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THE DISMANTLING OF PUBLIC  
HEALTH INFRASTRUCTURE:  
A NATURAL DISASTER?

A few days after I came back from a much gratifying stay in Ecuador to work on my research and visit family, the rainy season started with particular force in the Ecuadorian coastal region. In a matter of days the government declared a state of emergency. It had not rained like this in a decade. A month later, flooding had affected a quarter of the population, which resulted in an increase in respiratory illnesses, diarrhoeal infections and dengue. It is evident now that changes in our climate are causing large and more frequent disasters that require, I argue, a public health approach. However, it is the systematic undermining of public health structures that poses a tremendous threat to human health, especially when facing a changing climate. I propose that public health systems need to be in place to adequately respond to these catastrophes. Specifically, there needs to be a focus on primary health care, a consideration of broader socioeconomic and environmental effects and a rethinking of development models. Otherwise, the dismantling of public health infrastructure could very well be considered another “natural” disaster attributable to climate change.

Primary health-care services are essential in granting equitable access to basic health care. As an entry point into the broader health-care system, they can provide comprehensive and integrated care to address the health-care needs of the population. However, health-care reform (and more broadly, public sector reform) in regions, such as Latin America, has hindered the ability of such a comprehensive primary care structure to provide what was promised ever since The Declaration of Alma Ata in 1978. In the Latin American context, various authors have questioned the promised benefits of structural reforms and found no empirical support to the usual claim that these reforms “reduced poverty” and “enhanced growth”.<sup>1,2</sup> In other words, “business as usual” is not an option. From a policy perspective, it is necessary that public health authorities ensure universal access to primary health care and reinforce the entire health-care system, instead of selective vertical strategies. Such reforms should include strong health information systems that can guide short- and long-term planning efforts.

Natural disasters such as Hurricane Katrina in 2005 or the flooding of the coastal region in Ecuador in early 2008 reveal that the poor, in particular, require effective public health systems. Strengthening the public health infrastructure means that preventive, health-promoting, and well-being policies and actions need to be considered. Ultimately, in an increasingly interconnected world, more effective public health systems will benefit us all, rich and poor alike. A global society requires us to consider multiple factors that affect population health. As I have mentioned, any initiative with the aim of promoting the highest welfare level must consider issues ranging from education, housing, security, social justice and equitable access – to politics, economics and migratory movements. Transfer of information and experiences between populations will build local capacity and tailor technology to community-specific needs.

Climate change deserves a special place in the agenda of national health authorities, not only because of its health consequences but also for its socioeconomic and environmental implications. Policy-makers, particularly in low-income countries, may consider that tackling climate change diverts resources that are needed to deal with more “immediate” problems. However, policies oriented towards climate change are in close connection with those towards poverty, food security, health, education, etc. Public health policies in low-income countries must look not only for an equitable distribution of resources, or an increase in basic services coverage, but also a socialization of community (including indigenous) practices. In the context of primary care, building community capacity (self-determination and reliance) is a basis for any attempt to truly promote practices that go beyond the individual, and consequently ensure that essential health is available to everyone in the community. This will in turn empower community members to take part in decision-making processes. For a decision-making process to have strong support, it is necessary to promote interdisciplinary dialogue. This is a key element in consolidating the role of public health and its collective purpose.

A common agenda between governments, civil society and international cooperation agencies needs to be established. Cooperation is key in any intersectoral approach, and particularly so in the intersection between public health and climate change. It is necessary to avoid overlapping of jurisdictions and duplication of activities that waste always scarce resources. Low-income countries have to play a central role in this process because of their greater vulnerability. I believe it is necessary that government officers ask themselves: is this plan locally generated or is it externally imposed? Only then will they be able to establish horizontal cooperation processes.

Challenging the mainstream development paradigm is not an easy task. Besides, various attempts of change have been quickly assimilated into its framework. How about the paradigm of urbanization, creating huge population centres that ironically have eroded local connections and community cohesion? Yet, urbanization has been portrayed as the “inevitable” path to development, including health. I strongly disagree. I consider that it is always relevant to revisit more integrated, participatory and decentralized approaches to improve people’s social and economic status, especially through programmes enmeshed in local systems with active and effective involvement of the population.

I believe that the solutions to our current climate and health crises depend on our ability to contextualize development. The current situation reveals that the so-called “western” model is not sustainable. Experts agree that industrial revolution is a major contributing factor to the rapid increase of carbon dioxide concentration in our atmosphere. Precisely, it is the carbon dioxide emissions of populous countries, such as China and India, which are rising due to their adherence to the same development trajectory (i.e. model) of western economies. But is there a different path? Is it about surrendering development aspirations or rethinking the process? In terms of development, it is not only a question of what it is but also a question of how to develop. In this context, sustainability is a major component.

Are the solutions in the hands of governments, politicians, multinational corporations, the United Nations system or the peoples of the world? Sustainability of development efforts, including strengthening of public health infrastructure, requires the active

participation of democratic governments (and ultimately, the people who elected them). They remain as representatives of the people's interests before those of other parties (e.g. transnational corporations, International Monetary Fund, World Trade Organization, World Bank). There is an urgent need for us to realize that we all "sail in the same ship", to recognize that we all suffer and will continue to suffer the consequences of ailing planetary and human health systems. Therefore, there is no place for simplistic or individualistic solutions. Yet, the moment of action is now. We cannot wait until the next "natural" disaster arrives.

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1 Fort M, Mercer MA, Gish O. *Sickness and wealth: the corporate assault on global health*. Cambridge, Massachusetts, South End Press, 2004.

2 Correa R. *The Washington consensus in Latin America: a quantitative evaluation*. Meeting of the Network on Inequality and Poverty (NIP). Madrid, GRADE, 2002.

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Daniel López-Cevallos is from Quito, Ecuador where he has worked on integrated health development projects with indigenous, rural and urban communities. He recently graduated with a PhD in Public Health from Oregon State University in the United States of America. He also holds a Master of Public Health and a Bachelor of Science in Optometry from Universidad San Francisco de Quito. In the fall of 2008 he will join the Health Education Division at Western Oregon University as Assistant Professor of Health Promotion/Community Health. Daniel plans to continue collaborating with his Ecuadorian colleagues through the Oregon University System-Universidad San Francisco de Quito partnership.