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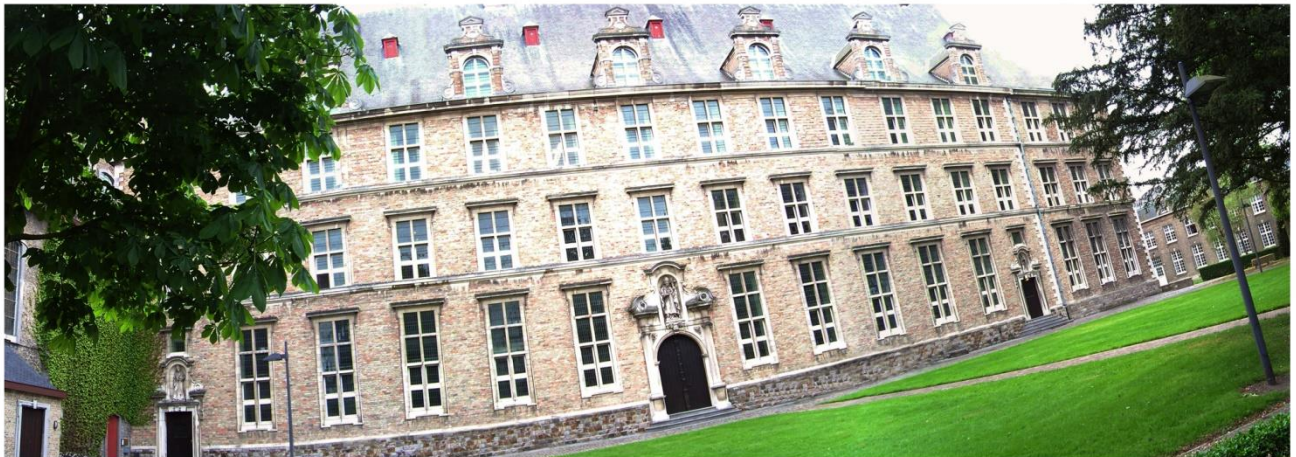
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Regionalism and Well-Being:
A Critical Assessment of the Central American Regional Strategy for Health



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Abstract

There is no slowdown in the pace towards regional integration to facilitate and strengthen political and economic relations. Whether abroad or closer to home, cooperation amongst a group of countries will inevitably enhance their negotiating power with third parties and gain status in the international system. Central America has been attempting to integrate politically and economically on and off for almost two hundred years, and attempts are once again regaining momentum. The region is now confronted with potentially opposing agendas, weak institutionalization of regional bodies, an unorganized shared vision and a complex if not convoluted national assimilation of regional agreements. This paper will focus mainly on the most recent regional health document which is the Health Plan for Central America and the Dominican Republic 2010-2015 (HPCA) as well as its two complementary documents; the Health Regional Policy of SICA 2015-2022 (HRP) and the Health Agenda of Central America and the Dominican Republic 2009-2018 (HACA). The main objective of this working paper is to discern whether the involvement of officials in these regional strategies gives rise to increased commitment from authorities in improving national health systems and by extension, tangible results in standards of care and quality of life. Moreover, the paper seeks to examine the role SICA plays in national policy formation, and understand the political dynamics among the countries and SICA.

Key words: Regionalism, Central America, well-being, Health strategies, SICA.

Introduction

There is no slowdown in the pace towards regional integration to facilitate and strengthen political and economic relations. Whether abroad or closer to home, cooperation amongst a group of countries will inevitably enhance their negotiating power with third parties and gain status in the international system. Central America has been attempting to integrate politically and economically on and off for almost two hundred years, and attempts are once again regaining momentum. The region is now confronted with potentially opposing agendas, weak institutionalization of regional bodies, an unorganized shared vision and a complex if not convolute national assimilation of regional agreements.

The creation of regional organizations can create institutions that structure practices in constituent countries to prevent or jointly combat cross border problems (Riggirozzi, 2014). However, this collective action plays out distinctively in every region, making it worthwhile to examine how the Central America region, which is currently understudied, utilizes *de facto* regional institutions. The primary goal of this paper is to understand how the Secretariat of Integration of Central America (SICA) affects domestic policy formation in their member countries particularly in the health domain. To do so, the paper is divided into three parts. The first part consists of an introduction and contextualization of the Central American integration process, followed by an examination of the structure of the SICA, the formulation process and efforts of the regional health agreements. It analyses past regional health agreements and explains the creation of the current regional health agenda. The second section focuses on the examination of the eight countries' National Development Plans (NDPs) to understand the effect of regional bodies and policies on national decision making, paired with the insights gathered from existing literature. The third and final segment, is composed of the recommendations and conclusions where it is intended to contribute to the amelioration of the regional integration process.

Central American integration in its beginnings

Historical background

In the early 1820's, not long after their independence, the Central American countries attempted to integrate politically with the Constitution of the Federal Central American Republic. It did not receive the support it was expected, and shortly after it was rejected in 1848 (Guevara, 2003). Later in 1961, the region proposed the creation of a Central American Common Market where it was expected to have a fully functioning customs union, free trade agreement and common market within a five year period. This initiative

had major setbacks because of the predominant import substitution industrialization (ISI) strategy. The state-led economic development strategy focused on replacing imported goods with home grown produce. Although it was not precisely against other Latin-American countries, the policies adopted affected the trade relations amongst them. The national plans of protecting domestic industries and products overshadowed the spirit of regionalism, and by 1969 it was clear that the political unrest and internal conflicts in the countries, were deteriorating the efforts to create a functional integration system (Dent, 2012). From there on, and until the late eighties the region suffered a financial crisis which affected primarily their ability to pay their foreign debt. This period in Central American history is commonly referred to as 'the lost decade'. Along with other international crisis and the unstable political setting, the idea of Central American integration only gained popularity at the beginning of the nineties, once the peace agreements and democratization processes were substantially in place (Dent, 2012; Guevara 2003).

