



Latin American Centre for Research in  
Health Systems



Inter-American Development Bank

## **HEALTH PROMOTION AND DISEASE PREVENTION IN SOUTHERN CONE COUNTRIES**

### **-Final Report – Summary**

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Centro Latinoamericano de Investigación  
en Sistemas de Salud

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## INITIATIVE AND WORKSHOP PRESENTATION

In Latin America and the Caribbean there is a gap between health promotion and curative care services, reinforced by the messages of the medical industry. In order to help redress the balance between curative and preventive services, the Inter-American Development Bank (IADB), with the support of the Pan American Health Organization (PAHO), has launched an initiative called "Health Priorities and Promotion in the Southern Cone." The countries participating in this initiative are: Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay. Although data on the advantages of linking health priorities to health promotion efforts is scarce, a positive cost-benefit effect of this kind of effort is anticipated.

The objective of the initiative is to help the Southern Cone countries prepare and implement systematic and inter-sectorial approaches on health promotion and accident/disease prevention, designed to achieve measurable goals in health priority areas in each country. The expected results are: longer, healthier lives and increased social well being. The initiative consists of three stages: i) a technical cooperation to exchange experiences and methodologies applied in different countries, and to explore possible areas of cooperation within the Southern Cone. For this purpose, a workshop was held in Chile on January 2001. This report focuses on the outcomes of this event. ii) Preparation of National Plans of Health Promotion in each participating country, including training of teams members for each country as well as the identification of national health priorities, measurable goals and strategies for action (2001); and iii) support for the implementation of the National Plans of Health Promotion (2002 forward).

The first stage was executed by the Latin American Center for Research in Health Systems (CLAISS)<sup>1</sup>. This project in turn had three components:

- i) the preparation of six country papers<sup>2</sup> analyzing the current health status of each country;
- ii) the workshop in Chile to discuss the country papers, exchange experiences, strengthen national capacity to elaborate national plans on health promotion, and study the possibility of implementing a methodology common to all six countries; and
- iii) the production of dissemination materials to inform the public opinion about the benefits of health promotion and the need for stronger individual and inter-sector participation in health.

The video and this report will disseminate the results of the workshop and provide continuity to the second phase of the initiative.

The workshop was held in Termas de Cauquenes, Chile on January 11-13, 2001. The delegations from Southern Cone countries were composed of technical teams from the Ministries of Health as well as officials from sectors that have an impact on health status.

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<sup>1</sup> Dr. Soledad Ubilla, Deputy Director of CLAISS was named as the project coordinator.

<sup>2</sup> Independent consultants, under supervision of CLAISS, prepared the country papers.

The event was structure as follows:

- Presentation of each country paper followed by comments from representatives from the Ministries of Health;
- Presentation of experiences on health priorities and promotion by experts from Canada<sup>3</sup>, the United Kingdom<sup>4</sup> and the United States<sup>5</sup>.
- Analysis by CLAISS of issues to be considered in strengthening health promotion.
- Working groups organized by thematic areas, to analyze their potential contributions to health promotion: education, labor, social participation, crime and violence prevention, social policy and local action, health services.
- National working groups to prepare drafts of a national plan on health priorities and promotion to be presented to their governments as well as identification of next steps.

Finally, the sponsoring organizations made the following presentations:

- PAHO<sup>6</sup> presented the commitments made by governments at Mexico in 2000 during the “Fifth Global Conference on Health Promotion” as well as current initiatives undertaken in the region.
- IADB<sup>7</sup> provided guidelines for international cooperation on health promotion;
- CLAISS<sup>8</sup> presented a proposal to finance projects on health promotion and disease prevention on a competitive decentralized basis.

This English summary contains only two chapters of the final report in Spanish:

- 1) the Executive Summary which presents the main conclusions of the event, and
- 2) the synopsis of the issues identified in the six countries papers.

The complete report in Spanish, containing the country presentations and the results of the working groups, is available upon request.

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<sup>4</sup> Aislinn O’Dwyer, Specialist in Public Health and Primary Care, National Health Service, and Senior Research Fellow at University of Liverpool.

NHS Executive of the North West and Regional Office.

<sup>5</sup> Randy Wykoff, MD, MPH, Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion), U.S. Department of Health and Human Services.

<sup>6</sup> Dr. María Teresa Cerqueira, Director, Division of Health Promotion and Protection, PAHO.

<sup>7</sup> Dr. Alfredo Solari, Senior Health Advisor, Sustainable Development Department, IADB; and Mr. Takeo Shinde, Chief, Japanese Special Fund, IADB.

<sup>8</sup> Dr. Marcos Vergara, Consultant, CLAISS.

