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DEMOCRACY AND HEALTH

Project for PAHO/WHO Cooperation with the American Parliaments

This document contains a proposal for PAHO/WHO cooperation with the Parliaments of the Region over the coming years. It sets forth the objectives for this cooperation, the strategies that will orient its implementation, and the principal expected activities at the national, subregional, and Regional levels. Resources to support these activities have been allocated in the annual operating budgets of the PAHO/WHO Representations and the participating Regional Pro-grams. In addition, criteria and mechanisms are proposed for evaluating the project at its various levels of execution.

This cooperation was initiated in 1990, based on an agreement signed by PAHO and the OAS, and the activities carried out in this area since then are summarized in Annex I. This item was presented at the 17th and 18th Meetings of the Subcommittee on Planning and Programming, and the Committee's comments were reported to the 109th Meeting of the Executive Committee. Annex 2 contains verbatim transcripts of these observations.

The Executive Committee is asked to review the proposal and to make such recommendations as it may consider appropriate.

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DEMOCRACY AND HEALTH

1. INTRODUCTION

The activities leading up to the project "Democracy and Health" began in 1990, based on a cooperation agreement signed by PAHO and the Organization of American States (OAS). The execution of these activities¹ has confirmed the usefulness and timeliness of this initiative in terms of several dimensions, the most relevant of which are cited below.

1.1 Incorporation of New Counterparts in PAHO/WHO Cooperation

The agreement with the OAS has enabled PAHO/WHO to open up new areas of action and to identify key personnel in the new Parliaments who are reinforcing the work of the Organization at the national, subregional, and Regional levels. The Parliaments are new and important allies in the promotion of health as one of the conditions and expressions of socioeconomic development. The Organization's initial contacts with the Parliaments have enabled it to understand, at least to some extent, how these counterparts are organized and go about their mission, as well as the ways in which they work together at the local national, subregional, and Regional levels. In these areas the Organization has found numerous opportunities to promote both its own priorities and the health policies of its Member Governments. As the interaction between PAHO/WHO and the Parliaments matures, the PAHO/WHO Representations in the countries and its Regional Programs will be able to identify new areas for cooperation and new modalities in which it can be carried out.

It is within the Parliaments' purview to discuss, in addition to their political function, the technical aspects involved in policies related to health. Their expanded technical capacity contributes to the reduction of conflicts as long as the parliamentary debate is "depoliticized" and free of ideological overtones. The health areas have a lot to gain from increased emphasis on the technical component in the discussion of draft legislation. This aspect is central to the relationship between the Executive and the Legislative Branches. The responsibility of government is shared, although this does not mean that it is divided symmetrically. Success in the actions proposed will depend on harmonious relations between the powers of the State.

¹Annex I presents the background of the Project "Democracy and Health" in detail and reviews the activities carried out by PAHO/WHO in this area to date.

In addition to generating legislation, in some countries the Parliaments are entrusted with the tasks of fiscal control and research. By requesting reports from the Executive Branch, the Parliament participates in the work of government and responds to the challenges of the crisis. Those societies that are re-examining the functions of their Parliaments from this perspective, far from encouraging confrontation and overlapping responsibilities between the powers of government, are strengthening the stability of the democratic system and involving their citizens in identifying their areas of concern. As a result, proposals aimed at improving the technical capacity of the Parliaments as part of the exercise of their legislative functions--which would include the present initiative--are strengthening the ties between the two powers and, in so doing, they are also strengthening democracy.

1.2 Parliamentary Agendas in Health as a Basis for PAHO/WHO Technical Cooperation with the Parliaments

Since the subregional meetings on "Democracy and Health," PAHO/WHO has been receiving requests for cooperation from both the national Parliaments and their supranational bodies. This response has confirmed that the interest of the lawmakers in the countries covers a broad range of subjects. Nevertheless, there is a pattern of recurring issues at the Regional or subregional level which had not been identified before. This fact has enabled PAHO/WHO to make a selection from among the requests received and to propose to the Parliaments the topics that correspond most closely to its own mandates and priorities.

In March 1992 the First Meeting of the Commission on Health, Labor, and Safety of the Latin American Parliament, held in Havana, Cuba, approved five topics that should be examined in depth over a period of a year: reorganization of the sector, environmental health, drugs, workers' health, and maternal and child health. This agenda may be a useful instrument for rationalizing PAHO/WHO cooperation, and it may be extensible to the subregional, national, and state levels.

1.3 Strengthening of Interaction between the Executive and Legislative Branches in Each Country in the Area of Health

PAHO/WHO cooperation with the Parliaments has led to the opening of new channels of communication between the Executive and Legislative Branches, which in turn has resulted in a better understanding of the perspectives and priorities of each of these bodies in the area of health. Some of the PWRs and the Regional Programs have succeeded in promoting activities that involve both lawmakers and authorities in the Executive Branch, with fruitful benefits for the management of health issues in the

corresponding countries. As a result, it is possible to look to a revitalized discussion of health issues and to shorter periods for the discussion and approval of legislative proposals that are of concern to the health sector.

The countries' respective Constitutions confirm the close tie-in between the roles of the respective powers of the State²--a closeness that is seen clearly throughout the legislative process and in the exercise of the legislature's fiscal control functions over the Executive. This picture bears out the need to promote strategies that give special importance to coordinated and harmonious relations between the powers involved as they undertake the joint task of improving health conditions in the countries of the Region.

1.4 Visibility of PAHO/WHO at the Parliamentary Level

The Parliaments, in turn, also are becoming aware of the possibilities offered by PAHO/WHO technical cooperation for the parliamentary agenda in health. Over the last two years the lawmakers have been learning about the Organization, its objectives, its technical capacity, and the ways in which it cooperates with the countries. Based on observations made by the national authorities, the lawmakers, and PAHO/WHO officials, this increase in the Organization's visibility in the Parliaments is making a positive contribution toward increasing the impact of its cooperation with the countries in general.

The results achieved so far in cooperation with the Parliaments have made it possible to formulate and submit the present proposal--which formally incorporates the above-described line of action in the Organization's agenda--for consideration by the Governing Bodies of PAHO. At the same time, this measure is designed to elicit from the Member Governments a commitment of their position with regard to the bases and criteria for cooperation over the coming years.

2. OBJECTIVES

The project "**Democracy and Health**" is aimed at implementing several of the "Strategic Orientation and Program Priorities for the Quadrennium 1991/1994" established by the XXIII Pan American Sanitary Conference. These include the strategic orientation "**Health in Development**," which calls for the American countries to adopt economic and social development models that will generate better living and health conditions for their peoples. This orientation translates into the juxtaposition of

²PAHO/WHO is carrying out a study on the organization, functions, and duties that correspond to the legislative power in each of the countries of the Region, based on the text of their constitutions. A preliminary version of this study is available in Spanish for the members of the Executive Committee.

health-democracy, which in turn calls upon democratic regimes to maximize participation by their citizens and to incorporate social issues--the bases for the attainment of equity--into national political agendas. Although the mere fact that democratic institutions are in operation³ is not sufficient to ensure attainment of a society's objectives in the area of health, the definition and realization of these objectives appears much more feasible in the full context of democratic life.

