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STRATEGIC ALLIANCE FOR ATTAINMENT OF THE MILLENNIUM DEVELOPMENT GOALS

This document reflects the progress brought about by strategic alliances between ministers of health, education, labor, environment, and agriculture. Its purpose is to promote and strengthen development of an intersectoral framework that contributes to achievement of the Millennium Development Goals (MDG), provide inspiration for the health in the Americas agenda, and propose joint actions to improve the health of peoples within a broad framework of development. It represents an initial effort to analyze the intersectoral approach by considering only the five sectors in which the declarations by the respective ministers include an explicit commitment to strengthening joint efforts in support of health. In this regard, the experiences mentioned are non-exhaustive examples that seek to promote reflection on the importance of working together toward attainment of the Millennium Development Goals. The document stresses the intersectoral approach, within the framework of the social, economic, environmental, and cultural determinants that affect the health of the population. It also seeks to lay the foundations for public health in the Region of the Americas to increasingly engage in integral work to combat poverty and reduce inequity.

How can the different sectors and agencies jointly take up the challenge of the MDGs in the Americas? What role does the health sector play in promoting development? How can intersectoral work be carried out in the poorer *municipios* in the Region? These questions must be studied to ensure the political sustainability of intersectoral action from the standpoint of health.

The alliance between the health, educational, labor, environmental and agricultural sectors is important for the Pan American Health Organization, because it emphasizes that the living conditions of the most vulnerable inhabitants of the Americas, who reside in areas where the challenges of poverty and inequity are most critical, can only be improved when the different ministries and sectors, including the private sector and public organizations, work together — not in a parallel manner — and all actors are involved.

The real challenge is to ensure that the health sector transitions from a position where it suffers the impact of underdevelopment to a force that spurs development forward. For this to happen, the exclusive emphasis on treating disease must shift to prevention strategies that address health determinants.

Public health as a common objective of five sectors, not just one.

1. The discussion proposed by the panel seeks to encourage the necessary *intersectoral approach*[1] from the health perspective and the synergies in public policies to combat poverty and reduce inequity. To this end, this document studies and reviews the mandates and decisions approved by the countries' highest authorities during the summit processes, and by the Governing Bodies of the World Health Organization (WHO) and PAHO. Similarly, the decisions made at various administrative levels and events by the health, labor, education, environmental, and agricultural sectors, and at regional and global events, are studied from the standpoint of their commitment to and consideration of attainment of the MDGs. At the strategic level, the intersectoral approach should be present in global policies and strategies that guide societal action to achieve social development objectives, as occurs with the Millennium Declaration. On the tactical-operational level, the intersectoral view should be present in short- and medium-term social projects and programs, as well as in specific intersectoral activities aimed at addressing the MDGs.

Health, the MDGs, and the Intersectoral Approach

2. Three of the eight Millennium Development Goals, eight of the 16 targets, and 18 of the 48 indicators are directly related to health, which also contributes significantly to the attainment of several other objectives. However, the importance of the MDGs is based on the relationship between these goals and the mutual synergy between actions, which mutually reinforce each within a framework designed to improve integral human development.

3. The organization and strengthening of national and international actions that progress towards the attainment of the MDGs entail a strongly intersectoral political and operational vision in which social sectors such as health, education, labor, environment, and agriculture are ends in themselves, as well as means to reach the ends. As a result, all sectors are involved in some way in pursuing the attainment of all the MDGs. This, of course, is what should occur in a society organized around the concept of sustainable human development.

4. In developing health actions and ideas, particularly in public health, the centrality of the intersectoral approach is evident. This approach has been present in historical and conceptual referents since the 18th century. In international agencies and

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[1] The *intersectoral approach* has already been discussed extensively by several authors such as Julio Suárez , for whom "intersectoral action (*intersectoralidad*) is a more appropriate expression for the global nature of a process that includes thought, coordination, and intersectoral action." Intersectoral action is not an end in itself, but rather a means that can be used by social sectors in order to achieve common objectives.

organizations, it clearly includes the principles of primary health care (PHC) put forth in the Declaration of Alma-Ata (1978) and evident in the policies, strategies, and actions targeted toward the worldwide goal of Health for All by the year 2000. It includes the Ottawa Charter for Health Promotion (1986) and documents that have examined this concept in greater depth, such as the Adelaide Declaration (1988), the Sundsvall Declaration (1991), the Bogotá Declaration (1992), the Caribbean Charter for Health Promotion (1993),[2] the Jakarta Declaration (1997), the Mexico Statement (2002), the Bangkok Charter (2005), and other regional and global frames of reference. This is also evident in the very trajectory of WHO and PAHO, although the intersectoral approach could be even bolder and more innovative.

