHO

4.1 Health and Development Strategies in PAHO

The Ninth General Program of Work of WHO will take the organization into the twenty-first century. It emphasizes accelerating progress toward the goal of Health for All through promotion of a health perspective that includes both the health sector and other sectors in creating a social and physical environment in which health is an integral part of human development. Reduction of inequalities in health through equitable access to appropriate information and care is a major concern of PAHO. Also of concern is the optimal use of resources for health in all sectors, public and private, involving individuals and communities and emphasizing cost-effective interventions.

PAHO promotes activities to strengthen the capability of the health sector to analyze and advocate the interdependence of health and development, working to improve the ability of the health sector to influence the political agenda with regard to public policies of development and decisions on resource allocations. These activities recognize that environmental protection and reducing the harmful effects of the environment on health have become inseparable prerequisites to establishing effective and sustained economic and social development.

PAHO works with governments to coordinate actions of the sectors of productive and social activity with a direct or indirect effect on the population's health and on service systems at a national level. This is accompanied by concerted actions among multilateral agencies that provide financial aid for development. PIAS, the Investment Plan in Environment and Health, for example, is a multilateral fund for the development of projects in health and the environment, with the principal actors in the international lending community. The Organization's strategic orientation to integrate women into health and development and to raise awareness of women's health throughout the different stages of life also requires concerted efforts among the health sector, women's organizations, universities, and social organizations.

Many of the ideas and principles of health promotion need empirical testing in different environments in order to adapt them to the cultural and economic conditions of countries and localities. As PAHO attempts to apply scarce resources to the growing health needs of the Americas, applied research supplies justifications as well as ideas for redirection and adjustments of efforts.

For PAHO the strategy of health promotion is one of the main ways to encourage national actions to make health a priority. Health promotion is a comprehensive strategy permitting the development of specific activities in many different sectors and problems. Through its different operating mechanisms, health promotion strengthens the overall transformation of health services and environmental conditions.

4.2 Technical Cooperation

4.2.1 Frame of Reference for Technical Cooperation

In accordance with the Ottawa Charter and PAHO's Strategic Orientations, the Organization's objectives related to health promotion and protection include:

- To develop country activities to reduce morbidity and mortality from noncommunicable diseases and injuries: to reduce tobacco, alcohol, drug abuse; and to improve nutrition through behavioral modification using health information and social communication; regulatory legislation; taxation policies; and the development of necessary resources.
- To develop intersectoral action within the countries to improve social and economic development—in education, nutrition, housing, income, social participation, and other areas—as essential factors in the production and enhancement of health.

Efforts are based on the principles, considered indispensable, of equality, solidarity, and the active participation of the population. PAHO encourages the development of activities of social communication for programs of information and education, the motivation of decision makers in health policies, and the mobilization of the organized sectors of society for the betterment of the quality of life of the inhabitants of the Region.

PAHO's activities are guided by three approaches:

- The promotion of a healthy life on a community level through comprehensive actions to improve living conditions and change those factors that adversely affect health. Intersectoral action, social communication and participation, and community organization constitute indispensable mechanisms for this approach.
- The protection of health through the development of preventive interventions, the control of risks of disease, and the protection of vulnerable groups. PAHO works to reorient health services and develop more efficient models of care for the management of noncommunicable diseases, mental health, health of the elderly, eye disease, accidents, substance dependency and violence prevention.
- The strengthening of strategies for the identification, adaptation, and development of appropriate methods for the promotion, achievement and maintenance of an optimal nutritional status of the population, emphasizing nutritional surveillance and the adoption of healthy eating habits.

The five action areas of the Ottawa Charter—forming public policies, creating public support, strengthening community action, developing personnel skills, and redirecting health services—are PAHO's guidelines in its activities. To these, PAHO proposes a sixth guideline of utmost importance for the Region: to define health objectives locally and nationally in consultation and concertation with individuals, communities, and health professionals, and develop epidemiological oriented public health plans and programs. This sixth guideline is strongly rooted in the experiences of the Region and ratified by the Declaration of Santa Fe de Bogotá.

PAHO supports Member Governments' programs through:

- Mobilization of political, technical and financial resources for programs and activities of health promotion and protection.

- Integration with local health systems, including the experiences and networks of healthy cities and communities.
- Encouragement of technical cooperation among countries in programs affecting individual and social behaviors, environmental determinants of health status, and the quality of life of populations.

