Investing in health for the future

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The attainment of every person's inalienable right to health and well-being is a pivotal factor in the indefatigable quest for human prosperity, and one that requires advancing towards more inclusive, equitable, and healthy societies across our Region. By according a political priority to these advances and by giving public health a prominent role in the agenda of the Fifth Summit of the Americas, the Heads of State and Government show their deep commitment to make significant strides in securing our citizens' future.

Focusing on public health as an element of inclusion, well-being, and development, instead of seeing it merely as a response to diseases and epidemics – what I have called the 'reparations workshop' mentality – is, by itself, a huge step forward. In addition to recognising public health's contribution both to the hemisphere's integration and development processes and to the construction of more democratic and equitable societies, this vision also facilitates providing more effective solutions to the growing complexity of the public health challenges faced by the countries of the Americas today.

The Region must contend with four major challenges in public health, namely:

• Changes in health profiles and cumulative lags in health. The former reflects changes resulting from demographic, epidemiologic, and technologic dynamics that, in turn, have required and allowed for new benefits and treatments over increasingly longer human lifetimes, thereby increasing the cost of health services and health care expenditures. Meanwhile, cumulative lags in health reveal historical deficiencies and the accrued social debt in terms of access to timely and quality health care services. The Region experiences an 'epidemiology gap' that is a reflection of its world record of having the most inequitable income distribution and a high level of exclusion. Within this environment, non-communicable diseases are sharply rising, while communicable diseases and maternal-and-child ailments have yet to be satisfactorily resolved and are mounting on the poor.

• Inequity in access to health services or, what is worse, a lack of access to them. This aggravates the burden from geographic, ethnic, and gender-based inequities that are hidden behind Regional and

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national averages and aggregate figures.

• Insufficient and inadequate distribution of public spending on health. The percentage of public spending on health has essentially remained flat over the last 10 years, amounting only to 3.6 per cent of GDP for 2004-05, even though evidence shows that a level of public spending on health between 5 per cent and 6 per cent of GDP is needed to achieve universal access to health care services. The problem is compounded by the absence of mechanisms to ensure that public spending on health benefits the most disadvantaged groups in society. Although various countries in the Region have implemented policies and mechanisms that have had a distributive impact on public spending in health for lower-income groups, many of the Region's countries are still far from achieving this objective. These deficiencies are reflected in extremely high out-of-pocket spending on health by families. Since this expenditure represents a higher proportion of the total income of poor families, health spending – including that for medications – ends up being an important cause for the impoverishment of families who face chronic or life-threatening diseases that can evolve into catastrophic situations.

• Health threats that arise from climate change or in the context of globalisation. As we have witnessed over the last five years, climatic change has brought with it more frequent and more devastating natural phenomena and the spread of diseases, such as dengue, to areas that previously were protected from them. Globalisation, too, has brought in its wake the appearance of new and rapidly spreading diseases (for example SARS and avian flu).

To be able to address such challenges calls for universal access to health, by advancing towards health systems based on solidarity principles and by strengthening public health and primary health care, as stated on the *Health Agenda for the Americas 2008–17*. This, in turn, requires a strong commitment, even in the best of times. Doing so in the context of economic and fiscal stress will clearly be a demanding undertaking. It is achievable, however. Moreover, the very acknowledgment of the essential link between public health and development also makes it unavoidable.

Indeed, to overcome the economic crisis it will be crucial to avoid the mistakes made during the structural adjustment programmes that led to social sector expenditure cuts. Curtailing social spending would only aggravate the effects of the crisis, setting back the cumulative human capital and making it all the more difficult to surmount the crisis, let along to correct its effects. The most effective way to ameliorate both the immediate and the long-term effects of the crisis is to preserve the investment in human capital and to strengthen the mechanisms of support for the most vulnerable families and social sectors: "A spoonful of prevention is worth a ton of restoration."