5. As part of this development of ideas and commitments to health and well-being that seek to influence the social, economic, and environmental determinants of health, the Commission on Social Determinants of Health was recently created. This commission acknowledges that "*poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy …conditions and low occupational status are important determinants of most of disease, death, and health inequalities...*" [3] These principles gained force in the Region since the 1970's, given the need to stress actions that address the main causes of inequity and respond to the new concept of human security.

6. More than 20 years after the Ottawa Charter Conference, the interdependence of the concepts of human development, quality of life, health, and personal and community well-being grows ever clearer, as does their high degree of dependence on investments and inputs from outside the health sector. According to the Ottawa Charter, "*Health is, therefore, seen as a resource for everyday life, not the objective of living. (…) Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.*"

7. WHO and PAHO have stated and work under the premise that "*health is both and input to and an output of the growth process; wealth leads to health and health leads to wealth.*" [4]

8. In this vision, the MDGs must be considered an indivisible unit. In fact, the MDGs have led, or should lead to making investment in people's health a key item on the world development agenda. This opens up new opportunities for the health sector and

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2 Prepared and adopted by the 1st Conference on Health Promotion in the Caribbean, organized by PAHO/WHO and Caribbean Cooperation in Health, from 1 - 4 June 1993 in Port-of-Spain, Trinidad and Tobago.

3 World Health Organization. *Commission on Health Determinants*. Geneva: WHO, 2004. (Document EB115/35).

4 World Health Organization. *General Program of Work for 2006-2015: Examination of the Process and Provisional Draft*. Geneva: WHO, 2004. (Document EB115/15).

health organizations to achieve ample support for the health agenda.[5] The document presented to the 45th Directing Council in September 2004 (CD45/8) also describes the relationship between primary health care and the Millennium Development Goals under an intersectoral approach.

9. Therefore, intersectoral development is defined as the widest range of relationships between the various social and economic sectors, agents, and interests. It consists not only of coordinated work among the different ministries but of relationships between sectors and actors. It is a process whereby the objectives, strategies, activities, and resources of each sector are considered in terms of their repercussions and impact on the objectives, strategies, activities, and resources of other sectors. From the standpoint of health, intersectoral action is the means to reach fully integrated development on the national, regional, municipal, and community scale. The underlying assumption is that the health sector and other social sectors have a two-fold role, as an aim of development and as a means of achieving it.[6]

10. For example, greater literacy and the development of vocational skills, improved housing standards, agricultural development with nutrition as the primary objective, the development of urban infrastructure to expand water and sewerage services, and economic growth with equitable distribution of its benefits are essential for improving health in both the countries and the Region.[7]

11. The intersectoral approach is reflected in practice in policies that generate public goods. Public goods are clearly an expression of the intersectoral approach, which requires joint efforts by several different disciplines and sectors, leading to new policies that contribute to development. An example of a public good in the Region is the Revolving Fund for Vaccine Procurement, created by PAHO over a quarter of a century ago to guarantee a steady supply of vaccines to the countries.

12. Achievement of integral development from the standpoint of the health sector means, at a minimum, recognition by national authorities that decisions made in other sectors have direct and indirect consequences for the goals established by governments.

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5 World Health Organization. Advisory Meeting for the Region of the Americas on the 11th WHO General Program of Work. WHO, 2005.

