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Healthy Municipios in Latin America

The Healthy Municipios movement in Latin America was inspired by the WHO Healthy Cities Project that originated in Europe in the 1980s as an outgrowth of the strategy of health for all by the year 2000. In the Americas this movement has taken on distinctive characteristics, in keeping with the political, social, and cultural context of the Region. In the first place, the designation "healthy municipio" instead of "healthy city" reflects the predominant administrative structure in most of Latin America, where legal and political power at the local level is vested in the municipio. The municipal government—usually elected by popular vote—has jurisdiction not only over the urban center that is the administrative seat but also over the surrounding periurban and rural areas. The trend toward greater municipal authority is very strong, reflecting the influence of decentralization, delegation of authority, and the strengthening of democracy. Thus, the municipio or its equivalent (e.g., canton in Costa Rica) is the unit best adapted to the purposes pursued by the Healthy Cities movement on other continents.

A healthy city has been defined as one that creates and/or improves favorable social and physical environments and deploys the community resources necessary to help its citizens develop all aspects of their lives to their maximum potential through mutual assistance.[1] For practices purposes, PAHO considers that municipios begin to be healthy when their local organizations and citizens assume a commitment to health and institute a process of improving the health conditions and well-being of their inhabitants.

The first requirement in this working definition is the explicit commitment of the entire municipio, through its representatives and leaders, to make health a priority in its plan of work. The definition also requires instituting a process and continually improving it, which implies tangible actions and outcomes. It is important to note, however, that in this definition PAHO has chosen to focus more on the process of improvement than on the end results. A municipio is already "healthy"—regardless of its starting point—if it establishes mechanisms to generate progressive gains in the level of health of its people. This operational concept is both motivational and realistic, since it recognizes that most municipios have much work to do before they can enjoy optimum health indicators.

Source: Restrepo HE, Llanos G, Contreras A, Rocabado F, Gross S, Suárez J, González J. The PAHO/WHO experience with Healthy Municipios in Latin America [paper prepared for the International Conference on Healthy and Ecological Cities, Madrid, 22–25 March 1995]. Washington, DC: PAHO, Division of Health Promotion and Protection; 1995. 16 pp.

[1]Hancock T, Duhl L. Promoting health in the urban context [working document]. Healthy Cities Symposium, Lisbon, 7–11 April 1988.

The Healthy Municipios movement was launched in the early 1990s. It represent the local expression of the postulates on health promotion set forth in the Ottawa Charter on Health Promotion (1987) and reaffirmed in the Declaration of Bogotá (1992) by most of the Latin American countries and in the Caribbean Health Promotion Charter (1993). The movement has progressively gained impetus and has become a substantial mobilizing force in the Region. The strategy provides an opening for the health sector to team up with governmental authorities, other sectors, and the citizenry to take action to promote health locally within the concept of local health systems.

The launching of each project has required a series of technical cooperation activities and joint efforts with leaders in the health sector and local political representatives. An appeal to mayors and members of municipal councils has been the most decisive element in launching the projects. In order to ensure the desired flexibility in undertaking these initiatives, PAHO has not proposed that predetermined mechanisms be adopted; nevertheless, guidelines[2] originally developed in Europe have proven very useful in the initial stages. This incipient movement has been marked by a wealth of creativity, variety, and political strength, and PAHO conceives of the process as being shaped by each country's unique situation. The role of technical cooperation has been to promote the use of methodological instruments, scientific and technical information, and exchanges between countries so that they may develop their own models.

As the Healthy Municipios movement has evolved, networks have been established among the participating municipios. These networks have helped to strengthen and expand the movement and also facilitate the delivery of technical cooperation by PAHO. They make it possible to share proven program models, inspire replication, and lead to the discovery of common interests and the identification of situations that require mutual support or joint approaches.

Despite their variety, the projects that are in operation all share certain characteristics, among them the following:

- they originate in local initiatives and enjoy strong political commitment at that level;
- they have an intersectoral organizational structure;
- they generate widespread community mobilization and participation;
- they initially emerge as a means of finding solutions to diverse problems (environmental pollution, risk factors related to cardiovascular and other noncommunicable diseases, accidents and violence, poor living conditions of the most disadvantaged sectors, etc.);
- they have an easily recognizable leader.

