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# BASIC LINES OF RESEARCH IN THE DIVISION OF HEALTH AND HUMAN DEVELOPMENT

***Division of Health and Human Development***
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## 1. Introduction: Health and Development

Generally there is widespread consensus that economic growth is one of the principal goals of development. Without economic growth, societies could not generate the resources they require for all development activities, including the implementation of social programs in areas such as health and education.

While in most cases, economic growth has been accompanied by gradual development of the health infrastructure, it is evident that an increase in wealth at the national, community, or individual level is not sufficient to ensure an improvement in health status. To achieve this, growth must be accompanied by more equitable access to the benefits of development.

Health, by definition, is part of social development. Although health is an essential goal in the development of both societies and economies, the ability to develop depends on health. There is growing understanding of its critical role in economic activity: health makes productive social and economic life possible; hence, there is an increasing awareness that it is essential to invest in health in order to create a competitive work force and achieve economic growth.

The World Summit for Social Development, held in Copenhagen 6-12 March 1995, demonstrated that in addition to promoting economic growth, development should center on human beings and lead to an improvement in the quality of life.

The Summit was held in a context of social, economic, political, and technological changes that influence health and the quality of life. Universalization of the economic system is being accompanied by a trend toward privatization, and the market economy is often associated with the democratic ideal. In many countries, this has occasioned major social and human costs, and has frequently intensified poverty, unemployment, and social disintegration, resulting in a concomitant deterioration in health.

It has often been observed that the ability of the private sector to assume the role of the driving force behind both human and economic development has been overestimated. Human development, including health, is a social responsibility. It is essential to maintain a proper balance between the needs of the market and protection of the public welfare. Equity should be guaranteed through financing services to benefit the poorest and most vulnerable segments of society. Furthermore, health care cannot be marketed freely and sold to the highest bidder or dispensed according to the ability to pay for it.

Numerous investigations in several countries have demonstrated that high levels of unemployment and economic instability result in severe physical and mental health problems, not only among the unemployed, but also among their family members and the community at large. A special case is the emergence of juvenile unemployment, a widespread and deeply rooted structural problem that is a painful manifestation of measures adopted in the proposals and changes aimed at promoting development.

The social disintegration associated with poverty and unemployment is manifested in indicators such as violence, an important public health problem, particularly for women and children. Armed conflicts and wars, the extreme products of social disintegration, have incalculable health costs in terms of mortality and disability. Although the cold war has come to a end, a large number of local conflicts are nevertheless taking place at the present time.

The role of health as a "bridge for peace" in reducing conflicts has been documented. Investments in health can also function as a form of insurance to prevent conflicts and preserve social and civil peace.

## 2. The Issue of Equity

The initial optimism that accompanied the primary care proposal in the late 1970s came up against formidable challenges in the form of a large number of trends: increased costs brought on by economic recession in a time of declining public health budgets; the emergence of epidemics such as AIDS and cholera; an increase in the number of large-scale and complex disasters; the prevalence of chronic diseases and the persistence of communicable diseases, particularly among the most vulnerable groups; an intensification of inequalities and inequities of access to services; and other problems, such as increased resistance of diseases to drugs and the development and excessively high cost of inadequately used technologies.

From a health standpoint, equity is not an abstract term. The lack of equity is based concretely on disparities in the health conditions of various segments of the population. An examination of morbidity and mortality in these groups shows that it is not the rich who systematically contract such diseases as cholera, schistosomiasis, or dracunculiasis.

The Region of the Americas is characterized by substantial social inequalities and inequities that have limited the development of a high percentage of the population. In 1990, it was estimated that at least 196 million people in Latin America were living below

the poverty line, representing 46% of the estimated population for that year. In 12 of the 24 countries with available information, 25% or more of their populations do not have access to basic health services (CSA94).

These inequalities are expressed in highly polarized levels of health and epidemiological profiles that demand multisectoral interventions and greater use of social resources, both national and international. One of the most complex challenges faced by social policy in the Region of the Americas is achieving equitable human development that will make it possible to improve current levels of well-being and health of its populations.

The lack of equity in access to health services that persists among and within many countries is manifested, for example, in the persistently high rates of maternal, perinatal, and infant mortality in the developing countries. In 1992, in the 53 poorest countries, which together number 800 million inhabitants, life expectancy averaged 52 years, and the infant mortality rate was 104 per 1,000 live births. The health of disadvantaged groups in the developed countries with high per capita GNPs is also poor. Morbidity constitutes an enormous economic cost that is capable of retarding and even reversing economic development. It is an obstacle to the development of a productive, healthy, and competitive work force, and also impedes the optimum use of economic resources.