6 Pan American Health Organization. *Quality of Life, Intersectoral Development, and Community Participation*, 1982. (IMPLAN/7, 30 April 1982)

7 Ibid.

Specific mandates in each sector to promote the intersectoral approach: some examples

Education

13. The statement made at the 4th Meeting of the Ministers of Education of the Americas held in Scarborough (Trinidad and Tobago) in August 2005 is directly related to the work to achieve the MDGs: "*We recognize that many countries in the Western Hemisphere suffer from significant levels of income inequality. Education offers us the single best opportunity for improving the lives of the millions of people who find themselves in poverty and therefore, we prioritize equity with quality.*" [8]

14. In the Commitments for Action document, the Ministers of Health of the Americas acknowledge "*the impact that health and environmental issues have on human development and (…) the role that education plays in promoting healthy lifestyles, decreasing the incidence of HIV/AIDS and sexually transmitted diseases (STDs), and valuing and caring for the environment.*"[9]

15. Concerning commitment to the MDGs as a whole, in other words, an integrated, harmonious view of all of them, the ministers of education proposed "*establishing support programs such as scholarship programs, transfers to cover opportunity costs for the poorest, and other social protection policies so that children from the neediest families can stay in school."*

Labor

16. In one of the most recent examples directly related to progress towards the MDGs, at the 14th Inter-American Conference of Ministers of Labor (Mexico City, 2005) the highest authorities from the Ministries of Labor in the Region of the Americas stated their firm commitment: "*We commit ourselves also to articulating active policies that put the individual at the center of work and the economy and that combine the creation of work and employment with the promotion of the dimensions of decent work: fairly paid employment with social protection and the promotion of a gender perspective and the full exercise of labor, occupational safety and health, and union rights. Mechanisms for collective bargaining and social dialogue should be promoted. We will also promote citizen participation in general in support of these objectives*."[10]

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8 Organization of American States, Inter-American Council for Integral Development. Scarborough Declaration and Commitments to Action. Meeting of Ministers of Education of the Americas. Scarborough, Trinidad and Tobago, August 2005. OAS/CIDI Document CIDI/RME/doc.4/05 rev.3.).

9 Ibid.

10 Organization of American States, Inter-American Council for Integral Development. *Declaration of Mexico*. Approved during the 14th Inter-American Conference of Ministers of Labor held in Mexico City, September 2005. OAS/CIDI. Document OAS/Ser.K/XII.14.1.

17. They continued by stating that they emphasize their "*firm commitment to the goals of the United Nations Millennium Declaration and in particular to fighting poverty and eradicating extreme poverty through the promotion and creation of dignified employment.*" Therefore, "*We reiterate the importance of protecting health and safety at work. We also recognize the importance of promoting a culture of prevention in this field, as well as the advisability of adopting an integrated approach that involves environmental and other public policies, particularly policies on employment, health and social security.*"[11] Furthermore, they propose analyzing "*policy instruments for the inclusion of and nondiscrimination against disadvantaged groups in the workplace due to age, gender, religion, HIV/AIDS, disability, ethnicity, among other factors*."[12]

18. The Plan of Action proposed by the Ministers of Labor includes measures such as the following: "*strengthen the strategic alliance of ministries of labor and ministries of health, education, and environment in order to advance the social protection of workers and develop national and subregional activities to promote healthy work environments, better conditions for workers' health and safety, and joint initiatives for professional training. We request PAHO, together with the OAS, ILO, and UNEP to collaborate in this effort."*

Environment

19. The Rio Declaration on Environment and Development (1992), Agenda 21, and the Johannesburg Declaration on Sustainable Development (2002) are essential references in this discussion of strategic alliances in order to progress towards achievement of the MDGs.

20. More recently, the Ministers of Health and the Environment, at a meeting in Mar del Plata, Argentina in June 2005, committed to: "*Developing and implementing strategies to manage risks, reduce threats to ecosystems and to human health in our region from pesticides and other chemical pollutants, particularly with respect to vulnerable populations, including indigenous groups, industrial and agricultural workers, women and children. This will be done in order to comply with the obligations under the Stockholm, Rotterdam and Basel Conventions*."[13]

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11 Ibid.

12 Organization of American States, Inter-American Council for Integral Development. *Action Plan*, 14th Inter-American Conference of Ministers of Labor. Mexico City, September 2005. OAS/CIDI. Document OAS/Ser.K/XII.14.1.