It is generally accepted that the Parliaments constitute the forum in which policies relating to health and social security are validated by consensus. It is also frequently said in the Region that these bodies do not have the technical or advisory capacity or the necessary information to fulfill the high responsibility that the States have vested in them.⁴

2.1 Overall Objective

In this context, the overall objective of the project is to strengthen participation of the Parliaments in the formulation of health policies and in the definition of the instruments needed for their implementation. In addition to the development of health legislation, the project will seek to support the Parliaments in the fulfillment of other functions impacting on the health sector which are entrusted to them in their respective national Constitutions.

2.2 Specific Objectives

- 2.2.1 To help ensure that the health component occupies a position of growing importance on the agendas of the Parliaments in the Region;
- 2.2.2 To engage in technical cooperation with the Parliaments for the development of health legislation, parliamentary consideration of health issues, and the allocation of resources for health programs;

³It should be pointed out that a democratic regime can follow one of two basic institutional models, the presidentialist, or the parliamentary. The characteristics of each of these are defined in the study cited previously, which provides a brief conceptual and empirical review of these systems in the Region.

⁴One of the functions of the parliament is to provide a setting in which to identify and generate agreement within a society, but at the same time, they bring together the various political and ideological expressions that flow from this role. In terms of structure they are the conduit through which the interests of the most diverse sectors are represented, and in terms of function, they allow for the ongoing consultation with the organizations that are at the heart of every society.

- 2.2.3 To contribute technical elements that will facilitate and improve relations between the Executive and the Legislative Branches in areas that impact on health; and
- 2.2.4 To promote exchanges and cooperation between the Parliaments at the subregional and Regional level with regard to parliamentary action in the area of health.

3. STRATEGIES AND ACTIVITIES

In order to attain the objectives of the project "Democracy and Health," a series of promotional and cooperation activities are proposed which can be carried out at various levels (Regional, subregional, national, provincial or state, and municipal). Activities at the Regional and subregional level will be promoted at the initiative of the Regional Programs, with the support of the PAHO/WHO Representations in the participating countries. In the case of national, provincial or state, and municipal activities, the initiative corresponds to the PWRs in the respective countries with support from the Regional Programs responsible for the corresponding areas.

3.1 Promotion

The promotional activities address priority health issues in regard to which it is considered necessary to engage the interest and involvement of the Parliaments. They will be guided by the parliamentary agendas in health, established through a dialogue between PAHO/WHO and the Parliaments at the Regional, subregional, and national level. Progress has already been made toward the establishment of these agendas for some of the subregions (Latin America, the Southern Cone, and Central America), while they are yet to be developed for the other subregions (the Caribbean and the Andean Area) and at the country level. Promotion of the agendas, which represents a qualitative change in the project's development, will take two forms:

3.1.1 Legislative Studies and Model Legislation

To begin with, studies are under way aimed at gaining a more thorough knowledge of the five working areas identified at the meeting in Havana. These studies are aimed at diagnosing gaps and inconsistencies in the national legislation on these subjects and developing model legislation to guide the amendment of national legislation. These studies have been formulated and are being carried out in cooperation with the PAHO Regional Programs responsible for the respective subject areas. At the same time, taking advantage of the opportunities offered by several of the PAHO Regional Programs, efforts will be made to promote studies on national legislation in other areas

of concern to the health sector. Thus the analysis of the gaps and inconsistencies in the legislation will gradually be completed, as will the development of model legislation in areas related to the Organization's priorities.

3.1.2 Review of the Studies and Model Legislation by Committees of the Parliaments

Once these studies and the model legislation are completed, they will be reviewed by ad hoc committees of lawmakers who, acting as experts on the specific subjects, will review them and pass them on to the Parliaments of the Region for their consideration in the respective countries. These working groups of lawmakers will meet, if possible, during events convened by the Parliaments themselves or their international associations. This arrangement will noticeably reduce the costs for PAHO/WHO compared with the expenditures that would have to be made if the Organization were to directly sponsor the same events. Afterwards, each country, depending on the circumstances, will promote the adoption of new legislation or the amendment of existing legislation on the matters addressed in the study, as well as the corresponding model legislation. The promotional activities will be carried out in the countries through the respective PWRs with the support of the corresponding Regional Programs. Within this context, it is expected to bring together parliamentary expert committees during the course of the following events:

- a) First Panel on Integration of the Southern Cone, convened by the Argentine Senate and the PARLATINO (Argentina, October).
- b) Regional Meeting of Lawmakers sponsored by the Mexican Parliament, to evaluate fulfillment of the targets of the World Summit for Children (Mexico, November).
- c) Meeting of the World Parliamentary Union, which will address the importance of the United Nations Conference on Environment and Development (Brazil, November) for the Parliaments.
- d) Second meeting of the Commission on Health, Labor, and Social Security of the PARLATINO (first half of 1993).
- e) X Conference of the Andean Parliament, the theme of which will be "Health in the Andean Countries" (1993).

In addition to promotion of the parliamentary agendas through these events and the actions being taken in the countries, consideration will be given to holding an Inter-American Parliamentary Conference on Health, possibly in 1993. This conference,

proposed by the subregional meetings organized in conjunction with the OAS in 1990, will serve as the forum for consolidating and planning the future role of the American Parliaments in terms of the parliamentary agendas in health.

3.2 Technical Cooperation with the Parliaments

Technical cooperation with the Parliaments is intended to help provide these counterparts with technical elements that will make the lawmakers more effective and efficient in their handling of matters related to the parliamentary agendas and the health priorities of the countries. These activities include advisory services, training, dissemination of information, promotion of research, mobilization of resources, and exchanges between the Parliaments designed to be of interest to the lawmakers and their advisers.

3.2.1 National Level

Technical cooperation at the national level will take place within the framework of the agreements that have already been signed or that may be signed in the future between PAHO/WHO and the Parliaments of the Region with the consent of the corresponding national authorities. Efforts will also be made to extend this cooperation to the provincial/state and municipal legislatures--for example, through the Union of Interstate Lawmakers (UPI) of Brazil, which has indicated interest in cooperating with the Organization. The specific cooperation activities with each of the Parliaments are included in the annual program of PAHO/WHO cooperation prepared jointly by the national authorities and the respective Representations. In the event of any discrepancies between the Executive and the Legislative Branches in terms of the cooperation activities, precedence will be given to the position of the national authorities in the Executive Branch, which is the formal counterpart of the Organization in the country. In this context, emphasis will be placed on the following activities:

- a) Consolidation of technical cooperation with the national Parliaments through implementation of the agreements signed in 1991 and 1992.
- b) Signing of cooperation agreements with the Parliaments of other countries, i.e. Antigua and Barbuda, the Bahamas, Belize, Dominica, the Dominican Republic, Grenada, Guyana, Nicaragua, Panama, Saint Kitts and Nevis, St. Vincent and the Grenadines, and Suriname.

