

## Surveillance of Living Conditions and the Health Situation

The profound social, economic, and political changes that have taken place in recent years at the international level and in Latin America in particular, coupled with the changes that have occurred in the organization, financing, and accessibility of the health services and the promotion, prevention, and restoration of health, have resulted in a marked deterioration of living conditions for broad sectors of the population, and a further deepening of inequality in terms of living conditions and health. In light of this situation, there is a growing need to develop procedures for evaluating the status of health and living conditions among the different sectors of the population, based on instruments that will be sufficiently sensitive to identify both long-term trends and short-term situational changes and at the same time assess the impact of various social responses.

The concern for reducing the excessive inequities in health and living conditions that are afflicting the peoples of the Americas is long-standing. In August 1961 the Charter of Punta del Este (1) affirmed the importance of achieving "maximum levels of well-being, with equal opportunities for all," and, accordingly, of setting targets that will take into account "not only ... average levels of real income and gross product per capita" but also a more equitable distribution of national income. To this end, it urged that development programs incorporate targets aimed at "improving living conditions ... including better housing, education, and health," and at the same time identify short-term measures designed "to concentrate efforts within each country in the less developed or more depressed areas in which particularly serious social problems exist."

In 1972 the Ministers of Health of the Americas, at their III Special Meeting, formulated the Ten-Year Health Plan for the Americas (2), whose principal goal was to increase the life expectancy of the Region's peoples. Accordingly, it was recommended that steps be taken to "begin installing mechanisms during the decade to make it feasible to attain total coverage of the population by the health service systems in all the countries of the Region." In 1977 the World Health Assembly (3) decided that "the main social target ... should be the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life." That same year, in their IV Special Meeting (4), the Ministers of Health of the Americas identified and defined primary health care as the principal strategy for achieving the targets that had been set within the intersectoral context of economic development.

Subsequently, at Alma-Ata in 1978, the International Conference on Primary Health Care (5) established that primary health care is "the key to attaining the target [of Health for All by the Year 2000] as a part of development in the spirit of social justice," and in 1979 the World Health Assembly (6) called for "the formulation and implementation of national, regional, and global strategies" for achieving this goal.

In 1980 the Pan American Health Organization (7) formulated strategies, targets, and specific objectives for the Region of the Americas and defined the minimum indicators for evaluating progress at the country level. These objectives were "aimed at ensuring the specific contribution of the health sector to reducing social and economic inequalities." The document states that the target and strategies of Health for All "involve the entire population," that priority should be given to "the population living in extreme poverty in rural and urban areas," and that "the improvement of national levels of well-being is a necessary condition for attaining the Goal."

Finally, at the XXIII Sanitary Conference (1990) (8) the Ministers expressed concern over "the disparities in the distribution of wealth" and the exclusion of broad sectors of the population from the most elementary levels of social well-being. The fight against inequality needs to be taken on as a fundamental component of development, with priority given to essential human needs, including health, and the elimination of extreme poverty. It is also urgent "to document and analyze the effects of stagnated growth, the general economic crisis, social inequities, and the spread of extreme poverty" on the health conditions of the population and therefore to develop the sector's capacity to apply an epidemiological approach to knowledge about the population's state of health.

In recent years, concern over the relationship between inequalities in the health situation, on the one hand, and living conditions, on the other, has been translated into numerous international studies. In the Latin American context there have been works on the seriousness of poverty in Latin America in the 1980s (9), essential health needs in Mexico (10), the social determinants of mortality (11,12), and, more recently, health inequalities in Ecuador (13). Another important undertaking was a project carried out by WHO on health inequalities in Europe (14). The Ottawa Charter (15) cites the close correlation between the health situation and the living conditions of different population groups and therefore the need to develop comprehensive multisectoral actions in order to bring about changes in living conditions and in health. It declares that "the

fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.”