At the same time, current economic circumstances call for paying still greater attention to the efficiency and effectiveness in the utilisation of resources. How to invest in public health in order to get wider coverage and strengthen health care systems, while also ensuring

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the utmost efficiency in the use of resources and the highest return of that social investment? Fortunately, we have a historic opportunity to achieve both sets of goals by firmly implementing and strengthening health systems based on primary health care (PHC).

International evidence suggests that health systems based on a strong PHC approach have better and more equitable health outcomes. They are more efficient, have lower long-term costs, and can achieve higher user satisfaction.

A new vision of sustainable human development has emerged, with deeper connections among economic development, democracy, and social protection. This new vision is leading to a new design of social and health policies and their relations and complementarities with health systems. This approach – the primary health care approach – has been influential in:

• Recognising the relationship between health and economic development, and social productivity;
• Realising the potential for citizen participation in health-related decision-making and incorporating civil society in the policy dialogue;
• Highlighting the indisputable role of the State in steering and providing leadership on the issue of equitable health development;
• Underlining the nature and limitations of a free-market approach to health;
• Restating the relevance of health determinants that calls for intersectoral action;
• Conveying a sense of urgency in correcting inequities in health.

Emerging actors from the public and private sectors in the field of health have fully embraced the call for action for a well-functioning health system. Disease-specific efforts are increasingly looking to bridge isolated programs with systemic approaches. The need to protect health from climate change also demands robust, universal, multi-response health systems that are close to the most vulnerable people. Innovative and visionary perspectives are being sought to quickly move us to find solutions, to move us into action, to set priorities.

In embracing these concepts and values many countries have managed to build health systems that effectively guarantee universal and equitable access, are inclusive and participatory, and ensure efficiency, effectiveness, and quality: all of these systems are based on primary health care, and their common denominator for success is strong political will and concerted and sustained efforts by all in society.

These experiences also demonstrate that the urban myth about PHC being too expensive is dead wrong! On the contrary, when the PHC approach is not followed, costs are arguably much higher in the long run. Countries with limited resources that follow the PHC approach have been able to build systems that are universal, equitable, and sustainable, that deliver better results and that serve more satisfied citizens. Wealthy nations that do not pursue a PHC approach, on the other hand, end up having health systems that are extremely expensive *vis-a-vis* outcomes obtained (value for money), and that are highly inequitable.

Such PHC-based health systems are not theoretical, but real-life, working, current systems. There are countries in our Region that have built and in some instances rebuilt those systems and that can show with satisfaction the positive results they have produced and will continue to produce. These systems are part of their national identity and a source of pride and human security.

Importantly, these PHC-based systems also have shown that they can protect the population under any circumstances; that they are resilient in the face of crises, as demonstrated during the recent history of Argentina and Uruguay; that they can react rapidly and develop urgent PHC-based strategies to provide protection to all people; and that they can rebuild themselves on the bases and principles of PHC to respond to multiple current and future challenges coming from demographic and epidemiological shifts.

Being adaptable to each country's circumstances is a pivotal advantage of the PCH strategy. There is no single, golden standard application of the PHC approach to be championed. In fact, its concrete applications not only could but also should be different, as these are guided by each country's historical, political, epidemiological and socioeconomic situation, among other factors.

What matters is that there is only one political dimension to the PHC approach, one that is guided by the values of equity, solidarity, and peoples' right to the highest attainable health, and by the principles of responsiveness to people's health needs, quality-oriented services, government accountability, social justice, sustainability, participation, and intersectorality.

Our Region has been recognised as a leader in the quest for an integrated vision of health based on the primary health care strategy. Ministers of Health of all the countries have signed a ten-year *Health Agenda for the Americas*. Through the *Agenda*, the Ministers have committed themselves to achieve the Millennium Development Goals for all their people and to avoid replicating the inequities that permeate our societies, instead making their health systems a major contributor to more equitable, safe, and democratic nations. The Fifth Summit of the Americas provides a magnificent opportunity for our Heads of State and Government to decisively boost this endeavour, which is so critical for promoting well-being for all, fostering human prosperity, and thus, ensuring a better future for all citizens. F