From that period until nowadays, the integration movement has once more gained momentum. Since 1993, the Central American Integration System (SICA, according to its Spanish acronym) functions as a political and economic body in charge of the integration process for Guatemala, El Salvador, Nicaragua, Honduras, Costa Rica and Panama. In 2002, Belize joined as a member state after provisionally solving a territorial dispute with Guatemala. Meanwhile, the Dominican Republic became an associate state in 2004 and an official member in 2013. This was largely due to the increased economic benefits that the region brought and specially the diplomatic crisis with Haiti¹ that affected the country's participation and acceptance in the Caribbean Community (CARICOM). SICA's responsibilities encompasses five major sectors: economic, social, political, cultural/educational, and environmental segments under an umbrella of around 20 institutions and agencies. Since the addition of Belize until nowadays, major economic and trade agreements have made the Central American integration strong, at least in commercial terms. Amongst the most important and successful ones are, the DR-CAFTA. This free trade agreement (FTA) between Central America, Dominican Republic and the United States has significantly increased intra-regional trade and investment since 2005.

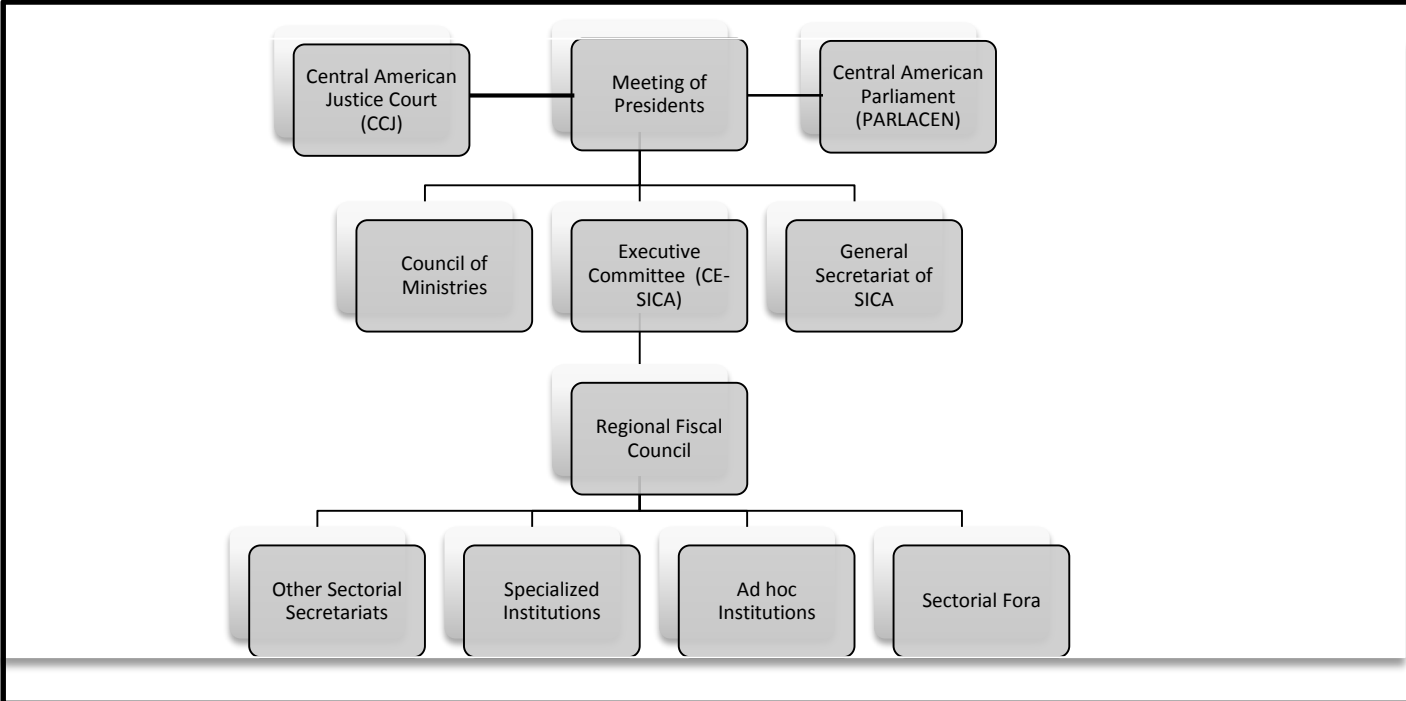
¹ The political crisis between Haiti and the Dominican Republic (DR) reached high levels of tension in 2013. Haiti decided to ban the import of eggs and chickens from DR because of an alleged outbreak of bird flu. The incidents was shortly after rectified by the PAHO. The economic loses were calculated to go over the \$2 million. And it is speculated that in response to this incident, later that year, the Constitutional Court of the DR issued a sentence condemning that all children born after 1929 from foreigners in the country were no longer considered Dominicans. This measure affects mainly families with Haitian descendants. The immediate reaction was to break all diplomatic relations as Haiti expelled the DR Ambassador immediately. CARICOM as well as the United Nations have strongly criticized the harsh approach the DR has taken towards immigrants. Since then, the DR has sought other regional bodies to integrate with, given the strong political resentment and differences amongst the neighboring islands.

Additionally, the association agreement with the European Union signed in 2010 established a common external tariff to products once admitted in the region strengthening regional cooperation and coordination in the subject. Among other are the customs union between El Salvador and Guatemala, and the free movement of people between Guatemala, El Salvador, Nicaragua and Honduras (Dent, 2012).

The working scheme of SICA

SICA has a distinctive operational framework. Its organizational chart is constituted of four main bodies. It is made up of the Summit of the Central American Presidents, the SICA’s General Secretariat, the Executive Committee, and Council of Ministries. Moreover, and generally viewed as having a less significant role, is the Central American Court of Justice (CCJ), the Central American Parliament (PARLACEN) and the specialized Secretariats. In addition, there are other smaller directorates, and ad hoc institutions for specific subjects as environment, health, education, tourism, etc. In Table 1 it is possible to have a partial overview of the organizational chart of the integration system, which extends to ten institutions and around 26 specialized bodies (not all of them are included in the table) that handle and direct projects in the aforementioned areas.

