*Bull Pan Am Health Organ* 15(4), 1981.

# Editorial

## HEALTH AND DEVELOPMENT[1]

**by Dr. Héctor R. Acuña**
**Director of the Pan American Sanitary Bureau**

In proclaiming the Third Development Decade and adopting the International Development Strategy for the Decade, the United Nations General Assembly likewise adopted for the health sector the decision to attain by the year 2000 a level of health that would enable all peoples of the world to lead a socially and economically productive life. To reach this goal, all countries will have to broaden the access of the poorest groups in their populations to health services and, with the cooperation of the international community, provide immunization against the major infectious diseases for all children as early as possible during the decade. In addition, safe water and adequate sanitary facilities should be made available to all rural and urban inhabitants by 1990. The International Strategy also recognizes that, to attain an acceptable level of health for all by the year 2000, it will not be enough for the countries to develop their health service systems so as to emphasize a primary care approach, but that improvements in nutrition and other living conditions will also be necessary.

In the Region of the Americas, this commitment made by the Governments at the global level was ratified in 1980 by the Member Governments of the Pan American Health Organization at the XXVII Meeting of its Directing Council, where they charted regional strategies for attaining the goal of "Health for All by the Year 2000" and set specific goals and objectives.

These regional objectives focus on three things: the restructuring and expansion of health service systems to make them more equitable, efficient, and effective; the promotion and improvement of linkages between sectors; and the encouragement and improvement of linkages between regional and interregional cooperation. The Member Governments have made it very clear that these three objectives must be so pursued that a specific contribution can be made by the health sector to the reduction of social and economic inequalities.

In regard to the regional goals for the year 2000, they agreed that in no country of the Region must life expectancy at birth be less than 70 years or infant mortality greater than 30 deaths per 1,000 live births. They have further agreed to provide access to health services, safe water, and basic sanitation for 100 per cent of the population, and to provide immunization for 100 per cent of the children under one year of age.

This undertaking to attain "Health for All by the Year 2000" is no new departure for the Governments of Latin America and the Caribbean, but rather one more stage in the long journey they set out upon a decade ago. In 1972, when drawing up the Regional Health Plan for 1971-1980 in connection with the proclamation of the Second Development Decade by the United Nations General Assembly, it was established as a principal goal that life expectancy at birth was to be increased by five years in countries

[1] From an address delivered at the XIX Session of the Economic Commission for Latin America held at Montevideo, Uruguay, on 4-16 May 1981.

where it was less than 65 years, and by two years where it was more. At the same time, it was proposed to reduce mortality in children by 30 to 50 per cent. It was decided that these levels would be attained chiefly by extending the coverage of health services, and by extending potable water and basic sanitation services to the entire unserved and underserved populations.

A vigorous effort was made, and, despite adverse conditions for the Region's development during the decade, some countries actually exceeded the regional goals. In the Region as a whole, life expectancy was extended by four years. Infant mortality was reduced only 27 per cent; however, important gains in the reduction of infant mortality were made over the last decade with regard to diseases preventable by vaccination, where the health sector had inexpensive weapons whose effectiveness was relatively independent of general living conditions. Nevertheless, despite this progress, diarrheas and acute respiratory diseases continue to decimate the infant population, large numbers of cases being generated by malnutrition and a hostile environment. These results confirm that the gains obtainable using the health sector's existing technology are not enough to offset the ravages of hunger and extreme poverty.

The experience acquired by the health sector in the last decade is as important as the progress it has made. Paradoxically, the magnitude and intensity of the effort involved in trying to extend the coverage of its services to deprived populations in a relatively short time aggravated the problems that the sector was already facing and compelled it, through trial and error, to find fresh approaches and solutions. These fresh approaches and solutions show promise for the middle-term and long-term future.

The activities now being implemented will test the lessons learned and the creative capacity of the sector. The task ahead will be even more strenuous than the one behind us, as the accelerated growth of our populations and the expected changes in their age structures, coupled with the progressive urbanization taking place in the Hemisphere, present us with more complex problems. In all probability, diseases of urban and aging populations will occur side by side with those springing from poverty and hostile environments. In addition to the problems typical of rural populations, we will also be confronted by those of the growing marginal urban masses.

Attaining the goal of "Health for All by the Year 2000," as defined by the countries of the Americas, has obvious and far-reaching implications for socioeconomic development. In our view this goal must be regarded not as an isolated sectoral objective but as part of the broader aims that the Governments have already endorsed in the United Nations by establishing the New International Development Strategy, the New International Economic Order, and the War on Extreme Poverty.

Before the established strategies can be implemented and the goal achieved, the dimensions of the problem must be gauged in terms of population projections; specific national profiles of well-being must be plotted which reflect all the economic and social aspects of each country; and the possibilities of attaining these levels of well-being through prevailing development patterns must be examined, with a view to defining and proposing needed changes in their dynamics and modalities. This is clearly an enterprise that brings into play all the social forces of a country, including those that have been idle or little utilized.

