

## THE PLAN OF ACTION FOR IMPLEMENTATION OF REGIONAL HEALTH STRATEGIES<sup>1</sup>

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*In September 1981 PAHO's Member Governments committed themselves to a Plan of Action for attaining the goal of "Health for All by the Year 2000." The following remarks, presented at the XXI Pan American Sanitary Conference, address the implications of that plan.*

In this world in constant evolution, with its deep-seated inequalities and conflicting interests, the decision of the Governments of this Hemisphere to direct their aspirations toward the goal of "Health for All by the Year 2000" has become a symbol for harmony and for common action among the peoples of the Americas. I am convinced that the high expectations for the well-being of mankind, which lie at the very heart of the spirit and work of the Pan American Health Organization, will rise above the occasional political disagreements that can trouble relations between sister nations.

I see the opening of this XXI Pan American Sanitary Conference as a fitting occasion to reflect on the scope and implications of the hemispheric quest for "Health for All," which will be powered by the actual launching on 1 January 1984 of the Plan of Action for the Implementation of Regional Strategies. The Plan was adopted by the Member States of this Organization to serve as a master blueprint for the promotion and coordination of their efforts in the health field. Despite the complex socioeconomic obstacles now emerging, the Plan is opening up a broad and encouraging future for health in the Hemisphere. I base this conviction on the manner in which the countries have coped together with the difficulties of the past, and on their resolve to foster joint actions in dealing with the problems that await us in the years ahead.

The Governments included in this Plan of Action an analysis, both of the progress made and the problems that remain in the health field. They also forecast those problems emerging from population movements and from the political and socioeconomic situations prevailing in our communities.

The milestone marking the completion of that stretch of the road was the Evaluation of the Ten-Year Health Plan for the Americas, based on an analysis made by 25 PAHO Member Governments of the results of their national efforts during the period 1971-1980. The hemispheric review of that evaluation revealed that significant changes had been made in levels of health and in the structure and coverage of services. However, in other areas we fell short of our objectives.

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This regional evaluation also brought out an increasing concern for the serious influence on health of certain factors whose control lies outside the traditional scope of the health sector. I refer to the unceasing migration of rural people to urban areas and to the establishment of human settlements in remote areas which are generating changes in the ecological balance and in the lifestyles of communities. It is noted that diseases linked to poverty are occurring in association with pathologies which are characteristic of industrial societies. On the other hand, the absolute population growth and excessive urbanization have given rise to dense human agglomerations living under adverse physical and social conditions on the outskirts of major cities. In summary, the evaluation reaffirmed that health is not dependent on the health sector alone, since it is one of the basic requirements for the welfare of the population and, consequently, is an integral part of socioeconomic development. Only integral development—coherent, comprehensive, and balanced to ensure economic and social progress—can carry us toward the desired goal.

It was upon examination of these extrasectoral factors and the policies and approaches of the past decade that the Governments confirmed or redefined their national health strategies and gave form and purpose to the regional strategies adopted by the Directing Council in 1980. Therefore, those regional strategies are a true reflection of their situations and experiences in the health field and of the goals of each and every country in the Hemisphere.

The regional strategies call for substantial changes regarding the extension of health services coverage, the environment, and the linkage between health and the other development sectors. These changes depend not only on technical and economic factors, but also on political and social trends in the countries. Consequently, the strategies were formulated along the lines of the broad context established by the Governments of the United Nations in the New International Economic Order and the War on Extreme Poverty. This view of health in the context of socioeconomic development was consolidated with the incorporation of the Regional Health Strategies into the New Regional Development Strategy that the Ministers of Finance and Economic Affairs of the Americas adopted during the XIX Session of CEPAL at Montevideo in 1981. For the first time in this Hemisphere, the health component was thus formally integrated into a regional development strategy.

Through the adoption of the Plan of Action for the implementation of regional strategies in September 1981, the Governments translated their national and regional strategies into specific activities and so imparted greater dynamism to the process for attaining "Health for All." The Plan of Action is essentially a collective commitment that the Member Governments made at the XXVIII Meeting of the Directing Council in September 1981, and as such has a twofold function. On the one hand, it is the instrument of regional health policy that will steer the joint efforts of the countries in the Hemisphere; and, on the other hand, it provides a master blueprint to be followed in introducing needed changes and adjustments at the country level, so as to provide the accessibility, equity, and coverage of health services through the strategy of primary care. In sum, the Plan intends to raise levels of well-being.

In keeping with its nature, origins, and purposes, the Plan of Action contains innovative approaches and proposals which give it distinctive features, and it constitutes a milestone in the long process of attaining social justice in the Americas.

