



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 14th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE

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### **COMMUNITY PARTICIPATION IN THE FOOD PRODUCTION CHAIN AND FOOD SAFETY**

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1. The traditional health services model is characterized more by care to repair harm than by prevention, an approach that stresses health problems over people, vertical activities in organic sectoral structures unconnected to other intra- or extrasectoral programs or initiatives, and an emphasis on individual action, while ignoring the social, cultural, and economic differences that affect health status.
2. The National Health Policy mandates a shift toward a model based on integrated horizontal action in health, linked to other actors and sectors, giving priority to health promotion and proactive participation by the beneficiary populations.
3. The new model, which has guidelines, policies, and strategies to improve the health status of individuals, families, and communities and their ecological and social environment, is based on the determinants of health and human development and is adapted to the national epidemiological profile and its cultural, political, ethnic, and geographical environment.
4. Chronic malnutrition is a priority health problem that affects 20% of children under 5 and 27% of children aged 6 to 9 first entering primary school. Because it is a multifactorial problem, its solution requires integrated action on the part of government, civil society, municipalities, and the organized community.
5. The Ministry of Health, in its regulatory framework, acknowledges its steering role in promoting nutrition and food security to comprehensively address the problem of malnutrition, fulfilling the mandates of the presidents and ministers of health of Central America and implementing this initiative in municipios marked by high levels of exclusion and poverty, within the context of sustainable human development.
6. These experiences, innovative owing to the changes in the work model, the strengthening of local capacity, the promotion of local management, and respect for local identity and culture, have led to the mobilization and optimization of external and local resources, intersectoral participation, and made the discourse on equity more concrete they have enhanced the leadership of the Ministry of Health and raised community health and nutrition levels, thus strengthening the vision of human development.
7. Success in implementing this new health care model depends on sectoral leadership in forging intersectoral partnerships consistent with the national health agenda, and on the orientation of resources toward national priorities.

## REFERENCES

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