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► **To cite this version:**

Sandra Martini Vial. Sovereignty Of Health: Is It Possible A Project For Latin America?. International Conference of Territorial Intelligence "Local Governance and Territorial intelligence. Development models in comparison". October 2010, Oct 2010, Salerno, Italy. halshs-00844700

HAL Id: halshs-00844700

<https://shs.hal.science/halshs-00844700v1>

Submitted on 18 Mar 2014

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SOVEREIGNTY OF HEALTH: IS IT POSSIBLE A PROJECT FOR LATIN AMERICA?

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Summary:

Traditionally the Latin America in all sectors of the knowledge and scientific production has faced the reality of developed countries, especially Europe and United States of America. This relationship in the area of health has always been complex because its natural assets always served for researches and later production and patenting of pharmaceuticals. In addition the entire base of medicinal products has always been geared towards the production of synthetic drugs. The aim with this article is to demonstrate that although social indicators have yet to be improved, we have bases to think of the advance of the democratization process in Latin America, allowing the execution of projects that lead to a sovereignty of health.

Keywords: democracy-health-sovereignty-the right to health-Latin America

INTRODUCTION

Health has always been a highlighted theme in any society at any time. Currently, the discussions have taken new dimensions, since we live in a single society, in a globalised world, in the era of universal inclusion. The *era of rights* does not match the access to these rights; Therefore, the most different social systems must constantly respond to demands of increasing complexity. The system of law, which long remained distant from the health system is an important role in the accomplishment of the fundamental right to health. Thus, the right to health can no longer be connected to the ends of the State itself, but needs to overcome geographical and political boundaries to effectively bring out a fraternal dimension in social conviviality. Many actors are involved in the process of effectuation of the right to the right to health; here also it is necessary to overcome the limit of the system of health and see how the system of law operates. This is the main goal of the article: to show how some operators of right act towards achieving this fundamental right.

Current challenges facing society cast some doubts on how public and private organizations have been answering (or not) the social demands. We live a highly paradoxical situation: we starve to death, we have plenty of food; we die of thirst where we have plenty of water. These thirst and hunger can be seen under different real and symbolic angles. The question we keep asking is how and who dies in our society, and through this, we question how we live and what to live means. Health appears as a key issue for life in society; from the earliest times we have always sought alternatives to treat and prevent diseases. Throughout the process of social evolution, we have seen that health extends beyond the boundaries to the mere absence of disease and to the way we relate in society; therefore, health is a common good, as it is related to the territory with

alternatives that do not always come from the formal and official system of health.

To address the sovereignty of health, our main focus in this presentation, it is necessary to discuss the political and socio-economic framework Latin America, we will present some data that will allow us to see the limits and possibilities we have in achieving the fundamental right to health, then we will present a proposal developed in the MERCOSUR countries, showing that the territorial intelligence shows its advances, finally we will present the results and challenges of that same project, which since its conception has stated that in Latin America there are many more possibilities than we get to achieve, but unless we have a more stable democracy it will be difficult to dream of sovereignty not only in health but also in several segments of human life.

POINT 1 – DEMOCRACY AND SOCIAL INEQUALITY IN LATIN AMERICA

Characterizing democracy isn't an easy task, because, on one hand, we have in Latin America recent processes of democratic openness – though they already present serious problems and risks of becoming less democratic – and, on the other hand, we have the European examples, in which we can question the democracy level. Speaking of democracy means to dare the possibility of transforming all the institutions and all the social systems, because we can't forget the main characteristic of present day society, presented by Niklas Luhman¹, upon which he claims that, regardless of the concept of society that we adopt, there is only one society: *the global society[...] it is difficult to deny the entanglements at the global level of all functional systems. (a sociedad mundial [...] es difícil negar los entrelazamientos en el ámbito mundial de todos los sistemas funcionales).*

In this global society, the inclusion and exclusion processes are accentuated, and the need of a global democracy is even more evident, since democracy means reducing the big inequalities (which have marked the previous century and continue to mark this new one). Following the same idea, Ferrajoli studies the need of a global government, or global administrative bodies. Still Avelãs Neto¹ observes that the civilization of inequalities can only be transformed through a global society that respects the basic assumptions of democracy. Despite the criticism made by the author, he concludes the text writing:

[...] But, despite the profound contradictions of our time (time of great hopes and desperation), we trust we have reasons to believe that we can live in a world of cooperation and solidarity, in a world that is able to respond satisfactorily to the needs of all inhabitants of the planet.

