Editorial

STEPS TOWARD "HEALTH FOR ALL BY THE YEAR 2000": A REVIEW OF PAHO’S PLAN OF ACTION

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The goal of "Health for All by the Year 2000" reflects the aspirations of the Americas and the world today. The following address, presented at the XI Regular Session of the OAS General Assembly in December 1981, describes the Plan of Action that PAHO has developed to help attain that goal.

It is an honor to appear before this supreme assembly of the Organization of American States in the name of the Pan American Health Organization. It is a special privilege as well to participate in the first General Assembly of the OAS ever to be held in Saint Lucia. Columbus surely knew that he had discovered a jewel when he reached this lovely island. Its brilliance illuminates this Assembly today.

As an Inter-American Specialized Organization affiliated with the Organization of American States for more than 30 years, we have participated together in constructing a regional framework for development, and we have struggled together to bring new opportunities and new hope to the people of the Americas.

Yet we know too well that the panorama of the Americas still reflects unacceptable contrasts of wealth and poverty. We are a Region where the words of Miguel de Cervantes, "There are only two families in the world, the Haves and the Have-nots," still apply.

As part of the global surge toward development, we have sought to erase the dividing line of misery separating those two families. We have sought to lessen the inequalities and thereby lessen the anger, frustration, and suffering of the poor.

If words alone could end their exclusion, then there would not be 140 million human beings living in absolute poverty within our Region. Nor would 800 million men, women, and children be living in absolute poverty around the world. But much more than words are demanded of us. Together we must harness the ideas, the resources, and the political will of our nations and our institutions to overcome the challenge of development.

The progress we have made together in the past two decades is significant. Percentages of GNP growth are one measure of this progress; and though that measure can often be misleading, there is no doubt that progress has been made. This means fewer infants will die before their first birthday, fewer children will face a future without the ability to read and write, and fewer families will scatter in search of nonexistent jobs.

1 From an address delivered at the XI Regular Session of the General Assembly of the Organization of American States held at Saint Lucia, W.I., on 2 11 December 1981.
So we are proud of what we have accomplished. But we must say, like the American poet Robert Frost, that “We have promises to keep, and miles to go before we sleep.”

- In some of our countries, the bottom 40 per cent of all households share only 7 per cent of the national household income.
- In countless rural villages, a newborn infant is 10 times more likely to die before completing a year of life than if he or she had been born in the United States.
- In a single year in the United States and Canada, 850 children under the age of five died of diarrheal diseases. In that same year in Latin America and the Caribbean, 92,300 children under the age of five died of those same diseases.

A long and difficult journey still looms before us. But it is a journey that must neither be put off nor cut short, for nations' destinies and people's lives depend upon its successful completion.

I asked for this opportunity to speak to you personally today because I believe that the Governments of this Region, meeting as the Directing Council of the Pan American Health Organization, have reached a major turning point on the road to social justice in the Americas. In October, the Directing Council approved a Plan of Action to implement the regional strategies of “Health for All by the Year 2000.” This is the product of actions and efforts that began with the inclusion of health within the Charter of Punta del Este, whose Twentieth Anniversary we mark this year. That work moved a step further with adoption of the Ten-Year Health Plan for the Americas in 1972 and matured into the 1977 combined Declaration of the Ministers of Health of the Hemisphere in support of a primary health care strategy—the latter strategy being adopted because the Ministers had concluded that primary health care offered the only way of extending coverage to those still beyond the reach of the formal health system.

We take pride in the fact that this concept, inaugurated within the Americas, served as a cornerstone for the international consensus adopted at the World Health Assembly in 1978, which established primary health care as the global strategy for achieving “Health for All by the Year 2000.” That consensus has since been ratified by the United Nations General Assembly as part of the International Development Strategy for this Third Development Decade.

Working from that original consensus and from evaluation of the successes and failures of the Ten-Year Health Plan for the Americas, the Member Nations of our two Organizations defined national strategies to achieve the goal of “Health for All”; those individual national strategies then flowed together to form the Regional Strategy for Health for All; and in October of 1981, that process led to the adoption of the action document that I am presenting to you today.

The Plan of Action is both an end and a beginning. It is the culmination of the planning phase at the regional level and the beginning of the action phase for the countries, for PAHO, and hopefully for the OAS and every international organization committed to development in this Region.

The regional goals themselves are not utopian. They are minimum standards for social equity, and they are attainable. These goals are as follows:

- The inhabitants of no country in the Region will have a life expectancy at birth of less than 70 years. Today the average in Latin America is 63.7 years.
- No country in the Region will have an infant mortality rate of more than 30 deaths
per 1,000 live births. Today the average outside North America is about 50 per cent higher.

- No country in the Region will have a mortality rate higher than 2.4 deaths per 1,000 among children one to four years of age. Today the rate in the developing countries of the Region is nearly double that rate.