Table 1: Organizational Chart of the Central American Integration System



Source: (Caldentey,P. et. al., 2004)

The Presidential Summit is considered the ruling organ of all the integration system as a whole, and its wide range of institutions, as this meeting outlines, follows-up and formulates the regional strategy every six months (Selleslaghs, 2013). While the PARLACEN and the CCJ have consultative and judicial roles, the SICA with its multiple Secretariats and its Executive Committee, play a greater role in coordinating the specialized bodies in the areas concerning regional integration, which vary from tourism and environment to social and financial subjects.

Background on the previous regional health agreements

Taking into consideration that the main interest of this paper is the regional approach in health matters, it is worthwhile giving an overview of the previous agreements and declarations that the region has collaborated in. Since the 1980's, at a time when the social conditions were severely affected by the internal conflicts in Honduras, El Salvador, Nicaragua and Guatemala the region has advocated and actively promoted health as a regional priority for different reasons. The first health themed agenda came to the fore in 1984 strongly supported by the Pan American Health Organization (PAHO). It became known as the Central American Health Initiative. The core logic was to use health as an initial step for peace by promoting the countries to work together towards their common troubles. The PAHO advocated strongly in international fora and assemblies to appeal for funding and technical assistance and, in that way, implement the projects that guaranteed the results looked for in the agreed Health Initiative. The approach was considered to be very successful and as a result, the PAHO proposed the same type of tactic to other regional bodies such as the CARICOM and the Andean Community (Carrillo & Paranaguá, 2012).

Since then, the Central American region has worked on creating other health agreements, agendas, and strategies to build on, and replicate the achievements obtained from the 1984 Health Initiative. A summary of the most relevant ones are presented in Table 2. One distinctive characteristic about the Central American approach towards health has been the noticeable evolution of the connotations given to the subject. During the first decade, the region favored health promotion as a unifier and catalyst of peace due to the unsettling political environment. However, in the early nineties the documents became more comprehensive in terms of not only providing a service but also considering the prevention element, and introducing the concept of 'the right to access health care'. The Central American health initiatives became increasingly a tool for making the governments accountable for the well-being of their populations, implementing concrete actions and focusing on specific diseases or subjects that relate to

the social determinants of health². In the present times, health continues to be mentioned as an essential human right. The principle of accountability has significantly increased, as the latest health initiative is followed by a results-driven plan. SICA has amplified its scope of work and now looks into setting ambitious targets and a set of indicators to reinforce the efforts already made nationally.

Table 2: Historical Health Cooperation in Central America

Regional Initiative in health	Main objective	Time span	Results
Plan of Health Priorities/Needs in Central America and Panama (PPS-CAP)	-Promote health as bridge to build peace. - An agenda based on 7 subjects: Strengthen Health Services, Boost Human Resources Development, Provision of Essential Drugs and Medical Supplies, Tropical Diseases, Improvement of Nutrition and Food situation, Water and Sanitation and Child Survival.	1983-1989	- 30 regional projects and 123 national initiatives successfully funded. - Over 500 million dollars raised for the projects. - Strengthened the ties with Europe. -Trainings, best practices exchange with the donor countries.
Second Phase: Plan of Health Priorities/Needs in Central America and Panama (PPS-CAP)	- Health and peace work in tandem to promote development and democracy. - 4 main areas: Health Infrastructure, Health and Disease Control, Vulnerable groups and the Environment.	1990-1994	-Creation of 80 national plans (around 10 per country, including the DR.) and 20 subregional projects. -The “Subregional Program of Environment and Health in Central America (SPEHCA)” is one of the great successes as it had a multilevel and multisectorial approach as well as great participation of civil society.
The Health Initiative for Central America	-Health as a driver for social integration is the main motto. - It had 7 main subjects to deal with very alike to the first PPS-CAP. Additionally it included an Immediate Action Plan with 7 other areas concerning more specific subjects as HIV/AIDS, Malaria, Cholera, and Diarrhea among others.	1995-2001	-This initiative was significantly less successful as the previous Health Plans, especially for the lack of funding from international donors. Some of the initiatives were transformed into domestic policies with modest results. -The devastating hurricanes of 1998 (Mitch and George) produced a reallocation of resources and the urgency to reconstruct the countries became a priority. The plan was complemented by the “Emergency Strategies”. However, there was an absence of funding and commitment from the donors which greatly affected the initiatives and plans already established.
-Subregional	-Remaining initiatives such as	2002-	-Access to new funding via the PPP of

² In 2003, the World Health Organization (WHO) Europe explained how health is largely affected by the social environment in which people grow which inherently affect their quality of life. They established some of the determinants being: education level, income distribution, social exclusion, unemployment, social support networks, food security, quality of health services, race, gender, etc.

