

Report

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ISAGS carries out face-to-face week of its first course

The main topics discussed were interdisciplinarity, equity, management, monitoring and evaluation of public policies in health



Rômulo Paes, from the Rio+ Center, presents strategies of evaluation and monitoring of public policies

Between January 26th and 29th, ISAGS brought together tutors and teachers who participated in the first distance-learning course offered by the Institute. The course Intersectoral Public Policies and Social Determination of Health lasted a week in the classroom, enabling participants to share their experiences and take active part in the learning process.

During the first two days, students attended classes taught by scholars and professionals who have worked on the topics covered in the course components. With an audience of managers from the Ministries of Health and Social Development of UNASUR member countries, the group discussed concepts and theoretical approaches to intersectoral action and social determination of health, and practical issues related to the design, management, monitoring and evaluation of public policies.

A key point of discussion was the importance of the social determination of health and the development of policies that cover different areas of knowledge and activity. The deputy general coordinator of the Latin American Association of Social Medicine (ALAMES) and one of the course instructors, Oscar Feo, emphasized the influence of social issues on the quality of health of populations.

"Social determination allows us to understand that health is a decidedly interdisciplinary fact that transcends biology. Therefore, the root of ill health lies in society and its social structure, not in nature. It's the result of a combination between inefficient social policies and inefficient government interventions," he said.

Regional integration and monitoring

Joint action among countries was also the subject of presentations. In this context, Alfredo Pena-Vega, researcher of the Edgar Morin Centre, stressed that cooperation and mutual trust between countries are key strategies in the development of effective public policies. "One should not cooperate in order to gain more power. Cooperation should entail that all countries move forward together."

Juan Garay, head of the EU Cooperation in Mexico, focused on the possibilities that can result from South American cooperation. "Today, our growth models are not sustainable, which forces us to think of new paradigms. South America may provide us with new proposals for progress that are sustainable and that guarantee social equity and health equity, including for future generations," he concluded.

In addition to theoretical debates, there was a discussion on the practical aspects important for the development and implementation of intersectoral public policies in South American countries. The director of the World Centre for Sustainable Development (Rio + Center), Romulo Paes, considered monitoring applied policies essential to the provision of information, knowledge generation and transparency in the use of public resources. "The regular dissemination of results helps maintain the credibility of the programs and to ensure their political sustainability. We need to consider that political actors expect immediate answers. This is one of the reasons why the political dimension of monitoring and evaluation is as important as the technical dimension," he concluded.

Demands of countries

ISAGS Executive Director, José Gomes Temporão, said that the course meets a demand by UNASUR member countries to the Institute and was in the ISAGS Annual Operating Plan of 2013 and 2014. "It is also part of a recommendation by the World Conference on Social Determination of Health, held in 2011 in Rio de Janeiro, which encourages the promotion of social equity and health equity through action on social determination", he explained.

The course, which began on November 2014 and runs until March 2015, is aimed at managers of the Ministries of Health and Social Development, and members of member institutions of the Network of National Institutes of Health of UNASUR (RINS). The face-to-face component took place between the two virtual course components - each virtual component has four topics to be studied and analysed.

Lecture videos will soon be available at our website: www.isags-unasur.org.

Get to know the course's teachers:

Alfredo Pena-Vega: Edgar Morin Centre

Janeth Bouby: Ministry of Health of Peru

Juan Garay: Cooperation of the European Union in Mexico

Oscar Feo: ALAMES

Paulo Buss: Global Health Centre of Fiocruz (CRIS)

Ricardo Paes de Barros: Secretary of Strategic Affairs of the Brazilian Presidency

Rômulo Paes: Rio+ Centre

Wolfgang Munar: Washington University

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"Regional bodies have a positive impact on health equity promotion", says researcher Pia Riggirozzi
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Variety of projects marked the second phase of the face-to-face week

Participants presented programs based on social determination of health and discussed progress and challenges common to South American countries



Fabiano Veneza

Students and instructors meet for the face-to-face week of the course at the ISAGS headquarters

After a cycle of lectures and discussions, participants of the course Intersectoral Public Policy and Social Determination of Health, entered a new phase of the face-to-face week, marked by the active participation of students. For two days, course participants presented public policies developed in their countries within the framework of intersectoral action and social determination of health.