There is a close relationship between violence and the lack of equity that is concretely manifested in the disparities apparent in the health status of different segments of the population. These disparities constitute an obstacle to the development of a productive, healthy, and competitive work force, inasmuch as they promote social disorder and impede optimum use of economic resources.

Women, more than any other group, provide an example of the combined effects of poverty, unemployment, and social disintegration on health and the quality of life. While there is no doubt that women's health has generally improved with democratization and technological progress, the social disadvantages that women face counteract these benefits.

In truth, in many countries the process of democratization, which would provide equal opportunities to both men and women, has still not begun. Throughout the world, more than 60% of the unemployed are women. The ranks of the poor are swollen with a disproportionate number of women exposed to severe health hazards or prostitution.

## 3. Health: An Indicator of Living Conditions

Although income level, schooling, and life expectancy are good indicators of the degree of development of a given society, in the final analysis all are reflected in health. The health status of the population as a whole, broken down by sector, age, and socioeconomic situation, is an indicator of the human results of development, spotlighting as it does the disparities in the health status of different members of society. It is a decisive test of living conditions and lack of equity, and a foreshadowing of future social problems. When health is endangered and health services are denied, volatile situations are created that can become a source of conflict in societies anywhere in the world.

Health is also a goal in the sense that improvement in health status is the best indicator that development is exerting a favorable influence on disadvantaged groups.

Addressing health problems is a practical means to mitigate the devastating impact of poverty. Much progress can be made to reduce poverty through projects that provide access to health services by means of credit and the promotion of functional literacy or basic occupational training as a path toward income-generating activities.

It is necessary to analyze the costs and benefits of satisfying health needs. Spending on health and other related aspects of human development could erroneously be considered a loss of national or community resources, when actually it constitutes an investment in a nation's human capital. In this sense, the best way to deal with health is to stress prevention, which effectively protects human capital through a favorable cost-benefit ratio.

## 4. PAHO/WHO Strategic and Programmatic Orientations, 1995-1998

Scientific output is a social construct that is doubtless adversely affected by economic crises, a situation that may result in vicious circles in which the development of research is most affected in countries with the greatest inequalities and inequities--precisely those that require such development in order to satisfy their social needs. The Pan American Health Organization established in its Strategic and Programmatic Orientations (SPOs), 1995-1998 that "... the main challenge for the Organization as a whole is to correct the inequity in the access and in the coverage of health services and deal with those health conditions that themselves arise from [the] social inequities..." that currently prevail in the Region.

The Strategic and Programmatic Orientations, 1995-1998, approved by the Pan American Sanitary Conference in 1994 as the Organization's principal policy document,

were based on two other documents: *Health Conditions in the Americas*, 1994 edition, and the *Quadrennial Report of the Director of PAHO, 1990-1993*. Using the analytical elements presented in these documents, the strategic orientations were formulated for the field of Health in Development, indicating the following areas of work and lines of action:

Areas of Work:

a) The process of subregional and regional integration has great potential to accelerate progress toward attaining health sector objectives. There are enormous challenges in terms of the need to agree on common norms and standards; an additional challenge is to analyze existing legislation in order to make it conform to the new order to be established.

b) There must be an effort to promote social policies that facilitate the development of good health policies. There is an urgent need to mobilize a variety of actors, including national and regional organizations, parliaments, social organizations, unions, and associations that influence the formulation of these issues at national and regional levels.

c) Economic and political organization, social structure, and cultural background, as well as demographic and macroecological processes have to be considered in order to discern long-term trends of society's health-disease process. Health status is also related to individual biological and social characteristics. Age, gender, lifestyle, and genetic and immunological makeup are expressed as different susceptibilities or exposures to risk factors. Development of the capacity to establish good information systems and to analyze these various factors will allow a more precise definition of priorities, better programming, and improved monitoring and evaluation of health programs.

d) Changes in the economic, political, and social situation in Latin America have created a new context for the orientation of science and technology in the Region. There is growing demand from the governments for information about options that have proven effective in other countries and regions and in presenting criteria, models, and instruments that have demonstrated their utility in promoting the development of science and technology.

