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ANDEAN SUBREGION, JOINT PLAN OF ACTION

In Resolutions XI/177 and XI/179 adopted in their XI Meeting (REMSAA XI) in Lima, Peru, in December 1985, the Ministers of Health of the Andean Region decided to strengthen yet further the working relations between PAHO and the Secretariat of the Hipólito Unanue Agreement. Work, to this end, is proceeding under a joint PAHO/Hipólito Unanue Agreement program for 1986, and a medium-term plan of work is already in progress.

Continuing the strategy of addressing activities on a subregional basis as has been done in Central America and the Caribbean, a "Joint Plan of Action" is in preparation for the countries of the Andean Area.

The nine priority areas established by the Ministers of Health of the Andean Area for joint work with the Secretariat of the Hipólito Unanue Agreement will be one of the cornerstones of this plan, which will also include the intercountry activities promoted by the Governments and the Organization and the technical collaboration being provided by PAHO in each country.

This document is presented to the Executive Committee for its information and comments, before being transmitted to the XXII Pan American Sanitary Conference for consideration.

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I. BACKGROUND AND JUSTIFICATION

Most of the countries in Latin America are today in the throes of the worst recession in 50 years. In 1980 the growth of gross national product began to slow down in the Region as a whole, and in some countries the situation became even worse.

The crisis has brought about a reduction of per capita gross national product (GNP) and worsened conditions of life, particularly for the less-favored segments of society. The result has been the marginalization of more people and less access to essential goods and services such as education, food and housing.

The Pan American Health Organization has decided to focus efforts on the establishment of subregional approaches in order to reduce duplications of effort, make the most of available resources, and provide a mechanism for dialogue and coordination among the countries.

The first significant attempt at coordinated operations on the subregional level was made in the countries of Central America and Panama. The experience clearly demonstrated the merits of this approach, and the results so far have been most encouraging. The success of this effort has prompted the adoption of a similar course in the Carribean in conjunction with CARICOM, and this year it is proposed to take the necessary measures toward the formulation and execution of a Joint Plan of Action for the countries of the Andean Group, which are Bolivia, Colombia, Ecuador, Peru and Venezuela, in close collaboration with the Hipólito Unanue Agreement.

1. Geographic Area and Population

The territories of Bolivia (1,098,581 km2), Colombia (1,141,748 km2), Ecuador (270,676 km2), Peru (1,285,216 km2) and Venezuela (916,465 km2) embrace a total area of 4,712,716 km2. This vast geographic area harbors natural physiographic units of all types: altiplano, valleys, lowland plains, jungle and desert.

The total population of the Andean area is estimated at 76,000,000: 6,252,721 in Bolivia (1984); 27,503,600 in Colombia (1983); 8,072,000 in Ecuador (1982), 17,750,800 in Peru (1981), and 16,393,726 in Venezuela (1983). The proportion of the population concentrated in urban areas ranges between 76% in Venezuela and 47% in Bolivia; the population

growth rates, although slowly declining, are still very high, and the young age groups are therefore a very large proportion of the population. At the same time, the decline of mortality is causing an increase in the groups of more advanced age.

Population distribution within the countries varies greatly in terms of ethnic and cultural characteristics, schooling, customs and monetary income, and makes for a highly complex mosaic in which the spectrum of living conditions ranges from the most rudimentary to the most refined in the large cities.

2. The Cartagena Agreement

In 1969 the Governments of Bolivia, Chile, Ecuador and Peru signed an agreement for subregional integration known as the "Cartagena Agreement." The purposes of this Agreement were to promote the balanced and harmonious development of the member countries, accelerate their growth through economic integration, facilitate their participation in the integration process called for in the treaty of Montevideo, and establish favorable conditions for conversion of the Latin American Free Trade Association into a common market, all with a view to promoting an improvement in the level of living of all the inhabitants in the Subregion. It was considered that balanced and harmonious development should lead to an equitable distribution of the benefits of integration among the member countries and thereby reduce existing differences among them. The results of this process will be measured in light of other factors, its effects on the expansion of the aggregate imports of each country, the performance of its balance of trade with the Subregion, the evaluation of its gross domestic product, the generation of new employment and the promotion of capital investment.

These purposes would be accomplished through the harmonization of economic and social policies and an approximation of the laws of the countries on the matters of interest.

Under the Cartagena Agreement, formal agreements were established in the areas of education (Andrés Bello Agreement), social security (Simón Rodríguez Agreement), and health (Hipólito Unanue Agreement). Also, the Andean Development Corporation was established.

