The Challenges Ahead
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A dozen peasants file in procession along the side of a dirt road in a country in the Americas. One of the men carries a small, crude coffin on his shoulder. It holds the remains of one of more than 700,000 persons, mostly children, who die annually from completely preventable causes. This sad, grim scene, which is repeated a thousand times a day, provides a searing commentary on poverty and is a tragedy that offers a profound challenge.

In still another country, health workers hold a sit-in at health centers and hospitals, seeking higher salaries and more fringe benefits. Here we get a glimpse of the consequences of the financial and economic crisis Latin America is currently undergoing and of the failures in health systems' operation and leadership. We are also reminded that the challenges we face sometimes have their roots in our own backyard.

In a third country in the hemisphere, health professionals spend their days rushing from one job to another. We see them in a mad race that doesn't let them carry out any of their multiple functions with the degree of professionalism their patients deserve and which their self-respect demands. This rushing around doesn't afford them the elevated socio-economic status that some believed would be their divine right after graduation from medical school. They find themselves in a constant struggle to maintain a modicum of dignity in an urban environment super-saturated with health professionals and with specialties that neither the population nor the institutions can even afford. What can be done about this poor use and unequal distribution of such valuable resources? Here is another challenge which the health field must face in the years and decades to come.

These familiar vignettes, well known to all those involved in the everyday struggle for health in the Americas, remind us of another challenge we face daily: how to avoid the tendency to intellectualize and distance ourselves from what can be a day-in and day-out bitter fight for life, for health, and for justice in our continent. We must be clearly aware that if we do not address the practical goal of changing and improving the bitter realities that many of our people live, then we are part of the problem, not of the solution.

The Americas in general and the field of public health in particular will face serious challenges in the remainder of this century and for the years to come. These challenges are both quantitative and qualitative in nature.

The quantitative challenge involves the extraordinary effort of making real the global and regional strategies of Health for All, satisfying the health needs of tens of millions of people now lacking those services and, as if this were not complex enough, of the millions of new people who will be added this century. The magnitude of this challenge is evident when we consider that historically, in Latin America and the Caribbean, health services have reached the point of providing coverage for about
270 million persons. The 135 million people who live in extreme poverty do not have regular access to health services, and it is estimated that another 160 million persons will be added by the year 2000. In other words, we must provide services that will cover 300 million persons in addition to the 270 million already covered. Simply stated, in the next 13 years we must create, organize and set in motion health services that will double the coverage of what we have been able to reach today.

Health services must be prepared to deal with a population in which the proportion of elderly persons is increasing each year, and which is becoming increasingly urbanized, both geographically and culturally. The needs which the health services must fill will be more complex, and the demands greater. Dealing with this situation under optimum conditions would already represent a notable effort; dealing with it under current conditions, in which the external debt crisis demands that countries devote 30 to 50 per cent of their export earnings to pay only the interest on their debt, leads inexorably to the search for new approaches.

We can only face these challenges if we initiate a process of profound change, which must be promoted in each of the countries of the Region of the Americas. The health systems and their relation with the social, economic, and political environment in which they operate must change. This need is obvious since, if current approaches and trends continue, they will guarantee a disaster with incalculable repercussions. It is indispensable that health services be organized and administered in accordance with the principles and values of Health for All and primary health care: equity, universal coverage, participation, and efficiency. Extreme poverty and the disparities in access to health services among different social groups must be reduced. Health services must be reoriented to allow each individual to live a socially and economically productive life. The need for community participation in health goes beyond the use of community members as workers in health campaigns and programs, to involve the community in decision making and control of activities. Efficiency demands that we halt the waste in health systems of Latin America and the Caribbean, which is estimated at 10,000 million US dollars. This waste involves the uncoordinated and duplicative services offered by different institutions, delays in decision making, organizational deficiencies, the use of inappropriate technologies, and the idleness of costly equipment rendered ineffective because of lack of maintenance. There is also inefficiency in the recruitment and management of personnel with obsolete, feudal attitudes which generate underground resistance or open confrontation. The values and principles outlined in the goal of Health for All are just as pertinent, if not more so, than when they were approved a decade ago.

In order for health services to be in accord with those values, there must be a revision in the way health is integrated into socio-economic development. Health can and must change its role and image as a “non-productive” sector, tolerated and given resources for pragmatic political reasons, for reasons of charity or philanthropy, or as a result of trade union pressures. We must be able to show the positive social, economic and political repercussions that a tangible improvement in health conditions can bring. Societies, governments, and individuals cannot avoid the question of how to reshape the processes of socio-economic development according to new models. As the twentieth century lurches fitfully toward a close, the models of development which have been debated and put into practice over the last 150 years are beginning to show clear signs of weakness, fatigue, and even obsolescence. Theoretical orthodoxy, when applied to the
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infinitely complex variables of human living, has propelled governments, societies, and individuals toward the ruin of pyrrhic victory. In Latin America and the Caribbean, even before the current economic crisis, as for example during the growth period of 1972-80, the numbers of people living in extreme poverty still went from 95 to more than 130 million.