<p>Program of the Environment and Health in Central America (SPEHCA)</p> <p>-Drugs and Medical Supplies negotiations.</p> <p>-Health Component of the Mesoamerican Initiative of Human Development: Puebla- Panama, Plan (PPP)</p>	<p>the SPEHCA and negotiations regarding medicines gained priority during this time.</p> <p>- Cooperating alongside Mexico surfaced as the Mesoamerican Plan called upon ideas that followed the spirit of the previous Central American initiatives.</p>	<p>2009</p>	<p>international organization and not only donor countries. The main sources of funding are the Inter-American Development Bank with \$30,000. The Kreditanstalt für Wiederaufbau with \$3.6million, and the Global Fund against HIV/AIDS, with \$24 million; as well as a strong commitment from USAID, the World Bank and bilateral donors.</p> <p>-The agreements and programs remain on emergency, reconstruction and prevention of disasters.</p>
<p>Health Agenda of Central America and the Dominican Republic 2009-2018</p>	<p>-There is a revitalization of the Central American identity. Consequentially, the necessity to create a specific regional plan.</p> <p>-This new Plan recognizes the current challenges in health matters and advances regional integration as the best alternative to solve health issues. Its focus is human rights, a multisector approach and democratic participation that lead to 10 strategic objectives.</p> <p>-Primary Health Care is the core and fundamental strategy to develop efficient health systems.</p>	<p>2009-2018</p>	<p>-Is a thorough and in depth set of documents that consider the political aspect and need for policy change as well as the operative side of the implementation of the desired changes.</p> <p>-Using the MDG framework, the documents contain 17 strategic objectives to be implemented along four integrating axes (human resources, technology, management, health and its determinants).</p> <p>-Contains a very structured and concise program to be implemented over different time periods for diseases, for institutional integration, and the social determinants of health.</p>
<p>Health Regional Policy of SICA 2015-2022</p>	<p>-Recognizes health as a human right and the deficiencies in their systems of delivery. An emphasis is placed on the unequal access to rural and indigenous populations.</p> <p>-Contains 5 ruling principles: universality, quality, and institutional integration, health as a human right, social inclusion and gender equality.</p>	<p>2015-2022</p>	<p>- The Mid-term Evaluation of 2012 revealed that the main challenge was the wide gap in the funding. It was estimated that the region was lacking 50% of the required amount of financial resources to implement the projects outlined in the Plan. However, it recognized the positive changes in approaching the access to medications, HIV/AIDS, as well as the improvement in collecting data.*</p>
<p>Health Plan for Central America and the Dominican Republic 2010-2015</p>	<p>-Be the operational and choice of reference for “local, national and subregional initiatives in, or related to the health sector” (2009)</p> <p>-Contains 17 strategic objectives, with a total of 70 sub targets, spreading out in 4 integrational axes.</p>	<p>2010-2015</p>	

Sources: Carrillo & Paranaguá (2012). Teruel (s.f.). Cruz-Peñate (2001). Plan Puebla Panama (2001) Valdes, J. (2012)

The current paper focuses mainly on the most recent regional health document which is the Health Plan for Central America and the Dominican Republic 2010-2015 (HPCA) in addition to its two complementary documents; the Health Regional Policy of SICA 2015-2022 (HRP) and the Health Agenda of Central America and the Dominican Republic 2009-2018 (HACA). The main objective of this working paper is to discern whether the involvement of officials in these regional strategies gives rise to increased committed

from authorities in improving national health systems and by extension, tangible results in standards of care and quality of life. Moreover, the paper seeks to examine the role SICA plays in national policy formation, and understand the political dynamics among the countries and SICA.

Actors involved in the negotiations

The Health Agenda (HACA) is the main document from which the Health Plan (HPCA) and the Health Regional Policy (HRPCA) originated. The HACA contains the institutional framework which needed to be complemented by a working plan, namely the HPCA, and a regional policy agreement called the HRPCA. The main interest lies in the HPCA as it is the core operational document that will guide the countries into certain actions to ameliorate health outcomes. Given the main interest in the latest health strategy of the region, the need to explain the participatory system utilized to formulate each of the three documents is necessary, mainly because, how they entangled with each other, provides relevant insight for the analysis. This can also be viewed in Table 3.

First, when creating the HACA in 2009, the main contributions were given by the sanitary authorities of the eight countries. The document itself explains how a process of consultation took place, and it involved the participation of more than 500 workers from different areas. Among those areas were health public servants, academia, representatives from the private sector, non-governmental organizations (NGO) and civil society associations. Their contributions were taken from multiple national consultations that took place between May and July of 2008 where the eight countries of the regional system participated.

The Council of Health Ministries of Central America and the Dominican Republic (COMISCA, according to its Spanish acronym) is the body of the SICA that took the leading role in drafting and creating the document based on the input taken from the consultations. Moreover, it also received technical and logistical support from the World Health Organization (WHO) and the PAHO personnel. Financial and technical support came almost entirely from the Spanish Agency for International Cooperation for Development (AECID acronym according to its Spanish).

Alongside this health agenda, COMISCA also took a predominant role in creating the HRPCA. However, for the formulation of this document, the dynamics of participation were completely different. The main source of input and information came from two major workshops that occurred at the beginning of 2014. The first one was held representatives from El Salvador, Guatemala, Honduras and Nicaragua as well from the

PAHO/WHO institutions based in San Salvador. The outcome of this workshop was then revised by the Health Ministries of each country, which led to a second workshop led by experts and sub-regional representatives from the PAHO. A final revision occurred in September of 2014 by the SICA and the Ministries of Health from each of the countries, which shortly after became officially the HRPCA.

Finally, is the Health Plan (HPCA), which is another complementary document to the HACA. The HPCA was created by the Subregional Technical Commission for Elaboration of the Agenda and Health Plan (COTESAS). This group of experts designated by COMISCA were highly involved in the process of the creation of the HACA, and were therefore assigned with the task of creating a plan to implement the regional policy. It was mainly on the basis of consultations, ordinary meetings, and virtual sessions with the participating countries and other subregional entities. Their input was with what the Technical Commission worked to elaborate the conceptual framework, indicators, expected results and courses of action of the Health Plan. Amongst the contributing specialized agencies were: the Nutrition Institute for Central America and Panama (INCAP), the Forum for Health, Potable Water and Sanitation of the Dominican Republic (FOCARD-APS), the Council of Institutions of Social Security in Central America and the Dominican Republic (CISSCAD), and the Center for Coordination of Prevention and Natural Disasters in Central America (CEPRENAC), as well as technical support from the PAHO and WHO and financial assistance by the AECID. Previously agreed-upon regional documents that had health as the core subject were used as well as fundamental guidelines for the Plan. For instance, the Strategic Social Agenda of the System for Central American Integration (SISCA), the Mesoamerican Public Health Plan, the Plan for Care of Indigenous Communities, the Subregional Program for Food Security in Central America (PRESANCA), and the Subregional Strategy for Health and the Agro-environment for Central America (ERAS).

