Editorial

A NEW APPROACH FOR THE HEALTH SYSTEMS OF THE AMERICAS

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

From a speech presented by Dr. Acuña at the Eighth Meeting of the Scientific Advisory Committee of the Regional Library of Medicine and the Health Sciences on 11 December 1975.

It gives me great pleasure to welcome you, on behalf of the Pan American Health Organization, to the Eighth Meeting of the Scientific Advisory Committee of the PAHO Regional Library of Medicine and the Health Sciences (RLM) ....

In planning Latin America's health activities for the decade 1971-1980, the Ministers of Health of the Americas approved several important resolutions and recommendations in Santiago, Chile, in October 1972. Some of these were related to technological and teaching resources, including the development of health science libraries.[1] Specifically, the Health Ministers recommended the establishment of national documentation systems for the health sciences in the countries of Latin America, to be linked with each other as well as with the PAHO Regional Library of Medicine and the National Library of Medicine of the United States of America. Also, the necessary personnel were to be trained for the operation of these systems. In this regard, the Regional Library of Medicine (RLM) is to be commended for the work it has accomplished toward the achievement of these goals. To a large extent, this was made possible by the scientific and technical guidance of this Committee, and by the increasing financial support provided by the Government of Brazil and various agencies.

Through the RLM, the Pan American Health Organization is developing a massive cooperative effort among all Latin American countries for the identification and pooling of the countries' biomedical bibliographic resources. Biomedical

[1] Pan American Health Organization. *Ten-Year Health Plan for the Americas Final Report of the III Special Meeting of Ministers of Health of the Americas.* Washington, D.C., 1973. (PAHO Official Document No. 118.)

library resources are thus being strengthened and shared throughout the Region under a program for active exchange of information, bibliographic materials, and services at the local, regional, national, and international levels.

Professional and scientific isolation is often the reason why physicians and other health personnel refrain from going to the rural areas where some 120 million people in acute need of medical care live. In an effort to remedy this situation, the RLM is providing updated bibliographic information and services to health sciences professionals, educators, and researchers, wherever their place of work may be, to help them keep abreast of current scientific and health-related developments. The regionalization of health services and medical care facilities, from large urban university hospitals to peripheral district hospitals and health centers, is another vehicle for providing rural biomedical communities with much-needed scientific literature and services. The Selective Dissemination of Information program (SDI), which is well-tailored to the needs of general practitioners, is a particularly suitable format for accomplishing these objectives....

Technological and teaching resources are effective tools for the attainment of our priority goal for the decade, which is to extend health service coverage to the underserved population of the Americas.

In their efforts to attain this goal, the countries of the Region are actively seeking new approaches and techniques and are encouraging the adoption of those required by their individual situations. The obstacles they face are impressive. In the developing countries, no less than 40 per cent of the population living in rural areas and in shantytowns has no access whatsoever to health services. The World Bank classifies these people as affected by "extreme poverty"; and their number, in the Western Hemisphere alone, may be estimated at approximately 50 million persons.

If traditional approaches and technology continue to be used, it is not realistic to expect that this population will ever gain access to existing health services. Furthermore, even if the available resources are used to their maximum, the most ambitious goal that can be met is extension of primary health service coverage of the type provided by paramedical personnel with minimal training. This solution may be technically acceptable if the primary service system is coordinated with existing traditional services, so that while basic needs are satisfied by this system, patients who require specialized services are referred to higher levels of medical care.

This approach and the related technical solutions for the extension of health service coverage to underserved populations are feasible, and we are promoting them in the countries of the Region. But their adoption presupposes certain requirements that must be taken into consideration.

In the first place, there is the problem of intrasectoral *coordination.* A scheme such as this requires that the current health service system adjust to new referral requirements. This quite often entails a certain degree of internal reorganization, consistent with the new geographic dimension of the program, as well as a complete remodeling of the system of supervision and of administrative and other subsystems. In addition, the "new" coverage concept calls for substantive changes in traditional investment criteria, whereby preference for large-scale construction and costly equipment is subordinated to new priorities determined by the extension of primary service coverage.

A second major problem arises from the need for intersectoral *collaboration.* Considering the typical living conditions of the underserved population, the mere presence of health services means a slight improvement that soon disappears, neutralized by the effects of malnutrition, lack of basic environmental sanitation, inadequate housing, inability to make good use of the scanty resources available, ignorance, and the unsatisfactory quality of family and community life—in short, by the living conditions that characterize extreme poverty.

It therefore follows that the success of a program for the extension of primary health service coverage does not depend so much on the quality of the program itself as on the coordination of its activities to support and supplement those that must be simultaneously undertaken by other sectors in order to raise family income and educational levels, increase food supplies, improve environmental sanitation and housing, and improve the general quality of life.

In sum, a program for the extension of primary health service coverage can only be effective if it is part of an integrated plan of intersectoral collaboration aimed directly at satisfying the basic needs of populations living in extreme poverty.

Expressed in operational terms, this implies collaboration in all known areas of activity by sectors that are accustomed to choosing their approaches and solutions independently—an independence that is rooted in the traditionalism of the professions, and even more in the autonomy of the scientific disciplines. This entails an array of obstacles that can only be overcome by determination and conviction.

I am aware that a program of this kind implies a radical change in the philosophy presently guiding the development of our Region. The developing countries cannot hope to solve their problems by following the same patterns of social and economic growth that have made the developed countries prosperous. In the context of the problems of the developing countries, it is worthwhile attempting a plan of intersectoral collaboration, in order to satisfy the most pressing human needs, through solutions that enable the population, individually and collectively, to help itself and to overcome its immediate wants.

As a prerequisite to the foregoing, it is essential that intersectoral barriers be overcome. And for this reason it is necessary to redefine and reorganize the present institutional models which perpetuate departmentalization of sectors and bureaucracies isolated from a social activity whose central objective is economic growth, a growth which is expected in time to provide the necessary resources for alleviating the shortages of today.

As traditionally conceived, technology is an efficient way of producing results in quantity. By definition, technology is the totality of the means employed to provide objects necessary for human sustenance and comfort; therefore, it is applied both to things and to people. But in order to carry out the integrated programs of extended coverage we are promoting, technology must change its present emphasis away from things and toward people.

In the developed countries, technology reflects the population's capacity to carry out productive activities. This capacity is transferred to the developing countries when they are provided with machinery, instruments, equipment, and sometimes also with the services of the engineers who operate these devices. Such operations are of value and assistance to developing countries because they help with modernization. However, they do not solve the essential problem, which is

not one of modernization but rather of bettering the living conditions of underprivileged populations. This latter purpose must be accomplished by enabling these groups, with their own means and on their own terms as human beings, to find the most appropriate ways of providing for their specific needs. Let us find new solutions; let us learn from our experience. Unless we accept the fact that new solutions are needed, developing countries will never benefit from the immense contributions they still expect from the knowledge and wisdom accumulated by the human race....

I sincerely hope that you will strive to find guidelines and solutions which can bring us a step closer toward improving the health of the peoples of the Americas.