Yet, the high cost of the little progress made so far, added to stagnation and popular discontent, have led us toward experimentation and away from orthodoxy. On all sides, then, there is a gradually growing socio-economic flexibility and a thrust toward economic and political planning performed “as if people really mattered.”

Thus, this quantitative and qualitative challenge we face requires mobilization of political will. It requires the search for opportunities and ways to deliver a clear, precise message, in a spirit of collaboration, to all political and social sectors of each country. This message is that health is the concern of everyone for everyone; that health is not the last car in the train, but the locomotive which can lead us effectively on the track to development.

The challenge of redefining and modernizing health systems cannot be met without leaders who will promote and cultivate the search for excellence. The efficacy and efficiency of socio-economic policies, particularly those pertaining to health, are determined in any country by the capabilities of those charged with the conception and execution of those policies. Leadership has many facets. It includes the patient and persistent struggle to form coalitions within and among institutions and sectors. It includes the challenge of orchestrating personal agendas and interests in search of a different vision and of the common good. It encompasses the need to express, define and reiterate new concepts and values, and to revive others that have been forgotten. It requires understanding of the interdisciplinary character of health and of the political process and its repercussions for health. Leadership goes beyond accepting a mandate and beginning to carry it out. It is the indispensable basis for the search for excellence. And without this continuing search for excellence the perspectives for the health sector, and particularly for the peoples of the Americas, are dimmed.

However, probably the most serious crisis and greatest challenge of the coming years and decades is...
that of solidarity. We might become aware of different and better avenues, be willing to change direction, achieve new heights of institutional and personal efficiency, and produce the best national and international leadership; but if we fail to act together, we will have made little headway beyond manipulating resources in a hit-or-miss fashion or on a case-by-case basis.

The human race unleashes ever more spectacular scientific and technological pyrotechnics, almost on a daily basis. Meanwhile, humanity’s ethical evolution, of which solidarity forms a part, leaves much to be desired. The lack of solidarity takes many forms. We see it when international organizations are criticized—sometimes for reasons that are justified, and other times for ideological reasons—and attacked politically and economically. We see it in a growing preference for bilateral cooperation among countries. We see it in the short-sighted mentality that erroneously divides sectors according to production or consumption of resources. We suffer from it when localism and institutional chauvinism impede reaching agreement, even within the health sector. And we promote it when in our daily conduct, perhaps because we suffer from fatigue and frustration, we are guided by petty goals and personal interests.

Rejection of humanistic values and a lack of unity bring about world conflicts and impede human advancement. Nonetheless, the broad consensus that physical and mental health is beneficial and the right of every human being—together with the widely accepted fact that illness knows no border, race, or ideology—show that health can become, increasingly with each passing year, the catalyst for the solidarity among people which we all seek. The truces held in El Salvador to allow vaccinations for women and children and the initiatives of the Pan American Health Organization PAHO/WHO in Central America entitled “Health, a Bridge for Peace” constitute a dynamic demonstration of the unifying potential of the health field.

Over the past few years, after some successes and a number of frustrations, PAHO moved to meet these challenges, expressed by the unmet needs of daily life in the countries of the region, and by the unacceptable social debt that brings about so much suffering and so many preventable deaths, and so much injustice and inequality. But despite these frustrations, we have achieved considerable progress. And the clearest demonstration of this is the strong support that the Organization has received from its member countries. The approval in 1986 by the Pan American Sanitary Conference—the highest policy organ of PAHO/WHO in the Western Hemisphere—of program priorities for the 1987-1990 quadrennium has provided us the tools to confront these challenges in a systematic and pragmatic way. This political decision established the quadrennial frame of reference for the Organization’s cooperation in transforming health systems, with its activities now underway in three related areas of priority: the development of the health infrastructure with emphasis on primary health care; specific programs to deal with priority health problems among the most vulnerable groups; and the process of information management needed to carry out these programs.

By targeting these three areas, the member countries have given the Organization a mandate to move effectively against the human catastrophe that would be represented by the prospect of having 300 million people lacking health services by the end of the century. This is a regional approach, developed on the basis of the particular socio-economic and health conditions of the Western Hemisphere. But it is also an approach that fits perfectly within the universal principles which the Member States of the World Health Organization accepted when they approved in 1977 the universal call for Health for All by the Year 2000.