

**Recommendations in the Document Prepared by the Argentine Ministry  
of Health and Environment on *Global Public Health Goods and Services in the  
21st Century and their Relationship to the PAHO Mandate***

Given that at the last meeting in Rio de Janeiro, Brazil on 14-15 December 2004 it was determined that certain recommendations from each of the documents prepared should be incorporated into the [final] document, and that these recommendations should be submitted to the Secretariat, these recommendations have been identified as follows:

***The Role of PAHO/WHO in the Management of Global Public Health Goods and Services***

Under the current conditions of swiftly moving events, shorter distances, and rapid social change, a major challenge is to resolve the tensions between equity in health and social exclusion. To this end, international cooperation can develop effective mechanisms for global protection in health. In the specific case of PAHO/WHO, the Organization should promote and participate in the debate on financing methods and promote consensus and collective negotiations for the procurement of goods and services such as drugs and strategic health supplies.

**a) Analysis of the role of PAHO in the regional management of global public health goods and services:**

**Work together (Member States –Secretariat) to identify and describe the public goods affecting regional health that are most needed by the countries of the Region and undertake an assessment of the current situation and trends in the production and provision of those goods and their potential contribution toward the attainment of the Millennium Development Goals (MDGs).**

**b) Knowledge as a worldwide public good:**

The efficient production and equitable use of global knowledge requires collective action. The challenge facing the international community is whether we can make our current system of government and cooperation work to support the collective interests of all (Joseph Stiglitz)<sup>1</sup>.

**One of the main functions of PAHO/WHO is to manage knowledge in health. In this field, the Organization facilitates the achievement of cooperative objectives through the provision of reliable and quality information on the health situation, health surveillance, harmonization of norms and standards, evidence-based “best practices,” etc.**

The worldwide revolution in information and the life sciences offers an opportunity for important new health interventions. PAHO/WHO could negotiate, in cooperation with its Member States, **the purchase and/or generation of health information and databases** and guarantee more equitable access for all of those States.

---

<sup>1</sup> Paraphrase of quote.

**Support for the production, processing, and dissemination of information in a manner that is equitable and sufficient for the countries as well as for regional and subregional blocs can help ensure the availability of worthy goods and public goods that have been determined to be priorities.**

Strategies to disseminate and improve access to information should be prepared, based on the analysis of common problems identified by the countries.

**Support for research in public health and health investment in the Region and their link with economic, social, and human development can contribute to the formulation and implementation of public health policies.**

**c) Support for consensus building and for the negotiation and procurement of international health agreements** based on the principles of equity and solidarity and on a consideration of health as a fundamental civil right. In this regard, it is strategically important to support the initiatives of country blocs such as MERCOSUR and the Andean and Caribbean countries, as well as those of the Meetings of Ministers of the Americas. It would also be worthwhile to **support the sharing of lessons learned from ongoing regional integration processes.**

**d) Joint negotiations on the procurement of drugs and other strategic supplies and health technologies.** PAHO/WHO should expand its support for these negotiations to the entire Region. Regional negotiations on the prices of antiretrovirals demonstrate how a strategy to improve access to information can consolidate a database that allows for economies of scale, ensuring the availability of goods such as antiretrovirals and diagnostic reagents.

**e) Support regional and subregional economic evaluations** (updatable estimates - monitoring) that examine the social cost and the cost of regional and subregional interventions for diseases such as HIV/AIDS, malaria, dengue, Chagas' diseases, and tuberculosis, among others. (It is necessary to estimate regional gaps, country by country, as well as the costs of controlling such diseases.) Calculations should be made of the proportion of GDP lost annually due to selected public health problems. Estimates should also be made of need for knowledge, health services (technologies, human resources, financing), and international support.

**f) Characterization of strategies employed to date for disease prevention and control** (describe and disseminate best practices and develop more broadly the external mechanism for evaluating national responses); **intensification of regional and subregional exchanges of information and experts, as well as the planning of joint activities among countries.** To this end, it is necessary to develop a clearer picture of the selected public health problem in each country.

**g) Definition of "priority countries" by type of regional public health problem:** Jus as five priority countries were identified on the basis of their health status and economic development, priority countries could be selected for malaria, tuberculosis, Chagas' disease, etc. With the support of PAHO/WHO, these

countries would interact more closely in a joint review of the current situation, the strategies employed, new interventions, etc.

**h) Strengthening the capacity of Ministry of Health technical teams to negotiate and secure international health agreements** and to identify when it is necessary to optimize available resources, and when additional resources are needed to ensure a timely, adequate supply of key public goods for regional health.

**i) Strengthening the contribution of health to the regional and subregional generation of peace and security:** Intensification of regional exchanges about intersectoral interventions to prevent violence (with emphasis on modifying the principal health determinants—nutrition, education, housing, employment, the environment), and models for mental health care (primary care for mental health).

**j) Cooperation in identifying regional and subregional health needs:** Identification of health needs and equity gaps between subregions or countries, promoting the most appropriate use and advantages associated with the production and utilization of cost-effective regional public goods, coordinating with other sectors, promoting the lowering of trade barriers, creating incentives and credit and financing mechanisms, as well as monitoring and evaluation processes.

**k) Coordination of regional and subregional health needs:** This can become a reality by: 1) finding ways to encourage the Banks to provide financing to meet regional health needs, 2) supporting the development of common networks or regulations to address needs, 3) supporting intergovernmental efforts to jointly produce regional public goods, and 4) facilitating guaranteed reciprocity for foreign visitors or tourists so that they have the same health rights as residents in terms of access to health goods and services.

---