United Nations Nations Unies

Commission on the Status of Women
Fifty-third session
New York, 2 – 13 March 2009

INTERACTIVE EXPERT PANEL

Gender perspectives on global public health:
Implementing the internationally agreed development goals, including the MDGs

Written statement*

Submitted by

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

Introduction[1]

First of all, I'd like to thank the organizers for inviting me to participate in this important panel. I also would like to congratulate the organizers for the excellent Issues Paper prepared for this session. I've been asked by the organizers to talk about ways to strengthen health systems[2] so that they ensure equality in access to health care for all women and girls. To respond to this request, I've divided my presentation into two main sections:

- The health situation in the Americas; and
- Ways to strengthen health systems: the renewal of Primary Health Care in the Americas and beyond.

The health situation in the Americas

on reducing extreme poverty, reducing maternal mortality and combating HIV/AIDS and malaria are not expected to be met by 2015.

In terms of health system performance, there is progress in coverage of key interventions such as immunization, attended deliveries and antiretroviral treatment, as well as increases in health expenditures. Many countries however, rich and poor, have poorly-performing health systems that are ill-equipped to deal with current challenges, let alone future threats. Among the many challenges facing health systems we can mention:

- Unacceptably low levels of coverage in many areas;
- Highly segmented and fragmented health care systems;
- A weakened or absent steering role of the national health authorities;
- Unacceptably low levels of available funding for health and very high levels of out-of-pocket payments;
- Severe shortages of health workers in some countries and inappropriate skills mix;
- Lack of preventative interventions targeted at individuals;
- Lack of health promotion services such as health education programs promoting healthy lifestyles; and
- Lack of public health interventions such as health situation analysis, health surveillance, infectious disease control activities, environmental protection and sanitation services, disaster and emergency preparedness and response systems, and occupational health services.

In response to this situation, over the past three decades a variety of health reforms have been introduced in most countries of the Americas. Reforms have been initiated for a range of reasons, including rising costs, inefficient and poor-quality services, shrinking public budgets, and as a response to the changing role of the state. Despite considerable investments, most reforms appear to have had limited, mixed, or even negative results in terms of improving health and equity.

Ways to strengthen health systems: the renewal of Primary Health Care in the Americas and beyond

The Alma-Ata Declaration of 1978 emerged from the International Conference on Primary Health Care (PHC) as a major milestone of the past century in the field of Public Health. Motivated by gross inequality in health status within and between countries, and arguing that health is essential to social and economic development, the Declaration identified PHC as the main strategy to the attainment of Health for All (HFA).

The Declaration was a distinct approach for its universal values of right to health care, equity, solidarity, social justice, universality, participation and intersectoriality; and its global vision. This vision was not an implementation plan but a political vision.

There are several reasons for adopting a renewed approach to PHC, including:

- A recognition that many conditions that led to the social and political goal of HFA and to the strategy of PHC still exist and are, indeed, even more pronounced.
- The rise of new epidemiologic challenges that PHC must evolve to address such as globalization, armed conflicts, job insecurity, feminization of poverty, migration, overcrowding, pollution and environmental degradation, domestic violence, human trafficking, street children, teenage pregnancy, HIV/AIDS, tobacco consumption and chronic conditions such as obesity;

- The need to correct weaknesses and inconsistencies present in some of the widely divergent approaches to PHC, mainly the adoption of selective PHC in many developing countries; and
- A growing recognition that PHC has led to considerable improvements in health in many locations and countries.

International evidence suggests that health systems based on a strong PHC orientation have better and more equitable health outcomes, are more efficient, have lower health care costs, and can achieve higher user satisfaction than those whose health systems have only a weak PHC orientation.

A renewed approach to PHC is viewed as an essential condition for meeting internationally agreed-upon development goals such as those contained in the United Nations Millennium Declaration as well as the Millennium Development Goals.

In the Americas, the efforts for renewing PHC started in September of 2003. That year, PAHO's 44th Directing Council passed *Resolution CD44.R6* calling for Member States and PAHO to adopt a series of recommendations to strengthen PHC, including the process for defining future strategic and programmatic orientations in PHC. As a result, in September 2005 PAHO's 46th Directing Council approved the *Regional Declaration on the New Orientations for PHC*, also known as the *Declaration of Montevideo*.

All over the world, there is a renewed interest in PHC. Under the leadership of the WHO Director General, Dr. Margaret Chan, many countries around the world are discussing the significance of PHC for addressing the health challenges of the 21st Century. During 2007 and 2008 regional meetings to discuss PHC were held in all six WHO Regions. These efforts have been complemented by the celebration of the 30th Anniversary of Alma-Ata in Almaty, Kazakhastan, in October 2008 and by dedicating the World Health Report 2008 (WHR 2008) to PHC. In addition, WHO is going to submit a Resolution on PHC to the World Health Assembly in May 2009.

In the following section of my intervention, I'd like to discuss the four sets of reforms to strengthen PHC proposed by the WHR 2008:

Universal coverage reforms

PAHO estimates that about 25% of the Latin American and Caribbean population (200 million people) lack access to essential health services. Inequalities in access to health care disproportionably affect the poor, uneducated, rural, afro-descendent and indigenous populations. For example, the lack of access to family planning services is considerable higher in women without education than in women with primary and secondary education. It is also higher in teenage girls, in women living in rural areas and in indigenous women. In countries such as Ecuador and Guatemala, the percentage of women reporting that they have never had a Papanicolaou is two times higher in indigenous people than in other ethnic groups. In addition, 60% of countries in the Americas have limited access to essential medicines.

In general, there is a lack of sufficient financial resources for health, as well as serious problems in health expenditures due to the disproportionate amount of direct out-of-pocket expenditures. In Latin America and the Caribbean countries public health expenditure, as a percentage of GDP, represents only 3.3% of total spending compared to over 7% in Canada, United States and the European Union. In addition, public health spending represents 48% of total health spending compared to more than 70% in Canada and the European Union.

According to PAHO, out-of-pocket expenses by women are 16% to 60% higher than by men, particularly during their reproductive ages. There is also a considerable gap in the levels of contribution to social security schemes between men and women. In the year 2002, only 19% of women contributed to social security compared to 32% of men. Moreover, in countries like Chile, the premiums paid to private health insurers by women in reproductive ages are 2.2 times higher than those paid by men. Another area of concern is the lack of comprehensive package of services and entitlements for women. For example, some family planning programs don't always

- Disaggregating health data by sex and other variables such as age, place of residence and ethnicity.

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