"Challenges of the Health of the 21st Century"

Presentation by the Minister of Health of Chile Dr. Alex Figueroa
Summit of the Americas, 16.04.98.

Mrs. Hillary Rodham Clinton, First Lady of the United States of North America; Mrs. Marta Larraechea de Frei, First Lady of Chile; Sir George Alleyne, Director Pan American Health Organization, Authorities of American governments; Friends.

Together with being grateful for your presence in our country, at this Second Summit of the American nations, and in order to start up this encounter on the *Challenges of the health in the 21st century,* I wanted to share with you some of our reflections concerning said proposal.

In Chile, as in the rest of the countries of our America, the challenges should be seen based on the current situation in health, of the populations we serve and of the systems that we have organized in order to serve them.

In Chile we have achieved life expectancy of 75.2 years for the 5-year period 1995-2000. Although said life expectancy is based on an average infant mortality of 11 per 1000 live births, regional differences persist that go from 15.5 per 1000 in Atacama to less than 10 per 1000 in the metropolitan Region. Together with this, we have succeeded in reducing child `malnutrition` to only 0.6% and maternal mortality to 23 per 100 thousand live births. Professional care reaches 99.6% of the births and our coverage in vaccinations against Poliomelitis, Measles, and Tetanus are higher than 95%

All this has been done with a health care infrastructure of 2.9 beds per 1000 population and with 1.2 physicians per 1,000 population. In addition, Chile spent on 1997 near the 7% of the GNP in health, a figure comprising fiscal expenditure, expenditure of the public and private (systems of insurance sectors) and direct expenditure by families in drugs.

In institutional terms, we have an expenditure per capita per year of 200 dollars for the beneficiaries of the public system of health and of 300 per capita dollars for the beneficiaries of the private health insurance system. In order to be fair, these achievements are also based in the strong concern that Chile has had for its public health and, together with the action of the health sector, are explained by the improvements in the economic development and educational level of our population

In spite of this progress, in my view, the 21st century offers us big challenges and for lack of time I will only refer to two. The **first great challenge** is in the field of Equity. For some cost containment can be important for others, while for others improvements in effectiveness and incorporation of the technology are an issue, but I believe to interpret the sense of the action by the government, the sense of modernization and the sense of our long tradition in public health is in achieving greater EQUITY IN HEALTH. This is the great challenge of our work.

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That search for the Equity is born from our concept of health. We understand health as a good and as an ineluctable need. Also, for the development and stability of a democratic nation as ours, we understand health as a right, callable by all Chileans. Health contributes to economic development and is nourished by the same development.

The challenge of equity is in addition based on the appearance of new health problems. Chile and the rest of the countries of America are experimenting an overlapping of epidemiological patterns that demand to look at the strategies of public health and the role of our central and regional governments. Diseases that appear and recur, such as cholera, malaria, tuberculosis, are added in this medical and social manifestations to noncommunicable and degenerative diseases such the cardiovascular, cancers and the pathologies of mental order, and to the situations derived from accidents and violence. The causes of this overlapping, in accordance with theory and epidemiological evidence, can be summarized as follows: i) We still have not defeated poverty, ii) our population is submitted to new and worse tensions resulting from the processes of development and iii) to population aging.

But the construction of equity, is also based on the expectations of the population. Our population is being more objectively demanding, both from the purely medical or sanitary perspective and from the perspective of human rights. Behind equity, for the people, is justice.

People of fewer resources asks themselves, in the face of cancer for example: Why other people can heal and I have to die? And they demand from us, consequently, prompt and equitable care, they demand protection. And by God, we are here in order to serve the people, which means that we believe that it is good for all to have this active and demanding population!

As a result, and first corollary, I believe that the first great challenge for the health sector and the modernization of the State in the 21st century is to achieve health that is accessible for all the people of our countries as needed. That is, our objective is to achieve more equity in health.

A second great challenge relates to the way of doing things. Form is also important.

We have observed that there is no system of health nor reform that can be utilized as general prescription for all the countries in America. It seems better for health systems to be enhanced incrementally, in environments of close cooperation among all involved. This makes it possible to take advantage of the good parts existing and to correct what is not well.

The reforms then will be made of small qualitative and quantitative jumps achieved in the systems toward greater equity, effectiveness, efficiency, and satisfaction of the people.

In order to face this new way of doing things we should go from a cause-and-effect look (linear) of the facts to a more comprehensive and complementary look as the systemic vision (Life especially of the human beings is not linear, it is systemic, comprehensive). This look is indispensable in the today's organizations, given their complexity, and in view of the fact that

global objectives are only attainable if the quality of the relations, the attitudes, and the confidence within such organizations permit it.

In the health sector, concretely, providers, regulatory authorities, and financial parties are part of a system whose efficiency and effectiveness is difficult to measure and achieve individually. Thus, for example, if the financial health institutions attempt to fulfill their mission without concern for the effects on the providers or the fixers of standards, they probably will not achieve effective results. As a result, the challenge to the system is How to ensure that every member of the system is integrated into a common reality?

