

CONFERENCE ON HEALTH FOR PEACE HELD IN MADRID

The II Madrid Conference on Central America, held 27–29 April 1988, concluded with a strong endorsement of the Central American health initiative, praise for the subregion's health leaders and PAHO, and commitments of continued international political and financial support. The conference was convened in accordance with a declaration adopted at the first Madrid Conference in November 1985 calling for a review session to be held at the midpoint in the development of the five-year Plan for Priority Health Needs in Central America and Panama (PPS/CAP). At the conference, members of the international community examined the Plan, commonly known as the "Health, a Bridge for Peace" initiative, as well as the current situation in the subregion and ways in which continued international cooperation could contribute to strengthening the peace process in the wake of last year's Esquipulas Peace Accords.

The conference was hosted by the Government of Spain in collaboration with the Pan American Health Organization/World Health Organization. In addition to the host country and the seven countries of the Central American Isthmus (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama), delegations from 23 governments were in attendance,¹ as were representatives of inter-governmental organizations, international lending and technical cooperation agencies, and other international and inter-American institutions.²

The Vice-President of Spain, Mr. Alfonso Guerra, inaugurated the session and welcomed the delegates on behalf of President Felipe González Márquez. He expressed the President's personal support for the initiative and for efforts to promote peace in Central America.

In his opening remarks, Dr. Carlyle Guerra de Macedo, Director of the Pan American Health Organization, stressed the important role health efforts had played in fostering cooperation within the Central American Isthmus during the past several years, despite the persistence of conflicts. He emphasized that health, as a universal value,

¹ Argentina, Brazil, Canada, Chile, Cuba, Denmark, the Dominican Republic, the Federal Republic of Germany, Finland, France, the Holy See, Italy, Japan, Mexico, the Netherlands, Norway, Portugal, Sweden, Switzerland, the United Kingdom, the United States, Uruguay, and Venezuela.

² Council of Europe, European Economic Community, European/Latin American Relations Institute, International Development Research Center (Canada), Red Cross (Geneva), United Nations Children's Fund, United Nations Development Program, United Nations Economic Commission for Latin America and the Caribbean, United Nations Fund for Population Activities, Office of the United Nations High Commissioner for Refugees, United Nations Industrial Development Organization, and World Bank.

contributes to economic and social development and to the consolidation of the peace process.

Analysis of Current Situation and Accomplishments

Commander Dora María Téllez, Minister of Health of Nicaragua and President of the Meeting of Health Sector Authorities of Central America and Panama (RESSCAP) stated that the most important objective of the initiative—serving as a bridge for peace—had been fulfilled and cited joint subregional projects, specific intercountry agreements, and the professional bonds formed among Central American health workers as examples. However, she emphasized that the recent conflicts, in addition to exacerbating previous socioeconomic problems, have spawned new problems, including a massive exodus of refugees and displaced persons, serious damage to the social and physical infrastructure, and immense human suffering.

Dr. Macedo stated that an important achievement of the Plan had been the political support and solidarity it had generated among the countries of the area and those supporting the initiative. He also informed the conference that the example set by the health sector has led to similar initiatives in other sectors, such as the Social Investment Program for the Development of the Central American Isthmus (PISDIC), jointly sponsored by the Organization of American States, the International Development Bank, and PAHO. An additional positive development was the increased willingness of ministries of health and social security institutions to work together for more efficient delivery of health care.

The Vice-Ministers of Health of Guatemala and Panama and the Ministers of Health of El Salvador, Honduras, Costa Rica, Nicaragua, and Belize spoke about current health conditions in their countries, the status of the implementation of the Plan, and the priority projects for which international support is needed at the present time. Their presentations emphasized the continuing internal and external difficulties that constitute obstacles to the achievement of national health objectives and underlined the importance of the further development of the Plan for Priority Health Needs in Central America and Panama in resolving health problems, assuring greater social equity, and fulfilling the peace process set in motion by the Esquipulas Accords.

Status of Efforts in Priority Areas

The Directors General of Health of Central America and Panama presented evaluations of progress in the seven priority areas identified in the Plan: health services, food and nutrition, essential drugs, water supply and sanitation, human resources, tropical diseases, and child survival.

Advances in the strengthening of health services have been observed with respect to (a) extension of services, particularly to high-risk groups affected by the sociopolitical crisis; (b) improvement in the health systems' response to priority health problems; (c) preservation, improvement, and additions to the physical infrastructure; and (d) development of appropriate health technologies that permit rational use of resources. However, in spite of these major advances, significant needs remain.

In the area of food and nutrition, 47 national and seven subregional projects have been identified to address the development of food and nutrition surveillance systems, manpower development and training, nutrition education, increase of food availability and quality, food fortification, and the food and nutrition component of the child survival program. Progress has been substantial in the activities carried out to date, but the remaining projects require additional financial support in order to be successfully implemented.

Problems in the provision of essential drugs have been addressed in five subregional projects. Since 1984, the countries have strengthened their drug supply and quality control systems, have established a revolving fund for joint procurement of selected essential drugs (see pages 313–316 in this issue), have promoted national drug production, and have strengthened the process of formulation of national policies and norms concerning pharmaceuticals and improved their comparability throughout the subregion.