EXAMPLES OF HEALTHY MUNICIPIO PROJECTS

Although a wide variety of Healthy Municipio projects are in existence, PAHO has concentrated its limited resources on certain initiatives in the hope that they might evolve into demonstration projects from which first-hand lessons could be learned. The following is a description of some of the pioneering Healthy Municipio projects in Latin America.

Comprehensive Project for Cienfuegos, Cuba

Cienfuegos (population 140 000) was the first municipio in Latin America to

[2]Pan American Health Organization. Twenty steps for developing a Healthy Cities Project. Washington, DC: PAHO; 1995. (Document HPP/HPS/95.3).

adopt the Healthy Municipios strategy. The project originated in a proposal made by the health sector to the Provincial Government of Cienfuegos in 1989. The epidemiologic profile of Cienfuegos showed an increase in chronic noncommunicable diseases, and the proposal called on all sectors of the community to address the problem. In September 1992, the local government proclaimed its commitment to this strategy in an international forum, the Americas-Europe Encounter on Healthy Cities and Municipios in Seville, Spain. Activities have included the preparation of medical guidelines for the prevention and diagnosis of noncommunicable diseases, the development of educational programs at the preschool and primary levels, the preparation of a mass media project, actions to encourage the food industry to produce more nourishing and healthy food, and specific activities to improve the environment. The Cienfuegos experience has already been extended to 11 additional municipios in Cuba, which now possesses a national network of healthy municipios.

Healthy Manizales, Colombia

The health problems found in the municipio of Manizales (population 383 000), capital of Caldas Department, have been exacerbated by heavy immigration from rural areas. The strong political commitment of the local government to health promotion began a process in 1991 that led to the Declaration of Healthy Manizales in 1993. Manizales has succeeded in forming a network of basic services using the local health system strategy. Mass communication and public information activities are under way in the areas of healthy and safe behaviors, the well-being of the elderly, environmental health conditions, healthy lifestyles, protection of persons living in areas at high risk for landslides, and improvement of streets and parks through the "Adopt a Block" program. These activities are helping to create a new culture of health.

Colombia has also had other productive Healthy Municipio experiences. For example, the municipio of Cali has been a pioneer in developing community participation and primary care projects that have achieved a significant increase in health services coverage, and more recently it developed a comprehensive project to reduce violence. The enactment of a new constitution in Colombia in 1991 and the new law for health reform (Law 100, 1994) have substantially strengthened political and administrative decentralization and the allocation of resources at the municipio level, providing a basis from which Colombia may become one of the leading countries in Latin America in the formulation of health strategies from the local level.

The Network in Mexico

Mexico has intensively promoted a movement known as Municipios for Health. Although individual municipios had already been working on specific health promotion initiatives, the broader movement was launched with the political support of the Health Promotion Department of the Secretariat of Health, which succeeded in extending the idea to 11 municipios in 1993 and to some 150 by the end of 1994. Mexico was the first country in Latin America to set up a National Network of Municipios for Health, following the signing of the Commitment of Monterrey in November 1993. The network incorporates municipios with varying approaches and priorities; some have centered their activities on development of local health systems, others on environmental health, chronic disease prevention, or a number of other topics. However, all are characterized by their aim to promote the social development and well-being of the population through

the shared responsibility of a variety of social sectors. Since the end of 1994, state networks have been set up in Michoacán and Sinaloa.

Baruta and El Hatillo, Venezuela

Venezuela was the fourth country in Latin America to respond to the appeal for Healthy Municipios, with the first two initiatives taking place in Baruta and El Hatillo in 1992. Activities have largely centered on promotion of healthy lifestyles and prevention of risk factors associated with cardiovascular diseases, cancer, and other noncommunicable diseases, but the level of development of these projects is still limited and the establishment of intersectoral coordination mechanisms represents the principal challenge. Meanwhile, the municipios of Barbacoas in Aragua State, Guigue in Carabobo, and Puerto Cumarebo in Falcón have begun to organize a national network of local initiatives characterized by strong health promotion components geared toward transforming living conditions. This new movement in Venezuela—called "Municipios toward Health" in that country—is becoming very vigorous and has the support of all types of institutions and agencies: nongovernmental; governmental at the local, regional, and national levels; and international.