In the Americas, in addition to deep inequalities both between and within countries, the deterioration in the economic situation has meant that larger numbers are living in relative or extreme poverty. Despite considerable reduction in mortality that has been achieved in the last 35 years, mortality at early ages and morbidity and mortality due to diarrheal and acute respiratory diseases, and other communicable and preventable conditions continue to be major problems for many sectors of the population. In several instances, diseases that had declined significantly have now recrudesced, and there have been epidemics and serious problems with communicable diseases such as cholera and AIDS, which, in addition to violence and drug addiction, reflect the deterioration in living conditions (16).

In the context of the world economic crisis, most of the countries of the Region have seen their economies undermined and have had to resort to adjustment processes in an effort to combat inflation and stimulate growth while at the same time seeking new windows through which to become integrated into the international economy. But the adjustment policies have served to aggravate the social, political, and institutional breakdown which to a greater or lesser extent had begun to take place as far back as the 1970s (17,18). In most of the countries, public health services are deteriorating, the public sector's per capita expenditure on health is declining, with the limited and increasingly scarce resources being concentrated on curative actions (19). At the same time, within the framework of the adjustment policies, significant changes have been introduced in the organization of these services, especially in how they are financed, with a prevailing trend toward privatization and the transfer of operational costs to users.

With support from international agencies, governments have been devising intervention strategies to lessen the negative impact of the crisis afflicting the most impoverished social sectors. In several of the countries, social development funds have been created or are in the process of being created, and almost all of them have begun to define social intervention programs aimed at the most vulnerable sectors. In an effort to minimize red tape and reach the population more directly, most of these programs have been set up outside the traditional structures of the Ministries of Health using new, ad hoc institutions developed by the official sector, or nongovernmental organizations. In some cases, part of the financing previously allocated for official services has been diverted from traditional structures to support these new initiatives, thus adding

to the financial problems of the former. Most of these emergency or social investment programs focus on just a few lines of action and are directed toward a small number of specific problems in the population groups that are considered to be most affected by the crisis.

So far, there has not been enough knowledge or information available to document the relationship between the deterioration in living conditions and health services coverage and quality, on the one hand, and the health/disease problems, on the other. As a result, this information has had only a limited role in decision-making and the planning and evaluation of actions to promote health and well-being. It is therefore urgent that methods and techniques be developed that will measure the effect of the crisis on different sectors of the population, identify the main problems of these groups, and assess the impact of the social responses.

It is not enough to look only at the historical trends in living conditions and health at the national level. It is also necessary to evaluate the health of specific population groups, and, especially, to monitor the patterns of inequality in different groups. Moreover, it is essential to evaluate the impact of the actions taken, in terms of time units suitable for purposes of decision-making, so that the deployment of resources and actions can be confirmed, or rechanneled, so as to achieve the greatest possible impact. It is becoming increasingly necessary to develop the capacity to evaluate short term changes, to supplement medium- and long-term trend assessments.

It is not just a matter of finding a “new” group of indicators with greater or lesser discriminatory power, to be applied universally to all population groups and in every country: what seems to be needed is an entire conceptual redefinition of the field of health, the incorporation of more appropriate methodologies to capture the dynamics of the changes, and the acceptance and development of techniques for assessing the health situation which have not been widely used up to now.

Accordingly, it has been decided to encourage the development of national systems to evaluate and monitor health and living conditions in the different sectors of the population. Such systems should have the capacity to detect circumstantial differences and assess the impact of short-term socioeconomic changes and interventions on the health and well-being of different population groups, while at the same time enhancing knowledge on long-term trends.

The study of inequalities in the health situation and their relationship to living conditions poses major conceptual, methodological, and technical challenges that extend to the very concepts of health, living conditions, and inequality, which have already been examined in a variety of circumstances and contexts (20,21,22). This will require a critical review of the

different conceptual models that have been applied to date, including the ecological model proposed by Morris (23), and the models used by Blum (24), Lalonde (25), Dever (26,27) and others. It is necessary to move toward a reformulation within an integrative conceptual framework that will operationalize the study of the health situation, as part of the whole gamut of social reproduction processes that generate living conditions in their different dimensions (biological, ecological, psycho-cultural, economic) (28), and the different levels at which they manifest themselves, be it as individual phenomena, or those of groups, or society as a whole, without ignoring the wealth of the processes involved.