3.2.2 Subregional and Regional Levels

Cooperation in these areas will be implemented through support extended to the Parliaments and the parliamentary associations at the subregional and Regional levels, as well as through intercountry activities involving the Parliaments or lawmakers. Its ultimate purpose is to promote interest and strengthen participation on the part of the national Parliaments in health-related matters that are on the "parliamentary agendas" at the Regional level and are important for the respective countries. In addition, efforts will be made to support coordination and cooperation between the Parliaments as they address health-related aspects of the agreements for regional integration that are being negotiated or implemented in the Americas. Among the principal activities in these areas are:

- a) Establishment of cooperation agreements with Parliaments or parliamentary associations--such as the Central American Parliament (PARLACEN), the Andean Parliament, the Commonwealth Parliamentary Association,⁵ the future Parliament of the MERCOSUR, and the Latin American Parliament (PARLATINO)--aimed at supplementing and strengthening agreements signed at the national level.
- b) Mobilization of cooperation in the area of health on the part of multilateral and bilateral agencies that work with the Parliaments of the Region, including: the OAS, UNFPA, UNICEF, UNDP, UNEP, ECLA, USAID, Italian Cooperation, the European Parliament.
- c) Design and implementation of the "Parliaments and Health" database, to be used in the countries and at the Regional level.
- d) Dissemination of information relating to the Project, including the following publications:
 - Report on the subregional meetings of lawmakers held in 1990;
 - A bulletin on health legislation;
 - Reports of the studies on the gaps and inconsistencies in health legislation;

⁵A London-based organization that brings together the parliaments of the British Commonwealth.

- Collection of model legislation, and
 - Summaries from the "Parliaments and Health" database.
- e) Training of staff from the Parliaments in MicroISIS to enable them access and utilize BIREME's LILACS system and to participate in the "Parliaments and Health" database.
- f) Holding of a workshop in 1993 on the analysis of national budgets and their impact on the health sector, with the participation of members and advisers of Parliaments whose health commissions have indicated interest in this area.

4. ALLOCATION OF RESOURCES

From a program perspective, the project "Democracy and Health" is the product of various units in PAHO. In each of the participating countries the PAHO/WHO Representations have the primary responsibility for direct cooperation activities carried out with the respective Parliaments. Those Representations that are located in the same city as the headquarters of the subregional Parliaments should also serve as PAHO/WHO focal points for these bodies, as is already the case with the PWR/Guatemala and PARLACEN. The activities carried out with the Parliaments, and the resources allocated for their realization, are included in the APBs developed annually in conjunction with the national authorities. If needed, the PAHO/WHO Representations may request support from the Regional Programs to supplement the resources they have allocated for activities with the Parliaments.

The Regional Programs are responsible for promotion and support activities relating to the respective subject areas. During the current stage of consolidating the aforementioned parliamentary agendas, the Regional Programs that have participated most in the project are: Environmental Health, Maternal and Child Health, Communicable Diseases, and Health Services Development. The Scientific and Technical Health Information Program and BIREME have played significant roles in providing the Parliaments with information and documentation. The Health Policies Development Program has been coordinating the project and assuming responsibility for the implementation of several of its promotional and cooperation activities at the Regional and subregional levels. PAHO/WHO gives special importance to this project: in addition to participating in the subregional meetings in 1990, the Director has included the Parliaments on his agenda during his official visits to the countries.

The resources that the Regional Programs allocate to the project are provided for in the respective APBs. Monies from the Regional Director's Development Fund were allocated for the subregional meetings and for equipment donated to the Parliaments for access to the LILACS/BIREME system. Similar allocations will be needed in the future in connection with the signing of the cooperation agreement by the twelve remaining Parliaments and with the Inter-American Parliamentary Conference.

5. EVALUATION OF THE PROJECT

Evaluation of the project "Democracy and Health" adds yet another challenge to a process that is always complex, given the very nature of the objectives that this project envisages. Undoubtedly, more effective participation by the Parliaments in addressing health-related issues will depend on a number of factors. This multiple causality makes it difficult to directly evaluate the degree of fulfillment of the project's overall objective. Thus it is proposed to evaluate it by measuring the degree of attainment of its specific objectives vis-à-vis the following expected outcomes at the country and Regional levels:

5.1 Expected Outcomes at the Country Level:

- a) Greater dispatch in the conduct of parliamentary transactions in the area of health.
- b) Availability of up-to-date information on central issues with regard to the health situation of the various segments of the population and the health sector of the country.
- c) Increase in parliamentary initiatives responding to the country's principal health problems.
- d) Adequate and diligent monitoring of health-related initiatives undertaken by the Executive Branch.
- e) Satisfaction with the progress and results of the project expressed by national authorities and lawmakers.

5.2 Expected Outcomes at the Regional Level:

- a) Operational use of a database on parliamentary activity in health-related areas.

- b) Availability of a systematic set of technical instruments and models to facilitate the work of the Parliaments in the area of health.
- c) Clear commitment on the part of the lawmakers to seeing that priority is given to basic laws for improving the health conditions of the population, as expressed in the Regional parliamentary, subregional, and national agendas.
- d) Preparation of proposed model legislation in all areas of international importance on the Regional, subregional and national agendas of the lawmakers.
- e) Existence of a body of knowledge concerning the modalities of intervention by the legislative organs for improvement of the health situation in the countries of the Region.

It will be recognized, for the different aspects of project evaluation, that development of the series of short-term achievements may be regarded as a reliable indicator of degree of fulfillment of the proposed objectives. Moreover, with objectives so closely linked to the political situation, it is always essential to assess the **opportunity** for carrying out the activities and the **priority** they have been given vis-à-vis the particular circumstances in the countries concerned.

In order to achieve a more complete and objective evaluation of the project, consideration should be given to the formation of evaluation teams comprised of lawmakers, members of the Executive Branch, and other experts at the Regional/subregional and national level. Evaluation of the project at this last level should be articulated with the joint PAHO/WHO/country review of technical cooperation. Based on the results of this evaluation, the necessary adjustments will be proposed in the strategies, for continuity of the project, as well as in the programming of future activities for "Democracy and Health."

Annexes

DEMOCRACY AND HEALTH¹

Cooperation of the Pan American Health Organization with the Parliaments of the Americas

1. Background

Several factors have contributed to the evolution of the "Democracy and Health" project since the beginning of the 1990s.

From the political standpoint, the trend toward democracy that has been gaining momentum in the last decade, most notably in Latin America, has generated favorable conditions for involving the Parliaments as counterparts in the PAHO/WHO cooperation endeavor. The Region's Parliaments have different roles depending on whether the governments are of the presidential type (which are the norm in Latin America and the United States of America) or the parliamentary type (which prevail in the English-speaking Caribbean and Canada). With the revitalization of democracy, the Parliaments are gradually assuming the central role in the Region's political life which they had temporarily lost during periods of recess, cloture, or dissolution. This reactivation of the Parliament has brought with it an effort to make up for lost time, as witnessed by the recent constitutional reforms and initiatives to reorganize the sector or update the health codes in several countries of the Region. Also, the return of rule of law and of democratic regimes has created a propitious climate for legislation aimed at achieving equity internally and, externally, at fostering integration and cooperation between the countries of the Region.