## EXECUTIVE SUMMARY

The Inter-American Development Bank (IADB), with the support of the Pan American Health Organization (PAHO), has launched an initiative called “Health Priorities in the Southern Cone”. It intends to redress the imbalance between curative and preventive aspects of health and thus, improve the efficiency of health systems. The Initiative helps the countries in the identification of health priority areas, in setting measurable targets to be achieved in a specific period of time, and in the implementation of systematic and inter-sectorial approaches on health promotion and disease prevention. In this context, a workshop was held in Chile on January 2001 - “Health Promotion in the Southern Cone”- with participants from Argentina, Bolivia, Brazil, Chile, Paraguay and Uruguay. The country delegations were composed of a technical team from the Ministries of Health and authorities from other sectors that have an impact on health status.

For each participating country, independent consultants presented the epidemiological profile, programs on health promotion and disease prevention and existing plans for action. These were commented by the official delegations. In addition, experts from Canada, the United Kingdom and the United States presented their respective countries' efforts on the identification of health priorities and strengthening of health promotion efforts. The lessons from developed countries were very useful to the Southern Cone delegations that recognized many similarities with their own experiences.

The organizing agencies made the following contributions:

1. PAHO presented commitments made by governments during the “Fifth Global Conference on Health Promotion” held in Mexico, in 2000.
2. IADB provided guidelines for international cooperation on health promotion;
3. CLAISS presented a proposal to finance projects on health promotion and disease prevention.

*Changes in Epidemiology.* Health status in Southern Cone countries, as in many others, has been related to their economic, political and social level of development. High prevalence of communicable diseases was related to underdevelopment: inappropriate nutrition, environmental pollution, low levels of education, etc. Currently, Southern Cone countries present a transition of the epidemiological profile towards non-communicable diseases. High inequalities within countries still persist however, due mainly to rurality and poverty. Health priorities vary depending on the stage of the epidemiological transition of each country. For Bolivia and Paraguay, maternal-infant mortality continues to be very important. But for Chile, Argentina and Uruguay, chronic diseases such as cardiovascular and cancer, are more relevant. Brazil, a country with high contrasts, presents the entire diversity of the sub-region. Nevertheless, accidents and violence are common priorities for all six countries of the Southern Cone.

*Health: Promotion and Prevention.* Health promotion programs exist in all six countries but with different levels of progress. Most of the countries in the Southern Cone have

identified their health priorities and have formulated health promotion plans. Some of the countries have been able to formulate health promotion policies with broad political support including the participation of other sectors. Other countries have strengthened local autonomy, where inter-sectorial initiatives together with civil society participation, are easier to generate. Countries in the sub-region, with federal systems of government, have focused their efforts on reaching agreements between federal and state governments. In spite of all these achievements, the Workshop concluded that these efforts are not enough and lack effective coordination. A critical issue is political will, the most important variable at the time of making decisions and allocating resources. At present, political authorities are too sensitive to the medical industry. Therefore, any increase in the resources allocated to health promotion will depend on the ability to generate an alternative culture, one that relates scientific evidence of effective preventive activities to political will.

*Opportunity for Change.* In order to tackle the inefficiencies associated to the curative care model, the Southern Cone countries are undertaking health sector reforms. They represent a great opportunity to introduce profound changes in the health sector. However, these changes should go farther than the health services system; they should induce a cultural change making individuals, families and communities more responsible towards their health. At the workshop a consensus was reached on the importance of health promotion in solving old and new health problems. For this reason, reforms need to adopt a wider approach.

*Consensus Reached.* Participants agreed that health improvement requires not only a secure access to quality services once illness have occurred, but also to prevent risks so that people remain healthy. Delegations showed a high interest in operational aspects, such as: how to define priorities, how to create and implement inter-sector health promotion plans, how to ensure civil participation in their health care and in demanding healthier environments, etc.

Participants had the opportunity to work in groups by areas: violence, education, civil participation, labor, etc. These working groups analyzed the influence that these sectors have on the health, and presented examples of actions in other sectors that could improve health and well being. For example, governments employ large numbers of workers, and thus have a significant responsibility in developing healthy working environments. Also, breast-feeding and early childhood development programs have a positive impact on violence prevention.

*National Plans.* Working groups were also convened around national delegations aimed at elaborating proposals for each country. Some of the relevant items identified by the groups were definition of health priorities, inter-sectorial approaches and civil participation. All the delegations emphasized the need to use participatory processes in the prioritization of health interventions as a way to ensure wide ownership of national health goals.

*Sub-regional Technical Cooperation.* Participants agreed on the advantages of strengthening technical cooperation in setting national health priorities and health promotion programs both among Southern Cone countries and between them and other nations that have faced similar challenges. However, a proposal to develop a sub-regional initiative using a single methodology was not endorsed except for Argentina and Uruguay. Most delegations did not have the mandate to discuss, let alone decide, such an embracing proposal.

*Results of the Workshop.* The workshop achieved completely the following objectives:

- i) to strengthen national capacity to elaborate national plans on health promotion,
- ii) to promote the exchange of experiences in this field among countries.

However, the objective of promoting a Southern Cone initiative comprising all six countries based on a common methodology, was postponed. This was due to the interest of the countries in initially strengthening the implementation of their national plans, a process that could be supported by IADB and PAHO if so required.