13 Organization of American States, Department of Sustainable Development. *Mar del Plata Declaration*. Signed at the Meeting of Ministers of Health and Environment of the Americas. June 2005. http:/www.oas.org/hema/spanish/Documentos/ MarDelPlata.pdf

21. In the preparatory workshop for the 1st Inter-American Meeting of Ministers and High-Level Authorities in Sustainable Development on Integrated Water Resources Management, organized by the OAS in June 2006 with the participation of PAHO, the relationship between access to safe water and sanitation and progress towards achievement of each of the Millennium Development Goals was clear. Therefore, joint efforts by the Ministers of Health, Ministries of the Environment, and national water commissions were proposed to advance toward the attainment of the MDGs.[14]

22. Clearly, whether inside or outside the field of health, working with the Ministry of Health and the Ministries of Labor, Education, and Agriculture offers significant opportunities and challenges to the environmental sector in seeking attainment of the MDGs. In addition to the classical traditional activities related to strengthening national institutions and training on the management of health issues linked with the supply of water for human consumption, human and solid waste disposal--actions directly related to MDG 7 --the comprehensive and sustainable vision of integral human development has promoted more global approaches, primarily between the health and environment sectors, that are related to all eight MDGs.

Agriculture

23. In this regard, the agriculture sector has been no exception. At the World Food Summit (WFS) in Rome in November 1996, the Heads of State and Government approved the Rome Declaration on World Food Security and the World Food Summit Action Plan and pledged "*our political will and our common national commitment to achieving food security for all and to an ongoing effort to eradicate hunger in all countries, with an immediate view to reducing the number of undernourished people to half their present level no later than 2015.*"

24. Five years later, in 2002, the World Food Summit confirmed their commitment to eliminating hunger and called for the establishment of an international alliance to progress more rapidly toward the achievement of this objective.

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[14] Organization of American States, Department of Sustainable Development. Preparatory Workshop on Integrated Water Resources Management. 19- 20 June 2006. Quito, Ecuador.

Some examples of alliances and intersectoral programs

Education - Health - Labor - Environment - Agriculture

25. Joint work by the Ministries of Health and the Ministries of Education has always been the best way to progress toward child health. The complete vaccination series and the near-eradication of poliomyelitis were supported by the schools as the main partners. The World Summit for Children took initial steps to promote joint efforts by these ministries with clearly identified goals. The Millennium Development Goals underscore that universal primary education cannot be achieved if progress is not made in coordination and synergy with other objectives. Regional data confirms that the higher the educational level of mothers, the lower the infant mortality rate and the lower the rate of disease from environmental factors that can be counteracted by basic sanitation systems and good hygiene. Furthermore, there is a correlation between female illiteracy and high maternal mortality rates. This data confirms the need for joint efforts by both ministries that goes beyond the schools and strengthens informal education schemes for young women. Adult education and literacy programs in Latin America and the Caribbean include health modules that have been designed with a gender approach and focus on improving maternal and child health.[15]

26. The relationship between education, health, and nutrition has been a key element in programs to fight poverty, such as the *Bolsa Escolar,* now the *Bolsa Familia* program to keep poor children in school[16] and *Oportunidades.*[17] These programs are based on the notion that poverty is a multidimensional phenomenon that requires intersectoral strategies to counteract its adverse effects and create conditions that foster higher levels of development. One of the most effective strategies has been socioeconomic mapping, which has been used to identify the poorest families in order to target actions. In these programs, health, nutrition, and education are considered processes that interact with one another to produce greater well-being. Both programs are for families, particularly mothers, as key agents in changing living conditions. The role of women's empowerment in improving living conditions has been taken into account. The

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15 The Mexican National Population Council (CONAPO) has been designing A Literacy Primer within the framework of Education on Population Issues and a guide for literacy teachers since 1986. The Mexican National Institute for Adult Education (INEA) currently has adult education modules on maternal and child health for young women.

16 The concept of *Bolsa Escolar* was developed at the University of Brasilia by Cristovam Buarque from 1985-1989 when he was rector. However, the program was not launched until 2000, under President Fernando Henrique Cardoso. It has been transformed and expanded under the current government, and since 2003 it has been referred to as the *Bolsa Familia* in support of the Fome Zero (Zero Hunger) program.

17 The *Progresa* program was developed by the Mexican Ministry of Social Development in 1997 through intersectoral action by the Ministry of Health and Welfare in conjunction with the Ministry of Education. In 2001 it became the *Oportunidades* program.

second stage of the *Oportunidades* program gives priority to young people who would not have been able to complete their secondary education without support. Both programs are clearly based on a gender approach, not only in terms of the selection of agents but also the decision to offer slightly larger scholarships to girls, based on the recognition that, in this cultural environment, it is girls who are most easily deprived of the opportunity to attend school.

