



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **13th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE**

*Washington, D.C., 24–25 April 2003*

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*Provisional Agenda Item 11.4*

RIMSA13/19 (Eng.)

14 March 2003

ORIGINAL: SPANISH

### **HUMAN DEVELOPMENT AND PROSPERITY IN RURAL COMMUNITIES**

One of the reasons for the creation of the Pan American Health Organization (PAHO) in 1902 was the need to clean up ports in the Americas to facilitate agricultural exports to Europe. For 100 years PAHO has been working with the countries to control and eradicate disease, set standards, improve health services, and train personnel. One of its main approaches has been health as an instrument for development, since economic prosperity cannot be achieved with sick populations. Integral development of rural communities requires the mobilization of all the forces in play, together with intersectoral coordination. The Healthy and Productive Municipalities Initiative, allied with the primary health care strategy, is a mechanism for achieving this objective. The importance of collaboration and coordination between health and agriculture has been recognized by PAHO for decades. The creation of the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA) and its advisory committees, Hemispheric Committee for the Eradication of Food-and-Mouth Disease (COHEFA) and the Pan American Commission for Food Safety (COPAIA), has made that coordination a reality with the implementation of regional programs in food safety, the prevention and control of zoonoses, and the eradication of foot-and-mouth disease, based on community and private sector participation.

The principal areas for joint activities between health and agriculture to generate the necessary synergy for human development and the prosperity of rural communities are: food security, animal health and zoonoses, food safety, and sustainable local development. To operationalize these joint activities, the following thematic areas are considered: the identification of population groups that are already organized; the introduction of primary environmental and health care into agriculture and livestock production; the identification of production cycles, through an approach that encompasses the entire food production chain, from the farm to the table; the identification of interdependent processes in health and agriculture; and the creation of common legal and regulatory frameworks for health and agriculture, aimed at maximizing the protection of human health while minimizing interference with trade. The organized groups already operating in rural communities can make an enormous contribution to joint activities.

It is proposed that intersectoral and interagency activities be strengthened to consolidate the healthy and productive municipalities model implemented in PASB programs in a number of countries.

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## **Introduction**

1. The creation of PAHO was the culmination of lengthy discussions in the Conferences of the American Republics that began in the late 19th century. The concerns of the newborn republics centered on the need to clean up their ports to open European markets to their agricultural exports. The public health advances achieved by Gorgas in Panama through his work on malaria made it possible to continue with the construction of the canal, and Finlay's discoveries about yellow fever transmission filled the Americas with optimism.

2. In 1902 the Pan American Sanitary Bureau was created, with headquarters in Washington, D.C., the United States of America. Its mission was to coordinate country efforts to promote health, control disease, and prolong life. Each of the Pan American Sanitary Conferences held every four years (now, every five years) has been a milestone in the history of public health in the Hemisphere. In 1924, the Conference in Havana, Cuba adopted the Pan American Sanitary Code, which sets forth the procedures for preventing the spread of diseases within and between Member States of the Organization. We can say today that since those first 11 founding nations, all the inhabitants of the Hemisphere have been linked to the work of PAHO through 38 Member States and an Associate Member, Puerto Rico.

3. In the course of these 100 years, PAHO has contributed to the control and eradication of diseases such as smallpox, poliomyelitis, yellow fever, plague, endemic goiter, and leprosy. The seventh cholera pandemic struck the Region of the Americas in 1991, beginning along the northern coast of Peru. The epidemic inexorably spread to virtually every country in the Region. The most affected populations were located in the peri-urban areas on the outskirts of cities and in rural zones, which had only limited access to basic services. Countries in which more than 80% of the population has access to safe water have had annual incidences of no more than 100 cases per 100,000 inhabitants in this decade, while those with less than 80% coverage have had incidence rates of over 200 cases per 100,000 inhabitants in at least one year of the epidemic,

4. PAHO has been instrumental in building national capacity, assisting in the creation and improvement of academic institutions and schools of medicine, nursing, veterinary medicine, nutrition, epidemiology, and health statistics. It has developed technologies in health and environment, information systems, and models of care, as well as new areas of public health, such as biotechnology, bioethics, and biomedical engineering. It has also developed regional norms and standards and established commitments and common goals for joint action by all the territories and countries in the Hemisphere.

## **Human Development and Social Capital**

5. According to the United Nations Development Program (UNDP), increasing people's options and expanding their essential and functional capacities are fundamental to the concept of human development. The three essential capacities for human development are: to enjoy a long and healthy life, to possess adequate knowledge, and to have access to the resources necessary for achieving an acceptable standard of living.

