STRATEGY FOR PARTICIPATION OF LATIN AMERICA’S CIVIL SOCIETY IN THE WHO COMMISSION ON SOCIAL DETERMINANTS OF HEALTH

PHASE II
2006 – 2008

CLOC
ASOCIACIÓN LATINOAMERICANA DE MEDICINA SOCIAL

RSST
COORDINADORA LATINOAMERICANA DE ORGANIZACIONES DEL CAMPO

RED DE SEGURIDAD Y SALUD EN EL TRABAJO
REGIONAL CONTEXT

- Population 550 million.
- Area: 20 million sq. Km.
- 27 countries (LAC)
- Languages: Predominantly Spanish & Portuguese. Also English & French

Background:
- Highly developed original cultures and European colonization
- Natural resources and subsidiary role in world-wide economy
- Debt US$ 400 billion
- Poverty, inequity, corruption
Two approaches to health policies:

Market approach
Human rights’ approach

Predominance of a capitalist model of economics development

Equity in health and the realization of the right to health is heterogeneous

Several different health system models co-exist
Table 1. Civil Society in Latin America – CSDH. Meetings held on the First Phase

### PROMOTION MEETINGS

<table>
<thead>
<tr>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>IV Congreso de la CLOC</td>
<td>Ciudad de Guatemala</td>
</tr>
<tr>
<td>IV Congreso Internacional de Salud Pública</td>
<td>Medellín, Colombia</td>
</tr>
<tr>
<td>Reunión Movimiento Nacional por la Salud</td>
<td>Asunción, Paraguay</td>
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<tr>
<td>Seminario de Salud Pública</td>
<td>Santiago, Chile</td>
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<tr>
<td>Foro Presentación CDSS</td>
<td>Lima, Perú</td>
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<tr>
<td>Foro Social Continental</td>
<td>Caracas, Venezuela</td>
</tr>
<tr>
<td>Seminario Internacional de APS</td>
<td>La Habana, Cuba</td>
</tr>
</tbody>
</table>

### NATIONAL AND REGIONAL MEETINGS

<table>
<thead>
<tr>
<th>Country</th>
<th>No. of Participants</th>
<th>Participating Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicaragua</td>
<td>30</td>
<td>7</td>
</tr>
<tr>
<td>Colombia</td>
<td>38</td>
<td>22</td>
</tr>
<tr>
<td>Uruguay</td>
<td>42</td>
<td>26</td>
</tr>
<tr>
<td>Bolivia</td>
<td>46</td>
<td>18</td>
</tr>
<tr>
<td>Regional Meeting (Lima)</td>
<td>43</td>
<td>25</td>
</tr>
</tbody>
</table>

• 200 Leader regionals and nationals<br>
• 100 organiz.<br>
• 10 countries
The health is a human right:

- universal
- intercultural
- equitable
- with social participation
FRAMEWORK

SDH

Equity in health

Right to health – ESCR

Model Development

Public policies

Health system
1. Promote participation of the region and its leadership in the knowledge, construction and implementation of the initiative of the Commission on Social Determinants of Health, in order to advance in the realization of health as an integrated human right, health equality and health systems that guarantee that right and fairness.

2. Disseminate the Latin American critical thought – medical and social – on social determination of health, and promote dialogue, reflection and exchange with other forms of thought in the contemporary world about the empirical and conceptual understanding of the SDH, human rights, and health equality.
3. Promote management and advocacy of the civil society on the national, regional and global levels through the strengthening of its organization and mobilization, so that they influence on the guarantee of health as a right, the construction of equitable Health Systems, and on action on the SDH.

4. Influence on the design, execution and evaluation of public policies from the standpoint of the SDHs, health as a right and health equality, with a view to making progress in surmounting inequalities and social marginalization in each country, each region and on a global scale.
5. Develop a communicational strategy that makes it possible to build awareness, disseminate and train Civil Society Organizations in Latin America on SDH-related issues, human rights and health equality.
STRATEGYS:
1. Organizational and leadership strengthening

• Strengthening the working core of Civil Society organizations

• Extending involvement of the Civil Society Organizations of the subregional and national levels in this initiative

• Strengthening the agendas of Civil Society Organizations participating in the Commission’s initiative

• Promoting and strengthening links between the Civil Society Organizations at all levels

• Strengthen and developing leaderships within the Civil Society Organizations in order to participate in the initiative
STRATEGIES:
2. Generation, systematization and dissemination of accumulated experiences and knowledge

- Strengthening and promoting the creation of Observatories and Networks of Observatories that promote research, training and action on the SDHs, the Right to Health and Health Equitableness
- Promoting Participatory Action Research (PAR) on the SDHs, right to health and equality
- Promoting the incorporation of the SDHs, the right to health and equality into the training of human resources in health and social sciences
- Identifying and promoting better knowledge and practice of participation of the civil society and communities in action on the SDHs, health as a right and health equality
- Promoting systematization and dissemination of evidences on SDHs
3. Management and Advocacy

- Promoting the participation of organizations, movements and personalities of the Civil Society in the Commission’s initiative.

- Educating the members of the Civil Society Organizations and the communities in the values of health as a right and health equality and encourage their mobilization around the SDHs, the right to health and health equality.

- Promoting work in countries.

- Generating forums for public debate on the issue of the SDHs, the right to health and health equality.

- Staging and supporting national, regional and worldwide campaigns for the right to health and health equality.
STRATEGIES:
4. Incidence and follow-up

- Positioning in the Commission’s agenda the perspective of economic, social and cultural rights, with special emphasis on the right to health, health equality and the participation of the civil society,

- Conducting a follow-up of proposals from the Commission so that they are binding at the various level of public policy-decision making

- Positioning in the agenda of governments, parliaments and other local, national, regional and global public policy making levels the SDH initiative, the right to health and health equality

- Promoting the development of joint plans and actions on the SDHs between governments and the civil society

- Collecting evidence on the impact of social security reforms on health in the Continent
STRATEGIES:
5. Communication for training and action

- Preparing material for the dissemination and training in the SDH perspective, the right to health and health equality.
- Structuring a Web of the Latin American region
- Structuring an electronic communication network
- Publication of a electronic newsletter
FUNDAMENTALS POINTS OF THE STRATEGY

• Organizational and leadership strengthening
• Generation, systematization and dissemination of accumulated experiences and knowledge
• Exigency and Advocacy
• Education and communication

National and local work with ample social participation