We know that the possibility of democracy happens through democracy itself, i.e., we can only ask for more democracy because we live in a democratic process. This does not mean that in countries where democracy does not yet exist it is not possible to claim it; however, those are more complicated processes, precisely because the level of complexity in all sectors is low, where the possibilities to take decisions are reduced to traditional representatives. In Latin America, we can speak of a young democracy, but, it exists, although we know that we can have a more effective democracy when income distribution shows other indicators and when the population has access to basic services and goods for survival. Until this happens, we will continue with a fragile democracy, but in a permanent struggle for operationalizing social rights. Let's analyse the following data.

Nowadays there is a world population estimated at 6.8 billion people, we know – by data submitted by FAO that 1.2 billion people are hungry, 2.5 billion people do not have basic sanitation services (UN)

and still according to the UN 18 million people die from causes linked to poverty and 2 billion people have no access to medicines (WHO).

Inequality in Latin America is the object of frequent analysis of ECLAC-Economic Commission for Latin America and Caribbean - shows data in which the GDP inside each country has different behaviors, for example, in Brazil, Brasilia is 9 times richer than Piauí. According to ECLAC, the large inequalities can be classified into 3 categories:

1. The nations with biggest inequality: Bolivia; Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay and Dominican Republic. These countries in the biennium 2007/08, have invested on average of US\$ 118,00 in public policies per inhabitant.
2. Brazil, Argentina, Chile, Costa Rica, Panama and Uruguay (in the same biennium 2007/8) invested US\$ 1,029.00 in public policy. In this group are the countries with the highest GDP of Latin America.
3. Colombia, Mexico and Venezuela have invested \$ 619.00. They have an average GDP compared to other countries;

The report of UN-Habitat treats of inequality in a different way than the prior one and states that Brazil is the most unequal country in Latin America, where the richest 10% concentrate 50.6% of the total income; meanwhile, the poorest 10% concentrate only 0.8% of Brazilian income. This report also says that 20% of the richest Latin American concentrate 59.6% of the income of the region. The poorest 20%, in turn, receive only 3.5% of income, making Latin America the most unequal region of the world.

Just after Brazil, come Mexico and Argentina. The 10% richest of Mexico receive 42.2% of the income and the 10% poorest only 1.3%. In Argentina 41.7% of income is concentrated in the hands of the richest 10%, while the poorest 10% concentrate 1,1% of income

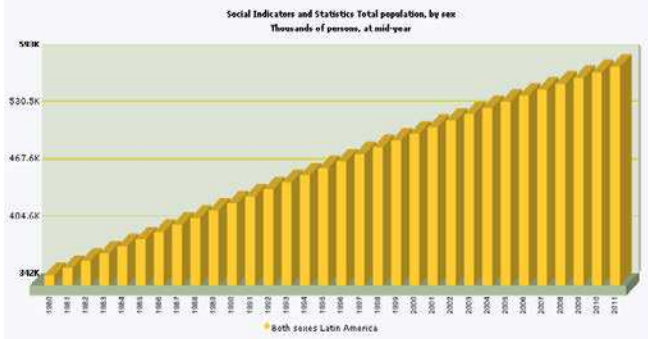
Venezuela is the fourth largest unequal country. In this country the richest 10% concentrate 36.8% of the income and 30% of the richest concentrate 65,1% of the resources, while the poorest 10% concentrate 0.9%. In Colombia 49.1% of the income of the country is concentrated in the hands of the richest 10%, while only 0,9% concentrate in the hands of the poorest. In Chile 42.5% of the income is concentrated in the more wealthy 10%, while 1.5% income concentrate on the poorest.

The least unequal countries are Nicaragua, Panama and Paraguay. Even so, there is an abysmal difference, where the richest 10% have 40% of the total income. The report also states that the urbanization did not help to decrease poverty in Latin America. The number of people in poverty increased drastically, mainly in the Decade of the 70s. In 2007, the poverty will have increased 4%, pondering the data from 1970: urban poor were 127 million, thus, 29% of the urban population.