The negotiation process of the three documents discussed above included different types of organizations participating in its creation, as well as the consideration of previous agreements to strengthen their propositions. It is worthwhile noting that the negotiation process went beyond government officials and the consultation processes considered the input of experts, practitioners, civil society actors, and multilateral as well as regional organizations culminating with the publication of the aforementioned plans for health. The trend perceived in these last three documents is noticeably distinct from the ones in the previous decade where it was very much limited to high rank political authorities. Thus, when compared to the latest regional policy documents, it should be stressed that the participation process was more inclusive.

Table 3: Actors involved in the Negotiations of the HACA, HPCA, and HRP.

	HACA	HPCA	HRP
Regional Institution	COMISCA	COTESAS	COMISCA
National Governments	Health Ministries from El Salvador, Guatemala, Costa Rica, Honduras, Nicaragua, Panama, Dominican Republic and Belize.	El Salvador, Guatemala, Costa Rica, Honduras, Nicaragua, Panama, Dominican Republic and Belize.	El Salvador, Guatemala, Honduras and Nicaragua.
International Organizations	Representatives from all countries from the PAHO and WHO.	-The Nutrition Institute for Central America and Panama (INCAP). -The Forum for Health. -The Potable Water and Sanitation of the Dominican Republic (FOCARD-APS). -The Council of Institutions of Social Security in Central America and the Dominican Republic (CISSCAD). -The Center for Coordination of Prevention and Natural Disasters in Central America (CEPREDENAC) - Senior advisors from the PAHO and WHO	Representatives of the countries based in El Salvador from PAHO and WHO
Donor Countries (funding)	AECID (Spain).	AECID (Spain).	
Civil Society & NGOs	Yes, through a consultation process made in 2008 in the 8 countries.		

Regionalism and the role of a regional body

A snapshot of the integration progress

Considering that there is an undeniable worldwide tendency towards regional integration whether it is for economic purposes, or political status and recognition (Van Langenhove, 2012), Central America has certainly followed the trend. However, in practice it is not certain if the Central American integration efforts have had an impact nationally, and especially on the delivery of health care. Can the role of SICA be interpreted as one that intends to complement the state's capacity since it deals with member states that struggle with delivering good-quality public services? Or rather aiming to have an intergovernmental cooperation rather than integration, *sensu stricto*, in the subject? The Central American Common Market (CACM) has certainly been the more dynamic area. There has been an increase in investment by international and Central American firms, higher trade rates amongst the countries and better labor market integration, and a (pending) customs union (Pellandra, & Fuentes, 2011). When it comes to social issues

the improvements made are not so striking, and definitely not advancing as the pace economic integration is³.

Nevertheless, during the Summit of the heads of state of SICA in 2010 in El Salvador, it was openly established that there will be five main priorities for the regional integration system in the upcoming years. Those were: democratic security, prevention and mitigation of natural disasters and the effects of climate change, social integration, economic integration, and the strengthening of regional institutions. Their joint statement also considers communicable diseases and access to pharmaceuticals as a priority, and although it does not directly allude to any strategy or to the use of the health regional agenda, some aspects could possibly belong to the Health Plan. Nonetheless, the Central American countries have been jointly working for more than three decades on health policies and by looking at current statistics the outcomes are disappointing and insufficient. The discourse around the term has evolved from being a unifying subject for peace to portraying health as a basic human right, with the government being responsible for its protection and promotion. Thus, although the HPCA document was not directly mentioned, it remains an important attempt to reinforce and strengthen the efforts for health co-operation. The HPCA, and indeed the HACA, have, on the one hand, represented the regional efforts in health. And on the other hand, fulfilled an external function of harmonizing and guiding international cooperation to the priorities enumerated in it. In fact, the 17 strategic objectives proposed pinpoint the shortcomings of the Central American health systems, therefore, SICA knows where efforts are specially needed in order to foster government accountability.

Main Findings

Central American health panorama

It is clear that the regional approach to health has evolved along with the global trends. However, the regional commitments over the decades have been insufficient to properly address the recurring problems of delivery, access and quality of health services as this section will demonstrate. The socioeconomic and health panorama in the region is permeated by high contrasts in the quality of life amongst the countries, along with high degrees of inequality, mortality rates and poverty distribution.

For instance, Guatemala is the most populated country of the region with 15.4 million inhabitants and has the lowest health expenditure with 6.4% of the percentage of the

³ Fernandez, Eduardo skype interview with author, May 13, 2015.

Gross Domestic Product (GDP) dedicated to this area (World Development Indicators, 2013). The Dominican Republic is in a relatively similar position, while disposing of the second biggest population of 10.4 million their investment in health is even lower, with 5.4% of their GDP as seen in Table 4. Furthermore, life expectancy can vary up to 10 years in the region, from 80 years in Costa Rica to 70 in Guatemala. Additionally, child mortality peaks in Guatemala with 31 per 1,000 births while in Panama it remains at a much lower rate of 10 per 1,000 births. However, the biggest contrast is in poverty rates. The 64.5% poverty rate in Honduras is three times that of the Costa Rican of 22.4%, followed in second place by Guatemala with 53.7% and the Dominican Republic with 41.1%, all of which are significantly higher than in Panama with 25.8% and El Salvador with 29.6% of its population living below the poverty line. Although, Nicaragua does not have the highest poverty rate, the country's Human Development Index (HDI) score is the lowest in the region. When compared to the best performer of CA the difference is remarkably high. Panama ranks in the 65th position and Nicaragua 132nd leaving an outstanding difference of 67 positions. Honduras follows closely in the 129th position and Guatemala in the 125th from 187 countries considered.

Moreover, in the economic area, the Dominican Republic leads the region with a national GDP of \$61.1 billion followed by Guatemala with \$53.8 billion. The smallest contribution is to be found in the economic performance of Nicaragua with a GDP of \$10.8 billion and Belize with \$1.6 billion (World Development Indicators, 2013). However, with the GDP per capita numbers another trend arises where Panama and Costa Rica lead the way with \$11,036 and \$ 10,184 respectively, and Nicaragua and Honduras come in with the lowest per capita numbers with \$1,851 and \$ 2,290 correspondingly (World Development Indicators, 2013).. The average regional Gini coefficient is 48.9. Although, it is worthwhile highlighting that the highest rate is found in Honduras with 57.4, while the lowest is in El Salvador with 41.8. Nonetheless, the coefficient's high rate denotes a deep-rooted inequality problem throughout the countries.

