Inter-American Development Bank, World Bank, and
Pan American Health Organization/World Health Organization

Shared Agenda for Health in the Americas

1. Background

The signatory organizations, along with health authorities and civic organizations, have been working for many decades to improve the health conditions of the populations of Latin America and the Caribbean, with particular attention to the health conditions of the most vulnerable groups. Assuring coordination and complementarity among these multiple efforts at different levels of action – regional, subregional, national, and local– requires a special initiative.

The Inter-American Development Bank and the World Bank are similar in that they are both financial entities, whose principal interlocutors are the economic authorities of each country and whose fundamental objectives are to promote development. They function within the sphere of the country's economic teams and mobilize large amounts of financial resources. Their technical expertise is recognized in economic and sectoral issues, including health, although they have a limited number of specialized personnel in any particular area.

The Pan American Health Organization/World Health Organization being a specialized technical cooperation agency that functions in the orbit of the ministries of health, has different characteristics. It has an broad spectrum of technical expertise in various aspects of the health sector, including the relationship between health and development, that it uses in advising the countries of the region. Consequently, its support does not compete with the activities of the Banks. Rather, it can complement them.

These different realities, reflecting the comparative advantages of each institution, facilitate undertaking complementary actions and an interdisciplinary approach to the health problems encountered in the Hemisphere today – in the understanding that the agents who have an impact on health are both inside and outside the sector. Until now, instances of complementarity and coordination have been carried out in an *ad hoc* fashion, and depended upon the situation, the country's willingness, the personnel involved, and the priorities of each of the three organizations. In recognition of the new situation, and of the sectoral and extrasectoral factors that influence health conditions, the authorities of both Banks are joining this initiative, promoted by the Pan American Health Organization, to institutionalize coordination in terms of cooperation on health. This coordination will complement the ongoing activities carried out independently by

each organization. In this way, the organizations seek to increase the value added from each organization's work, and to give their coordinated activities continuity, consistency, and stability for the benefit of the people of the Americas. This statement establishes the common basis upon which to develop joint and coordinated activities, and identifies the conceptual foundation for a Shared Agenda for Health in the Americas.

2. Shared Objectives and Values

The three organizations pursue similar objectives in terms of health:

- i) to contribute effectively to improve the health of the peoples of the Americas through activities in environment, disease prevention and control, and strengthening of the health services;
- ii) to reduce, and eliminate, to the extent possible, avoidable inequalities in health conditions and in access to health services and basic sanitation;
- iii) to institutionally strengthen and improve the efficacy, efficiency, and effectiveness of the services of the public and private health systems;
- iv) to encourage greater synergy between health and social and economic development, using – among other means – evaluations of the health impact of programs on different aspects of development.

Concern for Health Conditions. As PAHO clearly indicates in its report <u>Health in the Americas, 1998</u>, the state of health among the peoples of the region has improved steadily over the last decades. Between the middle of the 1980s into the following decade, life expectancy at birth increased from 68.7 to 71.1 years. In the same period, there was a marked reduction in the number of potential years of life lost through mortality or disability. But, as the report also indicated, "the intensity and speed of this reduction were not the same throughout the Region, and the inequalities among countries have either remained the same or widened." Some countries in the region have reached excellent health status despite their limited levels of development and health service spending – an outcome which stands as a challenge to other countries.

The health situation concerns the signatory organizations for two essential reasons: as an element in itself of well-being (as a good in and of itself), and as a factor that contributes to economic growth by enhancing the accumulation of human capital and increasing productivity.

Concern for Social Inequality and Poverty. The Latin American and Caribbean region has the most unequal distribution of income in the world. According to the Inter-American Development Bank's <u>Economic and Social Progress in Latin America, 1998/99</u>, "A quarter of all national income is received by a mere 5 percent of the population, . . . [while] the poorest 30 percent of the population receive only 7.5 percent of total income." The same report states that 33% of the region's population is poor, surviving on incomes of less than US$2 a day.