However, the "UN-Habitat," has warned in a report that "it is certainly in the small towns and rural areas of Latin America, where the population is poorer." Thus, rural poverty in Brazil has reached 50.1% of the population; in Colombia, 50,5%; in Mexico, 40,1%; and, in Peru, 69.3%. The big exception is Chile, with a rural poverty rate of 12.3% - even less than that of urban areas.

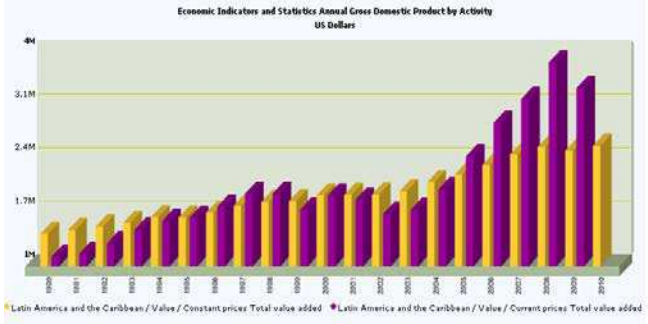
Although Brazil shows a remarkable economic growth over the past ten years, in addition to more profitable rates of decline of poverty, a strong social inequality persists, in particular, a high concentration of income. Still, according to the UN, the most unequal countries in Latin America are, in order, Bolivia, Haiti, Brazil and Ecuador. And less unequal Argentina, Uruguay, Venezuela and Costa Rica.

Total Population



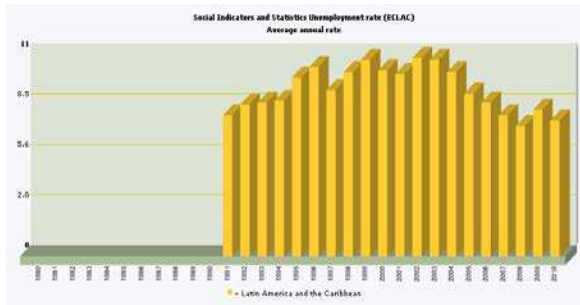
SOURCE: CEPAL, Comisión Económica para América Latina. Available at: <<http://www.eclac.org/cgi-bin/getprod.asp?xml=/noticias/paginas/3/43023/P43023.xml&xsl=/tpl/p18fst.xml&base=/tpl/top-bottom.xml>>. Access on: 05/05/2011.

GDP



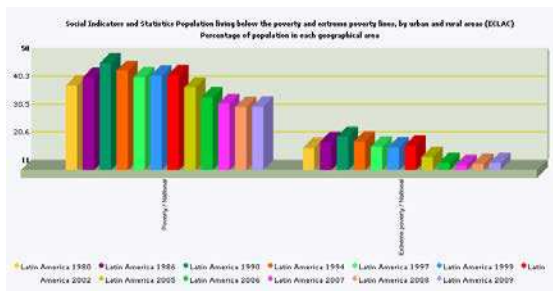
SOURCE: CEPAL, Comisión Económica para América Latina. Available at: <<http://www.eclac.org/cgi-bin/getprod.asp?xml=/noticias/paginas/3/43023/P43023.xml&xsl=/tpl/p18fst.xml&base=/tpl/top-bottom.xml>>. Access on: 05/05/2011.

Unemployment



SOURCE: CEPAL, Comisión Económica para América Latina. Available at: <<http://www.eclac.org/cgi-bin/getprod.asp?xml=/noticias/paginas/3/43023/P43023.xml&xsl=/tpl/p18fst.xml&base=/tpl/top-bottom.xml>>. Access on: 05/05/2011.

Poverty and Extreme Poverty



SOURCE: CEPAL, Comisión Económica para América Latina. Available at: <<http://www.eclac.org/cgi-bin/getprod.asp?xml=/noticias/paginas/3/43023/P43023.xml&xsl=/tpl/p18fst.xml&base=/tpl/top-bottom.xml>>. Access on: 05/05/2011.