27. PAHO has also been conducting the regional Health Promoting Schools[18] initiative since 1995. The purpose of this initiative is to promote health in schools by creating a mechanism that can coordinate multisectoral resources and work to improve health conditions and well-being. This initiative seeks to strengthen social unity through school actions that educate new generations about social responsibility and to develop the capacity to promote health and resolve conflicts through dialogue and negotiation to prevent violence. In the new challenges related to health as a structural foundation for citizenship, education is called on to play an even more critical role. Society demands a change in habits, and healthy practices that entail a change in the health care model, building citizenship and forming democratic values that strengthen social cohesion. A strategy is needed that emphasizes social inclusion through participatory schemes based on respect for differences and recognition of the cultural riches of indigenous and African-American peoples--an education that emphasizes critical thinking and encourages students to use facts and data as the starting point for establishing a criterion for action that will enable them to judge between information and prejudice, between data and its implications. The reality of HIV needs to be acknowledged by educational and health systems in the Region with the firmness and realism required by the spread of the infection.

28. There are also "*edutainment"* experiences in the Region that combine education and entertainment to raise awareness about the problems affecting the health of the population. Mexico and Brazil have developed strategies to improve the health of young people that are worthwhile exploring and sharing. This methodological strategy is currently being used by countries in the English-speaking Caribbean, under the leadership of Suriname, to raise awareness and prevent HIV among young people.[19] As a result, the *Edutainment* network is being created in the English-speaking Caribbean with support from PAHO. The increasing number of women with HIV -- what has been called "the feminization of HIV"—calls for joint action by the health and education sectors to develop strategies based on dignity and respect for human beings that enable young

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[18] Pan American Health Organization. *Health-promoting Schools. Strengthening Regional Initiative: Strategies and Lines of Action 2003-2012*. Washington, DC: PAHO Health Promotion Series No. 4, 2003.

[19, 21] The film *A Love Story* made by Sharda Ganga in Suriname, with advice from a technical teams from the Ministry of Health and the Ministry of Education, and co–produced by PAHO, is an example of the materials produced by the *Edutainment* project to reduce the incidence of HIV in the Caribbean.

people to make informed decisions about sexuality. This is already being done in the English-speaking Caribbean, as reflected by the Port-of-Spain Declaration. In this declaration, the Ministers of Education of the Caribbean community note that education is a critical sector in the multisectoral response to HIV and emphasize their commitment to education for all and the Millennium Development Goals.[20]

29. In the fields of health and labor, progress has also been made in analyzing the health and working conditions of teachers, as shown at the 1st International Meeting on Working Conditions and Health for Teachers organized by the UNESCO Regional Office for Latin America and the Caribbean (OREALC) in conjunction with PAHO.[21] The health and safety conditions of teachers need to be reviewed in light of the new disease and epidemiological profile of the teaching profession. The exploratory study "Working and Health Conditions for Teachers" conducted by UNESCO-OREALC shows that there are many similarities between the realities experienced by the teaching profession in the six countries included in the study. This is particularly true with regard to violence, which is perceived as a serious problem in the schools and has an impact on teachers' health. The disease profile is reflected in three major categories of problems: those associated with the ergonomic requirements of teaching (dysphonia and muscular-skeletal anomalies); mental health problems, with a high percentage of teachers diagnosed as suffering from depression or burnout; and general health problems, particularly chronic disease.[22] In analyzing the teaching process, the subject-object of work must be taken into account. For teachers, as for health workers, the object of work is a human being undergoing transformation. Living with and responding daily to the needs of students or patients is quite different from working with inanimate objects. The working tools, in other words, the characteristics of the schools - many of which are in neighborhoods and conditions marked by extreme poverty - entail increased violence. The organization and division of labor, which in most cases is determined by people in more favorable positions in the hierarchy, and the length of the workday, also have an impact on teachers' health. However, models of scholastic autonomy and management are being developed that encourage supervision of and decision-making by people hired by the community. Such actions, which "empower" the community, sometimes unintentionally undermine the health conditions and social security of teachers, who lack job security and often medical services.