Valdivia (Chile), A Healthy Municipio

Valdivia, the capital of Valdivia Province in the southern part of the country, is a primarily urban municipio with a population of 120 700. Valdivia, A Healthy Municipio was born as a health promotion pilot project and was officially inaugurated by the President of Chile on World Health Day 1993. From the start, it has enjoyed the full backing of the municipal government, and a special team has been assigned to help implement it. The project has aimed to show the effectiveness and efficiency of the grassroots and multisectoral strategy for health promotion and the prevention of risk factors for noncommunicable diseases; the serious problem of traffic accidents was afforded particular attention. The most progress has been made in mass communication and school-based programs, but other types of activities have also been carried out.

San Carlos Canton, Costa Rica

Several comprehensive local projects for health promotion and development have been undertaken in Costa Rica. However, a Healthy Canton project was only recently initiated in San Carlos, which, with a population of some 92 000, is the largest cantonal unit in the country. The project is multisectoral, with participation from civic and community organizations, the municipal president, the council of aldermen, and the health sector through the Costa Rican Social Security Fund.

CONCLUSION

In addition to the foregoing examples, numerous other experiences in many countries constitute part of the overall Healthy Municipios movement in the Region. Their most important common denominator is the search for equity in health in the interest of social development.

The Healthy Municipios strategy has provided a laboratory for demonstrating the fundamentals of health promotion, and some of its achievements are already being documented. Nevertheless, a great deal remains to be learned. PAHO is committed to assisting the countries in facilitating flows of information and the sharing of experiences, providing training in health promotion and mass com-

munication, and giving technical support to the joint development of health and welfare indicators that will make it possible to monitor and assess the impact of the actions taken.

In summary, the Healthy Municipios strategy in Latin America is helping to promote new social pacts in the search for solutions to problems affecting health and well-being; to strengthen the principles of solidarity; and, above all, to find a means of achieving equity. Through this movement, the health sector is bolstering its leadership capability by putting health on the political agenda. In the process, the organization of services is being improved and the formulation and implementation of healthy public policies is being advanced. The political, financial, and technical challenges are great, but if they can be met, the Healthy Municipios movement will contribute to building a culture of health through the promotion of healthy lifestyles and to strengthening democratic processes and fostering good citizenship.

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PAHO Measles Reference Laboratory Network

BACKGROUND

In September 1994, during the XXIV Pan American Sanitary Conference, the Ministers of Health of the Americas unanimously endorsed the goal of measles elimination in the Region by the year 2000. The strategy adopted to eliminate measles includes the achievement and maintenance of high vaccination coverage in the population 9 months to 14 years of age, careful fever and rash illness surveillance, and the laboratory testing of sera obtained from fever and rash illness cases that meet the clinical case definition for measles.

Recognizing the importance of the laboratory confirmation of suspected measles cases, and following the example set during the polio eradication effort, the Pan American Health Organization decided to establish a Region-wide measles reference laboratory network. PAHO has requested that the Measles Virus Laboratory of the U.S. Centers for Disease Control and Prevention (CDC) and 10 other national measles laboratories in Latin America and the Caribbean serve in the regional network.

WORKSHOP FOR NETWORK PARTICIPANTS

From 22 to 26 May 1995, a measles diagnostic workshop was held at the CDC in Atlanta, Georgia, U.S.A. The overall purpose of the workshop was to update representatives of the reference laboratories on the current status of procedures for the laboratory confirmation of suspected measles and to establish the structure and procedures for the PAHO measles laboratory network. The specific terms of reference for the workshop were as follows:

Source: Pan American Health Organization, Special Program for Vaccines and Immunization. PAHO measles reference laboratory network: final report. Atlanta, Georgia, 22–26 May 1995. 13 pp.