6. Citizens support democracy as the best environment for accessing government, expressing their interests, and settling disputes legally and peaceably, but they demand that it result in material improvements in their standard of living. We must generate virtuous circles to reduce poverty, develop human capital, stimulate advances in technology progress, increase social capital, and guarantee the rule of law.

7. Social capital is built on shared values, common standards, culture, a multiplicity of associations, and the capacity to build consensus, networks, synergies, and a climate of trust among social actors.

8. At the Club of Rome meeting in Punta del Este, Uruguay (1991), it was predicted that the overriding global problem of the coming decades would be poverty. The Worldwatch Institute of Washington, D.C. notes that worldwide, one out of every three children is underfed, 1,220 million people lack safe drinking water, 3 million infants die each year from vaccine-preventable diseases, 1 million women die each year from health problems linked with reproduction, and 1,000 million adults do not know how to read.

9. Bernardo Kliksberg has stated that poverty is an issue that cannot be ignored. Poverty today is the daily reality of nearly half of all Latin Americans. Some 60% of children under 5 live in poverty, around 30% of them in extreme poverty (in other words, their nutritional requirements are not met).

10. In his special report for the new millennium, the Secretary General of the United Nations, Kofi Anan, described the world situation this way: If we assume that the global village has 1,000 inhabitants, 150 are rich, 780 are poor, and 70 are middle-income; 220 are illiterate, two-thirds them women. The average per capita income is US\$ 6,000 dollars per year, but 86% of it is in the hands of richest 20%, while half the population earns less than \$2 dollars a day. Half the population has never received or made a phone call, and only 60 people have computers.

11. In a recent, sweeping worldwide survey, health was identified as the value most prized by individuals. It is universally recognized that the one basic asset of the poor, their only working capital, is their health.

12. The main components for guaranteeing the quality of life have been identified as:

- The struggle against poverty;
- The defense of peace, personal security, and public freedoms;
- Environmental protection;
- Social security, understood as guaranteed access to health and education;
- Food security;
- Decent housing with water and basic sanitation services;
- Access to recreation and sports;
- The enjoyment of art and literature;
- Protection of the vulnerable, and
- Respect for and consolidation of human rights.

13. Among the United Nations development goals for the millennium are several that demand coordination between health and agriculture—namely, the eradication of extreme poverty and hunger and the guarantee of a sustainable environment.

### **Small Producers and Sustainable Growth**

14. Intersectoral collaboration and coordination among the public, private, and productive sectors has been key to the success of animal health programs and the availability of animal protein for human nutrition. PAHO has been convening the Inter-American Meeting, at the Ministerial Level, on Animal Health (RIMSA) since 1968 as a forum for articulating activities between agriculture and health to obtain political support for programs to eradicate foot-and-mouth disease, promote food safety, and control and eliminate zoonoses. Its decisions and recommendations are ratified by the Directing Council of PAHO at its annual meeting. Intersectoral collaboration was strengthened during the RIMSA12 meeting in Brazil in 2001, when for the first time in history, the ministers of agriculture and health met at the regional level to discuss matters of mutual interest. Since then, this forum has been known as the Inter-American Meeting, at the Ministerial Level, on Health and Agriculture, retaining the acronym RIMSA.

15. RIMSA has advisory committees, such as the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA) and the Pan American Commission for Food Safety (COPAIA). These committees have also facilitated the active participation of producers, consumers, and international cooperation agencies to secure the principal components of the quality of life through the participatory mechanisms of the social actors.

16. These meetings have also promoted the active participation of producers and consumers in policy-making and program operations. Eight out of 10 producers in the Region of the Americas are considered rural. Estimates put the rural population of the Region of the Americas in 2002 at 23% of the total population (Andean Area - 25%, Brazil - 18%, Latin Caribbean - 15%, the non-Latin Caribbean - 37%, Southern Cone - 36%, Mexico - 25%, and North America - 22%).

17. The World Food Summit, organized by the Food and Agriculture Organization of the United Nations (FAO) in November 1996, warned that in the next 10 years, globalization and the liberalization of agricultural markets, together with capital movements, technology development, and new sanitary requirements, would pose challenges for the developing countries' participation in the world food market. In addition to being the main productive activity in rural areas, agriculture can help to alleviate poverty and malnutrition and is closely linked with other, very important activities such as agribusiness, trade, and tourism.