The Plan effectively takes up several lines of experience derived from what is being

done in the countries, transforms them into concrete lines of action, and projects those lines of action into the future. Thus, the Plan is directed at providing access to effective services needed to meet the health needs of the entire population. (These services must be organized according to levels of complexity in order to maximize the equity and efficiency of the health systems.) In addition, the Plan proposes reducing the exposure of the population to the risks created by health problems and by biological, environmental, economic, and social factors, and also proposes fostering positive attitudes and behaviors in individuals and communities. To this end it underscores the need to combine programs in accordance with the extent of the exposure of priority human groups to different risk factors. This approach puts an end to the traditional practice of carrying on unrelated activities to deal with problems in isolation. It also adds a new dimension to the linkage between health and other development sectors in prompting the identification of interrelated areas—as well as areas for synergic action with programs and resources outside the health sector. The Plan emphasizes that the systems for financing the sector should strengthen the distributive function of health resources. It also emphasizes the role of the community in enhancing its own well-being and generating health services.

Another fundamental difference from similar undertakings in the past is that the Plan of Action includes a monitoring and evaluation system. This system transcends the conventional pattern of mere evaluation of projects and programs and embraces the evaluation of objectives, strategies, and policies. For this reason, in addition to the comparative analysis of the indicators regarded as mandatory by the Governing Bodies at the Regional level, it recognizes that the advancement of the process also requires the interpretation of changes and disparities through the combination of epidemiologic, economic, and historical approaches. (Many of the areas have to be evaluated in terms of variables that cannot be expressed by numerical indicators.)

These characteristics of the Plan of Action trace the guidelines that will have to be followed in the process of attaining "Health for All" in the Americas; and these guidelines are welded into a single powerful force pulling our Region toward this noble goal.

This enterprise has direct implications for the Governments and the Organization—implications that will be guideposts for decisions and actions. Therefore, I would now like to refer briefly to the most important of them.

In the first place, in the Directing Council the Governments undertook to examine and adjust their national health plans within the framework of the Regional Plan of Action so as to reorient their programs toward mutually agreed-upon priority areas. In this undertaking, which must be carried out within the settings of individual national situations, there are substantive factors which have direct implications for the process.

On the one hand, the awesome growth of the Latin American population (which from 300 million inhabitants in 1970 will climb to over 600 million by the year 2000) underscores the magnitude of the effort that lies ahead for the countries of the Hemisphere if they are to attain the goals set forth for extending the coverage of health and basic sanitary services to all communities. In addition to this growth, there is a powerful trend toward demographic concentration in the large and middle-size cities. Hence, plans will have to be revised so that national systems will be prepared to meet the demands of the growing urban populations. This implies both an increase in the number of people to be served and a shift in the structure of their needs and demands—needs

and demands that, in a world undergoing an economic crisis, will have an appreciable effect on the entire policy of health sector financing and on the health sector's intersectoral relations. Moreover, as the Plan demonstrates, it is essential to carry out a thorough overhaul of present technologies, of health care systems' organization, of the procedures for their administration, and of the structures, functions, and relations among their various institutions.

Also, the pace and intensity of migratory flows will compound the problem of social poverty. The health sector and its managers are faced with the serious responsibility of promoting and supporting all measures to ensure that the benefits of development reach the needier population sectors. These population sectors are living physically, socially, and culturally beyond the reach of the forces that determine economic growth and of the measures that Governments design to overcome such poverty—forces and measures capable of lessening inequalities and reducing the anger, frustration, and suffering of the poor.

One of the facets of social poverty is malnutrition. The Plan calls for vigorous intersectoral action to adjust national food and nutrition plans and policies so as to ensure the food supply. An adequate food supply is one of the principal factors involved in the malnutrition problem and is determined not only by how foods are produced, but also, indeed chiefly, by how accessible they are to the population, which in turn depends on how per capita income is distributed.

While the essential problems of basic sanitation may persist in varying degrees over the next two decades, those of environmental pollution will grow rapidly as the Region evolves into a predominantly urban, clustered society. Faced with the dilemma of having to reduce the deficit of basic sanitation services in rural and periurban areas and at the same time to address pollution problems with the limited resources available, we will have to tax our ingenuity and create innovative ways of including the solution to environmental problems in economic development projects, as well as ways of fostering multisectoral action for preservation of the environment.

The measures to which the Governments have committed themselves and the setting in which those measures are to go forward give weight to the individual responsibility of each Government and at the same time signal the urgent need to strengthen cooperation among countries.

North-South cooperation will remain a substantive contribution and must be used to best effect. However, as the Governments have established in the Plan of Action, the vast range of possibilities held out by East-West cooperation for the mobilization and sharing of talents and national experiences among developing countries will be of fundamental importance in adopting new approaches for achieving national self-reliance and in ensuring that resources are put to the best possible use.