Whether the goal can be attained or not depends on many technical and economic factors and, more importantly, on decisions based on particular social and political circumstances. Health for All by the Year 2000 is not an overly ambitious aspiration. The aim is to provide a minimum level of health services in a manner closely linked to prin-

ciples of social fairness and ethics. There is sufficient justification to frame and uphold this goal before the end of this century, regardless of the dynamics of the economic process. It is in this economic respect, however, that the goal can be regarded as "maximal," because of the means required for its attainment. Thus, we are faced with a paradox: the goal is ethically "minimal," because lower levels of services cannot be countenanced; but it is "maximal" with regard to allocation of resources and implications for a country's entire means of production.

Increasing the volume and productivity of the resources assigned to the health sector is a necessary condition for attaining the goal, but not a sufficient one; that is, the objectives and operations of the health sector also have to be brought into line with the objectives and styles of economic growth. This means that effective intersectoral linkages with new financial strategies are essential for attaining the goal.

Special importance is attached to the role the government plays in the effort needed to attain this goal. In the countries of Latin America and the Caribbean, governments have historically been the principal providers of health services. This responsibility is bound to grow in this new undertaking, where the object is to broaden the access to health services for populations unable to buy them on the open market. Hence, the greatest burden will fall upon governments, even though the contribution of the private sector will still have to be increased and reshaped to harmonize with different development styles.

Viewed in the perspective of the next twenty years, public spending for health comes to have an important bearing upon attainment of the established goals. It is immediately apparent that the demands the social sectors will make on the financing and implementing capacities of governments are very sizable, even if the growth of these sectors is accompanied by, or rather increasingly delegated to, community action and other activities directed at mobilizing resources.

A quick review of certain economic indicators shows that in many countries inflation is running high, and judging from the results obtained thus far by counterinflationary efforts, this situation will continue at least through the early years of this decade. Governments are thus faced with a socioeconomic dilemma; that is, they must deal with high rates of inflation and the need for considerable increases in public expenditures in order to help achieve goals that, from a moral standpoint, are minimal. This situation makes it increasingly necessary to change the style of development and to redistribute income and consumption; it also makes imperative the adoption of nonconventional ways of meeting health needs.

Working within the concept of economic and social development that has been clearly enunciated for this third decade, the goal of Health for All by the Year 2000 must be directly identified with the objectives of that development. Hence, the possibility of attaining the goal must not be foreclosed by pessimistic assumptions about prospects for economic growth. Acceptance of the commitment to attain the goal proposed for health is a necessary corollary to attaining the declared objectives of this new decade that have an overriding political and social urgency.

For its part, the health sector will have to see that its allocated resources are applied to priorities stated in terms of deprived human groups and the most urgent health problems, to an unremitting quest for innovative solutions that will combine these resources in the most socially efficient ways and will attain maximum mobilization of idle capacities, and to improvement of the sector's administrative and evaluative functions for purposes of monitoring the productivity and effectiveness of its activities.

The sector must also redouble its efforts to make its activities complementary with those the other social and economic sectors are making in the effort to improve the well-being of the population.

## ACUTE HEMORRHAGIC CONJUNCTIVITIS IN THE AMERICAS

Outbreaks of acute hemorrhagic conjunctivitis are continuing in various countries of the Americas—including Belize, Brazil, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Suriname, Trinidad and Tobago, and the United States. Information from several sources suggests the causal agents could be circulating adenoviruses or enteroviruses, but so far no virus isolation has been confirmed.

In the United States, cases of the disease have been reported from two parts of Florida. The municipality of Key West reported 362 cases in the period 4-21 September 1981. An initial survey of 78 families reporting to the health department for treatment revealed a total of 129 cases among subjects ranging in age from nine months to 75 years. The geographic distribution of the 78 families surveyed was confined to two of 40 census tracts, and most cases occurred in two neighboring housing projects.

Slightly to the north, 15 to 65 cases were being reported daily in Dade County, Florida, in mid-September, and a total of 259 cases were seen between 15 and 21 September. A review of 57 patients selected at random revealed bilateral conjunctival infection and irritation in 93 per cent, subconjunctival hemorrhage in 91 per cent, excessive tearing in 96 per cent, preauricular lymphadenopathy in 77 per cent, and lid edema in 66 per cent. None of the patients had fever or symptoms of upper respiratory infection. These patients range in age from nine weeks to 81 years. The incubation period has been estimated at less than 24 hours in most cases, and the secondary attack rate for affected families is high.

*Source:* World Health Organization, *Weekly Epidemiological Record* 56:311, 1981.