- Immunization against diphtheria, whooping cough, tetanus, tuberculosis, measles, and poliomyelitis will be provided for 100 per cent of the children under one year of age by 1990; and that coverage will be maintained despite population increases during the century’s final decade. Today we only reach 60 per cent of the children in Latin America and the Caribbean.

- Access to safe drinking water and sewage disposal will be extended to 100 per cent of our population. Today in Latin America and the Caribbean an estimated 46 per cent have access to a piped water supply and 22 per cent have access to acceptable types of sewage disposal.

- Finally, access to health services will be extended to 100 per cent of the population by the year 2000. Today some 60 per cent of the people of Latin America and the Caribbean have access to those services.

We are convinced, as health professionals, that the goals adopted by our Member Governments are essential in order to permit individuals to lead socially and economically productive lives. We also are convinced that if we rely on the health sector alone, we will all fall far short of our objectives. Only integral development—coherent, comprehensive, and balanced to assure economic and social progress—can carry us forward.

All of our people, both the haves and the have-nots, must be part of that integral development process. The challenge thus is to expand the circle of development to encompass the marginal groups that were excluded in the past. By the year 2000 the 1980 population of 368 million in Latin America and the Caribbean will have risen to over 600 million, and 75 per cent of that population will be in urban areas. Diseases of urban and aging populations will occur alongside the diseases arising from the hostile environments of poverty and underdevelopment.

The priority groups of the Plan of Action are those that we see in shantytowns and slums as we drive from the airports to downtown hotels in many of our cities. By the year 2000, if we do not succeed, more than a third of the world’s urban poor will be found in the cities of our Region. Those who live in the hills and mountains and jungles that span the islands of the Caribbean and the countries of Latin America also must be brought within the sphere of health services.

Children, women of child-bearing age, the elderly, and the disabled are the most vulnerable groups. To reach these priority groups, we must commit ourselves to fulfill the regional objectives of the Plan of Action. These regional objectives are aimed at contributing to the reduction of social and economic inequality through a basic reordering of priorities. First, our health service systems must be restructured and expanded to become more equitable, more efficient, and more effective. Second, the implications of economic policies and projects for bettering the health of people must be understood, and linkages between health and other sectors must be promoted and improved. Finally, regional and interregional cooperation must be promoted and expanded.

To fulfill that first principal objective, the health sector itself must develop fundamentally new managerial and operational approaches. It must develop and apply appropriate technology, and it must maximize its own productivity through adequate
planning, improved administration, and better coordination with both the social security system and the private sector.

Only by organizing health services according to their levels of complexity and by making them accessible to all can the objectives of equity, efficiency, and effectiveness be attained. This same requirement that the health infrastructure be strengthened requires development of a diverse range of human resources—with a massive increase in the training and use of paraprofessionals and a targeting of health research on the new priorities. Furthermore, at every step of the way we must include full community participation to ensure that our services are relevant, to ensure that they are used, and to ensure that they are understood.

Community participation is a critical tool for meeting the financial requirements of "Health for All." It is the most cost-effective tool available for accomplishing our objective of meeting the health needs of all our people. But community human resources must be mobilized before they can achieve their potential as a fundamental force in each nation's contribution to "Health for All."

The second principal objective, that of intersectoral development, reaches out beyond the health sector to touch every aspect of the socioeconomic process. The health sector understands full well that greater literacy, more education, decent housing, and increases in food production are directly related to health conditions. Moreover, the health of individuals is part of the human capital of development and must be taken into consideration by all sectors. So intersectoral development is not a fanciful desire; it is an absolute necessity. This means that the goals of the Plan of Action must be known, understood, and shared by each country's national planning agencies and by the ministries of finance, agriculture, and industry. For without health's full participation in the process of socioeconomic development, and without the integration of health into the national development process, the Plan of Action will be crippled and the process of development weakened.

A basic political decision at the highest levels of each government is required to add power to the promise of intersectoral development. Institutional mechanisms must be created and used to ensure that the health implications of infrastructure and other major productive investments are understood; and thorough examination is needed to define the health and other social components needed for rural and urban development projects, particularly at the regional level. The technical capacity exists to accomplish this analysis; what must be fortified are the administrative mechanisms needed to apply that technical capacity and the political leadership needed to create and use them. For without that political leadership from the centers of national power in each country, intersectoral development will remain an ever-elusive apparition, without form and without substance.

The third principal objective, that of expanding regional and interregional cooperation, seeks to promote external support as a complement and supplement to national programs.

Each nation bears the final responsibility for implementing the Plan of Action. To each nation falls the task of defining how best to reorganize its health infrastructure and reallocate its resources. And to each nation must come the realization that its own decisions ultimately will determine whether the goal of "Health for All" are to be achieved.

For in the future, as in the past, external cooperation is likely to provide a relatively small part of the total resources dedicated to health. Yet there are specific problems whose most efficient solution depends on joint action by various countries. The Plan
The Plan of Action pinpoints ways in which bilateral, subregional, and regional approaches—each emphasizing technical cooperation among developing nations—can be fused into enduring solutions to those problems.