The response is in joint efforts, because otherwise, if the parts of the system consider themselves as ends, they subtract strength from the system as a whole, causing several of the symptoms that our agencies suffer today. Such as coalitions of some against others, lack of prestige, distortions, and sensation of lack of response to expectations and finally, privilege of the status quo that we know necessary.

The challenges of equity and of joint effort can be turned into powerful guiding principles of the processes of reform in health in America, reforms that have as horizon:

- to improve positively the situation of health of the population
- to take advantage of the best sanitary traditions of our countries
- to give calm and assurance to the population concerning health coverage in the face of adverse events
- to present to people friendly and expeditious systems regarding their needs, and
- to be a stabilizing factor of society and as a result, a support of the democratic governments as institutions concerned with the common good, that listen and resolve.

Aware of the foregoing, President Frei has announced a reinforcement of the Social Agenda of government for the next two years, which will mean targeting of efforts in the older population, in municipal primary care and in the timely care of the population. The social agenda will also imply the preparation of draft fundamental legislations, like the one which pursues improvements in medical legislation or the one that strengthens the Public Fund of Health, the solidarios Public Insurer of Health in the country.

I wanted to end by thanking in a very special way the presence of the First Lady of the United States of America, Mrs. Hillary Rodham Clinton, who has devoted important part of her personal efforts to improving the health care of the North American people. We believe that we share as goal of the State, together with all the governments at this Summit, consolidating democracy and to dignify our peoples through health.

We look forward to her presentation presentation, and the challenges of the health systems in the 21st Century, while we reiterate our highest esteem and consideration.

Thank you very much.

George A.O. Alleyne
Director, PAHO
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Challenges of Health for the XXI Century
The Role of Institutions**

Mrs. Frei
Mrs. Hillary Rodham Clinton
Dr. Alex Figueroa Muñoz
Ladies and Gentlemen:

Let me welcome you to this Roundtable on the Health Challenges for the 21st Century. There are many facets to this topic but I have selected one that I thought would be relevant in the context of this Second Summit of the Americas. I will try to sketch out what might be the role of Institutions.

Arnold Toynbee, the famous historian, in exploring the challenge of our time wrote the following:

> *When life seems satisfactory and secure, most people, apparently, are not moved to peer into the future farther ahead than is required for present practical purposes. As a rule, people feel concern about the future, beyond the horizon of the present, only when times are out of joint and when the prospect looks menacing.*

My innate optimism makes me believe that our prospects are not that menacing, but I do have a certain anxiety. Perhaps this is nothing more than the anxiety that is said to be present at the end of a century – the *fin de siecle syndrome*, which is perhaps multiplied ten times at the end of a millennium.

It is no new truth that the health challenges are changing and will continue to change. My anxiety is whether institutions like mine – the Pan American Health Organization has the capacity to change and to adapt to the new challenges, given that the environment in which our institutions must function are also changing. Institutions are an organic part of their societies and therefore will change along with them.

In spite of the many pundits and prophets, we do not know with certainty what will be the exact nature of the change. However, on the basis of current knowledge and

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interpretation of trends, we can derive possible scenarios – sketches of how the play might unfold. The essence of successful institutional survival is to be prepared to adapt to the possible scenario or be able to shape the course of events towards a desired scenario. Adaptation for us must be forward looking and not the traditional reaction to whatever might happen.

There are certain facts or perhaps values that must be understood first. We acknowledge that our earliest perceptions of health was of something bound intimately to life and the preservation of health was on the opposite side of death. The valuing and maintenance of human life is and has been something sacred and that is why there is a priestly side to the practice of the healing arts. There is a sacerdotal aspect of the calling of the physician.

We know now that the health of a population is essential for societal growth – for human development. It is often put in a more utilitarian frame of reference by indicating that health and education are the main ingredients for the formation of human capital which is essential or critical for economic growth. We also know now with more certainty what are the determinants of that health. It is the social and physical environment that weigh most heavily, followed by our behavior, our genes and last the services that care for us.

What is not known is how those determinants will change and it is not only the absolute change in each one, but the relative changes among them. However, we have enough information to be able to sketch possible scenarios based on the possible changes in these determinants.

There is the apocalyptic Malthusian scenario in which population continues to increase, especially in poor countries, and where is a concentration of the dispossessed leading to malnutrition, starvation and the scourges of epidemic disease. The population pressures force humans to invade new ecological niches and encounter new diseases. The fact that microbial evolution is such that man will never conquer or fully adapt to them will make us nostalgic for the heady days when chemical magic bullets made us feel invincible. AIDS will not be the last epidemic and Laurie Garriet's book *The Coming Plague* may not be entirely fiction. The penetration of various images will lead to widespread adoption of unhealthy habits like smoking and underdeveloped countries will be bearing the burden of old and new diseases. The changes in communication and information technologies will bring global changes and tragedies very sharply into our consciousness and one part of the world will withdraw in supposed self-defense and set up barriers of various sorts to protect itself. The nations will act like crabs in the proverbial barrel.