The technical cooperation program has included a variety of activities over the past two years. From these, the Organization has learned how health promotion is strengthened by education, information and social communication, legislation, policy-making, organization, population involvement, and efforts to reorient health services. Good organization, management, and dissemination of information and communication resources are crucial to all our actions. Thus, the program supports the development of basic information networks for health promotion and protection in order to share knowledge of successful actions and interventions within and outside the Region and exchange communication material among the countries of the Region. With these activities, which involve learning on the part of all parties involved, PAHO is constructing the foundations of its new covenant of health promotion and protection for the Americas.

4.2.2 Organization of the New Division of Health Promotion and Protection (HPP)

The following briefly describes how HPP is organized and gives examples of some of its actions. It provides illustrations of the types of "partners" and consensus-building the Organization has embarked on as a result of the Directive to develop the concept of Health Promotion and adapt the recommendations and declarations of international conferences to the conditions and demands of the Region.

The Division is broadly organized in three programs: Health Promotion and Social Communication, Health Protection, and Food and Nutrition. The programs are not separate, but work together to provide support to each other in the specific areas of expertise of their professional staffs. The implementation of activities of health promotion and health protection implies overlapping and coordination.

Health Promotion and Social Communication

The Program of Health Promotion and Social Communication works through research and action programs to encourage healthy lifestyles. Its programs attempt to break the chain of events leading from unhealthy behaviors to disease and death. Its main strategy comprises social communication, education, community participation and programs impacting the policy-making process. The program addresses the prevention of noncommunicable disease risk factors through population-based interventions, in

coordination with health protection and nutrition programs. The program's main responsibility is to assist the Member Governments in the conceptual and operational development of healthy people and healthy communities.

The project of Healthy Municipalities, supported by PAHO at the local level in countries of Latin America and the Caribbean, is an autochthonous process and movement in Latin American countries, facilitating the accomplishment of this task. In this program, inspired in part by the WHO Healthy Cities project in Europe and the "Villes Santé" in Quebec, Canada, the health sector leads the movement toward more equity in social services and environmental improvement. The program pays special attention to educating and informing health workers and the public about the deleterious effects of risk factors like tobacco, alcohol, drugs, and other toxic substances; the need to take care of one's health and adopt healthy behavior in order to prevent exposure to environmental hazards and injury risks; and the prevention of permanent disabilities through early care of chronic problems.

PAHO's strategic goal of using social communication in health guarantees the existence of an increasingly informed public that will play a decisive role in the battle for health, and the support of the audience of health workers and social and political leaders for the improvement or transformation of national health systems. The use of the mass media and technological innovation to disseminate useful health information to the public and specialized groups increases awareness of specific aspects of individual and collective health and the importance of health in development. The program works to develop and assess the best uses of social communication, taking into account the rich and varied experiences of the Region in communication and the existence of communication and information technologies ranging from direct broadcast satellites to alternative video and village theater.

PAHO is developing social communication strategies throughout the Region with adolescents, workers, women, and others to demonstrate it is possible to change lifestyles, induce changes in attitudes, beliefs and behaviors, and, specifically, reduce the consumption of tobacco. For example, a research-action project was begun in Lima, Peru to identify health promotion activities of popular communication networks in Latin America and the Caribbean and work with these networks to organize existing material and develop new material on health promotion, specifically adapted to the popular press, radio and video. Materials focus on healthy lifestyles with particular emphasis on smoking and are distributed through a variety of popular communication channels.

Health Protection

The Program of Health Protection coordinates the actions of various health and social services for the well-being of the elderly, programs of safety and accident prevention, and care to victims of accidents. The program works to encourage the incorporation of psychological concerns in health programs and improve the technical levels of mental health services. It contributes to the development of the capacity of the countries to reduce morbidity and mortality resulting from chronic noncommunicable diseases, and encourages activities related to the prevention of blindness and attention to eye disease. All these actions are within a general framework of reorienting health services.

Actions include support for the systematic and timely detection, diagnosis, and efficient care of individuals in high risk situations or already affected by disease, including techniques of intervention, the adoption of norms, measures of surveillance, monitoring, and supervision. They also entail the adjustment of services to improve the access, efficiency, effectiveness, and distribution of health services and the training of personnel in the new strategies of promotion and protection.

The care of the elderly offers a good illustration of PAHO's health protection philosophy. By maintaining physical, mental and social health, older adults are capable of living active, productive lives. In Ecuador and Puerto Rico, projects support a better quality of life for a significant number of older people without altering their basic cultural patterns. A similar study to screen 10,000 persons, 60 and over, was conducted by the Comprehensive Family Secretary in Cuernavaca, Mexico with technical advice from PAHO. El Salvador has created a National Secretariat of the Family with a program of protection of the elderly and a third-age foundation with PAHO assistance. Ecuador and Costa Rica have created National Commissions for the Third Age, also with advice from PAHO.

