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PRARI poverty reduction and regional integration
RePIR reducción de la pobreza e integración regional

Poverty reduction and regional integration

SADC and Unasur health policies

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Inside This Issue

Poverty reduction is a stated goal of the Southern African Development Community (SADC) and Union of South American Nations (UNASUR).

What can regional organisations do as UNASUR? Are they targeting the real problem?

- Inadequate access to health care and medicines is a persistent issue among impoverished populations in low-income countries in South America
- Most vulnerable population are disproportionately affected by lack or poor health care and access to medicines
- The poorest people living in less developed areas in the region still suffer from a group of unique neglected diseases linked to extreme poverty
- These are recognised social determinants of ill-health, poverty and social exclusion in Latin America
- The high incidence of HIV, Chagas, Dengue and Tuberculosis, as well as inadequate treatments for these diseases, create opportunities for national and regional actors across Latin America to develop improved policies and methods tackling illness and the causes of disease.

What can regional organisations such as UNASUR do?

Background: Disease poverty burden in the region

In South America, social exclusion and inequity remain leading obstacles to inclusive human development. They pose barriers to poverty reduction strategies, and hinder social unity and improved health conditions of populations. Social exclusion and inequity are further compounded by racial and gender discrimination. Consequently, the poorest of the poor are often affected by worst health indicators (PAHO, 2012).

Bolivia and Paraguay, both democracies, are amongst the poorest countries in South America. Both countries are similar in terms of poverty-related disease burden with weak institutional health systems. Poor living conditions in these countries, as well as quality and access problems for health services, are causes of high levels of child mortality, maternal mortality and increased non-communicable diseases (NCDs) as ischemic heart disease and diabetes and the persistence and (re) emergence of infectious and parasitic diseases. In addition ethnic composition, 95% indigenous population in Bolivia, and impoverished rural, border areas mean that Bolivia and Paraguay have specific poverty-health profiles linked to the burden of communicable disease (Braga et al., 2011; Barreto et al., 2012). An example is tuberculosis, affecting poor populations in Bolivia and Paraguay (Braga et al., 2011), or Chagas threatening the lives of more than one million people in Bolivia (10% of the population) primarily in rural areas (Hage et al, 2013).

HIV/AIDS and Dengue have become endemic in the majority of the South American countries, and are two of the most important public health problems of the region. Paraguay suffers the highest rate of fatality linked to Dengue in South America, witnessing 321% more severe cases in 2012 than 2011. In addition to the high burden arising from infectious diseases, these populations are heavily charged by NCDs as well. Even when age adjusted, mortality rates by NCDs are higher in less economically developed countries, such as Bolivia (710.8/100000 inhabitants) and are deepening the poverty-health burden. This increases the need to advance issues relate to risk factors and the establishment of common indicators (PAHO, 2012; Hage et al, 2013).

UNASUR ACTION ON HEALTH: OPPORTUNITIES FOR PRO-POOR POLICIES

As the most recent regional integration process, UNASUR, created the South American Health Council (UNASUR Health) to consolidate health as a regional goal

UNASUR capitalizes on a long history of regional cooperation in health to achieve the following:

- Promoting common policies, activities and cooperation
- Strengthening Ministries of Health
- Identifying critical determinants and promotion of intersectoral policies and actions, such as food security, healthy environments etc.
- Strengthening institutions structuring health systems of members
- Providing services and regulatory frameworks
- Supporting schools of public health, education and training institutions

ACTION ON SURVEILLANCE

- working to develop indicators of risk factors, morbidity and mortality
- Information system for reporting on priority diseases
- A System of monitoring and evaluation of the Network
- Development of basic capacities for surveillance and response according to IHR principles
- UNASUR Dengue network to mitigate impact
- Promoting South American Immunisation Program

Bolivia is moving towards to universal health care, while Paraguay is in the process of harmonising primary care.

UNIVERSALISATION OF HEALTH

- Monitoring and evaluation of universal systems
- Reinforcing shared health systems, including their structural institutions such as the National Institutes of Health

ACCESS TO MEDICINES

- Strengthening the production capacity in the region, including generic medicines
- Reducing barriers produced by Intellectual Property Right regimes and inadequate R&D funding
- Pricing strategies and negotiation with international manufacturers
- Harmonise surveillance and regulation to ensure quality and safety

- ***Can the regional-national connexion help?***
- ***Are these pro-poor policies?***
- ***How can these regional policies move towards and contribute to the health priorities of these countries?***

SOCIAL DETERMINANTS OF HEALTH

Two of the main issues under discussion today in the regional health agenda are the Post 2015 Development Agenda and universalisation of the access to health services.

The Instituto Sudamericano de Governancia en Salud (ISAGS) and the Public Health School Network (RINS-UNASUR) are leading professionalisation through research and capacity building in light of the negotiations at the World Health Assembly.

"Investment in health is fundamental to economic growth and development. Threats to health compromise a country's stability and security" (Oslo Declaration 2007)

We examine the regional integration-poverty nexus through the lens of health, and specifically in relation to access to health care and medicines, for two principal reasons. First, poor health and poverty coincide, are mutually-reinforcing, and are socially-structured by gender, age, class, ethnicity and location (CSDH 2008; Haines et al., 2000; Marmot and Wilkinson, 1999; Waelkens et al., 2005). Inadequate access to health care and medicines is a social determinant of ill-health (Marmot, 2005; Maclean, Brown and Fourie, 2009) and is disproportionately borne by women and girls. Access is a significant issue in peri-urban informal settlements and rural areas, many of which are often border areas where there is much scope for innovation in cross-border regional policy coordination in support of universal access to healthcare. Second, SADC and UNASUR have both developed institutional competences in health policy and poverty reduction, although their policy development practices and methods may take quite different forms.

Poverty reduction is a stated goal of regional integration in Africa and South America, but little is known about whether poverty reduction agendas and goals are in practice being progressed through regional health cooperation and if so, how. Research on the regional integration-poverty nexus (Schiff and Winters 1996; TeVelde, 2006) has focused on the liberalization of foreign trade, foreign direct investment, and labour migration.

1ST WORKSHOP IN BUENOS AIRES.

Our first UNASUR workshop took place in Buenos Aires on June 19. After the presentation of the project, we discussed progress and challenges in regional cooperation in health under the mandate of UNASUR. Participants came from to Argentina, Bolivia, Brazil, Paraguay, Uruguay, Ecuador, England, Belgium and South Africa (universities, civil society, international organizations, ministries, institutes and research centers).

PRARI's CONTRIBUTION

Policy research on regional public goods, for its part, has not specifically examined health, nor whether and how regional organisations' policy commitments are being implemented and embedded in domestic social institutions and policy formation (Deacon et al., 2010; UNDP, 2011)

The project picks up this glove investigating whether and how UNASUR and SADC practices and methods are generative of committed and embedded pro-poor health strategies, will, inter alia, enhance understanding of the conditions under which regional frameworks structure policies and practices in the interests of poverty reduction – and the ways in which they do so. What regional institutional practices and methods of regional policy formation are conducive to the emergence of embedded pro-poor health strategies? How do regional organizations engage with poverty issues (and/or miss opportunities to do so)? Which actors are mobilized in the process? To what effect?

FIELDTRIP TO BOLIVIA AND PARAGUAY

We will be starting our fieldwork phase in July of 2014. PRARI will investigate, in relation to Bolivia and Paraguay, the nature of the regional-health-poverty nexus. After that, we will continue with the analysis of the data collected and move on to comparison of results. Subsequently we will take up the design of toolkits for the monitoring indicators.

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