Another scenario which is for me the preferred one is based on widespread acceptance of the tendency to globalization, proper understanding of the relationship of humankind to microbes and perception of the power of technologies present and yet to come. One major difference with the previous scenario is that human beings will appreciate their interconnectedness and see their survival depending on cooperation – moving towards a realization that we are indeed keepers of our brothers and sisters. The passing of the age of patriarchy will unlock the whole human potential.

In order for society to be able to mount a response to the first scenario or work for the realization of the second, we will rely on organized effort through a welter of institutions. There will be national institutions concerning themselves with local or parochial responses. I will not deal with these, but of equal importance for me is the development or strengthening of international institutions that will deal with those threats involving effort that is beyond the capacity of a single country. By definition, no country can mount and sustain an international effort. These international institutions will have to articulate responses to the global threats while at the same time being affected by the changes in the global environment. These changes include the new view of what does constitute the state. When most international organizations were formed, the state and the government were almost the same. Now we accept that there are other social actors. The popular way of expressing this is to speak of three sectors: the public sector, the private sector, and the third sector of civil society. The biggest challenge for the international institutions is to find ways of incorporating these three sectors into their lives at a time when governments that are still grappling with ways to share state functions with other sectors retain dominance in the international institutions.

I see the international institutions meeting the challenges by doing the following:

1. Articulating very clearly the view of global health that has interconnectedness at its epicenter and its contribution to human development at its masthead.

2. Assuming with courage their role in delivering international public goods.

3. Accepting the plurality of interests in global health and finding means for establishing bases for cooperation among themselves. In another place I have called for the establishment of Global Health Forum as a place for seeking this cooperation.

4. Adapting their own internal functions to ensure the transparency that engenders credibility which is a prerequisite for expanding to incorporate other social actors in their operations and their governance.

5. Monitoring or facilitating the monitoring of the human condition. I use this expression advisedly because so often we as technocrats in health present cold statistics that really do not convey the tragedy of the human condition. Institutions must shoulder some responsibility for bringing to the fore the differences within and between countries that are socially unjust and represent inequity. They must be voices for those whose voices are not heard. I repeat often the old question – when a tree falls in the forest does it made a noise? And I extend that to some of the health tragedies of our time and ask when a mother dies in childbirth or her infant dies in a remote part of our world, does it make a noise? One of the challenges for the 21st century is to put faces to the stilled voices.

These issues are of great relevance to PAHO, and as we look back over our 96 years of continuous existence, we see clearly how our capacity to change and adapt to new health challenges and new political and economic environments has sustained us. The process of preparing ourselves for the future is a constant one, a difficult one, but one that is essential if we and institutions like ours are to be relevant into the 21st century.

This Roundtable is being held within the ambit of the Summit of the Americas. I am particularly pleased and excited that the Heads of State have agreed to include the topic of health in their deliberations, within the general framework of reduction of poverty. The linkage of health with poverty is very appropriate and the championing of this relationships fits closely with my suggestions for international institutions that the relationship between health and human development be one issue they must espouse with more force into the 21st century.

It is accepted that the poor are less healthy and now we have strong evidence that it is not only poverty, but inequality that contributes to ill health. The more unequal the distribution of material goods, the more unhealthy is the society. Investment in health leads to poverty reduction in many ways. As I have said before, it enhances human capital, and it clearly potentiates and is synergistic with investment in education. It is our thesis that investment in health may reduce inequality and we know that a reduction of inequality per se leads to reduction in poverty. It is claimed that one of the reasons for the slow alleviation of the burden of poverty in Latin America is that not enough attention has been paid to the reduction in inequality.

A relevant question is what kind of investment should be made in health. We obviously have to consider investment to change the social and physical environment – provision of clean water, sanitation and housing, for example. But we also recognize that there are health technologies that can be applied through existing or new services than can make a great impact on the health of individuals and populations. It is for this reason that we have suggested that the Heads of State consider the Initiative Health Technology Linking the Americas.

This initiative includes the development and widespread use of vaccines. These will be the technology of the 21st century. We, therefore, propose a major effort that will address research development, production, and utilization of vaccines. Success in this effort would call for close cooperation among countries that can best be facilitated by an international institution. Among the other technologies we propose are those related to communications and information, essential drugs, and some simple technologies in the field of environmental health. A Pan American approach is needed for the success of this initiative – we believe firmly in this approach. It was the dominant ethos behind the foundation of our Organization; time has shown its value and virtue and I have no doubt that it will be equally, if not more relevant, in the 21st century.

I know that there are many of us who are firmly committed to this approach. But perhaps some are even more committed to the cause of health generally and other approaches and perspectives as we look into the 21st century and try to arrange our anxieties. You will now have the pleasure of hearing from two such eminent persons.