For many countries, this change has meant that the Parliament has come to share functions with the executive power which were once the exclusive responsibility of the latter, such as making policy and allocating funds for the health sector or regulating the production of goods and services. Even more important, since the Parliament constitutes a setting in which different interest groups come together and affirm their position on issues that affect health, they have been able to negotiate and forge new health policies that address the crisis. The strength of the democratic regime lies precisely in its capacity to turn this process of negotiation and agreement into a transparent and mediated effort that involves the participation of those who represent the interests of the

¹This Annex is based on the document on the subject presented in April 1992 at the 18th Meeting of the Subcommittee on Planning and Programming and updated as of 4/9/92.

entire nation. At the same time, the Parliament also provides a uniquely privileged setting in which to encourage and evaluate the contributions being made by institutions in the health sector and other areas of socioeconomic and political development toward progress in health.

From a socioeconomic perspective, opportunities have arisen to offset some of the negative effects of the crisis of the 1980s--the so-called "lost decade"--on social development in the Americas, especially its impact on health. Aggravated by the economic adjustment policies adopted by many countries in response to the crisis, these effects have been manifested in growing inequity between the different strata of American societies in terms of the risks for disease and death and access to health services.

In the context of the Organization, the countries of the Americas have recognized that health is not only a basic component of development but also one of its objectives. PAHO/WHO is postulating the improvement of health with a view to reducing inequalities in the state of health and the access to health services enjoyed by the different segments of society in its member countries. Inasmuch as it is influenced by political, social, and economic determinants, health should not be the exclusive province of the health sector; rather, it requires participation by society as a whole and by the various entities of the State. This position was endorsed in September 1990 by the XXIII Pan American Sanitary Conference through its approval of the Strategic Orientations and Program Priorities for the Pan American Health Organization during the Quadrennium 1991-1994 (SOPP). Subsequently, the Executive Committee of PAHO, at its 107th Meeting in June 1991, approved a set of targets for the implementation of these SOPP, which for the countries are indicative and for the secretariat are normative. During this period the countries and the secretariat are committed to improving the relative position of health both on the various political agendas and in the decision-making process for the allocation of resources. In order for this to happen, it will be necessary for health to regain its social visibility and political relevance in the life of societies and in the endeavor of governments and their Parliaments in the Region.

The Organization's first step in support of this initiative was to establish the Health Legislation Project (HLE) under its program for Health Policies Development (HSP) for the purpose of managing information and providing relevant technical cooperation. As part of this undertaking, work got under way to produce the LEYES data base, which is developing an index of national health legislation enacted by the countries of Latin America and the Caribbean since 1978. The data base is being made available to the Ministries of Health, the Parliaments, and academic institutions throughout the Region on the compact disk (LILACS/CD-ROM) produced by the Latin American and Caribbean Center on Health Sciences Information (BIREME). Its structure

parallels that of the Index to Latin American Legislation developed by the Hispanic Law Division of the United States Library of Congress. Work on compiling the legislation in the Caribbean countries is being carried out under an agreement between PAHO and the Law School of the University of the West Indies (UWI).

This data base, which is more current and complete than similar collections in other areas of the World Health Organization, will enable Member Countries to access the body of comparable legislation on health for the entire Region, which in turn will serve as an incentive and as a source of information for updating health legislation in the respective national contexts. At the same time, efforts are being made to encourage the compilation of health legislation at the subnational level utilizing the same methodology as that employed by LEYES, as in the case of the agreement with the Centro de Estudos e Pesquisas de Direito Sanitário [Center for Study and Research on Health Law] at the University of Sao Paulo. This agreement provides for assembling and incorporating into the data base health legislation at the national, state, and municipal level with a view to bringing it into conformity with the provisions of Brazil's new Constitution enacted in 1988.

2. Objectives

The "Democracy and Health" project was initiated in 1990 under a cooperation agreement between PAHO and the Organization of American States (OAS), on the basis of which four subregional meetings of lawmakers were held. The fundamental objective of these meetings was to involve the political system, through the legislature, in the identification of health as a substantive component of social policy within the framework of the new development models.

In times like the present, when most of the countries in the Region have begun to examine how their national health systems work and are looking at new development models, "Democracy and Health" provides a mechanism through which PAHO/WHO can foster debate while at the same time forging an agreement on what the role of health should be in the development process. Accordingly, the project has undertaken to involve the Parliaments in the technical cooperation process at the Regional, subregional, and national level, in coordination with the respective national authorities and with the support of other international agencies concerned. This cooperation is intended to reach out progressively to encompass legislative bodies at the national, state or provincial, and municipal levels.

Some of the previous experiences of PAHO/WHO, such as its activities related to the peace-making process and the Plan for Priority Health Needs in Central America and Panama, have provided useful background for proposing these objectives to

the Parliaments of the Americas. These experiences have suggested that health constitutes one of the most propitious areas for pursuit of the aims of equitable development, consolidation of democracy, and regional integration. Moreover, they illustrate the need to strengthen cooperation between the Parliaments and other entities of the State as well as to promote closer ties with other legislative powers in the Region with a view to implementing a process of "advocacy for health."

In each of the countries, it will be necessary to stimulate the Parliament's interest in the health of the people and to support it in fulfilling its role in this area as one of the powers of the State. In order to meet this commitment, the legislative power will need to have access to information and technical advisory services, as well as communication and cooperation among the Parliaments, so that it can respond more readily and effectively to the demands of the society which it has to address. Accordingly, PAHO/WHO has promoted the "Democracy and Health" project for the purpose of fostering cooperation between traditional counterparts--particularly the ministries of health--and the corresponding Parliaments.

3. Evolution of the "Democracy and Health" Project

3.1 First Stage: Subregional Meetings of Lawmakers in 1990

The first stage of the project consisted of holding four subregional meetings, as follows:

- **First meeting:** Tegucigalpa, Honduras, 28-30 May, attended by 21 lawmakers from Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.
- **Second meeting:** Caracas, Venezuela, 18-21 June, attended by 24 lawmakers from Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, Mexico, Peru, and Venezuela.
- **Third meeting:** Kingston, Jamaica, 22-24 October, attended by 35 lawmakers from Antigua and Barbuda, Aruba, Bahamas, Dominica, Grenada, Guyana, Jamaica, Netherlands Antilles, St. Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.
- **Fourth meeting:** Santiago and Valparaiso, Chile, 7-9 November, attended by 28 lawmakers from Argentina, Brazil, Chile, Paraguay, and Uruguay.

In addition to seeking to establish closer ties between PAHO/WHO, the OAS, and the Parliaments of Latin America and the Caribbean, these meetings had the following objectives:

- a) To contribute to the consolidation of democracy through greater equity in the area of health.
- b) To strengthen the role of the Legislative Branch in dealing with health issues.
- c) To promote greater knowledge and information on the health situation among legislators as members of the Hemisphere's political leadership.
- d) To identify the challenges and priorities for health with a view to orienting future actions in the legislative area, including technical cooperation.

The meetings brought together a total of 108 lawmakers from both legislative chambers (in the case of countries with bicameral legislatures) with recognized interest and a relevant background in social and health policies. From two to five lawmakers were invited from each country in order to ensure that each delegation had a politically pluralistic composition. Participation by women lawmakers was strongly encouraged. Each of the meetings was opened by the Head of State of the host country or his representative and included the participation of a number of distinguished leaders, such as the ministers of health and other government authorities. The Central American meeting was held in conjunction with a special meeting of Ministers of Health of the subregion. Three of the meetings were held, at least in part, on the premises of the host Parliament.