Although all the countries have institutions with specific responsibility for activities in the area of water supply and sanitation, the coverage that has been achieved is significantly below established goals, and large differences exist between coverage levels in urban and rural areas. Despite efforts, the extension of coverage has been restricted by political, social, institutional, and financial factors, including planning failures, limited capacity to mobilize resources, restricted ability to absorb investments, diverse requirements of external cooperation agencies, deficiencies in coordination, and a lack of fully detailed project proposals when resources are available. A high level of international support will be required in order to respond to the current priority needs in water supply and sanitation.

In the area of human resources, important advances have resulted from programs financed by the countries themselves and from others supported by the Government of Spain and the United Nations Development Program (UNDP). PAHO, through the Program for Health Training for Central America and Panama (PASCAP), has supported subregional educational development activities, training, and research.

Regarding control of tropical diseases, areas of priority concern are malaria, for which morbidity and mortality rates remain high, and *Aedes aegypti*, which has been reintroduced in countries previously considered free of that vector. In addition, outbreaks of classical dengue have occurred in some countries. Despite the countries' allocation of

considerable human, technical, and financial resources, these problems persist due to resource limitations in the national programs and are worsened by the significant human migrations brought on by the violence in the subregion. The Plan has led to the achievement of intercountry agreements for the development of joint border programs on malaria and *Aedes* control. Substantial technical assistance has been received from PAHO/WHO, and technical and financial cooperation from the U.S. Agency for International Development (USAID).

The major achievements in the area of child survival include the development of mechanisms for interagency coordination (between PAHO, UNICEF, and PAHO's Institute of Nutrition of Central America and Panama—INCAP) and intersectoral cooperation, as well as the political support obtained from the presidents of the countries of the area. Established targets have been largely reached, particularly regarding vaccination, oral rehydration, and prevention of acute respiratory infections. Human resource training activities have included continuing education programs in all the countries.

Proposals for Further Action

Along with 33 national projects presented by the countries, five subregional priority projects were proposed at the conference for the support of the international community.

- Cooperative Activities in Health among the Countries of the Central American Isthmus—promotion, formulation, and development of agreements among countries; development of coordination units for international financial and technical cooperation; development of intercountry mechanisms for the production and/or joint purchasing of critical supplies; promotion of scientific, technological, and academic exchange and joint endeavors.

- Educational Development in Health—permanent training programs for health personnel; educational technology, information centers, and scientific/technical documentation; national training programs in support of other priority areas.

- Development of the Managerial Capacity for the Strengthening of Local Health Systems in Central America—institutional development; economic and financial planning; management information systems; project management; decentralization; management training.

- Women in Health and Development in Central America—promotion, orientation, and training to make possible organized participation by women in various areas of health and development; specific activities to respond to women's priority health needs; analysis of women's social, economic, and cultural situations; provision of health services that address the most prevalent problems of women of different ages.

Presentations were also made by various countries and multilateral inter-American and international institutions describing their current activities in support of the subregional and national projects of the Plan and indicating their readiness to support new projects within the "Health, a Bridge for Peace" initiative.

At the close of the conference, the Minister of Health of Spain, Dr. Julián García Vargas, and PAHO's Director signed an agreement regarding training activities being carried out in 1988 with financial and technical support from the Spanish Government. In addition, the Ministers of Health of Belize and Costa Rica signed a bilateral agreement, witnessed by Dr. Macedo, providing for a series of training, technical cooperation, and other collaborative activities in the health field.

In summary, the conference produced strong statements of support for both current and new projects from various governments and institutions, reflecting the willingness of the international community to respond to the countries' need for external assistance in dealing with their underlying problems of social and economic development. The conference also clearly affirmed the usefulness of exploring new areas of cooperation so as to meet the most urgent health problems described by the countries.

Source: Pan American Health Organization; Final Report of the II Madrid Conference—Health, A Bridge for Peace in Central America and Panama; Washington, D.C., 1988.

NEW PROJECT FOCUSES ON WOMEN AND CHILDREN ALONG U.S.-MEXICO BORDER

Improving the health of women, adolescents, and children along the United States-Mexico border will be the aim of a three-year project funded by the Carnegie Corporation of New York and The Pew Charitable Trust and executed by the Pan American Health Organization. PAHO's Maternal and Child Health Program will be responsible for coordinating the project, with administrative and on-site support from the PAHO Field Office in El Paso, Texas.

The United States-Mexico border area encompasses an important geopolitical region where two different cultures come into contact. Extending about 3,000 kilometers, it is the world's largest and most populated "First World-Third World" borderland, with over eight million people living in the border counties and municipalities. Although marked ethnic, social, political, and economic differences exist between the two countries, the border area reflects influences exerted by both cultures, and the constant movement of people across the border in both directions makes health problems similar and closely related on either side.

The overall objective of the project is to develop and establish networks for collaboration between the U.S. and