3. The Hipólito Unanue Agreement

In December 1971 the Governments of Bolivia, Chile, Colombia, Ecuador, Peru and Venezuela, represented by their Ministers of Health, animated by the purpose of "seeking a steady improvement in the level of living of the inhabitants in the Subregion" and aware that to do this it was imperative to coordinate the efforts of the Andean Area in the health

field, signed what was to be known as the "Hipólito Unanue Agreement" in honor of the distinguished Peruvian physician. The purpose of the Agreement was to improve human health, and coordinated measures were to be launched toward the solution of problems that affect similarly the countries of the Area, among them health problems along their common borders, associated particularly with communicable diseases and population migration, malnutrition, environmental sanitation, maternal and child protection, the health education of populations, environmental pollution, occupational health, problems deriving from increased intraregional production of and trade in foods, drugs and biologicals, disasters, and the control of drug dependence.

It was proposed to carry on a whole series of joint measures for the accomplishment of these purposes. Among them, the Ministers agreed to call an annual "Meeting of Ministers of Health" (REMSAA) to study the aforementioned problems and formulate plans of action. Moreover, the Ministers of Health established a coordinating committee consisting of representatives to be designated by the Governments, and who would meet periodically.

It was further decided that this Committee would have a permanent Secretariat established in the host country of the first meeting (Lima, Peru). Article 6 of the Agreement says that, "Considering the importance of the present Agreement for the comprehensive development of its countries, the Parties agree to bring it to the attention of the Pan American Sanitary Bureau and to request that the Bureau lend its collaboration and support in implementing the resolutions of the Meeting of Ministers of Health of the Andean countries in such aspects as those resolutions may require."

The acts establishing the standing bodies of the Agreement were signed in July 1983; these bodies are the Meeting of Ministers of Health of the Andean Area (REMSAA), the Coordinating Committee, the Executive Secretariat of the Agreement, and the Advisory Committees.

Resolution 5/65 of the V Meeting of Ministers of Health of the Andean Area in 1974 identified in its operative part the areas of common interest in execution of the Program of Technical Cooperation and Health, and asked PAHO/WHO for:

a) Its participation in formulating the general plan of work and its technical cooperation for the execution on schedule of activities to be identified in conjunction with the Secretariat of the Hipólito Unanue Agreement;

b) A contribution toward obtaining special funds in addition to those already provided for in the technical cooperation program for each country, and that it consider, among others, the allocation of funds from other international lending agencies.

In the wake of this resolution, an agreement was signed between the Hipólito Unanue Agreement and PAHO/WHO on 28 November 1974 providing that the Agreement, through its Standing Bodies, may ask PAHO to present initiatives and programs of subregional interest for consideration by the Governing Bodies of the two institutions, and in which PAHO undertakes to provide cooperation and support as its budget permits.

According to the decisions taken during the XI Meeting of the Ministers of Health of the Andean Area (REMSAA XI) in December 1985, the Organization and the Secretariat of the Hipólito Unanue Agreement will work even more closely in future.

In Resolution XI/177 approved during this last meeting, the Ministers decided to limit the administrative expenses of the Executive Secretariat of the Agreement to not more than 18% of the total of all regular contributions, with obligatory requirement that the balance be used to execute the priority programs agreed upon among the Ministers.

That resolution also calls for the conclusion of an Agreement with PAHO for the provision of support to the Executive Secretariat and the programs of the Hipólito Unanue Agreement in administrative, technical and financial aspects and in the channeling of resources from other external sources. They also asked the Executive Secretariat to work out, in conjunction with PAHO, a joint plan of work for 1986.

Over the years, the Organization has devoted much of its efforts and resources to the countries of the Andean area, both individually and in subregional operations. In addition to having worked specifically in all the areas identified by the Ministers of the Andean countries with the Secretariat of the Hipólito Unanue Agreement, PAHO/WHO, in compliance with the mandates of its own Governing Bodies, has been working on other regional and intercountry programs, such as those toward the goal of eradicating polio, raising the immunization level, and the drinking water decade. In addition, the Organization proposes to develop and strengthen cooperation in environmental health--one of the most complex and costly problems confronting the countries; in maternal and child programs; rabies; goiter and the problems of food and nutrition; population activities; and occupational health. All these initiatives are conducive to a subregional effort that encourages the economizing of resources, unification of criteria and technical cooperation among the countries. In the case of the countries of the Andean Group the effect of these mandates and measures of PAHO/WHO is to reinforce the wishes expressed by the Ministers to find joint means of action for improving the health of their peoples.