Presentations addressed various topics, from issues related to community, child and women's health to projects in the areas of surveillance and epidemiology, human resources training, access and health promotion.

Course tutors Martha Peñuela and Alejandro Wilner observed that, while programs are varied, there are many similarities in the needs and gaps presented by the countries. "So, this experience is important because

it encourages future cooperation among countries, especially among those with similar backgrounds and needs," Martha said. "Among the similarities, I also noticed a greater involvement of the countries with the development of monitoring and evaluation strategies, representing a positive change in the region", pointed out Alejandro.

The Importance of social determination of health

Coordinator of international relations of the Institute, Mariana Faria, mentioned the importance of the course and stressed that it arose from a demand of the countries to ISAGS, through the South American Health Council (SHC).

"When the Health ministers requested a course focused on the social determination of health, it was because they intended to improve the quality of life of their populations. Therefore, your participation in this course goes beyond getting a diploma. It indicates responsibility and commitment to participate in a process that is being developed in each of the 12 UNASUR member countries," he concluded.

Students' view – read the opinion of those who attended the course



Andrea Mazzei,
from Uruguay

"The course really seems to be an interesting opportunity for training. Above all, I believe that we take a step further towards UNASUR goals to improve regional health governance. We share problems, so we can share the solutions as well. It is certainly a breakthrough for anyone who is a health professional and also for countries"



Carlos Guerra,
from Bolivia

"The course is important for my professional training and also for my country, since all that I'm learning here I will take back with me to be replicated. In addition, it is very important for all of the UNASUR countries because we share experiences and can learn from intersectoral health policy experiences. I found out that the program we develop in Bolivia is similar to two others, one in Venezuela and another in Paraguay. We share the same goal, which is to show the population which factors really have influence on their health. Health does not mean hospital. The cause of poor health is in society"



Wendy Emanuelson,
from Suriname

"In Suriname we are very attentive to the fact that health doesn't only have to do with the Ministry of Health, but there are other sectors, other departments that should be involved. The course highlighted the most challenging issues in this context. I really liked the Paraguay project, to train key people who take this knowledge to the entire community. We have developed similar projects in Suriname. I realized that even though our countries are different, we can learn a lot from others"



Lucy Campos,
from Peru

"We need to understand that measuring the improvement of the population's quality of life is more important than measuring the GDP growth of a country. The experience of the course reinforced this concept. I appreciate the opportunity to participate and emphasize my commitment to create a multiplier effect of what I learned this week"

ECLAC official presents conference

One day after the presentation of the ECLAC Social Panorama of 2014 – a document prepared annually by the United Nations Economic Commission for Latin America and the Caribbean - ISAGS welcomed the Social Affairs Officer of the Social Development Division of ECLAC, Ana Sojo. The visit came as part of the face-to-face week of the course Intersectoral Public Policies and Social Determination of Health.

Sojo said the big news in this year's panorama was the analysis of poverty from a multidimensional perspective. Instead of measuring poverty levels related only by income levels, other issues such as monetary and non-monetary aspects of well-being, employment deprivation, social protection and academic underachievement were also taken into consideration.

To see the full coverage of the face-to-face week of the course, visit our website: www.isags-unasur.org

UNASUR presents common positions at the WHO

For the first time, three UNASUR countries were among the 34 elected to the Executive Board



WHO Executive Board held 136th meeting to agree the agenda of the WHA

Interventions made on behalf of UNASUR during the 136th WHO Executive Board session – that took place from January 26th to February 3rd in Geneva, Switzerland - influenced the conformation of the World Health Assembly agenda scheduled for May of this year, also in Geneva. Among the topics presented by the South American bloc, many are on the agenda of the next WHA discussions, highlighting topics related to medicines and the role of non-state actors in the Organization.