A video was produced during the workshop to facilitate the dissemination of its conclusions to a wide audience. The video, which can be used in mass media programs, highlights the active role people can play on their health and the need for a better balance between prevention of illnesses and disease treatment.

Finally, several delegations identified specific activities to be implemented in the following 12 to 18 months, in order to move forward the agenda of identification of health priorities and health promotion.

## **ISSUES ON HEALTH PROMOTION IN SOUTHERN CONE COUNTRIES**

The country papers and their comments by the official delegations were analyzed by CLAISS during the workshop, searching for institutional strengths and weaknesses as well as environmental opportunities and limitations. Recurring concerns raised by the countries were organized and presented to workshop participants as critical factors for success of health promotion strategies. These shared concerns could serve as the basis for mutual cooperation among countries in this area.

### **i) Epidemiological Change**

The transition from communicable to non-communicable diseases and injuries is forcing countries to make changes in their health programming. This could represent a double threat in terms of the challenge to satisfy demand for more complex health care services and the increase in expenditures on health. However, this transition is also considered an opportunity to implement changes in the entire health system, particularly in public health.

### **ii) "Medicalization" of health in society**

This is one of the main threats identified by the country experts. A successful health promotion strategy assumes a broad understanding of health, with multiple causes of disease and thus, multiple solutions. Societies in Southern Cone countries for the most part fail to recognize that health determinants fall outside the context of medical care. To change this misperception and to modify the demand for curative services it is essential to provide better information on health determinants to the public.

### **iii) Community participation and social networks**

In Southern Cone countries social networks are generally weak and thus need to be strengthened. A new concept of health requires that civil society participate in health promotion initiatives, not only in their implementation but also in their design. This issue needs to be explored further: How is this put into practice? How participation by civil society can be made compatible with institutionalization of promotion programs by public institutions?

### **iv) Institutionalization and public administration**

A strong institutional base is seen as key to health promotion strategies. Many people argue in favor of including health promotion in the development of national plans and try to translate this recognition into laws, plans and programs. The country experts shared in the view of the State as the promoter of initiatives.

Another critical issue, especially in countries where the State plays a leading role in program implementation, is public administration. There is an urgent need to modernize

the public administration so that the public sector is able to efficiently implement programs and projects in health promotion and address technological delay

NGOs play an important role in the design and implementation of health promotion strategies, not only as a result of their collective experiences or their potential to strengthen social fabric, but as a result of their executing capacity.

**v) Decentralization and the stewardship role of the state**

The decentralization and municipalization processes that are taking place in Latin America represent a clear opportunity to implement health promotion strategies at a local level. The proximity between municipalities and the local population and the possible interaction between public and private sectors makes it easier to develop inter-sectorial strategies at the local level. This accounts for the acceptance of the “healthy community” as a strategy and its promotion and ownership by the community.

Nevertheless, the State plays a leading role in designing and orienting public policy on health promotion. The Ministry of Health must have the stewardship function, articulating actions from different sectors and actors. In order to be able to undertake this rectory, Ministries of Health needs to be strengthened.

The municipalization of programs and the rectory by the Ministry of Health may become very difficult when put into practice, due to the complexity of defining clear limits in their functions.

**vi) Outdated health care model and the reform programs: a cultural change.**

The inability of the curative care model to significantly improve health indicators has made health promotion become something to be seriously considered in the public agenda. For this reason, reform programs are seen as a great opportunity to make deep transformations in health services by making them more adaptable to the new epidemiological reality and its challenges. However, a threat is perceived in the traditional approach to reforms that tend to focus on financing and organizational aspects of curative services.

Reorienting health services requires an entire transformation of the health system that implies a cultural change and an intensive learning process which involves human resources training. Even though health promotion goes beyond the health sector, its workforce plays a key role facilitating contact with society. Consequently, it is critical that health promotion approaches are settled within the health structure and the provision of services. This is particularly true at the lowest level of attention, where very often one can find strong resistance related to traditional views.

Reinforcing human resources education and training through the curricula at universities and other training institutions can be an effective way to drive forward the development of health promotion approaches. However, since there is an unbalance between curative

and prevention technologies -encouraged by the medical industry-, a simultaneous work training human resources and increasing activities and technologies in health promotion needs to be achieved in order to generate a “virtuous cycle” (a positive cycle as oppose to a vicious cycle). The sector reforms have an important role to play in this regard.

**vii) Scientific evidence and political will**

There is not a virtuous cycle of information-evaluation due to the difficulties in gathering reliable information and the lack of a culture of policy evaluation. This limits the capacity to build credibility within the sector and in society and generate political will, which is the most important variable at the time of making decisions and allocating resources. At present, political authorities are too susceptible to the medical industry. Therefore, any increase in the resources allocated to health promotion will depend on the ability to generate an alternative culture, one that relates scientific evidence of effective preventive activities to political will.

**viii) Continual changes: threat and opportunity**

Political instability is seen as a threat because it breaks the continuity of programs and as an opportunity because it provides the possibility of re-establishing health priorities.