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20 "Port-of-Spain Declaration on the Education Sector Response to HIV and AIDS" signed at the Special Meeting of the Council for Human and Social Development (COHSOD) on Education and HIV/AIDS in Port-of-Spain, Trinidad and Tobago, 9-10 June 2006. http:/www.caricom.org/jsp/ communications/ meetings_statements/port_of_spain _declaration_hiv_aids.jsp

21 The Meeting was held from 21 to 24 June 2006 in Montevideo, Uruguay, with the Minister of Health of Uruguay in attendance.

22 United Nations Educational, Scientific and Cultural Organization (UNESCO). *Condiciones de trabajo y salud docente. Estudios de casos en Argentina, Chile, Ecuador, Mexico, Peru, y Uruguay.* Santiago, Chile: OREALC-UNESCO, 2005.

30. There is also long-standing experience in intersectoral work between education, environment and health with regard to the maintenance of educational infrastructure and its impact on student health. Joint efforts have been undertaken on matters ranging from the cleanliness of water storage containers and access to drinking water and basic sanitation, to environmental conditions in the community. In malarious areas, schools raise awareness in the community by circulating information and carrying out environmental clean-up projects to reduce the incidence of the disease.

31. In the relationship between education, nutrition, agriculture, health, and the environment, experiences in rural schools and daycare centers that plant school gardens to improve student nutrition while also contributing to their education and, in some cases, ultimately create small, productive microenterprises, have been described. School gardens are experiences that can be used to link school learning on nutrition to organic food production in primary schools.[23]

Labor and Health

32. There is a historical conceptual and operational relationship between the health and labor sectors. The Joint WHO/ILO Committee on Occupational Health, which has been in operation since 1950, is still present and active as an international conceptual reference and mechanism for harmonization and synergy in international planning that can be extended to countries as well as regions.

33. Either as the WHO Regional Office or the Inter-American agency specializing in health, PAHO has always worked with the ILO at the regional level and in the national offices. In fact, strategic, planning, and operational alliances have been established that are clearly beneficial to the countries. Based on evaluation by direct and indirect indicators, they have had a positive impact at both the regional and subregional level. Some of the results that can be mentioned include the development of a regional plan and national health plans for workers; the Latin American Electronic Network for Occupational Safety and Health; implementation of the Occupational and Environmental Aspects of Exposure to Pesticides in the Central American Isthmus" project (PLAGSALUD); work on extending social protection to the workforce; development of a "tool box" on the Healthy Workplace Initiative; participation in the ILO/WHO Global Program for the Elimination of Silicosis; participation in the development of health information and occupational safety systems; and the joint work in the IACML/OAS and Summits of the Americas process. Furthermore, within the framework of the American Regional Meeting of Ministers of Labor of the ILO, a meeting of Ministers of Health and

[23] The United Nations Food and Agriculture Organization (FAO) has developed materials on primary school nutrition for the network of health-promoting schools. This includes *Education on nutrition in primary schools* and *Setting up and running the School Garden 2005.*

Ministers of Labor was held to outline actions that could prevent the incidence of HIV and reduce the stigma and discrimination against infected workers.[24]

34. Likewise, the need to develop intersectoral strategic alliances was pointed out at the 4th Summit of the Americas, held in Mar del Plata, Argentina, in November 2005. Under the slogan "Creating jobs to fight poverty and strengthen democratic governance," the heads of State and Government acknowledged the importance of this issue and affirmed their commitment to promoting the intersectoral approach by indicating that: "*We will promote integrated frameworks of public, environmental, employment, health, and social security policies to protect the health and safety of all workers and foster a culture of prevention and control of occupational hazards in the Hemisphere*"

35. At the first hemispheric activity on this issue following the 4th Summit of the Americas, PAHO, in conjunction with the Inter-American Conference of Ministers of Labor (IACML) of the OAS, the International Labor Organization (ILO), and the Foundation to support the Regional Occupational Safety and Health Center (FUNDACERSSO), with the Government of El Salvador as host country and the Government of Canada as donor country, held the 2nd Hemispheric Workshop on Occupational Safety and Health, held in May 2006 in San Salvador. The main theme of the workshop was "The Challenges of Occupational Health and Safety in relation to the 4th Summit of the Americas Mandates and Subregional Experiences."