The Director of PAHO participated in three of the meetings and the Assistant Director in one, presenting the Organization's position on this initiative and the manner in which it will be carried out. The OAS was represented at the meetings alternately by the Secretary General, the Assistant Secretary General, and the Secretary for Economic and Social Affairs. The PAHO/WHO Country Representatives participated by providing support for the respective national delegations, as did the OAS Representatives in the host countries. A team of staff from the two organizations served as the technical secretariat for the four meetings. Thanks to excellent press coverage, the public in the host countries was able to gain an idea of the significance of the event and its implications for the future.

The sessions of the meetings were devoted to an examination of issues bearing on the relationship between democracy and health, including:

- The role of the legislature in the area of health.
- Crises, adjustment policies, and their impact on health.
- Financing problems in health systems development.
- Women, health, and development.
- Technical cooperation: priorities and future outlook.

As background for the meetings, reference documents were prepared on the respective topics of the agenda taking into account suggestions received from different units of PAHO and the OAS. In addition, various publications produced by the sponsoring organizations were made available to the participants. The documentation was sent to the delegations in advance in order to allow them sufficient time to prepare their contributions to the discussions, which resulted in well-structured interventions and a productive discussion of the proposed agenda. At these meetings the participating lawmakers agreed on a series of points which have gone on to provide the basis for formal declarations and have served to orient cooperation between PAHO and the national Parliaments in the respects cited.

In economic terms, the lawmakers focused on the negative impact that the crisis, the external debt, and the economic adjustment programs has been having on the Region, especially in the social and health areas. There was also recognition of the need to seek mechanisms capable of responding to the situation and, with this objective in mind, of integrating the resources and the efforts being made by welfare agencies, social security institutions, and private health services.

In addition, the lawmakers reaffirmed the need to consolidate the processes of democratization and peacemaking in order to effectively guarantee that the entire population has increasingly better access to health. The most important manifestation of this process has been the constitutional reforms that guarantee the right to health and define the responsibility of society and the State in this area. The lawmakers also recognized the importance of complementing the work of the executive and legislative branches in order to ensure more effective and efficient normative action in the area of health, and of giving the Parliaments more latitude in the exercise of their rightful control over this process.

The Parliament was recognized to be a basic arena for the attainment of equity, particularly in light of its role in setting policy on fiscal and budgetary matters. Moreover, emphasis was placed on the need to encourage regional integration as a means

of responding to pressing problems in the countries of the Region and presenting a common front in the global system of international relations.

With regard to women, attention was called to the importance of their participation in the development process, given the fundamental role of women in society. The lawmakers also affirmed the need to make the utmost use of women's capacity in the promotion, protection, and recovery of health, as well as in the prevention of disease. It was agreed, therefore, that women need to be included in the development and implementation of health policies, both as beneficiaries and as promoters thereof.

Finally, it was recognized that there is a need to promote cooperation between the Parliaments of the Region in health matters, as well as to enter into agreements and promote the participation of their members in events where social and health issues are debated. In addition, the lawmakers asked PAHO/WHO and the OAS to establish lines of cooperation in the area of health, stressing the need to update health legislation through an approach that combines the principles outlined above. It was also emphasized that in order to attain these objectives it would be indispensable to have mechanisms that would not only facilitate the dissemination of knowledge in the area of health legislation but would also provide lawmakers with access to the training needed in order to address the challenge of health management at the legislative level.

In this connection it was recognized that the legislative infrastructure is quite limited, making it difficult for the Parliaments to adequately fulfill the functions that have been consigned to them in the prevailing situation in the Region. However, as yet there has been little interaction between legislators, health authorities, and international agencies in the area of health, and there is no clear awareness of the possibilities for reciprocal cooperation. The subregional meetings enabled these parties to become better acquainted with one another and to establish ties that will lead to greater utilization of the potential of all concerned.

3.2 Second Stage: Establishment of Direct Cooperation with the Parliaments in 1991

The subregional meetings have generated a series of tacit commitments for technical cooperation between the Parliaments and the sponsoring organizations. For PAHO/WHO, these commitments have resulted in a line of work to be implemented during the second year of the project which will involve various activities that take into account both the political and the technical dimensions of the Parliaments, as described in this section.

3.2.1 Technical Cooperation Agreements between PAHO/WHO and the National Parliaments

The need manifested by the lawmakers for access to information and training in the management of health issues led PAHO/WHO to sign a technical cooperation agreement this year with several of the Parliaments in the Region. This first stage will include the Parliaments of Argentina, Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, Uruguay, and Venezuela. Cuba was added later at the request of that country's Ministry of Health. More recently, the Parliament of Aruba asked to receive a set of the background materials that constitute the agreement.

The agreement, which has been finalized in consultation with the pertinent national authorities, covers the following components:

- a) Provision of the technology required for use of the LILACS/CD-ROM, including, in addition to periodic delivery of the compact disk, a microcomputer with a printer and a CD-ROM reader. This technology permits access to the data bases of Latin American and Caribbean literature in the health sciences (LILACS), human ecology (ECO), environmental sanitation (REPIDISCA), and health legislation (LEYES), all of them produced by BIREME;
- b) Subscription to the publications of the Organization that are considered relevant for the development of health-related legislation; and
- c) Opportunity for the Parliaments to participate in the Regional initiatives promoted by the Organization, as well as in cooperation activities at the country level under agreements concluded with the respective national authorities.

The agreement also provides for the designation of an official from the legislative branch who will take responsibility for coordinating cooperation and providing information on the draft legislation currently under discussion, as well as on the composition and activities of the health commissions. This information, in turn, will be placed at the disposal of other Parliaments through a special data base that is currently being developed. As this report was being prepared, 20 Parliaments had already accepted the Organization's offer of cooperation, received the equipment and documents that were sent, and designated the respective focal points to coordinate efforts in this area. In several of these countries there have been ceremonies to mark the formal signing of the agreement, with the participation of the respective ministers of health and other national authorities. In some cases, the Director of PAHO was also present or

special ceremonies were held in connection with the event. To facilitate implementation of the agreements, training courses are being organized on the use of CD-ROM technology. These courses, to be given by BIREME, will benefit not only the personnel in the Parliaments but also personnel in the ministries of health who may need the relevant training.²

The project has generated a series of requests for advisory services to aid in the updating of health legislation. These requests have generally been addressed through two complementary modalities, both of these in consultation with the corresponding technical program. The first involves providing information about comparable legislation on the subject, which has been organized into "working compendia" based on the structure of the LEYES data base. Worthy of mention in this regard are the initiatives to update legislation on controlling the use of tobacco, in collaboration with the Program for Health Promotion (HPA), and the study on the implications for health of the Treaty of Asunción, which created the Common Market of the Southern Cone (MERCOSUR). The implementation of this agreement will necessitate harmonizing various aspects of the health legislation of the signatory countries. The second modality involves providing advisory missions to the health commissions of the Parliaments. Noteworthy among these have been missions on updating the sanitary code of the Dominican Republic and the codes on mental health in Colombia, Ecuador, and Panama.³ Mention should also be made of the participation offered by PAHO/WHO in drafting the Health Law of Bolivia, commissioned by the Parliament of that country at the initiative of the Ministry of Public Health and Social Welfare. In addition, several of the countries of the English-speaking Caribbean, including Grenada and Trinidad and Tobago, have expressed interest in updating their general health legislation and also their laws on working women and "health tourism."