As it can be observed from the tables, the levels of social inequality in Latin America remain high, it does not mean that we are moving in the opposite direction of a possibility of social transformation. We still have countries with large democratic deficits. So we still have a situation where the existing social complexity levels are low, with few democratic indicators and it makes difficult to think/claim democracy. In these cases, democracy is a wish, a dream, something always far away. These two perspectives lead to other quests: is democracy the only *medicine* for the security and

stability of Nations? Is it a *weapon* against the wars? What are the modern democrats? Towards which direction is Latin America going to? We note that, from the 1980s, we have a new political moment in our continent. We have no doubt that a strong opening of the political system has contributed to new possibilities of political organization; however, we question ourselves about the risk of having democracy without democrats.

We start at and reaffirm that the precondition of democracy is possible, in societies functionally differentiated, in which each social system has its specific role, but at causing friction with other system, it produces more difference and consequently greater independence.

This system autonomy does not mean isolation but larger possibilities of evolution, because only an autonomous social system can contribute to raise the level of democracy. At the same time, this autonomy must be reached by the other social systems. Sociology, from this point of view, treats of three revolutions that characterize modernity¹: the educational, with the mass education; the economic revolution with industrialization; and the political revolution, with the processes of democratization. In other words: only when these subsystems are fully differentiated and reach autonomy they can develop their own complexity and evolve. Democracy, in this perspective, does not mean social justice, equality, freedom. Democracy is only a policy when the organizational and decision-making vertex (State and Parliament) gets to operate with the code government/opposition, in order to create constant uncertainty about who will win the upcoming elections, namely, democracy means, above all, that

¹ PARSONS, Talcott. *The Evolution of Societies*. Prentice-Hall, **Englewood Cliffs** (NJ), 1977.

"even the best ideas always have other alternatives", as Niklas Luhmann used to state.

POINT 2 – THE EXAMPLE OF GOOD PRACTICES AND TERRITORIAL INTELLIGENCE IN THE PATH OF THE SOVEREIGNTY OF HEALTH.

The public administration presents us challenges and not always we are prepared to face them, but we have mechanisms that allow us to dare in innovative proposals and through them to create or strengthen public policies. This was exactly what happened in the year 2000 in Secretariat of Science and Technology in the State Rio Grande do Sul. We were summoned to a meeting with the then Secretary - Prof. Dr. Renato de Oliveira – for the pharmaceutical industries of Rio Grande do Sul were in crisis, on the other hand we had an evidence that it was necessary to resume the discussion on the production of phytotherapeutic medicines.

What we've done was to create through FITO net a partnership model amongst the State, Universities, Private enterprises and small rural producers. The initial difficulty was to aggregate the various governmental segments, to show that this project could be accomplished, that it could create something new through the redemption of our own history in terms of healthcare. The challenge was put on the public network a phytotherapeutic medicine created in the self territory, to strengthen the sparses productions that already existed, create a public laboratory in a municipality in the State of Rio Grande do Sul called Panambi.

In the initial design it was intended a radical change in the way that small farmers were working, it was proposed the replacement of production of soybeans (monoculture) for a production of medicinal plants, the idea was to go replacing

gradually an agriculture which responded to the needs of international market, for a more dignified and also profitable production. Some municipalities decided to encourage their citizens toward this new activity.

We had also some farmers that already produced and used – albeit rudimentary - for their own consumption the medicinal plants, but specifically we ought to highlight the settlement of MST Junco Lagoon (RS), where through the expertise of the older persons in this Settlement the human, animal and vegetable health was treated with the *famous and secret teas*.

Universities had several researches, or rather, several laboratory studies, but did not do or did not create a network for the production, placing the University in its traditional role of producing knowledge unlinked with the needs of the territories where they are inserted.

Private initiative has had several demands, from finance for the purchase of equipment to aid to suit their laboratories and factories according to the standards of the health surveillance.

In the occasion we had a big problem that deserved an articulation and forwarding, that was what we implemented at that time and with the change of the political project managers the project took new directions.

