

Regional Integration in Health in Central America and Dominican Republic: Achievements and Opportunities

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Dear Editor:

Integration is a broad process that involves social, political, economic, cultural, scientific, diplomatic, and even military links between two or more nations.¹ It is an opportunity to advance in the construction of the well-being of people, representing an excellent strategy for resolving severe regional social inequalities to move towards a more just, humane, and supportive development model.

Since years now, health has taken a prominent place in regional integration efforts, despite encountering various limitations. The regions of Central America and the Dominican Republic, due to their proximity, offer an area par excellence for addressing common problems that cross borders. This approach allows an adequate framework to undertake actions that, from the social determinants of health (SDH), not only consider the social determinants of health but also enable socio-sanitary and environmental issues, for the adoption of technical and legal instruments, joining efforts and promoting collective and diplomatic actions in the field of health. It should be noted that the region has a long history of regional integration projects, which survive and recover despite recurrent crises.² Consequently, the complexity of this region should not be underestimated. There are ideological differences, various levels of development and institutional factors specific to each country, cultural diversity, and vulnerable groups such as indigenous peoples and migrant groups, among others.

In Central America, the latest regionalism strategy implemented is the current

Central American Integration System (SICA), created more than three decades ago.³ It is a multidimensional integration initiative. The Tegucigalpa protocol sets out economic, political, social, cultural, educational, and environmental dimensions, based on five pillars: security and democracy, prevention and mitigation of natural disasters, social integration, economic integration, and institutional strengthening.

As a result, it included the establishment of Sectoral Councils of Ministers, among which is the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA). Since 2007, it has been a fundamental pillar of governance through the Executive Secretariat (SE-COMISCA), based in El Salvador, which is an instance for the formulation of technical proposals, projects, and follow-up of the agreements of the ministers, as well as an active protagonist for building strategic alliances and mobilizing funds for regional projects.

COMISCA's regional strategy rests on the periodic meetings of the Ministers of Health, which provide an appropriate framework for discussion and dissemination of information, in addition to building consensus and promoting joint strategies to overcome public health access barriers. It also facilitates the identification of cross-border health problems, the management of responses, and the evaluation of lessons learned in health policies, thus promoting a virtuous circle for policy formulation and decision-making.

Regional integration in health in Central America has enabled the development of common strategies in response to epidemics

(such as the COVID-19 pandemic, influenza, dengue, yellow fever, and adolescent pregnancy, among others) and the strengthening of national capacities of the member countries. It has also launched important regional cooperation projects for access to medications in areas related to global health, epidemiological surveillance, laboratory surveillance, migration, and healthy eating, among others.

Among the achievements of the health integration process in Central America, it is worth citing the following:

Identification of common problems: certain problems transcend the national borders of the countries, which requires the structuring of shared responses. An example of these actions are the cross-border binational agreements for the elimination of malaria, under the framework of the Regional Initiative for the Elimination of Malaria.

Common addressing criteria for diseases: an example of this occurred in the context of the COVID-19 pandemic. Guidelines were proposed to strengthen mental health and biosecurity; a regional contingency plan in addition to periodic regional reports.

Production of regional public goods: the identification of common problems and shared responses has generated the possibility of innovation for a common good whose appropriation by one country does not harm the other. For example, the FACEDRA regional pharmacovigilance system for monitoring adverse drug reactions, used by the eight pharmacovigilance centers of the member States, reports weekly to the World Health Organization's international drug monitoring program.

Appropriate mechanism for public health emergencies, epidemics, and pandemics: in response to the COVID-19 pandemic and public health contingencies caused by natural disasters, SE-COMISCA is promoting capacity building in the countries in areas such as laboratory, epidemiological surveillance, and others. At present, a proposal is being discussed for a mechanism to help Member States coordinate regionally to mobilize the cooperation of partners and facilitate horizontal cooperation in the event that a rapid response is required in any type of health emergency or multi-hazard situation.

Information and knowledge production: there are mechanisms for the exchange of information on certain prioritized diseases, as well as on the policies to respond to them, which constitutes a window of opportunity to provide feedback for policy formulation processes and transnational cooperation through COMISCA's operational bodies.

These bodies are commissions, networks, or specialized technical groups composed of experts from the eight Member States, facilitated by SE-COMISCA.

Consensus building: the region has a privileged opportunity to build consensus based on the principles of equity and solidarity that place health as a fundamental right.

Regional negotiations and access to medicines: the COMISCA Joint Negotiation emerged in 2007, with the support of international cooperation until its institutionalization and self-sustainability, to become a procurement mechanism that facilitates access to quality and efficacy medicines at more favorable prices for member states. This process facilitates cost containment and economies of scale, and has its own regulatory framework. The price negotiation processes have the value of a national tender therefore, the member states can execute their contracts based on the prices negotiated at the regional level. COMISCA Joint Negotiation reduces drug prices by an average of 30 %. In 13 years of implementation, it has resulted in savings of US\$120 million for SICA member states.

Effective global health diplomacy: within the framework of COMISCA, joint positions have been issued on addressing non-communicable diseases, tuberculosis, and other health threats, through the adoption of joint declarations issued within the framework of the United Nations General Assembly.

Networking: allows for a horizontal cooperation model with focal points from the various Ministries of Health of Central America and Dominican Republic to join efforts around common problems of regional interest, which favors the strengthening of the capacities of these ministries. Health integration in Central America and the Dominican Republic is a process that has been consolidated since the creation of SICA, through the momentum that COMISCA has offered by binding political decisions on prioritized issues.

The organization of COMISCA is formed by different bodies which, through the regional technical commissions, networks, specialized technical groups, and regional coordination mechanisms generate technical work and horizontal cooperation among the countries. These working mechanisms operate in accordance with the Guidelines for the Organization and Functioning of the Regional Technical Commissions, Technical Committee, Specialized Technical Groups, Networks and Regional Mechanisms of COMISCA and contribute with their actions and proposals to the execution of the ongoing Health Plan for Central America and

the Dominican Republic and other political and technical instruments.

The COMISCA sessions have made possible the construction of a regional health community that shares challenges, is concerned about common problems and has developed a common episteme, such as the importance of social determination and health, with projects, policies and activities to address them.

The institutional and legal framework of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), as the decision-making body of SICA, allows the ministers of health of the eight member States, to make binding decisions by consensus.

The health integration process in Central America and the Dominican Republic has been progressing by building a governance with well-defined game rules, leading to the development of important policies such as the recently approved PRSS 2023-2030. Therefore, one can conclude that the health integration processes in Central America and the Dominican Republic have been consolidated with a governance that reflects the scope of cooperation, taking advantage of its structure, recognizing the articulations with the rest of the Central American Integration System, coordinating regional actions with the Pan American Health Organization (PAHO), the Economic Commission for Latin America and the Caribbean (ECLAC), the United States Center for Disease Control (CDC) and other strategic allies, and harmonizing cooperation agendas on health and its determinants.

After all, as an ancient thinker once said: "Men are angels with only one wing. To fly, they need to embrace each other."

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