II. HEALTH PROBLEMS COMMON TO THE COUNTRIES IN THE ANDEAN AREA

As in the rest of the Region of the Americas, in the Andean Region the pattern of disease is changing in ways that tend toward a convergence and coexistence of the problems characteristic of all three stages in the historical evolution of the profile of the industrialized countries. The first stage is dominated by the infectious diseases linked to poverty, malnutrition and sketchy environmental and personal hygiene. The second is characterized by a predominance of degenerative diseases, such as those of the heart, cerebrovascular accidents, cancer, diabetes and mental problems, and the third, in which the evolution of the health situation reflects a growing concern with the health problems deriving from exposure to a growing number of chemical and other toxic substances in the environment and, on the other hand, with changes in the social conditions of families, communities and work which affect behavior and are associated with violence, alcohol abuse, and drug dependence.

The problems of the first stage persist in the lowest socioeconomic strata, in which most of the population lives. The more privileged groups, particularly in urban areas, present profiles consistent with the second stage, and the large cities already exhibit problems more associated with the third stage owing to the environmental and social deterioration that accompanies massive urban growth and unemployment.

Notable among the most acute problems seen in greater or lesser proportion in the countries of the Andean area relative to health manpower are the lack of appropriate policies for the development of this manpower and significant imbalances between its production and employability on the labor market. This situation is aggravated when we consider the relevance of the training of this personnel to the requirements of the goal of "Health for All," particularly in regard to leadership in implementing the changes needed in health service systems.

In general, the rates of maternal and child mortality in the countries of this area are intermediate and high. The causes of death associated with malnutrition, infections and lack of birth control persist everywhere in the area as expressions of poor socio-environmental conditions and insufficient service coverage.

A common feature of all the Andean countries is the presence of a high proportion of marginal population, both urban and rural, with limited access to formal health services, and for which extending the coverage of services to mothers and children will require more innovative and more effectively outreaching strategies.

The acute respiratory infections are a priority problem in all the countries of the Subregion, and are the first or second-ranking cause of death in children 1 to 4 years old. The five countries have taken a decision to draw up standards and programs of work and to implement measures for the treatment of cases in health services.

The tuberculosis control program has been degenerating in almost all the countries owing to financial constraints on supervision of the program and for drug procurement. A decision by the Ministers of the Hipólito Unanue Agreement in 1981 approving a five-year cooperative tuberculosis control program resulted in a diagnosis of the situation but no corrective measures.

The acute diarrheal diseases remain a leading cause of infant mortality and morbidity in the Andean countries. Diarrhea control programs have been established among the primary health care measures of each of the countries.

In the immunization area, all the countries will step up the efforts in their programs by holding intensive vaccination days. Problems remain, however, particularly in the areas of epidemiological surveillance and support to laboratories, and in local supervisory capabilities. It is not yet very clear how vaccination days can be used to strengthen the regular programs in subsequent years.

The availability of drinking water supply, sewerage and sanitary excreta disposal services varies substantially among the countries, as between Bolivia, with a low coverage of only 43% of its total population with drinking water supply and 9% with sewerage and sanitary excreta disposal services, and Colombia, whose coverages are 91% with drinking water and 68% with sanitary excreta disposal. Altogether, in 1983 the coverage of drinking water services in the five countries was 58% and that of sanitary excreta disposal, 51%. The coverage of these services in rural areas is very low: 45% with water and 11% with sanitary excreta disposal, which contributes to the creation of a grave public health problem. The lack of these services is aggravated further in the marginal urban and scattered rural populations. Each country is working to extend these coverages, but no specific measures have materialized at the subregional level through the Hipólito Unanue Agreement for the implementation of cooperation agreements to correct or improve the existing situation.

The health authorities of the countries in the Andean Subregion are seriously concerned about common problems reflected in the rise of reported cases of malaria, leishmaniasis, trypanosomiasis, onchocerciasis and other metoxenous diseases. Reinfestation of all of the countries in the Andean area with Aedes aegypti is heightening the risk of transmission of different types of dengue and the possibility of urban yellow fever. Measures have been taken to step up technical and scientific exchanges among the countries to lay a foundation for the preparation of a subregional project. Headway has been made in a review of the current epidemiological situation and a study done of the administrative process for the prevention and control of priority communicable diseases. Emphasis is being placed on the improvement of information and surveillance systems and on application of the epidemiological method to stratify the problem and select control measures that are best suited to local situations and make the most of the available local and external resources.

The most important mental health problems in the countries of the Andean area are the high frequency of epilepsy and mental retardation, the severity of alcohol abuse problems, and the rising prevalence of the consumption of dependence-producing substances, particularly coca paste and cocaine, which is acquiring the proportions of an epidemic in the capital cities.

The common veterinary public health problems of the countries in the Andean Subregion include rabies, food protection, foot-and-mouth disease, brucellosis and the parasitic zoonoses. Cases of human rabies continue to rise with the advance of massive urbanization. Food-borne diseases are among the most widespread problems and have major health implications. The endemicity of foot-and-mouth disease in different foci poses a continual threat of introduction of the disease in areas that are free of it. Brucellosis remains a problem even though it is an eradicable zoonosis. The parasitic zoonoses are still rising at a substantial rate. Moreover, the authorities in health and agriculture are concerned over the indiscriminate exploitation of nature and the habitat of nonhuman primates, which are essential for biomedical research.