### **Health Promotion and Local Development**

18. In 1995, PAHO published a document on veterinary public health in local health systems (SILOS), where for the first time, mechanisms are being developed whereby agricultural activities and the health of producers and their families and communities are addressed at the local level and are mutually reinforced, generating a positive synergy for sustainable human, social, and economic development.

19. The health promotion paradigm endorsed at the Fifth Global Conference on Health Promotion in Mexico in 2000 has recognized the following critical interventions:

- Capacity building, or empowerment;
- Creation of healthy settings;
- Public policy-making, and
- Transformation of the services.

20. Health promotion draws from many disciplines and develops innovative theory and practice in public health that facilitate the achievement of social goals and objectives, generating more health to attain the well-being of society as a whole.

21. This year marks the 25th anniversary of the Declaration of Alma-Ata (1978), which designated primary health care as the strategy for achieving equity and the social goal of “Health for All”. Its components are:

- Social participation;
- Appropriate technology;
- Intersectoral action, and
- Cooperation among countries.

### **Healthy and Productive Municipalities**

22. The phenomenon of migration has led to the reemergence of certain diseases, which have been reintroduced into rural areas or major cities. One of the most disturbing macrotrends of the new century has been the steady growth of migration of rural populations to urban centers in search of better employment, income, and educational opportunities.

23. Joint strategies like the Healthy and Productive Municipalities Initiative are designed to encourage rural populations not to migrate, guaranteeing them a decent life and fostering the demographic and economic sustainability of nations.

24. A healthy and productive municipality is one in which private organizations, public institutions, producers, entrepreneurs, workers, administrative and civil authorities, and the community at large are constantly striving to improve agricultural production, the processing and marketing of goods, living and working conditions, and the community culture. To this end, they strive to build a harmonious relationship with the natural environment at all times and to strengthen community resources to heighten social cohesion and build solidarity, social co-management, and equal opportunity.

25. The municipality is a local social, geographic, economic, productive, and political unit. It is the epicenter of civic action and belongs to everyone. Thus, enhancing its role creates a genuine opportunity for members of the community to participate and build consensus among social actors, thereby preventing exclusion. It is here that the ordinary citizen can reign supreme every day, and not just during elections, becoming the master of his own fate.

26. Equity in health seeks to meet basic needs through an approach that promotes opportunities, targeting interventions to municipalities or communities with the highest percentage of unmet basic needs, procuring self-management to promote sustainable human development and self-care to reduce morbidity. Experiences in rural areas show how healthy public policies can be developed: promote changes in habits and lifestyles; strengthen community action as the foundation for the movement; and measure results with specific indicators denoting satisfaction of the basic needs of the people.

27. The sustainable development of rural communities requires:

- Food, water, healthy housing, education, employment, income, and security.
- The promotion of new models of productive and economic development that are dynamic, diversified, and innovative—models that stimulate economic revitalization and growth to guarantee social equity and access to services and technology, thus improving the living conditions of the local population.

28. The identified priorities in the agricultural sector—namely, food security, sustainable natural resources, favorable conditions for international trade, and productive partnerships for rural development—can quickly have a positive impact on people’s quality of life. Health is an essential component and a clear and objective indicator of that improvement.

### **Joint Action in Health and Agriculture—Thematic Areas**

29. In short, we can identify the following areas for joint, synergistic efforts between health and agriculture to promote human development and the prosperity of rural communities: food security, food safety, animal health, and comprehensive local development.

30. These can be developed through the following thematic areas:

- Identification of specific populations that are already organized, to increase their social capital.
- Introduction of primary environmental and health care to improve agricultural and livestock production.
- Identification of productive cycles: protection of the food production chain, from the farm to the table.
- Identification of interdependent processes in health and agriculture.



- Promotion of common legal and regulatory frameworks for health and agriculture that maximize the protection of human health while minimizing interference with trade.

31. Organized groups in rural communities—for example, rural women’s organizations, producers’ associations, local health committees, and homemakers--can make an enormous contribution to the joint activities in the above-mentioned thematic areas.

32. For more than 50 years, PASB technical cooperation in veterinary public health has served as a bridge between the agriculture and health sectors. The insertion of veterinary public health into local health systems and its catalytic role in healthy and productive municipalities have contributed to the progress made in improving the quality of life of the peoples of the Americas.

33. We are calling for a coordinated effort to promote comprehensive rural development, since we cannot produce quality agricultural goods with poor and sickly producers living in unhealthy, insecure environments.

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