Composed of representatives from 34 countries, elected for three-year periods, the WHO Executive Board meets to discuss and define the topics that will be in the agenda of the World Health Assembly, which is composed of 194 member countries of the Organization. Representatives of countries can intervene to suggest topics or specific focus, according to their needs and perspectives on the issues discussed.

Since 2013, South American countries selected to participate in the Executive Board present in plenary session, previously concerted positions common to the 12 bloc countries. As the Executive Board has limited participation of countries - the Americas always have six representatives - political articulation is essential for a multilateral approach to priority issues of South America.

"This year, Argentina, Brazil and Suriname attended the meeting, which means that half of spaces meant for the Americas belonged to UNASUR member countries. Joint participation empowers all states in South America, including those who do not participate in the meeting, and turns the three participants into regional, rather than individual, speakers. Thus, there is a consolidation of a strong political view of the bloc, which emerges like an innovative player in the global health governance process," said Andrés Coitiño, International Relations Director of the Public Health Ministry of Uruguay – the country holding the Pro-Tempore Presidency (PTP) of the bloc.

Non-State Actors and medicines

Presentations of UNASUR common positions were made by the delegation of Uruguay, as PTP of the bloc, and the delegation of Argentina, one of the three bloc countries with official representation at the Executive Board meeting.

With respect to medicines, three important interventions were made, one on antimicrobial resistance, one on the plan of action on public health, innovation and intellectual property and another on the substandard/ spurious/ falsely-labelled/ falsified/ counterfeit medical products (SSFFC). Common positions stressed the importance of strengthening the sustainability of health systems and coordinated actions at the global level, from the perspective of public health.

In relation to Non-State Actors, which is part of the discussion on the WHO reform, UNASUR defended the elaboration of a document that defines conditions for these actors to make financial contributions to the WHO. The goal is to strengthen the role of states and hence the governance of the Organization.

In an official statement, deputy health Minister of Argentina, Eduardo Bustos Villar, said that, "The position we advocate is a 'yes' to cooperation, as long as the origin and the transparency of resources is evident. Without this clarity, we risk that unidentified capital may on the one hand, fund the WHO, and on the other hand, affect the overall health of our people. That is the case of the tobacco industry, for example."

UNASUR and diplomacy in health

UNASUR has acted informally as a bloc in the World Health Assembly since 2010, because the bloc does not have observer status in the World Health Organization. As of 2013, joint interventions by the bloc at the Executive Board meetings have begun to take place. In 2015, the World Health Assembly will be held in Geneva, from May 18th to May 26th.

HEALTH CONNECTION

WORLD LEADERS DISCUSS CANCER AT THE WORLD ECONOMIC FORUM

For the first time, world leaders gathered at the World Economic Forum in Davos addressed the cancer issue. On January 23rd and 24th, authorities in Switzerland discussed the need for bold action in response to the growing human and economic impact of cancer. The matter was discussed in two sessions: "The path to a cure for cancer" and "The Globalization of Non-communicable Diseases".

ISAGS PUBLISHES INVESTIGATION REPORT ON MEDICINES

The study gathers consolidated information on regional advances in drug policies and productive capabilities in the area. The research project was developed in the context of two specific actions: mapping of drug policies of selected regional blocs (UNASUR, MERCOSUR, CAN, CARICOM and ALBA); and mapping of bilateral cooperation on drugs in South America. For the complete publication, please visit www.isags-unasur.org, click the "Library" tab and then the "Reports" tab.

UNASUR SECRETARY GENERAL VISITS GUYANA AND SURINAME

From January 19th to the 21st, Secretary-General of UNASUR, Ernesto Samper, visited Guyana and Suriname. In Guyana, Samper met with the country's president, Donald Ramotar and Foreign Minister Carolyn Rodrigues-Birkett, and in Suriname, he met with President Desiré Bouterse and with Foreign Minister Winston Lackin. The main topics covered were UNASUR electoral missions, social inclusion strategies, and the infrastructure and physical integrity issue - specifically the project to build a road that will connect Venezuela, Guyana, Suriname and Brazil.