This overview of the region tells us what the major challenges are. For instance, the HACA (2009) mentions that although there has been constant economic growth in the countries, poverty and inequality have become leading characteristics of the region. Poverty affects approximately 40% of the population mainly in rural areas and it explains the fact that the greater the inequality, the greater the rates of informal economic activity. Regarding health expected outcomes, the document emphasizes that the main problems are due to lack of funding, inefficient organization and dissatisfactory management of the sector. Health systems are fragmented and segmented leaving an important percentage of the population without any type of health coverage. For instance, El Salvador reports that almost 43% of their population has no access to health

services either via social security or private services. In Guatemala that percentage is between 13 and 27%, in Honduras 30%, Nicaragua 28%, Panama 20% and the Dominican Republic 16% (HACA, 2009).

Table 4. Socioeconomic Indicators in Central America

	Guatemala	Belize	El Salvador	Honduras	Nicaragua	Panama	Costa Rica	Dominican Republic
Total Population (2013)	15.4 million	331,900	6.3 million	8.0 million	6.0 million	3.8 million	4.8 million	10.4 million
Health								
Human Development Index (2014) Rank of 187 countries	125	84	115	129	132	65	68	102
Health expenditure (% of GDP) in 2013	6.4%	5.4%	6.9%	8.7%	8.4%	7.2%	9.9%	5.4%
Population living under national poverty lines (% of population)	53.7% (2011)	33.5% (2002) ¹	29.6% (2013)	64.5% (2013)	42.5% (2009)	25.8 (2013)	22.4% (2014)	41.1% (2013)
Life expectancy (2012)	71	74	72	73	74	77	80	73
Mortality rate, under-5 (per 1,000 live births) (2013)	31	17	16	22	24	18	10	23
Economic								
National GDP in US \$ (2013)	\$53.8 billion	\$1.6 billion	\$24.2 billion	\$18.4 billion	\$ 10.8 billion	\$42.6 billion	\$49.2 billion	\$61.1 billion
GDP per capita (2013)	\$3,477	\$ 4,893	\$3,826	\$2,290	\$1,851	\$11,036	\$10,184	\$5,879
Gini coefficient (2013)	52.4	53.1 ²	41.8	57.4	40.5 ²	51.9	48.6	45.7

Sources: World Bank *World Development Indicators*, Human Development Index (2014).

In light of this situation, it is necessary for the SICA and the countries to explore a collective policy effort that translates to concrete actions to properly respond to the evident needs and rights of their populations. What is required, beyond a regional agreement that properly and efficiently responds to national necessities, is a truthful commitment to attain concrete impacts. Being certain that the countries are bind together despite transitory political changes and the accountability element is strongly emphasized and followed upon. Carrillo and Paranaguá (2012) explain that among the benefits of regional cooperation in health, we can find that it makes it is easier for the countries to have an exchange of good practices, to jointly address cross-border issues, and to have efficient procurement of pharmaceuticals and vaccines for the public and private sectors. In addition, Riggiozzi (2014) highlights that this 'activism at the regional level' is a strategic response to transform and influence domestic politics. She points out that a strengthening of the status of the region occurs once it is cooperating and actively working together when negotiating in global health politics. Thus, by creating a functional regional policy and a health agenda it could lead to Central America catching up with other regional initiatives in the Americas (such as the ones promoted by UNASUR and the Caribbean Community). A performing regional policy has the potential of advocating for a

change in their national health systems by opening a new channel of accountability for improved outcomes and impact.

Embracing the international context

It is evident that the Millennium Development Goals (MDGs) framework influenced the structure of the HPCA. Their approach puts forward 17 strategic objectives that inevitably resemble to MDGs logic. Since the HPCA has a timespan that covers the transition of the MDGs to the new framework of the Sustainable Development Goals (SDGs), it would be crucial for the Central American region to reach influential organizations and donors to provide the region with the financial and technical assistance it needs. Seizing the opportunity not only at a regional cooperation level, but also at a multilateral one. It would enable them to achieve their objectives, and simultaneously meet the international targets set for health provision, access and quality.

In fact, the HPCA makes Primary Health Care (PHC) the core strategy for the development of health systems in the region and recognizes that the social determinants of health directly affect any desired outcome. This obliges the region to confront with their other socioeconomic issues that result in taking on a multisectorial collaboration for health improvements. In other words, although health is the essence of the HPCA, embracing the SDG agenda as a parallel initiative to reach better health outcomes will benefit the region in two main areas: (i) facilitating access to funding platforms as a way to support the realization of the goals, emphasizing on capacity building and governance and (ii) strengthening the regional agenda by complementing the objectives of the HPCA that have a relation and/or effect with the desired targets of international schemas. This makes the regional approach an effective mechanism of cooperation amongst donors and institutions and simultaneously encourages the mobilization of resources and efforts to subjects that are linked to the sought-after health results.

How does the Central American regional bodies influence in national policy-making?

Critical Assessment of National Development Agendas and the HPCA

In light of an exact measurement capable of accurately reflecting how the regional agreements, and in this case the HPCA, has been transposed into national policies, this section will explore the national development agendas to discover if the agendas integrate regional documents or institutions into policy formation. Table 5 shows the

documents that were consulted for the eight countries. Based on the reading of the documents and a search of specific phrases such as: SICA, regional integration, the HPCA and Central America, it was possible to grasp the connection between regional agreements or institutions and the respective country at hand. The search was not limited just to the health sector, nor national health plans. Although, the subject of health is the main interest, it was only possible to conduct an analysis of the countries regional appreciation by considering a document with a broader content that allowed a more complete interpretation of this political relationship. Thus, this section will present the findings based on the interpretation of the eight countries' National Development Plans (NDP), and jointly disclose postures of the countries regarding the topic. Moreover, there is the need to clarify that the negotiation process, methodology followed and financing of the documents was not considered when analyzing the content. Although this might influence the quality and working framework of the NDPs for the need to be concise, the working methodology was limited to a discourse analysis.