The main areas of interest include: incorporation of scientific and technological progress in the health field into efforts to promote development of societies of the Region;

integration of the scientific production and distribution processes; and promotion of research in areas that are consonant with the policy orientations for the quadrennium. Special attention must be paid to enhance Regional capacity to produce vaccines and biologicals needed to address priority health problems.

e) One concern in the development and application of scientific and technical knowledge in general, and in the health field in particular, is the ethics of decisions and interventions that affect life. Thus, special attention should be given to expanding activities in the area of bioethics.

f) The emergence of new technologies and the advent of the information era has drastically changed drastically the behavior and approach to information gathering and access. There are new possibilities for developing countries to access scientific and technical knowledge. The collection and dissemination of scientific and technical information in the health field must be promoted. There is a need for a coordinated health information network, health databases, and national information centers.

g) More prominence must be given to the role of women in, and the relation of women's health to, human development. Gender should be one of the categories of analysis in the planning and programming of activities in all sectors, and this should have repercussions for public health programs in all countries.

Lines of Action:

The Bureau will orient its technical cooperation with the countries in this area so as to:

a) Develop the capacity for policy analysis, planning, and formulation, and for the development and management of projects in the health sector.

b) Develop national capabilities in epidemiological practice and encourage the development, implementation, and effective use of information systems to monitor changes in the population and in living and health conditions, with emphasis on health levels and inequities among the population.

c) Promote health sector participation in integrated programs to combat poverty.

d) Monitor the impact of macroeconomic policies on health and analyze the economic worth of the production and consumption of health goods and services.

e) Enhance coordination of the activities of social security institutions, community organizations, local governments, and the private sector in the production of goods and services.

f) Strengthen the capacity of parliamentary institutions to address health issues and promote the development of national legislation to permit effective exercise of the rights and responsibilities of citizens, the State, and private institutions with regard to health.

g) Monitor and analyze health research, collaborate with national agencies engaged in formulating policies and managing health science and technology, and promote cooperation among countries in technology development and use.

h) Support the development of new and better vaccines, as well as quality control and good manufacturing practices in this field.

i) Identify, review, and promote the implementation of policies and programs related to bioethics.

j) Develop national capabilities to organize and operate national health information systems as an integral part of a Latin American and Caribbean health sciences information system.

k) Promote the development, harmonization, and use of technology (for example, LILACS, CD-ROM) to achieve more effective levels of indexing, processing, and retrieval of scientific and technical information.

l) Focus attention on the importance of women's health, interaction among women, health and development, and development of gender awareness at all levels.

## 5. Political Analysis

One of the most complex and least developed areas in countries of the Region is research on the policy-making process. This process is essentially linked to decision-making

and affects social policies and programs, particularly those concerned with health and sectoral reform. Walt and Gilson recently reviewed this subject, pointing out that analysis of policy formulation and decision-making processes are well established at the academic level and in the field of research in the developed countries, although it has been little dealt with in the developing countries.

Research on political processes related to reform has centered mainly on the content of processes, neglecting the issue of political viability and actions of individuals involved.

Ugalde made a comparative analysis of the policy-making process in health in Colombia and in Iran, demonstrating domination of the process by the groups with the most at stake–medical groups and their values–and its limitation to a relatively small group of factors and actors.

There is a need in this field for methodological development and a search, at the interdisciplinary level, for techniques to formulate research and analyze its results. The importance of this field of study lies in the need for approximation between the formulation of proposals for plans and programs and the actual viability of developing them in operational terms.

Detailed analysis of specific actors, the extent of the influences exerted on policy-making, and predicted cycles of situational and structural change are some of the elements that only recently have been taken into account in formulating a plan of action to develop proposals. Failure to observe these considerations will result in proposals that are impracticable–proposals that are nearly always accompanied by a high degree of idealism but are nevertheless lacking in effective viability.

Political analysis also makes it possible to further explore the "attractive" aspects of proposals that make them initially acceptable at the participatory level of the population. The techniques derived from this approach have been utilized to promote services and products that are not always recommended from a scientific and technical standpoint. Public health specialists have limited themselves to presenting proposals for programs without prior study of their viability, in the belief that mastery of medical knowledge is restricted solely to health professionals.