The PAHO/WHO Country Representatives are gradually enlisting the Parliaments, especially their health commissions, as counterparts in the cooperation provided by PAHO/WHO in the countries. At the same time, a number of Regional Programs, such as those on environmental health, communicable diseases, maternal and child health, and health promotion, are getting legislators involved in the cooperation activities that they

² During the programming of the agreement, other initiatives were identified involving automation of the parliaments so that they can have access to information needed for the fulfillment of their functions, which are receiving support from international development agencies. These initiatives and that of PAHO are mutually complementary.

³The activities of these two countries are a result of the reform process generated by the Declaration of Caracas, adopted at the Regional Conference on the Restructuring of Psychiatric Care (Caracas, Venezuela, 11-14 November 1990), which was promoted by the Program for Health Promotion (HPA).

are promoting. Thus, for example, steps were taken to facilitate participation by lawmakers from Latin America, including Haiti, in the "Meeting to Assess the Status of the National Plans of Action for Attainment of the Goals of the World Summit for Children," held in Brasília, Brazil, on 20-25 April. At this meeting the lawmakers called for an initiative to update legislation in areas relating to women and children, to be undertaken in cooperation with PAHO/WHO.

The Director has also been regularly including the Parliaments in the contacts that he makes during official visits to the countries. Similarly, in their missions to the countries, HSP personnel have met with the health commissions of the Parliaments in Argentina, Brazil, Costa Rica, Peru, Uruguay, and Venezuela as follow-up on the activities carried out in connection with the "Democracy and Health" project. A meeting was recently held in Lima with lawmakers from the health commissions of Ecuador, Peru, and Venezuela with a view to identifying areas of common interest for the harmonization and updating of health legislation in the countries of that subregion. This meeting sought to create an opportunity for supranational coordination and debate in order to lay the groundwork for establishing a health commission under the Andean Parliament in the near future.

These activities have served to confirm the keen interest of the Parliaments in PAHO/WHO cooperation, as well as to coordinate the delivery of cooperation in response to specific requests from lawmakers in connection with projects that they are promoting in their respective countries. Moreover, the positive response to this cooperation has not come from the Parliaments alone. Several of the ministers of health have expressed their satisfaction with this PAHO/WHO initiative, which is helping to bring about smoother interaction between the ministers and their respective Parliaments as well as increased consideration of health matters in the legislative arena. In addition, lawmakers have been included in national delegations that have come to PAHO Headquarters, notably during the last meetings of the Directing Council.

3.2.2 First Meeting of Legislators of the Southern Cone

The First Meeting of Legislators of the Southern Cone brought together representatives from the signatory countries of the Treaty of Asunción, namely Argentina, Brazil, Paraguay, and Uruguay, as well as a delegation from Chile. The meeting was held in Brasilia from 29 to 31 July 1991 in parallel with a meeting of ministers of health of the same countries. PAHO/WHO's contribution to this the meeting of lawmakers included the preparation of a document on the incongruities and gaps in the health legislation of the participating countries that might hamper or impede execution of the Treaty. The areas analyzed during the meeting were: quality control of food, drugs, equipment, and medical devices; environmental protection; industrial promotion, protection, development, and integration; social security systems; the health of workers;

and the rights of children. Following the same approach used for the subregional meetings in 1990, the background material on these subjects was sent in advance to the lawmakers, who had the support of the corresponding PAHO/WHO Country Representatives in reviewing the information and preparing their respective contributions.

In the course of the meeting the lawmakers expressed concern over the possibility that, with the consolidation of MERCOSUR, economic problems might displace those of social concern. They also agreed on the need for the integration process engendered by the "Treaty of Asunción" to revitalize the system of participatory democracy and guarantee protection of the environment and the preservation of natural resources. In this connection, it was agreed that, of all the issues under discussion, environmental protection was the one in which there was the most pressing need for integrated action on the part of all the participating countries. With regard to the quality control of food, drugs, and medical devices, attention focused on the need to reconcile trends toward deregulation with the need to protect consumers, as well as the importance of adopting international standards such as the Codex Alimentarius.

The lawmakers concurred in recognizing the right to health as an integral part of democracy and a condition for the exercise of citizenship. Workers' health was stressed as an indispensable element for achieving comprehensive development, and a detailed account was given of the crisis currently affecting the social security systems and the need to propose appropriate measures to reform and modernize them. Finally, at the request of the Director of PAHO, the delegates agreed on the importance of setting "legislative agendas" in health, with a view to furthering the integration process engendered by the Treaty of Asunción. To this end, the lawmakers of Argentina and Paraguay requested advisory services from PAHO/WHO in order to reformulate the legislation applicable to the subjects covered by the treaty. In particular, the Paraguayan delegation asked for cooperation from the Organization in determining the treatment to be given to health in the National Constitution, which is currently in the process of being drafted.

3.2.3 Cooperation with State Legislatures

In fulfillment of the project's initial aim to include state legislatures, the PWR/Brazil convened a meeting of Brazilian state legislatures, held in Brasília last 12-13 May. Promoted by the São Paulo-based Interstate Legislative Union (União Parlamentária Estatal--UPI), this event had the endorsement of various offices in the Executive Branch and the National Congress. The support from the Executive took the form of participation by the Ministers of Health and Social Security. On the part of the Executive there was agreement regarding the importance of the Legislative Branch, since

it represents the various sectors of society and its product is the result of a process of agreement. The National Congress was represented by the President of the Senate and by a group of lawmakers who are active in the area of health.

In all, the meeting was attended by 21 deputies from 11 Brazilian states. The discussion centered around two basic issues: social rights in constitutional reform, and the role of the legislature in health.

Among the resolutions agreed on was one that recognized the need to promote the exchange of lawmakers at the state level in the countries of Latin America in order to discuss the health consequences of the integration processes currently under way. In addition, cooperation was requested from PAHO/WHO to hold a similar meeting for the countries of MERCOSUR. The UPI indicated its interest in becoming involved in the technical cooperation efforts of PAHO/WHO and the Parliaments of the Region.

3.2.4 Activities with Regional and Subregional Parliamentary Organizations

i) European Parliament⁴

Also in July, a working meeting was held with the members of the Commission for Latin America of the European Parliament at the time of their visit to the Andean Parliament. The visit of the Europeans was coordinated by the Representation of the European Economic Community in Lima, and it was PAHO/WHO's responsibility to arrange for the inclusion of health on the meeting's agenda. The objective of this gathering was to define possible lines of cooperation between American and European Parliaments with a view to strengthening the "Democracy and Health" project in the following areas:

- a) Political support from the European Parliament for resolutions passed by American Parliaments on health-related issues, in regard to both their legislative and their control functions.
- b) Support for interParliamentary projects and cooperation activities promoted by PAHO/WHO in the countries.