In summary the proposed strategy was:

Summarized proposition 2001

1. Discuss internally within the State Government on the proposal, which was welcomed, although many sectors questioned the abrupt shift of paradigm, then we have proposed that Public Health Units started to use phytotherapeutic medicines gradually. Besides checking technical feasibility the State Secretariat of Health (SES should also deal with the training of health workers for this new form of operation; the Science and Technology Secretariat (SCT) becomes

responsible for the articulation of FITO net and responsible for presenting the project to organ donors, as well as call researchers and universities that already had been acting in this area; the Bank of the State of Rio Grande do Sul should open a specific credit line for both farmers and pharmaceutical laboratories; the Education Secretariat (SE) should include in school resumes subjects that teach the importance of the use of phytotherapeutics; the Government also should care to include as priority in all sectors of the importance of social inclusion and appreciation of ancient cultures.

2. Discuss with the small family farmers the need to readjust their production. At this moment EMATER and the Secretariat of Agriculture were fundamental to the articulation of the network of family farmers that already had been acting with medicinal plants. In the group of farmers should be contemplated in particular 3 segments: indigenous, remaining of slaves (quilombolas) communities and small-scale farmers.
3. With the Universities we have made an articulation and compilation of researches that had already been carried out or were in progress and then the immediate promotion of research by FAPERGS.
4. With laboratories and industries from RS the initial proposal was to "save" these private institutions, but in return they would have to provide the medicines at reduced prices.
5. Creation of the first decentralized public laboratory for phytotherapeutic medicinal production.

This was, in summary, the initial project. It was discussed in 2001 in RS, submitted to IFAD approved, but with caveats: it should be the project of MERCOSUR, which on the one hand hampered by another as seen with the data in the report of IFAD, it was important because it was the first network initiative that happened in Latin America in terms of public health policy. We observe that this was an initiative which allowed an articulation of a given region, making farmers, scientists and operators of health system work so articulate.

From 2002 the project goes to be reviewed and the proposal leaves the boundaries of Rio Grande do

Sul, and is a project of the Mercosur, named Regional Programme of Support to the Network of Development of Medicinal Plants (Programa Regional de Apoyo a la Red de Desarrollo of Medicinal Plants - PLAMSUR) ² in order to reduce poverty through new forms of production of medicinal plants, i.e. farmers involved in the project would gradually replace the production of tobacco and soy or for the production of herbal medicines, not just changing to an ecologically balanced farming as well as changing concepts and adding new knowledge to health care.

Allied to this, it was achieved a network of research and technology transfer to small producers of medicinal plants and herbs in the MERCOSUR countries, with the following objectives:

1. encourage the production of medicinal plants and their transformation into phytotherapeutic products, for the benefit of small farmers;
2. increase knowledge about the therapeutic qualities and the economic potential of medicinal plants and their derivatives;
3. promote the organization of small producers interested in participating - along with centres of research – in projects of production and processing of medicinal plants;
4. support activities of research and technology transfer for the production and processing of medicinal plants;
5. promote projects of production and/or research involving two or more countries of MERCOSUR;
6. establishing and consolidating a sub-regional network of support to the production, processing, research and technology transfer, aimed at the integration of small producers in value

² See: SCHEDULE 1 Programme Description; Propuesta para una Donación al Programa Regional de Apoyo a la Red de Desarrollo de Fitoterápicos en el MERCOSUR. III. Descripción del Programa; y PLAMSUR. Manual Operativo. Programa Regional de Apoyo a la Red de Desarrollo de Plantas Medicinales en el MERCOSUR. (Argentina, Brasil, Paraguay y Uruguay), s/f.

chains and the increase in their income³.

As it can be observed we have two models, one embryonic (2001) and another accomplished. Both show that the reality can be changed from itself, more than that these actions make us believe in the possibility of the sovereignty of health for Latin America.

The results of this Project were exciting because at the end of the Project we had the following results:

1. Implementation of 4 national committees and a regional one on medicinal plants,
2. A market study for the selling and distribution of the plants,
3. At the whole 19 projects were accomplished, being 3 of them binational,
4. Training of farmers,
5. Articulation with local market, regional, and for exportation.

In these projects about 3000 low-income families have benefited, in addition there was also an integration with other IFAD - MERCOSUR projects, the most important was the formation of a network involving farmers, technicians, academics and local pharmaceutical industries.