The level and distribution of income have a two-fold impact upon the population's health. On the one hand, poverty is associated with poorer health status. On the other hand, income inequality generates distortions in access to good quality social services. Consequently, the three organizations are concerned with issues of inequality in the distribution of income, in health status, and in access to essential services for health, potable water, and sanitation.

This concern is manifested in the pursuit of equity and poverty reduction. The major disease groupings are more common among the poor than in the rest of society. Communicable diseases among the poor are a consequence of living in more contaminated and less protected physical environments. Non-communicable diseases are a consequence of the greater amount and intensity of risk factors that the poor face. Finally, intentional and accidental injuries are more common among the poor as a consequence of cultural surroundings that encourage violent responses to conflict and to the lack of prevention mechanisms and protection against accidents.

But the lack of equity is not limited to health conditions. Rather, it also includes those programs and services directed toward preserving and recovering good health. Frequently, access to health services in the countries of the Hemisphere is inversely proportional to need. Despite this, significant advances have been made in terms of equity. By way of example, immuno-preventable diseases present very few differences in relation to the purchasing power of the population. In this way, diseases like poliomielitis have been eradicated and the region is on its way to achieving a similar success with measles, thanks to the leadership of PAHO.

Concern with Efficiency. The three organizations share the objective of improving the efficiency of health interventions undertaken by countries. The World Bank World Development Report, 1993 definitively brought health service efficiency to the attention of countries and other international organizations. By the end of the 1990s, the Latin American and Caribbean region dedicated 7.3% of its gross domestic product to financing health services. This represented annual expenditures of approximately US$114 billion. There is a general consensus that this spending level should be adequate to allow the peoples of the Americas to enjoy better health status in terms of the number of years of life they enjoy free from death and/or disability.

The principal causes of the limited impact of the resources directed to health include: institutional segmentation of the service systems, along with the consequent duplication of infrastructure and personnel; the structuring of service systems with inadequate incentives; models of care that are highly influenced by a technological medical model, suited to the epidemiological profiles and the resource levels of developed nations; and the weakness of health promotion and disease prevention programs.

The Inter-American Development Bank, the World Bank, and the Pan American Health Organization encourage health sector reforms designed to correct problems of efficiency through policies that are appropriate to the realities and preferences of each country. The three organizations share with the countries of the Hemisphere the challenge to improve the efficiency, efficacy, and effectiveness of public health services in their effort to reduce the environmental and health-related risks faced by their populations.

On the basis of these objectives and the values behind them, responding to mandates from the countries themselves, as well as a common vision of reality, the three signatory organizations have formulated this Shared Agenda for Health in the Americas as a way of institutionalizing coordinated and complementary efforts that profit the comparative advantages of each of the three organizations without precluding each organization from continuing its independent activities.

3. Common Strategies

The Inter-American Development Bank, the World Bank, and the Pan American Health Organization share similar perspectives regarding the ways countries can improve the situation depicted above. Nevertheless, given the differences in the services provided by each of these organizations, this similarity in focus is reflected more easily in content than in operational activities. The different operational modalities should not obscure the large coincidence of values and objectives, as well as strategies, that rest on three fundamental lines of work: (i) support for the health sector reform process, including not only health services but also basic sanitation, (ii) institutional strengthening of public health programs, in health promotion as well as disease prevention and control, and (iii) strengthening the leadership of the health authorities in all developmental areas that affect health.

Conclusion

Therefore, the Inter-American Development Bank, the World Bank, and the Pan American Health Organization have decided:

1. To actively promote this Shared Agenda for Health in the Americas whose basic goal is to contribute more effectively to improving health conditions of the peoples of the Hemisphere by adding joint and coordinated efforts to each of their agendas of independent activities.

2. To establish a permanent mechanism to identify opportunities for coordinated and complementary actions by the establishment of a coordination group (with a representative designated by each of the three organizations) which will meet monthly and will be charged specifically with sharing critical information, promoting the implementation of coordinated actions, and identifying positive experiences and opportunities for joint efforts.

3. To invite, when appropriate and commonly agreed to, other interested actors –international and/or national, public and/or private – to actively collaborate with this shared agenda, so as to contribute to the achievement of Health for All in the Hemisphere.

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