Health protection addresses the burden of noncommunicable diseases primarily by changing lifestyles that entail major risks and by early detection and treatment to reduce complications and deaths. (This is an example of where health promotion and protection overlap.) PAHO supports the development of programs at the local level through the organization of demonstration projects. The guidelines prepared by PAHO for demonstration projects are designed to strengthen intersectoral cooperation, emphasize the use of mass media and school health programs, and increase public awareness and knowledge concerning risk-taking behaviors and healthy lifestyles. (The "Call for Action" of the Victoria Declaration of the International Heart Health Conference in Victoria, Canada, for example, calls for the establishment of partnerships to provide technical and financial support for: development and strengthening of health services infrastructure; training programs for heart and social sciences professionals, education, community organizations and media professionals.)

Health Protection works in the area of mental health, for example, to advise programs for returning refugees to the war-torn areas of Central America. In the short-term, PAHO works to prepare national mental health programs that are preventive and closely linked to national programs that affect mental health like housing, education, and conditions of the work place. It is working with UNESCO, UNICEF, and the OAS for the development of a regional plan of action for the mental health of children to promote measures to assure their healthy development within the complex and changing family structures of the Region. The long-term objective, within a health promotion and protection philosophy, is the restructuring of psychiatric services toward community-based services.

Food and Nutrition

The Program of Food and Nutrition promotes activities to improve diets and nutrition with special attention to the more vulnerable groups. The effects of the economic recession have worsened the already deficient food and nutritional status of large sectors of the Region's population. The prevalence of nutritional deficiencies continue to be high among groups at greater biological and social risk. Energy-protein malnutrition and micronutrient deficiencies (iron, iodine and vitamin A) affect the health of large sectors of the population. A program of special regional concern is the elimination of vitamin A and iodine deficiencies and the significant reduction of iron deficiency.

Policies and programs aimed to protect the food security of the most vulnerable households and improve the nutritional status of groups at the greatest nutritional risk are priorities for technical cooperation to Member Countries. The Program works within a framework of health promotion and healthy lifestyles to encourage good eating habits and to achieve and maintain the optimal nutritional status of the population. It seeks to develop food and nutrition surveillance systems to monitor and adjust food and nutrition policies and programs and to strengthen information and education programs in food and nutrition, including community participation in the planning process, training human resources in the health services and related sectors.

Recent examples of PAHO activities in this field are the development of food and nutrition surveillance systems in some microregions of Peru, with community participation in the analysis of the situation and planning of interventions; the implementation of Height Census in several countries of the Region, particularly in Central America, and a project with the Ministry of Health and the National Development Council in Ecuador to develop a "Predictive Map" to estimate the nutritional status of populations and design interventions, thus avoiding costly individual measures and allowing nutritional assistance to reach those most in need. Work is also

being carried out in the promotion of breastfeeding, proper weaning practices and appropriate feeding in early childhood, as well as in the Implementation of the "International Code of Marketing of Breastmilk Substitutes."

5. SUMMARY AND CONCLUSIONS

Working with Member Governments at the community level in the definition of problems and identification of causes is a key component of the work of the Organization as it develops specific action programs to prevent and control existing and emerging priority health problems. Local programming based on epidemiology is a way to organize medical care and public health service for activities and programs as a function of the health needs of the population of a specific geographic area.

5.1 Challenges

The challenges facing the development of health promotion and protection in the Region stem from the broader challenges facing health in general.

5.1.1 Coordination of Economic and Social Investments

As noted in the Declaration of Bogotá, "the challenge of health promotion in the Americas is to change social relations and harmonize economic interests with the social goals of general well being, solidarity, and social equality indispensable for both health and development." Member Governments face the daunting challenge of reconciling the economic measures needed to remedy the crisis of the "lost decade" with the massive needs of growing numbers of their citizens living in poverty. Meeting the economic challenge without resolving social issues runs the risk of augmenting inequality, thereby endangering social stability and democracy.

Health plays an important and dual role in this challenge. On the one hand, investments in health are necessary for the quality of life and the productive human capital needed to reactivate development. On the other, the health sector must compete for funding with other sectors, considered more important for short- and medium-term economic recovery.

