

Friends or foes? Economic growth and population health in contemporary Central America

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This short communiqué presents some views on the provocative question “Does economic growth result in improved population health?”, in the hopes of stirring reflection amongst current health practitioners. I will share some thoughts on the subject, focusing on the case of Central American countries. At first glance, this question seems easy to answer, yet several related aspects must be investigated in as much detail as possible to draft a reasonable answer. I will begin by admitting that developing an opinion on public health in Central America is an extremely complex endeavor precisely because of the myriad social, economic, political, and cultural realities that shape the daily lives of its inhabitants and, consequently, dictate the responsiveness of the public health systems in these countries.

Central America is the sub-region of the Americas with the smallest territorial extension, so the population density in this continental axis is considerably higher than that of the northern and southern sub-regions. Historically, this side of the continent has registered fewer waves of socio-economic development than its peers, mainly due to the hurdles stemming from its socio-political past. It wasn't until the 1990's that the region's countries resumed the dialogue of regional development through the establishment of

the Central American Integration System. This initiative stemmed from an understanding that the social inequalities and inequities that affect each country individually have an ultimate impact on the entire region's human development (1).

The debate on growth potential is even more intriguing in the case of Central America, as there seems to be a dual reality among its countries. On one hand, Panama and Costa Rica repeatedly appear in regional and international reports as countries with exceptional potential in terms of human development and health indicators (2). On the other hand, countries like Nicaragua, Belize, Guatemala, Honduras, and El Salvador have a lower degree of human development, which explains their higher poverty rates. The official report "Social Panorama of Latin America 2021", published by the Economic Commission for Latin America and the Caribbean – ECLAC, highlights the differing performances of economies and the importance attributed to the health sector by the Heads of State (3). In this document, the highest-ranked countries, i.e., Costa Rica and Panama, present the best conditions for the realization of their inhabitants, due to trends in public spending on broader institutional coverage, such as social security (including non-contributory social protection), as well as positive changes that have impacted labor market policies and programs. Despite the abysmal differences between them, the forecasts for the next decade are encouraging for almost all Central American countries, hence representing an opportunity for progress.

All this leads to the great dilemma of thinking about public health from all angles. The comprehensiveness of the population does not become a generalizable objective insofar as there

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is no way to measure the health of a population without first breaking it down by its specificities and contexts. In the case of Central America, there is a lack of awareness of the stark disparities that make up population sectors, not only in terms of age, race/ethnicity, and gender, but also in terms of the preferences of users/clients of health services and programs (4). This implies the need to rationalize health care models in each territory, while avoiding crossing the fine line that has been sheltered by neoliberal tendencies to privatize health. An example is the state recognition of health as a fundamental right of every citizen, which varies greatly within and between nations.

Indeed, universal access to health as a cross-cutting issue for the achievement of socioeconomic development is increasingly gaining ground in the Americas, albeit at a slower pace in Central America. In fact, in 2015, the countries signed the Regional Agenda, through the working document entitled *Universal Health: An indispensable Investment for Sustainable Human Development* (5). The signatory countries acknowledged their responsibility to move towards universal health with the ambition of allocating 6% of their GDP to address population health issues and, in turn, promote healthier living conditions.

However, a recently published multicenter study stressed that only Costa Rica reached (and even exceeded) the 6% goal, while Panama, Honduras, Guatemala, Nicaragua, and El Salvador would only reach it between 2040 and 2100. Much more disheartening are the projections outlined for Belize, which show that even at a super-accelerated economic growth, the country will not reach the target in the ongoing century (6). Thus, the disparity observed between countries in relation to the remoteness from universal health coverage speaks of a contradictory process of transformation of their economic structures, which placed tension on the universalization and segmentation of public health services and programs.

Tied to economic growth and the general well-being of the population is the debate on the Social Determinants of Health (SDH), which are the decisive players in the health-disease-death cycle,

i.e., the main actors that influence the ways in which people fall ill, recover, and die. Hence, SDH are the weak points of any public health system, and rightly so, because addressing them comprehensively requires unraveling the web of threads that make them up. In addition, the issue of cultural competence, age stratification and, above all, the distribution of national wealth, must be included in this discussion. The latter weighs negatively in Latin America, to the point that the region is one of the most unequal in the world. Despite their negative image on the international scene, Latin American countries have proposed the SDH paradigm, thus giving rise to the strengthening of Social Medicine (7). This is an extremely significant paradigm shift, as understanding health from a social stance has enabled many advances in health law in Central America, especially those that downplay the importance of Capitalism.

Claiming that better population health is independent on greater economic growth may be a foolish and hasty response, as it would mean saying that all ailments affecting the population can be solved simply with economic resources. This is not so; if it were, there would be no developed nations still struggling with clinical and non-clinical conditions preventable by behaviors and lifestyles. Interesting multisectoral contributions in relation to the Central American case are observed in Manzano et al., (8). These authors take as a unit of analysis the institutional gaps and weaknesses so evident amongst these countries, explaining that the degree of scientific and technological development has been historically divergent. One of the main results of this has been the emergence of inequities in health and a trigger in the social distancing between population segments, mainly those in rural areas.

As public health practitioners, we are aware that population wholesomeness becomes political, and not just an economic challenge. There must be a political will to ensure health for the populations, translated into the enactment of legal norms that encompass the duties of the State, which unfortunately are asymmetrical in Central America (9, 10). Given the existence of a solid framework of inalienable rights of users and responsibilities of the State, not even economic uncertainties

would put the population at stake, for the government's highest duty would be protecting its inhabitants.

In Central America, there is room for positivism that can allow countries to take advantage of economic growth while establishing better conditions for human development. The posture demonstrated by its nations responds to a collective concern for the future of their peoples, supported by the regional integration framework that has been in place for more than three decades. In terms of health and social development, there is the Regional Health Policy 2015-2022 (11) and the Regional Comprehensive Social Policy 2020-2040 (12), which jointly seek to find ways to improve the health of the population. Both instruments of international law highlight the multi-causality of health. Thus, strategies for its management must be based on the aspiration of human dignity, together with a public expenditure designed for its attainment.

In any case, understanding that economic growth occurs when there is a favorable parity between the public and private sectors - both being interdependent - it could be said that an expected outcome would be better health for the population. However, Lange and Vollme (13) rightly explain that this would only be plausible under two scenarios. The first concerns the scope of economic growth itself; all social classes must participate in the progress so that a broader, joint vision is consolidated. In the second case, the improvement in the health of the population would only be noticeable if all individuals had decision-making power. Of course, in the latter case, the decisions taken should result in their well-being. Perhaps the best bet would be to invest in strengthening integrated health networks, although this should be interpreted with due caution, as it could be misguided by neoliberal interests that advocate the commodification of health. In this regard, it is worth mentioning the considerations raised by Pedraza (14, p. 5):

“Risk-adjusted population budgeting is shown to be a possible and powerful mechanism to support the achievement of objectives. Its development requires recognition that the form of financing alone will not meet the challenges and that it requires both health planning and management.

Technical, political and institutional challenges need to be addressed to succeed in this endeavor, which in turn must be embedded in the overall process of transforming health systems towards universal health”.

In view of the above, the answer to the question placed "*are economic growth and population health mates or foes?*" becomes a maze of possibilities; all depend, however, on the priorities Central American governments set for themselves to achieve economic development without stifling the concerns and needs of their populations. The next few years will give us a clearer picture.

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