



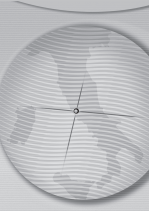
Public Health in the Americas

In this special issue the four articles focus on population health in terms of primary care and preventive medicine. This critical area of health often receives less attention than health care issues (more so in the popular press but also in academic analyses). Upon reviewing these very interesting and illuminating articles it was striking that despite significant cultural, economic, geographic and historical differences there are many commonalities which exist throughout the Americas. Commonalities exist in the health system design, evolution, operational and administrative challenges. This can be seen through various decentralized and often inefficient solutions (solutions catering to cultural tendencies of health care users: e.g., trust issues around total government control of health care systems). This also seems to hold true with respect to primary care and preventive, population-based programming and services:

- “...reforms [that] seek to prevent poor health... range from a focus on secondary prevention... to a broader concentration on population health ... and the socio-economic and environmental determinants of health...but, particularly to the extent these determinants fall outside the realm of health care, [such reforms receive] relatively little emphasis.” [Deber et al]
- “Reforms tend to take place at the local or provincial level, with considerable variation within and across jurisdictions. To a large extent, the success of this non-system depends on informal policy processes and individual provider-patient relationships.” [Deber et al]
- “If a greater emphasis on primary care might also result in more limited access to specialty care, history suggests it will be particularly difficult to implement such a shift. Powerful forces, ..., along with a general public that does not trust government efforts to limit medical technology, are likely to resist the move toward a health care system that relies more heavily on primary care and less on new medical technology.” [Gusmano]
- “,...there is a high degree of fragmentation of the health system, with poor coordination between subsystems and lack of stewardship at the national level... [and these] are the main factors behind its low efficiency and its inequities in access and in quality of care. At the same time, it would seem that segmentation and fragmentation are the ways that the different players ... have found to thrive, maintaining the status quo and preventing the development of a unified national health system. [Penchaszadeh et al]

As common as the challenges faced by each health care system are, there are some distinct differences. In my opinion, these differences are essential for understanding the necessary conditions to drive significant, positive gains in primary care and preventive, population-based health in the Americas and beyond. Central to my reflections on these articles are two concepts:

- Primary care and preventive, population-based programming and service delivery can truly improve health status for all citizens; and,
- Health is a human right and the manner in which countries practically address this concept in their laws, health systems and societies as a whole is essential for the change needed to adopt a culture of preventive, population health.



While there is widespread acceptance of the health and wellness value associated with population-based health reform this does not mean that countries are eagerly adopting these kinds of measures. It appears as though there is a necessary (but perhaps not sufficient) pre-condition to successful reform. I would suggest that a cultural acceptance of and/or socio-political centrality of health as a human right is such a pre-condition to any country's capacity to ensure equitable access to programs and services that meet both immediate health needs (health care) and potential future health issues (preventive medicine). To support this perspective I would draw attention to the following material from these papers:

- “While the effect of prevention on health care spending is controversial, few disagree that better primary care and prevention have the potential to improve health.” [Gusmano]
- “The National Health System in Brazil was born of the 1988 Constitution, ...[and] the reform process was guided by four main ideas: an ethical-normative idea of health as a human right, a scientific understanding of the social determination of health, a political idea that health is a right inherent to citizens in a democratic society, and a sanitary idea that understands health protection in a broad and comprehensive way; from health promotion and prevention, through treatment to rehabilitation.” [Sampaio]
- [There has been a long cultural tradition of broad public support for comprehensive efforts across all levels of government to set up the nation's health system so that it adheres to a set of] “national principles...[which] are: public administration; comprehensiveness; universality; portability;...[and] accessibility.” [Deber et al]

Evidently, there are ongoing efforts at reform in all four countries. These efforts go beyond the need for enhanced health care services which are meant to enhance disease prevention and adequately address disease risk reduction priorities. I would suggest that societies must embrace such efforts at a deep, cultural level in order to have a reasonable expectation of success. In this regard, health as a human right will, in my view, be central to these efforts. All members of society need to accept a central role for health as a fundamental human right and this must extend beyond a narrow definition that only encompasses the right to access health care due to illness. Health, as defined by the WHO lays out a much broader concept of health:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States: Official Records of the World Health Organization, no. 2, p. 100, entered into force on 7 April 1948. The Definition has not been amended since 1948).

So our societies – from the political milieu on through to the grassroots level, must support efforts to institute policies and programs in primary care reform and embrace the goal of preventive, population-based wellness. Looking once again to these country reports I would conclude by drawing attention to specific findings, including a quote in the article on the United States from President Obama:

- “Simply put, in the absence of a radical shift towards prevention and public health, we will not be successful in containing medical costs or improving the health of the American people.” - Barack Obama, 2008 [Gusmano]
- “The primary care reform [in Brazil] has been recognized as one of the most important achievements of the national health system. As a comprehensive ... strategy that brings together primary medical care, community health, public health and health promotion, this program has been challenging the boundaries of the health sector in Brazil... and ... become one of the pillars of the national health system in a middle income country with great social inequities [that promotes equity in access] ... to services and also in important health indicators.” [Sampaio]



Viewed in this manner, there is reason to hope that positive change in our collective perspective on health will be inclusive of primary care and prevention as a much more central tenet of broad public policy that meets the needs of everyone. Hopefully, lessons learned and examples of success such as those outlined in this special issue will lead a socio-political movement towards a more balanced perspective on the key health needs for the people of the world.

Ross Duncan

A/Director, Division of Science and Technology

Laboratory for Foodborne Zoonoses

Public Health Agency of Canada