5.1.2 Taking Responsibility and "Blaming the Victim"

There is a risk of perceiving health promotion and protection as an easy, low-cost fix, that transfers the responsibility of achieving and maintaining good health to the individual without the corresponding transfer of resources with which to assume these responsibilities. The result is called "blaming the victim." In response to this risk, there is a need and obligation to share the responsibilities for health action among individuals, institutions, and organized sectors of society.

5.1.3 Effectiveness, Efficiency, and Impact of the Health Sector

The analysis of the health sector reveals an epidemiological situation marked by the reappearance, persistence, and progression of diseases of underdevelopment like cholera, malaria and tuberculosis, and the appearance of new epidemics like AIDS, violence, and chronic noncommunicable diseases like cancer and heart disease. These problems require a wide variety of strategies for their prevention, treatment and rehabilitation. Without such strategies, these epidemiological trends can lead to unsustainable increases in the costs of care and the inefficiency and ineffectiveness of health services.

The decreasing resources of the health sector accentuate inefficiencies and ineffectiveness. A new way of generating and using resources is needed, without which the goal of equality in health becomes more and more remote. Health promotion and protection, employing a broad focus beyond the traditional health sector, must confront these challenges and contribute to their resolution. Training and updating the skills of health care workers to better fit their practices to the principles of health promotion and protection poses a further challenge at a time of rapid scientific and technological innovations and institutional change.

5.2 Specific Needs

The mission of the Pan American Health Organization is to support Member Governments in their efforts to improve the health and well-being of the population. Technical cooperation, defined by countries in response to the challenges they face, must: 1) demonstrate the viability and validity of projects able to reconcile economic and social demands; 2) contribute to the formation of populations able to take on the responsibility of their health with their own resources and with the necessary institutional supports; 3) transform the health sector around goals of efficiency and effectiveness, incorporating new strategies and knowledge appropriate to a more comprehensive, agile, and democratic mode of operation.

Technical cooperation must encourage new processes, follow through on initiatives, recover and validate experiences, and form alliances for viable and effective comprehensive health promotion and protection. The success of health promotion and protection depends on a more informed and qualified population and on the technical capability and commitment to the health needs of the people of the institutionalized democratic sectors. Specific experiences and problems where health promotion and protection strategies are developed and applied must be systematically evaluated, and the relevant information necessary to propagate these experiences must be exchanged.

The compelling goals of Health Promotion presented in this document obviously dwarf the capacities and resources of the Pan American Health Organization and specifically of the Division of Health Promotion and Protection. The many different needs must be discussed in the interior of the Organization and by its Member Governments in order to find possible solutions. Within the Secretariat, there is a need for human resources with the technical capability to facilitate the different practices that are necessary to carry out programs, projects, and activities of health promotion and protection. Financial resources must be sought to support the Member Governments in the development of new methodologies and in the production and use of the most effective technologies, like social communication.

The success of technical cooperation in health promotion and protection depends on the ability to encourage local, individual experiences as well as collective policy-level experiences. Strategies like healthy cities, social participation and communication, the encouragement of healthy policies, and work in critical areas like nutrition, violence, adolescent and mental health, form part of a new approach to health. This approach, working from life experiences and specific problems, attempts to modify the scope and capabilities of the health sector. The resulting modifications, the product of the enormous diversity of realities and efforts in the Region, must be disseminated throughout the Region with the same urgency for change that engendered them.

The specific needs of technical cooperation are technical, political and financial. The health promotion strategies of PAHO must be ready to provide the countries a new type of technical capability in the form of professionals able to facilitate, encourage and accompany processes, programs, and policies conceived within a comprehensive perspective of health promotion and protection. Financial resources must be sought to support the countries in the development, production and utilization of technologies and knowledge in social communication, health education, lifestyles, and many other areas. And efforts must be applied to forging new public policies oriented to health promotion and protection.

5.3 Limitations

Recognition of limitations is a logical outgrowth of recognition of needs: the lack of experience in carrying out programs of health promotion and protection both within PAHO and at the national level; difficulties in transferring models and resources from one society to another due to differences in language, cultures, politics, and financial resources; and scarcity of research experience in health promotion and protection, especially in developing countries. There is little information on the determinants of habits affecting levels of health and well-being, behaviors and lifestyles; the effectiveness of interventions to modify these habits; and the attitudes and practices toward health promotion and protection of health workers in the health services. Alliances must be forged with a wide range of intersectoral, governmental, nongovernmental, and private "partners" and "allies" in order to gain this knowledge.

Although these and other limitations are real, the successful completion of initial efforts of health promotion provide a basis for optimism that, working together, these limitations can be overcome in the not-so-distant future.

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