To begin with, most of the NDPs have an approximate 20 year time for their realization, meaning also that it deals with a myriad of objectives and solutions. With the exception of Nicaragua, El Salvador and Costa Rica, which all have a short-term planning of 3 to 5 years, the NDPs alienate themselves from party politics and consider the well-being of their population as their central concern overtime. Therefore, the opinions stated within the document either stimulate actions according to the priorities with a predominant national nature and intend to trace action plans that transcend beyond the government in turn.

Table 5: National Development plans of the Central American countries and the Dominican Republic.

Country	National Development agenda	Time span/No. pages	Goals and objectives.	Mentioning the regional initiatives as a source for national policy
Guatemala	National Development Plan 'K'atun'	2015-2032	A 20 year National Plan that has as its main goal to develop Guatemala and enhance the population's well-being with 5 major axis, 36 priorities, 80 objectives, 123 expected results and 730 strategic action plans.	The plan mentions explicitly in its 7 th goal that "the State of Guatemala develops planning schemes taking decisions as guiding criteria under from System Integration Central America (SICA)" referring to public management in general and not any specific sector. (Pg.348)
Belize	National Development Framework for Belize 'Horizon	2010-2030	A plan that can solve the fragmentation of the society by creating a long-term plan that	No mention of regional integration, SICA, the Health Plan or Central America

	2030'		the country can rely on for its development with 4 main headings and 21 expected results.	
El Salvador	Five-year Plan for Development	2014-2019	A shorter-time frame for the plan of El Salvador is presented for which it contains 11 axis of action that have 55 objectives and 282 targets.	Economic and social integration is an essential goal for the 10 th objective stated in the agenda. However, it focuses on: trade and transport, climate change, fighting international crime organizations and democracy, and less on social or health matters. ⁴ In health matters specifically goal 4.2.11 states that a regional agreement with Guatemala and Honduras will help nationals have better access to health services.
Honduras	Country Vision	2010-2038	The plan consists of 4 main objectives and 22 goals and it proposes medium to long-term actions in order to reach the desired outcomes.	This document states the importance of Honduras taking a leadership role in port areas. Trade and the market size are the issues highlighted by the document. ⁵
Nicaragua	National Plan of Human Development	2012-2016	Nicaragua's agenda is built upon 12 principles which broaden the scope of the state's responsibilities. This, on the basis that it has grown and learned from the experience of its last development plan.	Their principle No.4 is solemnly seeking to strengthen Central American regional integration, participating in ALBA and the Caribbean through CELAC. The document deals with regional and international affairs with a set of objectives. There is a prominent environmental concern which needs regional support for the prevention of natural disasters, which is also followed by the need to attract regional investment and control international security threats. Social issues are not mentioned regionally.
Panama	National Vision 2020	1998-2020	This Plan has a five-objective strategy, giving rise to 25 sub-targets. And aims to be completed in a 20 year period.	The Central American region is not mentioned in the document but there is a constant reference to the importance of the country in economic terms for Latin America which comprises a much wider region than the one this paper is concerned with.
Costa Rica	National Development Plan (NDP)	2015-2018	Costa Rica's strategy is more forthcoming with details. It includes 3 main areas of work that in total give 6 sub-targets to be reached in a short-	Enhance the economic Central American integration, trade, modernization and better control at border regions. Their interest is mainly economic with Central America as the sub-target 1.3 of the Strategic Sectorial Proposal calls for greater economic integration in Central

⁴ Pg. 191, found in: Secretary of Planning and Programming of the Presidency (2014) *K'atun 2032*. Available from: http://www.segeplan.gob.gt/2.0/index.php?option=com_content&view=article&id=1359&Itemid=372 [Accessed 8 of May 2015]

⁵Pg.121 Government of Honduras (2010) Country Vision. Available from: http://www.se.gob.hn/media/files/articles/VISION_DE_PAIS_ExUjsjP.pdf [Accessed 20 of May 2015]

			term period.	America. It is encouraging commercial regional agreements to be fully implemented in the time-frame of the NDP.
Dominican Republic	National Development Strategy for the Dominican Republic	2011-2030	The strategy is composed of 4 main axes and 18 objectives which ultimately seek to enhance their population's well-being to the standard of developed countries.	No reference to integration, SICA or HRP was found while searching for key words in the document. Although, Central America was mentioned it is mainly to exemplify statistics and thus, does not concern the interest of the paper.

Throughout the documents, a very straightforward comprehension of the Central American identity is noticeable. Regionalism concentrates mostly in commercial aspects. Five of the eight countries address specifically the need to boost regional integration in terms of trade, investment and security. With the exception of Panama, Belize and the DR., the remaining five countries state economic regional integration as either one of their main objectives or as a sub-target. Moreover, the majority refer to SICA as one of the regional bodies with which they envisage greater cooperation. However, there are pre-existing regional arrangements that tend to trump Central integration and yet instead of addressing those obstacles, increased economic trade is prioritized. For instance, some other regional bodies are mentioned such as, CARICOM, MERCOSUR, Community of Latin American and Caribbean States (CELAC) and Bolivarian Alliance for the Peoples of Our America (ALBA).

Additionally, a study conducted by Selleslaghs (2013) confirms the obstacles mentioned. He analyzed 'the state of play' of the Central American Integration System by conducting over 40 interviews with Central American politicians, European Union diplomats and administrators of the regional institutions. Among his main findings he states that economic integration, especially in the aspects of Free Trade Agreements and the harmonization of regulations are highly sought after. There is a different attitude towards the bureaucracy within the institutions even described as "perverse" (Selleslaghs, 2013, p.14) and a severe apathy towards the PARLACEN. His interviews reveal how a strong national-centric approach dominates the Presidential Summits where leaders prioritize domestic issues rather than advocating for a wider, regional approach. This unveils a profound problem and the current setbacks within the integration system at an operational level. It leads to questions about the substantial power of the integration initiatives and their active role in national politics.

