

HEALTH: A BRIDGE FOR PEACE

**The origin of the strategy
The Central American Experience (1983-1991)**

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SUMMARY

The Central American initiative, where the expression "HEALTH: A BRIDGE FOR PEACE" was used for the first time, was built on the belief that Health transcends political divisions and can be a key factor in fostering solidarity and peace between people and nations.

From 1983 to 1991 the PAHO/WHO's office of Strategic Planning, in close cooperation with the Ministries of Health of Central America, coordinated an innovative strategy to achieve agreement between conflicting parties, through consensus generated by a program of action in which, similar health problems were identified and joint projects/programs developed.

This process of inter country analysis and cooperation in a "neutral field" as Health was expected to facilitate the understanding and lasting peace among the countries and groups involved in armed conflicts or continuous tensions leading to armed conflicts.

Although this was proved in the case of the Central American region, the experience demonstrated that it requires, from health workers, a broad understanding of the political, economical and social aspects beyond the traditional administrative approach in public health.

The initiative followed specific criteria organized and agreed upon by representatives of the countries and supported by several cooperation agencies and governments outside the region. It is essential to follow carefully special activities and steps like the participation of local professionals, political authorities, mobilization of support and resources, identification of priority areas and organization of multi-country working groups for the preparation of regional and national health programs.

In the case of Central America, the initial phase of the plan included: organization of health services, maintenance and repair of hospital equipment, development of human resources, provision of essential drugs (including an inter country rotating fund for purchase of essential drugs), control of tropical diseases, particularly malaria and dengue, child survival, environmental sanitation, women health and development, management of health service and food and nutrition.

For each area, national professionals with cooperation of experts from the participating agencies developed project-profiles that were used for mobilization of financial resources. The projects targeted each one of the Central American countries and also entire region reinforcing the principle of cooperation among countries. Special pledging conferences were organized with participation of professionals from the affected countries and representatives from donor agencies and international cooperation organizations. High level authorities from the countries were motivated to summit meetings and signature of peace agreements. Supporting external countries acted as witnesses and assured the enforcement of the agreements.

Two aspects should be clarified:

First: Although cease-fires were promoted, using the immunization of children to achieve the acceptance of parties in conflict, it is important to note that this kind of specific campaigns should be inserted inside a comprehensive net of activities included in the general program otherwise no lasting results could be achieved. A misinterpretation was made by different authors writing about the strategy "Health as a Bridge for Peace" referring only to ceasefires or days of tranquility as the essence of the methodology.

Second: This strategy emphasizes the importance of development rather than pure assistance. Although the external resources are important, to reach lasting results and sustainability it is essential the participation of the local/national professionals and a clear commitment of the national authorities. It is necessary the full understanding of the health determinants and to use this notion in the development of the projects organized in the affected areas or countries. Health care alone, although important, is normally utilized in the "assistance" phase or programs with the risk of interruption if not based in the local development of facilities and training of human resources as envisioned in the strategy.

HEALTH AS A PEACEMAKING FACTOR

War and armed conflicts are the most serious threat to public health. Preventing war, helping to mediate conflicts and the understanding of strategies for building and preserving peace should be a clearly identified training program in Global Health's courses and a priority part of the curricula of Schools of Public Health or Health Studies.

The Pan American Health Organization (PAHO), Regional Office of the World Health Organization (WHO) for the Americas, through its office of Strategic Planning, set up in the 1980s the concept of "Health as a Bridge for Peace" in response to the Central America armed conflicts. The initiative was, in part, a product of the spirit of the "Contadora Group" (Presidents of Colombia, Mexico, Venezuela and Panama) as they emphasized that social and economic injustices were significant causes of political conflicts prevailing in the Central American region.

The concept was based on the idea that health issues can provide an entry point in the process of negotiation because they transcend political, economic, social and ethnic divisions and provide a starting point for dialogue at multiple levels.