The Plan identifies specific measures in its priority areas and indicates the mechanisms for their implementation. What is needed now is a firm decision by the Governments to strengthen those activities.

In this process, the Pan American Health Organization stands ready to provide all the support that the countries may require. This support constitutes the essential facet of PAHO's reoriented technical cooperation. Here I must emphasize some salient aspects of the implications of the Plan of Action for the Organization's program, budget, functions, and structure—all of which will have to be adjusted to the needs of the Plan.

In Directing Council Resolution XI approving the Plan of Action, the signatory Governments clearly laid down the basic guidelines for international cooperation. Part III of the Plan, in section 1.2.7, explicitly refers to "the importance of reorienting cooperation activities, in terms of policy and of conditions and procedures, in order to adapt them to national priorities and needs, and to assure maximum acceptance and impact in the development of national capabilities, thereby avoiding distortions, duplication or gaps in programming." I want to stress the notion of the "development of national capabilities." As I see it, the Organization must focus its cooperation essentially on supporting the efforts of countries to develop their human and technical resources so that Governments will be able to meet priority health problems with their own capabilities. As pointed out in the Regional Strategies, external effort must not take the place of national effort; it must be temporary and specific; it must be educational and must promote the mobilization of national capabilities.

This automatically will reduce the need, as already recognized by some Member Governments in recent years, to use the Organization's technical cooperation resources to supplement their own national health budgets. It is gratifying to see that these Governments have attained a degree of self-sufficiency in which technical cooperation, now clearly established in the Plan, should not be highly significant. This raises a question relating to projections for the future; namely, should those Governments continue to insist on using the Organization's resources to complement their budgets specifically for the purchase of vehicles and supplies; or, out of a spirit of solidarity and comradeship with this Hemispheric enterprise, should they agree to have those resources channeled to sister countries whose need of technical cooperation for development of their plans is greater?

In any case, the Organization will inescapably have to redirect its cooperation into the Plan's priority areas and follow the procedures agreed upon by its Member Governments. I want to emphasize that the Plan calls explicitly for changes at the regional level in order that international cooperation be channeled primarily into those priority areas, and the budget will have to be adjusted accordingly. The Governments have come to a decision and have twice ratified it by approving the Regional Strategies and the Plan of Action. These decisions are two expressions of the will of the countries that the Organization's program of cooperation and its future budgets shall contribute to support the forementioned priority areas.

Distinguished Ministers and delegates, we face serious challenges ahead if we confirm our intention of improving the health of our peoples as part of an overall effort to satisfy basic needs and raise the level of well-being. First, the countries will have to undergo fundamental transformations—with the health sector playing an active part as a promoter of and participant in the effort to raise those levels of well-being. Within its own borders, each Government will have to make every effort and explore every avenue to bring health services to the entire population, exploiting to the utmost the health sector's available resources and potential. And in so doing it must share its experience and resources with other American countries.

As far as external cooperation is concerned, apart from the new orientation in store for it, those countries that have attained adequate levels of health development should consider whether they want to continue using those resources to support their own budgets for their own purposes or whether, in a spirit of solidarity, they will generously consent to the use of those resources by other less privileged nations. For in the final

analysis it is the welfare of the people of the Americas that lies at the heart of our aims and that must prevail over any consideration of political interest, financial convenience, or economic impediment.

Indeed, the very nature of the health development process in the Americas, which in some countries has already produced unmistakable signs of renewal, as well as the steps taken to improve the Organization's central structure and strengthen its Field Offices so as to maximize the effectiveness of its cooperation with the Governments, indicate that we are embarked upon an ongoing process that can no longer be turned back. In addition, in his presentation Dr. Mahler, the Director-General of WHO, has stressed two facts which cannot be brushed aside: the sobering panorama of economic recession and international political tensions. I firmly believe, however, that these and other adverse factors must become incentives spurring us to convert our decisions into concrete actions and to exert our ingenuity in quest of new paths and approaches so that we may surmount these obstacles.

In conclusion, may I refer to the universal determination to achieve basic health goals that will allow each individual to lead a socially and economically productive life. This is not an unrealistic aspiration but an absolute need. It is a basic concept and a right that cannot be compromised. Therefore, the Regional goals are not utopian but instead are minimum standards for social equity. It is my hope that the XXI Pan American Sanitary Conference will not only mark the beginning of the action phase of our Plan, but will also consolidate the commitment made to our people through basic political decisions at the highest level. For we are the promoters and the bearers of the banner of "Health for All" in the Americas, a joint enterprise of the Governments and the Organization which fraternally unites all the nations of the Americas.