Work - Labor - Education - Environment

36. One example of this is the identification of the horizontal intersectoral activities under way in response to the mandates of the 14th Inter-American Conference of Ministers of Labor and the 4th Summit of the Americas. This process by its very nature goes beyond the traditional concept of occupational health and extends to other fields and areas. In fact, the definition of worker is expanded from that of the "employee" or "hired worker" in the formal economy to workers in the informal economy. This goes beyond the limits of the traditional concept of "occupational health" to the concept of "worker safety and health." Furthermore, it shifts from internal work spaces such as the company, office, or other areas to the work environment. Work and employment are vital inputs for health. As mentioned earlier, better health and working conditions for teachers lead to better quality education. Furthermore, taking the safety and health conditions of health workers into account will lead to better health conditions for the general population, as well as lower morbidity and mortality rates for preventable diseases. This is an example in which the distinction between the sectors is not clear, since it refers to health but could also refer to education, the environment, and labor. Each sector has its own responsibility while also acting on an intersectoral level. What is important is the synergy reflected by

[24] ILO/UNAIDS/WHO-PAHO *Meeting on AIDS and the World of Work in Latin America and the Caribbean*, *Proposal for Summary and Follow-Up Actions*. Meeting held in Brasilia on 6 May 2006.

the better living conditions for all involved. These types of actions are an example of the dynamic needed for the attainment of the MDGs.

37. Many countries in the Hemisphere, with the support of PAHO and other sister agencies, are seeking to identify intersectoral and interagency actions that can serve as promoters or catalysts of this process, sometimes from a top-down perspective, although most of the time as part of a bottom-up process.

38. The creation of "National Councils" or "Interinstitutional Commissions" has begun, either at the governmental level (involving basically the Ministries of Health, Labor, Social Welfare and, in some cases, the Environment), or in the nongovernmental sphere, with the participation of public organizations as well as other actors, stakeholders, and parties with direct interests that play an active role. Sometimes they are members of the councils or commissions, while at other times they perform the "social audit." The levels of employer and employee representation include the "traditional" members according to the classic, tripartite model of the ILO, as reflected in the Inter-American Conference of Ministers of Labor within the framework of the OAS.

Health - Environment - Labor - Agriculture

39. One of the most successful experiences in the Region has perhaps been the intersectoral strategic alliance on pesticides established in Central America. This is one of the most important public health and environmental health problems in our Region. The "Occupational and Environmental Aspects of Exposure to Pesticides in the Central American Isthmus" (PLAGSALUD) project was implemented by PAHO in seven countries (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama) between 1994 and 2003. This was a subregional project with financial resources provided by Danish International Development Assistance (DANIDA), and financial support from the governments in these countries, as well as PAHO, cooperation from the ILO, the Central American Commission for Environment and Development (CCAD), and the United States Environmental Protection Agency (EPA).

40. One of the most effective and practical results of PLAGSALUD and its counterparts in the countries was the establishment of over 300 local intersectoral pesticide committees (CLIPS) throughout the region with the participation of representatives from several institutions in the health, labor, education, environmental and agricultural sectors, city halls, NGOs, as well as public employees and representatives of civil society. These committees were the most noteworthy result of the local work in Central America to reduce the negative effects of pesticides, educate the community about this problem, and introduce alternatives to the use of agricultural chemicals.

41. As a result, Agreement No. 9 was adopted at the 16th Special Meeting of the Health Sector of Central America and the Dominican Republic (RESSCAD) in 2002. This Agreement requested the Ministers of Health, Agriculture, Environment and Natural Resources to jointly implement and direct measures to restrict use of the 12 pesticides responsible for the highest number of cases of poisoning and death and ban the use of an additional 107 pesticides that are already banned internationally but are still available on the market and in use in the region.

42. All of these examples of intersectoral activities have been studied because of their positive impact on health and the environment. They provide evidence of the need for and advantages of strategic alliances among the health, agriculture, educational, and environmental sectors, developed in a gradual and synergistic fashion, as required to achieve the MDGs.