The requirements of the Plan of Action do not necessitate a massive new generation of external funds, but they do demand at least maintenance of past levels of cooperation. For some of the smaller countries, significant external technical and financial cooperation makes a vital contribution toward the goals of “Health for All.” For all nations, ensuring that the various multilateral institutions restore a fair share of their financial cooperation to the Region will be of increasing importance. And for all nations as well, the most critical aspect of external cooperation is that it be coordinated and harmonized with national programming based on each country’s individual response to the Plan of Action.

The Plan of Action has a final crucial objective which is the establishment of an information process that will permit both national and regional monitoring of the action phase of the struggle for “Health for All.” Monitoring and evaluation constitute critical management tools for determining whether we are still on course, for ensuring that implementation of the Plan of Action is a dynamic process, and for making adjustments when necessary to reflect changing national realities.

PAHO stands ready to assist in the aforementioned process, and the Plan itself provides a blueprint for our own internal reordering of priorities and programs. In this context, the implications of the Plan are even more far-reaching for our Member Governments, because it serves as a guide for adjusting national health plans and requiring political, institutional, and financial commitments.

The financial requirements for meeting the goals of “Health for All” are significant but not overwhelming. The nations of Latin America and the Caribbean spent approximately US$30 billion on all aspects of health during the past year; this was barely 10 per cent of the health expenditure made by the United States, which had 40 per cent fewer people. Even so, the figure shows that despite the economic pressures of higher energy prices, balance of payments crises, inflation, and unemployment our countries were still able to dedicate an average of 5 per cent of their gross domestic products to meet the health needs of their people. So long as economic growth in the Region does not decline precipitously from the pace it has maintained over the past decade, the financial requirements of “Health for All” will merely require that we dedicate that same percentage of GDP to the health sector and improve the social equity of its distribution. If that level of effort is maintained and the crucial changes in priorities, sectoral organization, intersectoral development, and regional cooperation called for in the Plan of Action are fulfilled, then we can meet the goal of “Health for All by the Year 2000.”

Let me underscore that implementing the strategies of “Health for All” through the Plan of Action must become an integral part not only of each nation’s health plan but also of its development plan. The Plan of Action reflects a fundamental assumption that was underscored in the OAS Report of the Group of Experts chaired by Dr. Felipe Herrera on Hemisphere Cooperation and Integral Development, the assumption that “the ultimate objectives of development and of the modernization of societies are human: to enrich the lives of human beings in every dimension; to widen the range of choice open to them; to give them an opportunity to make full use of their innate talents.”

The same assumption, a determination to achieve basic health goals that will allow each individual “to lead a socially and economically productive life,” underlies the
Plan of Action. We believe that right to a productive life cannot be compromised. It is set forth in the Universal Declaration of Human Rights and the International and Inter-American Covenants on Human Rights. It is a fundamental premise of the New International Strategy for Development, and it surely will be a central theme of the Special General Assembly of the OAS on Inter-American Cooperation for Development. It is both the objective of development and a crucial vehicle for attaining development. For too long the development model, as the Herrera report asserts, “has not paid enough attention to the contribution made by human capital formation to economic and social development.” One must ask which of those 90,000 youngsters who have died needlessly from diarrheal diseases each year might have broken out of the confines of poverty to become farmers or workers, businessmen or engineers, labor leaders or doctors, and so might have helped to fuel the engine of development.

I have come here today to present the Plan of Action for “Health for All” that has been agreed to by the Governing Body of the Pan American Health Organization, and I would respectfully request that this General Assembly of the OAS consider taking the following actions:

First, I would hope that the Assembly would endorse the purpose, goals, and objectives of the Plan of Action. Your endorsement, more than any other, would serve throughout the Region to demonstrate the firm political commitment of the Inter-American system and its Member Governments to “Health for All by the Year 2000.”

Second, I would urge that the OAS, which has a major role in economic, social, and cultural coordination, examine ways that its own cooperation can reflect the objectives and goals set forth in the Plan of Action.

Third, at the forthcoming Special Assembly of the General Assembly on Inter-American Cooperation for Development, I would hope that the Plan of Action for “Health for All” would constitute a key item on the agenda and an integral part of the work of the Assembly.

Finally, I would ask the distinguished delegates here today to accept the charge of being advocates of “Health for All” within your own countries, advocates within your governments in support of the allocation of needed resources to meet the goals of the Plan of Action, and advocates beyond the walls of government to inform every sector of society of these commitments. For only continuous mutual reinforcement by the economic and social sectors can produce balanced development, and only determined political leadership can assure that reinforcement.

Mr. President and distinguished delegates to this General Assembly, we all carry the banner of development in the Americas. The challenge is enormous and the difficulties we confront undeniable. But we must not falter, for the ultimate purpose of development is to sever the bonds of poverty and injustice and to free the human spirit. And that purpose must be achieved.