According to the report of this project the challenge is to strengthen and build a regional strategy for production and marketing of medicinal plants, generating higher incomes for the small farmers and respecting biodiversity loco-regional⁴.

³ PLAMSUR. Programa Regional de Apoyo a la Red de Desarrollo de Plantas Medicinales. Disponível em: < <http://www.plamsur.com.br/es/el-programa-plamsur/>>. Acesso em: 20/04/2011.

⁴ For more information, consult: PLAMSUR. Programa Regional de Apoyo a la Red de Desarrollo de Plantas Medicinales. Available at: < <http://www.plamsur.com.br/es/el-programa-plamsur/>>.

CONCLUSIONS

The perception we have about democracy being a universal value, which, according to Amartya Sen⁵, we inherited from the last century, says a lot, as all Habermas's observations about democracy, in special the text *The Divided Occident* (2005), in which the author alarms for the occident division from the *danger of the international terrorism* and the disrespect of International Rights by some central countries. Especially when it's about rights of citizens of the world in a cosmopolitan society. For Habermas⁶ the idea of cosmopolitanism is a lot more ambitious.

But we keep questioning what it is, and how is it possible to reflect about the concept of democracy? Democracy is not the domain of the people over the people. It is not even the self reference embodied in the concept of domain. It isn't either the overcoming of domain, the revocation of the power by the power. In a theoretical language bound to domain, this is the only possibility to express the self reference; and that could be, also, the reason why the word "democracy" has survived. The assumption that the people can govern itself it's technically improbable.

One of the problems that becomes evident is the access to the right to have rights. In some regions as Latin America – as in other countries founders of the European Union – there is a strong social differentiation, and with that the forms of exclusion

⁵ SEN, Amartya. **Globalizzazione e Libertà**. Milano, Arnoldo Mondadori Editore S.p.A., 2003;

⁶ HABERMAS, Jürgen. **L' Occidente diviso**. Tradução: M. Carpitella. Roma: Laterza, 2005. p. 117. Veja-se o que o autor diz a respeito: *[...]perché traspone dal piano nazionale a quello internazionale la positivizzazione dei diritti civili e di quelli umani. Il nucleo innovativo di quest'idea sta nella conseguenza rappresentata della conversione del diritto degli Stati in un diritto cosmopolitico in quanto diritto di individui [...]*.

get enhanced, because is hard for the Organizations to promote to all, equal and universal access, the institutional opportunities present the same way as the paradoxical processes of exclusion, or in another way, even more worrying are the forms of social inclusion that occur through, not really inclusion itself, but from the social exclusion. The process of access to the rights does not happen in an automatic way, many times the law system is called to answer some questions to which it is not prepared, but it has to decide. The decisions taken – and even the not taken ones – imply links with the future in the extent that other systems are required to implement such responses, and to complicate, not always are collectively binding, reinforcing the old practice of deciding collective questions individually. Among those, it's also paradoxical the possibility of accessing the juridical channels to provide the collective interesting.

In the legal environment, emphasis is placed, with frequency, on the fact that the courts and the administrative institutions must provide the certainty of the right. In fact, it's supposed that only the activity to decide is guaranteed; the population can expect anything as *justice* or either simply legal protection. The supposition, naturally, is sensible, anyway it does not take in consideration a typical insidious aspect of areas with strong social inequalities.

When we speak about certainty of law, we cannot understand anything as certainty of a fair decision, and not either, the certainty of a correct decision. The term “certainty” could refer exclusively to the fact that the decisions are taken, but not their quality. A court, in other words, works when it decides, but not when it is fair.

Well, the problem is that the administrative and judicial procedures are scheduled to avoid that any factor not directly relevant to the case study (cause,

conflict, crimes or others) could influence in any way the decision. The procedures, in other terms, are extremely selective, because only in that way could construct uncertainty about *how it's going to be decided*. The certainty of law assumes uncertainty about who is right and who isn't in the case⁷.

Speaking of sovereignty of and about health in and for Latin America, basically means reducing the social differences and with that increasing the level of democracy.

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⁷ LUHMANN, Niklas. **Das Recht der Gesellschaft**. Frankfurt: Suhrkamp, 1993.

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