III. PURPOSES OF THE JOINT PLAN OF ACTION

One of the most important strategies and the chief approach of joint operations of the Member States, PAHO and the Secretariat of the Hipólito Unanue Agreement in the Andean area is technical cooperation among countries (TCC) to distribute better the great wealth of resources and knowledge already present in each country.

The specific purposes are as follows:

a) To use programs in common priority areas as a means for making the most of the available resources;

b) To develop specific national and subregional projects for improving the efficiency of health services and dealing with the most critical problems in the sector;

c) To provide technical cooperation in health through intercountry, interagency and interinstitutional cooperation;

d) To mobilize other local and external resources for meeting the needs and solving the problems of the most deprived groups.

IV. PRIORITY AREAS

In Resolution XI/179 the Ministers attached high priority in 1986 to the following areas of work:

a) Control of vector-borne diseases;

b) Production, control and use of drugs;

c) Development of health manpower;

d) Research in the administration of health services and use of appropriate technologies;

e) Strengthening and modernization of the organizational infrastructure, administration and planning of health services;

f) Problems deriving from drug dependence;

g) Food production;

h) Preparations for health measures in the event of disasters;

i) Exchanges of information among the Agreement countries on experiences and progress in their health development processes.

In keeping with this decision of the Ministers of Health of the Andean Area, PAHO/WHO is in the process of concluding a new Agreement with the Hipólito Unanue Agreement. A joint program of work is in preparation calling for specific PAHO/Agreement activities in 1986 under the priorities established by the Ministers. In addition, taking advantage of existing border health agreements, some initial activities are being carried forward this year. Planning is already in progress with the Secretariat of the Agreement for the design of a medium-term plan of work that would consolidate yet further the collaboration between the two agencies toward common goals.

In addition to the priority areas of joint action between the Secretariat of the Hipólito Unanue Agreement and PAHO identified by the Ministers of the Andean Area in REMSAA XI, PAHO is envisaging other subregional measures, especially in the areas of rabies control, maternal and child programs, all aspects of environmental health, goiter, all matters relating to food and nutrition, population activities, and occupational health. Each of these programs will be addressed with a subregional approach, in order thereby to heighten the impact of the activities under them.

V. FUTURE ACTION UNDER THE JOINT PLAN OF ACTION FOR THE COUNTRIES IN THE ANDEAN AREA

The measures planned involve two quite distinct aspects which must be implemented concurrently:

a) The promotion of a joint plan of action as a working approach;

b) The development of projects and activities in the established priority areas.

1. Promotion of the Joint Plan of Action

This work must be done at both the policy-making and technical levels. At the national level it is essential that the Ministries of Health embrace this approach. Also required is a firm commitment on the part of each government at the highest level, particularly in the secretariats and ministries of planning and finance. Needless to say, the climate of collaboration among the governments and between them and the agencies must be very favorable if the proposed objectives are to be attained.

This approach has to be constantly reinforced in meetings of different kinds, such as those of Ministers of Health, Finance, and Planning, meetings of external cooperation agencies, and international technical meetings and conferences.

Once the idea of the Joint Plan of Action for the Countries of the Andean Area has been accepted, discussions should be held with the ministries of health and the Secretariat of the Hipólito Unanue Agreement to determine in greater detail the content and scope it must have. Once these matters have been agreed upon, the Plan and its financing will be promoted with all multilateral, bilateral and nongovernmental agencies.

2. Project Development

One way to strengthen priority areas of joint action is the development of concrete projects. These projects may be envisaged as of subregional, plurinational and single country scope.

The mechanisms for implementation of these projects would depend to some extent on their nature:

a) At the subregional level, they could be developed in collaboration between PAHO and the Hipólito Unanue Agreement with the technical support of groups of experts in the countries;

b) Other projects will be carried out between two or more Governments with the help of the technical people in those countries;

c) Some projects to be carried out in single countries with the technical support of PAHO, or of PAHO and the Hipólito Unanue Agreement.

To summarize, it is proposed that a "Joint Plan of Action" be formulated and developed in the countries of the Andean Group, in which PAHO/WHO and the Secretariat of the Hipólito Unanue Agreement will cooperate. It is hoped that this subregional approach to the study and solution of common priority problems in the subregion will make the most

of the countries' resources assigned to health, make cooperation among countries more active, and result in the mobilization of complementary external resources.

The dialogue with the countries will be continued for the definition of areas of action, working arrangements, and development of the related programs and projects.