⁴The European Parliament is composed of 12 member countries from the European Community, elected by direct vote. The representatives are organized into commissions according to their area of interest. There are two types: the issue-oriented commissions, which examine social, economic, and international affairs, among other areas, and the regional commissions, which maintain relations with the different subregions (Asia, Africa, South America, Central America, etc.).

c) Participation of the European Parliament in the Inter-American Parliamentary Conference.

ii) Latin American Parliament⁵

The Latin American Parliament (PARLATINO) was originally organized into the following commissions: Political Affairs, Economic and Social Affairs, Cultural Affairs and Education, Legal Affairs, Environment, and Science and Technology. Until recently, health came under the agenda of the Commission on Social Affairs. At its last Conference, held in Cartagena on 31 July-3 August, the PARLATINO created a Commission on Health, Labor, and Social Security, the presidency of which is held by Cuba.

The inaugural meeting of the Commission on Health, Labor, and Social Security was held in Havana Cuba, last 24-27 March. The meeting was attended by 100 representatives, including lawmakers, advisers, and observers and brought together 17 member countries of the PARLATINO, including the summit of the subregional parliamentary institution. PAHO/WHO participated in this event as observer. The meeting concluded with the approval in plenary session of a plan of work to be carried out at the national level consisting of five "health agendas" for the following areas: reorganization of the sector, environmental health, drugs, worker's health, and maternal and child care. This list of subjects was derived from a broad proposal developed on the basis of suggestions from the PAHO/WHO programs.

Subsequently, in conjunction with the Brazilian Group and the PARLATINO Commission on the Environment, the Economic Commission for Latin America (ECLAC) and the United Nations Environment Program (UNEP), PAHO/WHO promoted a Regional Meeting of Lawmakers on the Environment, Health, and Development, which was held in São Paulo, Brazil, last 26-28 April. The objective of this meeting was to promote the participation of the Region's lawmakers in the United Nations Conference on Environment and Development (UNCED), as well as the implementation of its recommendations in the respective countries. PAHO/WHO cooperation in this initiative was coordinated through the Environmental Health Program (HPE) and the PAHO/WHO Representation in Brazil.

⁵The Latin American Parliament, created in 1964, is composed of 23 Latin American Parliaments. It has a Governing Board, a Regular Conference of Members, and several working commissions. Despite its long existence, it is only in recent years, beginning in 1987, that the PARLATINO has begun to be institutionalized, with the establishment of a headquarters and a General Executive Secretariat and adoption of its first statutes.

The Organization has proposed to the Latin American Parliament (PARLATINO) that an Inter-American Parliamentary Conference be organized for the purpose of developing a Regional agenda for the Parliaments in the area of health. This conference, to be held in 1993, would be attended by representatives of all the Parliaments of the Region plus a delegation from the European Parliament.

Also within the PARLATINO context, PAHO/WHO, along with other national and international organizations, has been invited to sponsor the First Panel on Integration of the Southern Cone. This event, organized by the Senate of Argentina and the Secretariat of the Permanent Commissions of the PARLATINO, will take place in Buenos Aires next October and November. The Panel will be attended by lawmakers belonging to the PARLATINO and similar bodies elsewhere. The aim of these sessions is to learn about the realities, positions, and proposals of the participating agencies and institutions with regard to integration of the Southern Cone, with a view to coming up with adequate strategies for making integration viable. The issues to be addressed in the course of the event are the same as those that PAHO/WHO is working on in fulfillment of its commitments assumed in the Havana meeting: the environment, public administration and policy, reform of the State, and labor.

iii) Andean Parliament⁶

The Andean Parliament has manifested its interest in supporting the "Democracy and Health" project through the establishment of a line of direct cooperation with the Parliaments in the Andean countries in the area of health. PAHO/WHO is working jointly with the secretariat of the Andean Parliament to ensure that health will be included on the agenda of its IX Conference, to be held in September 1992, and to promote the possibility of its being the central theme of the X Conference. This body was created in 1979 and ratified five years later under a treaty signed by Bolivia, Colombia, Ecuador, Peru, and Venezuela. For the time being, the Andean Parliament has an indicative role with regard to budgetary matters and serves as a political forum for discussion and amalgamation of ideas, thereby helping to strengthen regional integration. At its last meeting, this subregional Parliament examined the Initiative for the Americas proposed by the President of the United States of America. Also, it will serve as a very important forum for the implementation of agreements in the area of health that are being negotiated within the framework of Andean integration.

⁶ Established by the Treaty of Lima, the Andean Parliament comprises the Parliaments of the countries of the Andean Group and meets several times a year in regular and special sessions. Its Governing Commission is composed of five members, with a president and a vice president.

iv) Central American Parliament⁷

The Central American Parliament (PARLACEN) began to take interest in health matters shortly after joining RESSCA and the Council of Ministers of Health of Central America. Recently, PARLACEN indicated to the Director of PAHO that it was interested in entering into a cooperation agreement with the Organization. This agreement was signed during the course of RESSCA, held in El Salvador on 1-5 September 1992.

According to the preliminary working agenda drafted by PARLACEN, PAHO/WHO cooperation would focus on the harmonization of health legislation in Central America and also address such areas as strategies for implementing investment funds in health, social compensation, debt swaps for social and environmental projects, integrated development of border areas, and other initiatives aimed at improving the health of the population in Central America. The PARLACEN representatives also requested that the cooperation stemming from the agreement with PAHO/WHO be coordinated with that provided for under a similar agreement it has signed with the United Nations Children's Fund (UNICEF). Since this agreement provides for the establishment of a technical secretariat, steps are being taken to determine whether PAHO/WHO might collaborate with UNICEF in supporting this secretariat in order to facilitate the work of lawmakers in developing plans and programs that have objectives in common.

3.2.5 Interagency Cooperation Activities

The project "Democracy and Health" has opened up the possibility of entering in contact with other international agencies that are also committed to involving the Parliaments of the Region as their counterparts. Thus, for example, during the Regional Meeting of Lawmakers on Environment, Health, and Development, ECLAC, UNEP, and PAHO/WHO established an interagency cooperation group. Their idea in joining forces is to be able to more effectively assist parliamentary institutions as they address issues relating to the environment and health. In this same vein, PAHO/WHO is working with the program for the promotion of democracy under the recently created unit for the

⁷ The Central American Parliament is part of the system of Central American integration and takes part in the Summits of Presidents and Vice Presidents, the Councils of Ministers, and the Court of Justice, which will be installed in the near future. The first countries to join PARLACEN were El Salvador, Guatemala, and Honduras. More recently, these have been joined by Nicaragua and Panama. Each country elects a delegation of 20 deputies to this subregional body, which has, inter alia, the following commissions: Culture, Social Welfare and Tourism, Integration, and Children, Women, and the Family.

promotion of democracy in the OAS. It hopes to develop a line of cooperation aimed at preserving the health component among that Organization's activities for strengthening the political institutions and democratic processes being promoted by that institution.

3.2.6 Parliamentary agendas for health at the Regional, subregional, and national levels

The process generated by the subregional meetings on "Democracy and Health" has transcended national boundaries and is now having repercussions at the subregional and Regional levels.

In the first place, activation of the subregional and Regional integration processes requires uniform normative backing that not only validates them but encourages them. Accordingly, promotional efforts have focused on a "health agenda" designed to orient parliamentary action toward harmonization of the respective national legislations. Thus, PAHO/WHO, through its Regional Programs and PAHO/WHO Country Offices, is in the process of identifying gaps in the legislation with a view to bringing them to the attention of the Parliaments of the Region for their consideration.