## 6. Health Situation Analysis (HDA)

HDA's research component is aimed at promoting and supporting epidemiological research to assist in assessing the health situation and its trends, identifying health priorities, determining unsatisfied health needs, and evaluating the effectiveness of community health interventions, including those of an intersectoral nature.

The lines of research proposed by HDA are directed toward addressing these conditions and the institutional response in order to achieve more effective mechanisms for human development and improvement of levels of health of the population.

a) Research in the Health Situation and its Trends:

In view of the complexity and heterogeneity of the situations among and within countries, there is a need for research to analyze differences in health conditions and the coverage of health care at national and local levels, taking into account, inter alia, the characteristics of social class, income, age, gender, place of residence, and degree of schooling. The profiles and characteristics of inequity should be traced in the various population groups and geographical areas, with a view to determine what steps must be taken to reduce and eventually eliminate such inequity. It is also necessary to carry out research on the changes taking place in the health situation and living conditions of the most marginalized populations.

b) Research in Health Priorities:

The changes that have taken place in the Region have made it essential to conduct epidemiological studies that support epidemiological principles in policy-making for health. Studies in this field should provide information on the epidemiological cost and impact of the various health policies and priorities selected at regional and local levels.

c) Research in Unsatisfied Health Needs:

Notwithstanding the rather significant progress that has been made in reducing mortality and the prevalence of certain diseases, substantial health needs and demands still remain to be satisfied among the most marginalized and neglected population groups. This area of research includes the determination of health needs

using various methodologies such as **tracer conditions, analysis of regional mortality, sentinel groups and areas, and the epidemiological risk approach.**

d) Research in Evaluation of the Effectiveness of Population Interventions:

This line of research is aimed at supporting the development of studies to synthesize available scientific evidence on various strategies of population intervention. Scientific information on the effectiveness of population interventions is required by health institutions at national, regional, and local levels to select intervention strategies that will enhance the quality of life, reduce unnecessary morbidity and premature mortality, and thereby impact on population equity levels.

## 7. Women, Health, and Development

The PAHO Program on Women, Health, and Development was recently incorporated into the Division of Health and Development, seeking to direct strategic orientation toward this area of action.

The Program seeks to promote and strengthen the design and execution of scientific research in the Region on gender differences in health situation profiles and the provision of health care.

The following are the main problems identified in this area that require further study and development of cooperation techniques and statistics:

- The meager knowledge and information available for documenting gender imbalances in the health area and the inequality of conditions women face in comparison with men with respect to access to, and the control and use of, resources for health promotion and protection.

- The limited development of methodologies and operational tools to facilitate the incorporation of a gender perspective into the production and utilization of knowledge that will make it possible to implement gender-sensitive policies, programs, and services.

- The consequent lack of recognition that existence of these gender imbalances and the disadvantageous situation of women have given rise to: i) a limited response from the health sector in formulating policies, programs, and projects to reduce these

gender-based disparities in treatment and to improve the health conditions of women; ii) a lack of resources from health institutions to deal with the problems mentioned.

- The persistence of methods and interventions pertaining to health that emphasize traditional roles of women as intermediaries in caring for the health of other people, often at the expense of their ability to defend their own interests and their right to choose the best means of protecting their health.

With regard to the aforementioned problems, the program succeeded in designing the project, Gender Inequities in Health Services Delivery: Towards a Practical Assessment Tool, and has obtained a commitment to finance its execution. This project seeks to incorporate a gender dimension in the conceptual and practical development of an instrument to evaluate the quality of care provided in health services delivery.

Three important technical documents were also prepared and disseminated, namely: "Health and Women in Latin America and the Caribbean: Old Problems and New Approaches"; the SIMUS catalog, containing more than 3,500 bibliographic entries in Spanish and English; and the translation into Spanish of the World Bank document, *Violence Against Women: The Hidden Cost of Health.*

Research Lines and Topics:

a) Gender, work, and health (including women past the childbearing age):

- Gender inequities in access to health care and social security coverage linked with participation in the labor force.

- Changes in working conditions in the context of the free trade agreements that impact differentially on the health of men and women.

b) Gender factors that affect specific disease prevention, incidence, and treatment:

- Gender, prevention, and treatment of tropical diseases.

- Gender, prevention, and treatment of cervical cancer.

c) Gender equity in health care provided in local health systems during various stages of the life cycle:

- Equity in the allocation of local resources for specific gender needs.

- Gender barriers in access to local health services and systems.