This entire undertaking—the reconceptualization of health in its relationship to the living conditions of each population group; the redefinition of analytic units, variables, and relevant indicators; and the articulation of the process of understanding the health situation with the processes of making decisions and assessing the impact of interventions—raises issues of great epistemological complexity that cannot be resolved by dealing with reality in compartmentalized and fragmented pieces and avoiding the full theoretical construct.

Different scientific disciplines have addressed the need to reduce complexity in their object of study to enable the cognitive and decision processes to meet; they have produced a number of conceptual and methodological approaches such as the notions of hierarchical and nearly descomposable systems (29,30), complex and ill structured problems (31), and latent structure (32). In the area of research methodology, renewed interest in the development of comprehensive methods has been translated into tools such as methodological triangulation (33,34) and data matrix systems (35), among others, which can be very useful for the articulation of units of analysis, variables, and indicators of different levels and for the integration of different quantitative and participatory methods within a single study.

Finally, in order to facilitate the design of specific projects in the countries, it will be important to include techniques such as the use of space-population units, which have been widely applied in geography for the stratification of the population according to living conditions. In addition, techniques based on the concepts of sentinel populations and tracer problems and indicators, adapted to the needs of the projects in each country, might help to increase the sensitivity of the surveillance system while at the same time reducing the number of indicators and the operational costs.

To facilitate the discussion and enrichment of these concepts, a working document, prepared by PAHO's Health Situation and Trend Assessment Program, summarizes many of the developments cited here. Based on this draft, specific operational proposals, geared to the national reality in each country, are being

promoted. The document does not mean to be prescriptive, nor does it call for a consensus; rather, it is hoped that it will contribute to the particular process in each country and facilitate local cooperation by PAHO, based on a participatory approach, leading to the design of systems that are suitable, feasible, viable, and capable of responding to needs defined according to national criteria. The first attempts at this process, which have been limited to four countries so far, have made it been possible to incorporate the scientific and technical capacity of the institutions involved, which is reflected in the particular characteristics of each undertaking, and has considerably enriched the initial working document, while at the same time facilitating evaluation of the proposals in terms of their feasibility and viability.

It is hoped that this effort will lead to relatively simple operational proposals, applicable to the countries' particular conditions in terms of technical and financial resources. Furthermore, it should be feasible to turn them into ongoing activities by the institutions involved, to complement and strengthen the existing information systems, closely tied to the decision-making processes at the point where the institutions of government and civilian society interact.

*Note:* The draft document may be requested from the Health Situation and Trend Assessment Program through the PAHO Representation.

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## Latin American Workshop on Strategies for Accelerating the Improvement of Civil Registration and Vital Statistics Systems

The Department of Technical Cooperation for Development and the Statistical Office of the United Nations are organizing a Latin American Workshop for Accelerating the Improvement of Civil Registration and Vital Statistics Systems. The National Institute for Statistics and Censuses (Instituto Nacional de Estadística y Censos) of Argentina will host the workshop in Buenos Aires, Argentina, from 2 to 6 December 1991. Organized in cooperation with PAHO/WHO, the International Institute for Vital Registration and Statistics, and the United Nations Economic Commission for Latin America and the Caribbean, the workshop is being sponsored by the United Nations Population Fund. Eleven countries of South and Central

America where registration coverage is above 80% will participate, and it will be in Spanish only.

The main purposes of the workshop are: a) to discuss ways and means of promoting awareness of the national vital statistics and civil registration systems in each participating country, b) to assess the adequacy of national registration and vital statistics processes, coverage, and reliability, and c) to suggest strategies for the improvement of vital statistics and civil registration systems for participating countries.

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