At the supranational level, perspectives have opened up for working in several different directions. One of these has been the strengthening of cooperation between PAHO/WHO and the PARLATINO's Commission on Health, Labor, and Social Security in order to launch the "health agendas"--defined during its inaugural session in Havana, Cuba--at the national, subregional, and Regional levels. With a view to stepping up parliamentary action relating to the "health agendas," studies are being developed on legislation aimed at identifying gaps and inconsistencies in the five areas highlighted at the meeting in Havana: reorganization of the sector, environmental health, drugs, workers' health, and maternal and child care. The content of these studies has been developed in cooperation with the units and programs of PAHO/WHO, and it is expected that they will be discussed in subsequent Regional and subregional meetings to be held during the current and upcoming year.

COMMENTS FROM THE 17TH AND 18TH MEETINGS OF THE
SUBCOMMITTEE ON PLANNING AND PROGRAMMING ON THE
DOCUMENT "DEMOCRACY AND HEALTH"

17th Meeting

Item 5: Democracy and Health

This presentation was given by Dr. César Vieira from the Health Policy Development Program. He stressed the socioeconomic and political background of the Democracy and Health Project, as well as the basis for its implementation in light of the Strategic Orientations and Program Priorities for PAHO/WHO during the Quadrennium 1991/1994. The project was launched with four subregional meetings of parliamentarians in 1990 in Tegucigalpa, Caracas, Kingston, and Santiago/Valparaíso, with collaboration from the Organization of American States. In 1991 technical cooperation agreements for health were signed with 20 parliaments, and cooperation ties were established with some regional and subregional parliamentary organizations. There are plans to sign agreements in the immediate future with the rest of the parliaments and to strengthen subregional and regional cooperation, based on parliamentary health agendas. Finally, he cited some examples to illustrate that the project is being well received in the countries, not only by the parliaments, but also the health authorities.

Discussion

Because of its importance, the topic gave rise to a detailed discussion. Most noteworthy was the fact that all members of the Subcommittee recognized that while the Ministry of Health has preeminent responsibility for leadership in the health sector, the responsibility for promoting health includes all state agencies, including the legislatures. Therefore, the initiative to encourage greater understanding of, information concerning, and support for health is very positive.

However, it was stated that the way the document was drafted raises some doubts as to how the Bureau would proceed to contact or establish relations with the legislative branch in each country, since PAHO must be very careful to respect established channels so as to avoid problems with the executive branch. To this end, it was suggested that the Organization establish very clear parameters for itself, recognizing that PAHO's line of communication with the country is through the executive branch. The need to establish priorities and to limit costs also was underscored.

The Director made it clear the Bureau will continue to collaborate, as it has always done, directly with the executive branch, and that the latter has been and will continue to be consulted prior to initiation of activities with the legislative branches in their countries. It was also clarified that, in addition to promoting greater recognition of health in the overall development process in each country, a main objective of the program is to encourage the parliaments to cooperate more closely with the Ministry for the cause of health.

A member of the Subcommittee noted that the initiative had not yet been considered by the Governing Bodies and that the funds to implement it had not been specifically allocated for that purpose. Concern was expressed as to how the program would be funded and what repercussions it might have on funds earmarked for the Ministries of Health. The Director cited the limited special funding through the Regional Director's Development Program.

The Secretariat reported that, at the national level, the program would be included in the APB of those countries which might request it, and that it would be up to the health authorities in this dialogue with the PWR's Office to decide what part of that budget would be devoted to fostering relations with the legislative branch.

As a result of the discussion, the Subcommittee decided to ask the Secretariat to revise the document presented to clarify the points raised, and to fine-tune the objectives of the program. The new document, which will be submitted to the SPP at its April 1992 meeting, should also propose a method for evaluating the program. Following that review, it was the intention of the Subcommittee to submit the document for consideration by the Executive Committee at its meeting in the Fall of 1992.

18th Meeting

Item 9: Democracy and Health

In presenting the revised and updated version of the document that was submitted to the Seventeenth Meeting of the Subcommittee in December 1991, Dr. Vieira, PASB, summarized the factors that had led PAHO to develop this project, as well as the objectives and conclusions of the four subregional meetings of lawmakers promoted in cooperation with the Organization of American States, with which the implementation of this initiative began in 1990. He reviewed the evolution of cooperation with the legislatures since then, outlining the activities that have been carried out at the national, subregional, and Regional levels.

He mentioned several of the positive results of the initiative as elements for a preliminary evaluation, and he discussed future prospects in this area.

Discussion

One of the members said that he did not find much difference in terms of content between the revised document and the one that had been submitted to the Subcommittee in December 1991. He asked for clarification regarding the channels of communication that would be used in contacts with the legislatures, the priorities, the cost of the program, the allotment of funds for implementing it, and the development of a methodology for evaluating the program.

Another member voiced the opinion that, although the document was perhaps not terribly explicit, it did indeed respond to some of the concerns expressed by the previous speaker. He considered the initiative extremely important because its objective was to make legislators aware that health is an area that must be given the priority that it deserves. Health is not just one of the basic elements required for development but one of its objectives. Advantage should be taken of the opportunity offered by meetings of different groups of lawmakers in order to raise their level of awareness about this issue.

The same member commended the Bureau for this initiative and informed the Subcommittee that a meeting had been held of the Commission on Health, Labor, and Social Security of the Latin American Parliament, with the participation of 75 lawmakers from 17 countries of the Region. A wide range of health-related issues had been discussed, which testified to the interest of legislators in this matter and to the validity of the initiative. The Commission appreciated the Organization's efforts to ensure that the legislative branch, in coordination with the executive branch, would have a role in the formulation of health policy in the Region.

One of the members, indicating that he supported the initiative, pointed out that a future edition of the working document on this matter should clarify the distinction between the parliamentary systems in the English-speaking Caribbean and the systems in other countries of the Region, since some of the difficulties indicated might derive from confusion over the functioning of these two types of legislative systems.

The Secretariat responded to the aforementioned comments, indicating that the report presented was largely an overview of what had occurred in the past rather than a plan for future action. With regard to the question concerning evaluation, it was indicated that this was to be accomplished through the same methodology and mechanisms that are applied in other programs of the Organization, although perhaps in this particular case a more specific mechanism should be developed. It was also mentioned that thus far the Ministries of Health have indicated that they are quite satisfied, and they have even participated in the activity. He reiterated that the funds allocated for the promotion of this initiative are Regional funds and are not taken from funds allocated to the Ministries of Health.

The Director indicated that pursuant to the Subcommittee's consensus that this matter should be submitted to the Governing Bodies of the Organization for formal approval, the Secretariat would add to the report under discussion a proposal of activities, specifying the objectives and expected outcomes, together with the mechanisms for action, and detailing very clearly the role of the executive branch, in particular the Ministries of Health. In addition, a process of monitoring and evaluation will be established for application in the future.

The Director emphasized that the Bureau considers this activity to be of extraordinary value both from a political and operational standpoint and even from the pragmatic vantage point internally of national discussions on budgetary allocations to the health sector.

The Subcommittee agreed that a revised edition of the report, together with a proposal of activities, should be presented to the Executive Committee and to the Directing Council for their approval.