- Gender equity in the quality of care provided in public and nongovernmental health services.

d) Gender equity in health management at the local level:

- Impact of various community participation health models on the balance of power between the genders.

e) Gender, empowerment, and health decisions:

- Factors that determine the negotiating capacity of women compared with that of men in the areas of sexuality and reproduction.

- Prevention of violence against women.

- Impact of support groups or community organizations on the self-esteem and behavior of women with regard to health.

f) Patterns of socialization and home health care that differentially affect the health of the two genders during childhood:

- Gender and household distribution of food and nutrition during childhood.

## 8. Sectoral Reform

The great majority of countries are experiencing dynamic structural adjustment processes and, within this context, are promoting sectoral reform. Although the health sector is affected by these adjustments and is often dragged along toward reform, these processes do not always consider health needs and are limited to attempts to make financial accommodations and achieve efficiency. In most cases, those living in poverty find it more difficult to gain access to services by reason of their meager ability to pay for them.

PAHO has attempted to analyze the health situation, services systems, and possibilities to make adjustments with greater equity. The hypothesis is also accepted that

health sector reform does not necessarily have to remain passive in the face of a general structural adjustment but can, on the contrary, collaborate in orienting it equitably and assist in achieving tangible results in the short term that make it possible to promote the reform process itself.

Innovative sectoral reform models and instruments in the Region, are dependent, *inter alia*, on democratization, economic liberalization, changes in epidemiological profiles, technological development, and the growing increase in costs of services. Reform, moreover, is influenced by situational factors that stamp it with its own peculiar character in each country. National sectoral reform experiences should, therefore, be systematically monitored, documented, and assessed in order to form a body of knowledge that will be useful in orienting countries and cooperation agencies involved in reform.

Against this background, research is needed to complete the formulation of reform alternatives, promote their implementation, and evaluate their final outcomes.

The purpose of research of this nature is to provide scientifically valid solutions to problems faced by countries in reforming their health policies and systems. Among these problems are:

- Alternatives to expand coverage and control health system costs.
- Definition of basic packages of health services.
- Regulation of the public-private mix in the health field.
- Cooperation between executive and legislative branches of government in health sector reform.
- The impact of regional integration on the production and consumption of health goods and services.
- Evaluation sectoral reform processes in health and their trends.

Together with the Research Grants Program, sectoral reform has been considered one of the priority fields for the next quadrennium. It is anticipated that technical teams in the PAHO/WHO Representative Offices will share in this effort by identifying groups of investigators, supporting project preparation and implementation, and incorporating their

results into the reform process. The following operational strategies to strengthen research related to reform are suggested:

- Promotion of training workshops for investigators and project enhancement.

- Awarding of grants for graduate theses on reform processes.

- Implementation of joint research projects with universities and other technical cooperation agencies.

- Establishment of a data base on reform projects currently under way.

Research Lines and Topics:

a) Conditioning factors and determinants of inequities in health: the health of social groups with a breakdown by living conditions:

   - Health situation trends and socioeconomic determinants (changing production patterns, organization of work, etc.); and sociodemographic determinants (migration, urbanization, family structure, etc.).

   - Analysis of health inequities with a breakdown by living conditions of social groups (workers, women, ethnic groups, young people, the elderly, etc.).

b) Intersectoral relations in the formulation and execution of health and development policies and plans:

   - Analytical studies on public and health policies in the framework of regional, national, and local development proposals.

   - Analysis and evaluation of interventions in health in the framework of development plans and projects.

c) Sectoral reform processes in health in the context of development proposals: historical dimension and current situation:

- Studies on financing, expenditures, and investments in health; behavior and trends of household expenditure on health with a breakdown by socioeconomic strata and population groups.

- Analysis of social welfare models and strategies to universalize health care. Example: basic package of health services; targeting; health insurance, etc.

- Analysis of policies and regulatory frameworks for human resource development in sectoral reform processes: policies on employment, labor markets, and work in the health area; professional practice and the dynamics of corporations in the health field; policies on undergraduate and graduate professional training; and evaluation of the quality of education and its regulation.

- Analytical studies on institutionalization in the sector: decentralization and delegation of authority in health in State reform, the role of social security, and the private sector and its relation to the public sector.

- Political processes and legal aspects in sectoral reform: the role of the State and the civilian population.

- Analytical studies on the ethical justification for sectoral reform and its contribution to implement democratic processes in the health area.