RINC MANAGEMENT COUNCIL MEETS AT ISAGS HEADQUARTERS

The Management Council of the Network of National Institutes of Cancer of UNASUR (RINC) will meet on February 23rd and 24th at the ISAGS headquarters in Rio de Janeiro. Some of the management council's main assignments include discussing, deliberating and approving projects aligned with Network objectives. Formed by a Resolution of the UNASUR Health Council, RINC is responsible for supporting, developing and implementing policies and programs for cancer control in the South American region.

Interview: Pia Riggiorozzi

“Regional Organizations can positively impact health equity”



According to a study published by the Economic Commission for Latin America and the Caribbean (ECLAC) last January, poverty persists a structural problem in Latin America. Issues like equity and poverty are quite relevant topics on the global agenda and are the subjects of several academic studies and research such as the University of Southampton's initiative (England) in association with the United Nations University (UNU), the Open University, the Latin America Faculty of Social Sciences (FLACSO) and the South African Institute of International Affairs (SAIIA). The research is entitled "Poverty Reduction and Regional Integration: a Comparative Analysis of health policies in the South African Development Community (SADC) and the Union of South American Nations (UNASUR)". The project's researcher and co-coordinator, Pia Riggiorozzi, was interviewed by the ISAGS bulletin at a workshop that gathered researchers, practitioners and policy makers involved in healthcare and health policy in South America, at the ISAGS headquarters.

How did you become interested in UNASUR and particularly in the Health field?

I dedicated my doctorate and post doctorate research to the study of

development. As of 2000, many things have changed in this field. I, myself have moved to change the focus from financial organizations to regional organizations. I started to view UNASUR as a political manifestation of a new development concept. In this process, I have seen citizenship in security and sovereignty in health as areas that were standing out. The question that guides me is how one can understand the relationship between regional integration organizations and poverty reduction, because this is a theme that comprises development. I think that a comparative study between the Southern Africa Development Community (SADC in the English acronym) and UNASUR is important to observe how health and social development are defined and how regional organizations intervene in this subject.

How was the project proposal built?

We have concluded that regional organizations positively affect health equity. If we compare SADC and UNASUR, we see two different types of scenario. In UNASUR, the right to health is implicit in the bloc's Constitutive Treaty. In the case of SADC, the conceptualization and institutionalization differs: interventions tend to be advanced as disease-led strategies. This doesn't mean institutional neglect, rather an agenda that is shaped

with large input from international donors. Therefore, we go back to the subject of sovereignty in health.

What is the research's methodology?

Through a national cross analysis in Southern Africa, we can see the connection or disconnection between a country-region in Zambia and Swaziland. The same methodology is applied in Paraguay and Bolivia, so that we could understand UNASUR's role. The national crossing allows us to watch the interface between regional and national policies. We thus carried out fieldwork in each country with the help of assistant researchers led by FLACSO and SAIIA. We also conducted a cross analysis in two regions in order to explain which are the institutions' distinct characteristics, policies and practices. UNASUR has a unique characteristic: a diplomatic regional posture not only within the bloc but also outside the region, as an actor in the sphere of the WHO, for instance.

What was the importance of the ISAGS's workshop?

The workshop allowed the policy makers and the scholar to discuss and understand the time differences and policy limitations. The debate generated guidelines to be monitored in the future. They are medicine policy, surveillance, social determinants of health and schools of public health. Based on discussions, a working document will be elaborated and later distributed to participants so they may make comments and see how they can best possibly present it to the administrators and people interested in UNASUR's Health Council. Academic work and political activity must intertwine.

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*This is the report from the **South American Institute of Government in Health (ISAGS)**, the think tank on health of the **Union of South American Nations (UNASUR)** that aims to contribute to improving South America government quality in health by means of leadership training, knowledge management and technical support to health systems.*