Agriculture – Health – Environment

43. There are many interfaces between the health and agriculture sectors (or vice versa) that have a significant mutual and synergistic impact and are directly or indirectly related to the MDGs. The most evident of these is MDG #1, which calls for the eradication of extreme poverty and hunger. Achieving this objective implies a multisectoral political discussion on issues such as current policies regarding the use of productive land (agrarian reform); changing the prevailing economic development models for agribusiness, which are based on grain exports rather than the production of food for the countries' subsistence; and promoting the necessary production in areas with small producers of traditional food for domestic consumption as well as export.

44. In the countries with the highest degree of inequity, one of the social alternatives with the greatest potential for reducing hunger and poverty is improved farming and fishing production by small producers. Agriculture, health, and rural development are crucial for eliminating hunger and reducing poverty, as recently agreed once again by the Ministers of Health and Agriculture at the 13th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (PAHO/WHO) RIMSA 13. At the meeting, the topic Local Development: Productive and Healthy Rural Communities" in regions with small family producers was considered. Of course, the local area (*municipio)* helps generate opportunities for dialogue, promoting social participation, and arriving at agreements between different sectors to promote implementation and strengthen intersectoral action.

45. Another example of intersectoral work in relation to health, the environment, and agriculture is the "Regional Program for Action and Demonstration of Sustainable Alternatives for DDT-free Malaria Control in Mexico and Central America," carried out by PAHO with the support of the Global Environment Facility (GEF/UNEP). This

program seeks to prevent the reintroduction of DDT for malaria control by promoting new integrated vector control techniques that do not use chemical insecticides. Furthermore, it seeks to strengthen national capacity to control malaria and to comply with the Basel, Rotterdam, and Stockholm Conventions by developing national capacity for appropriate final disposal of 136 tons of DDT waste currently located in eight countries.

46. Regarding the traditional areas of intersectoral cooperation in health – agriculture, there is a long history of considering zoonosis and other problems related to the interaction between animal health and human health, by PAHO as well as sister agencies[25] at the ministerial level in the countries of the Region.

47. For nearly 40 years, the Ministers of Health of the countries of the Region have met regularly with the Ministers of Agriculture and Livestock to consider problems of common interest, undertaking intersectoral coordination between health, agriculture, and livestock at the highest political level. With the same aim, RIMSA 14, held in Mexico in 2005, adopted resolution RIMSA14.R5 on synergy between agriculture, livestock, and health, and resolution RIMSA14.R6 on the use of innovative approaches to promote food security and local development. Of course, the avian influenza (H5N1) emerging in some Asian countries has sparked to concern from the perspective of both animal and human health. This is also true for the challenge of bovine spongiform encephalopathy (BSE).

48. Furthermore, the issue of food security and food safety is usually considered in intersectoral analysis and action. This issue involves agriculture, health, and the environment, and it is related to several MDGs, particularly those on combating hunger, reducing infant mortality, and promoting environmental sustainability.

49. Finally, but no less important, the emerging issue of genetically modified organisms (GMO) introduces a new area within the broader issue of "environmental sustainability" that merits intersectoral and multisectoral analysis. This issue is an important challenge, and the health sector cannot proceed on its own, nor remain as a simple spectator given its fundamental mission of protecting human health, guided by the "principle of precaution."

Prospects

50. Make health part of the broad framework of development through an explicit definition of the political commitment to expand the intersectoral linkage that has already

[25] In order to promote and develop this collaboration and coordination, PAHO created the Program on Veterinary Public Health in 1949. Later, the Pan American Foot-and-Mouth Disease Center was created in 1952, and the Pan American Zoonosis Center in 1954.

been expressed in global and hemispheric declarations and needs to be introduced in national health and development plans, instrumental policies, laws, and the budget.

51. Promote the construction of public policies and public goods as the point of intersection for several different disciplines, sectors and actors to counteract the adverse effects of economic, social, environmental and cultural health determinants and promote development and the improvement of the living conditions of the population.

52. Ensure that the mandate of the institutions responsible for national development plans includes responsibility for examining (positive and negative) repercussions for health and for each sector involved – labor, education, the environment, and agriculture.

53. Plan intersectoral coordination with the participation of the Ministry of Finance so that social development plans, from the perspective of health as well as that of other social sectors, are considered in allocation of resources.

54. Implement local activities that give priority to the most vulnerable *municipios*, from the standpoint of health, since they represent a natural area for action on the multidimensionality of poverty and for achieving significant progress toward attainment of the Millennium Development Goals through specific actions.

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