Looking into terms of health policy strategy, there was neither mention of any Central American agreement being the source for national policy nor social issues acting as a unifier for integration. In fact, it is only Guatemala's NDP that noticeably and openly expresses how the regional agreement of SICA is a source of national policy making. However, it does not specify the specific areas or sectors. Nevertheless, it bluntly addresses the current problems with regard to SICA. The challenges the regional body faces are identified and help understand why such an urgent matter, as health, is not emphasized in the agenda from a regional perspective (K'atun, 2014, P. 345):

"Institutional strengthening of regional integration is a pending task. Weak public institutions of member countries is reflected in the regional organization. There are a notorious weaknesses: dispersion in the topics and institutions; coordination problems; lack of strategic vision on key issues and very small influence of the regional agenda on internal policies. Additionally, there is a lack of adequate funding initiatives, which is aggravated in a context where International Cooperation is reduced. The SICA and its member countries made significant efforts to rethink the structure of the regional integration, making sure that they are coherent with the regional challenges. However, the achievements are limited to agreed common agendas and joint projects financed mainly by international cooperation agencies [...]"

From this statement, three main assertions are worth highlighting. First, the feeble state of national institutions in every member country is worthy of concern, as it arguably shapes the consequential functionality, or lack thereof, of the regional structure. This is easily evidenced when examining the Fragile State Index of 2014. According to the ranking of the Fund of Peace, from the eight member countries, only Costa Rica is considered to be a stable state. Panama is slightly less stable and Belize is considered to be at low risk of becoming a fragile state. Conversely, and more worrisome, the D.R., Honduras, Nicaragua and El Salvador are considered to have a state whose capacity it's at a higher warning alert of fragility due to uneven economic development and a high rates of human capital loss or 'brain drain' and emigration flows. Finally, Guatemala receives a more severe warning, as its state fragility increases as a result of the high inequality rates amongst the population. These observations come as reinforcing evidence as to why regional integration has been less successful in sectors where the state competence plays a more significant role. Illustratively the delivery of health services will be highly compromised in a country with weak state capacities.

Secondly, it is the lack of established funding mechanisms and the absence of a strategic regional vision that inevitably affects the possible transformation of them, as well as the influence on domestic strategies. Caldentey (2009, 2014) explains in his assessment of the integration relative to Central America, that the financing mechanisms are a

fundamental problem for the sustainability of the activities of SICA. The established mechanism of quotas assigned to each member country is relatively low, where a contribution of approximately \$10,000 to \$15,000 is expected. This goes largely unpaid and therefore, specialized units are obliged to approach international donors to fund their activities and personnel overheads. In other words, Caldentey points out how ownership is undermined when there is excessive reliance on international support. In addition, it only accentuates their already low capacity and determination to generate domestic revenue for regional investments or projects.

Third and finally, concerning the regional vision and framework, there seems to be some conflicting interests perceived when analyzing the NDPs. For instance, Honduras clearly states (Country Vision, 2009, p.126): "If the Central American block of countries reached more integration, it would become a large consumer market, open to substantial investment initiatives; it could be an important financial center, the same as a specialized technology center. This will depend largely on finding a new framework and motivation for a solid, economic and social integration." Honduras's most prominent concern is in relation to the feasibility of economic activities. In contrast to Nicaragua's NDP which emphasizes the country's vulnerability to climate change and stresses the need for regional actions towards sustainable activities and environmentally friendly development (National Plan of Human Development, 2011). Likewise, El Salvador, Guatemala and Honduras place emphasis on democratic and security linked subjects as urgent matters, and other members do not propose international approaches for those subjects rather favoring a more sovereigntist and isolationist approach to those specific problems. With this in mind, the region struggles with inhibited legitimation of institutions and priorities, to cohesively introduce regional strategies that stimulate nationwide approaches in parallel with the rest of the regional organization member states.

Conclusions and recommendations

From the evidence gathered, even though the current Health Plan has had great input from government officials and experts in health and policy it has not proven to be sufficient for the plan to achieve influential levels of action at the domestic level. There is a disconnection between specialized units and central governments. What COTESAS and COMISCA work on does not extend to competent authorities in the countries. This has two main consequences i) no information flow, and therefore a lack of monitoring and ii) no appropriation or ownership of regional agreements to NDPs.

Member countries of the SICA have made economic integration their number one priority. Although poverty and inequality rates remain very high, this urgency did not percolate at the level of regional meetings or regional initiatives. In fact, it seems the issues concerning poverty and health remain essentially at the national level. This was evidenced from analyzing the NDPs and the various insights from previous studies (Selleslaghs, 2013). In fact, the already struggling domestic systems of the Central American countries may simply not be able to cope with the efforts needed to coordinate large-scale activities with regional partners. Their high fragility suggests that the countries have serious difficulties managing their own national initiatives.

SICA needs to have a cautious approach towards embracing the Post 2015 Agenda. Although it will access funding to fulfill its activities it will reduce the countries' commitment towards regional cooperation as stressed in the Mid-term evaluation of the HPCA. Funding for regional activities should and cannot be left to the prerogative of multilateral organizations or donors as this will only deepen the already fragmented relation between regional initiatives and nationally fostered commitment.

Finally, there is the pressing need to institutionalize the organizations and activities, and legitimize them by fostering constant engagement with local organization and already existing networks. This could lead to a more receptive government that will react because of a more dynamic working model. To achieve this, three actions are suggested i) reach consensus on regional priorities for long-term periods, ii) establish a strict monitoring system, iii) diffuse achievements and progress. Only by revitalizing the current working scheme of SICA, will its intended purpose have an impact and meaningful effect on the Central American population.

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