This strategy was adopted by WHO in August 1997 as a program, and used or attempted to be applied in conflict areas in different countries. An evaluation made in 2001 of the WHO program revealed that almost half of the actions using the title of "Health as a Bridge for Peace", in reality, consisted in immunization cease-fires through "days of tranquility" and not embedded in a comprehensive program with several different activities and actors in the development of the full strategy as described by PAHO in the original experience of Central America.

We always insisted that this denomination should be used for a strategy like the one used in Central America, for development of a comprehensive health program based on the social-economic determinants of health, organized and developed by the local professionals and producing a high motivation towards health and well being to all the people.

Cease-fires are usually described as temporary cessation of hostilities by mutual consent of the contending parties. They are not always easily accepted as some parties are afraid that humanitarian interventions and "cease-fires" could be used as tactic to gain time or military advantage. Usually these actions demand patient negotiations and are greatly influenced by the degree of confidence and trust on the negotiators. A country or agency involved in a conflict hardly could reach a useful level of negotiation.

Although these actions are important and very useful, in specific circumstances, they are in general insufficient to provide the base for a real process for a sustainable development to achieve a lasting peace. As the UN Secretary-General Boutros-Ghali stated in 1994: "Cease-fires are often fragile, and the willingness of all parties to accept outsiders may evaporate quickly".

HEALTH AS A BRIDGE FOR PEACE IN CENTRAL AMERICA

Central America - Historical Political Background

The Central American area includes the countries of Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama, with a present population of approximately 50 million inhabitants. Central America is a complex region with distinct history, culture, and political processes in each country and a long history of political turmoil that has produced overarching implications for the stability of regional institutions, including health systems, within the area. According to a UNDP report, there are a total of approximately 6,100,000 members of indigenous groups in this subregion (which account for 12% of the total population of Central America and the Dominican Republic).

The period of Spanish colonial rule over Central America, as in any other region colonized by foreign powers, had major effects on the life of indigenous peoples. The relocation of Amerindians into Spanish-administered towns was designed to maximize Spanish influence and control. This urbanization also facilitated the indoctrination of the Amerindian peoples into the Roman Catholic Church and its influences and institutional structure. As it was common in the colonies there was exploitation of labor and land previously belonging to the Amerindian indigenous populations. The *hacienda* system tied indigenous peoples to the land whilst giving them minimal rights and independence. The legacy of these systems of land usage exerted a lasting influence on the matter of land reform and structure organization of the countries.

In the early 1800s, the Creole leaders of Central and South America seized the opportunity to assume responsibility over the colonies at the time conflicts between the British and the Spanish in Europe were in development and, in 1823, they formed the Federal Republic of Central America. This first attempt at regional organization and cooperation was soon disbanded in 1838 when Honduras separated from the Federal Republic to become an independent state followed by Costa Rica, El Salvador, Guatemala, and Nicaragua. (13) It should be noted, however, that Belize came under British control in 1854 and only gained independence from the United Kingdom in 1981. Guatemala was continuously claiming this area as part of its territory and Belize was frequently not considered as a member of the Central American club.

As Spain was on the decline, the United States was on the rise and asserting its primacy in the Western Hemisphere by declaring the Monroe Doctrine in 1823 establishing the American sphere of influence. One of the most significant applications of this "doctrine" was in the construction of the Panama Canal.

The Cold War intensified what had already been a tumultuous political climate in the "Seven Republics of Central America". Traditionally established ethnic and socioeconomic conflicts deepened as the fledgling republics entered an ideological polarization, pitting the conservative elites (characterized mainly as wealthy, urban-dwelling, European descendents) against the radical left (mainly poor, rural, indigenous and mestizo populations). The power struggle essentially ended with the better-positioned elites crushing the poorly equipped, yet exceptionally fervent, leftist rebels. The relationship between the civilian, right-wing elites and their

military partners was almost symbiotic, as the elites depended upon military support to stay in office and the military depended on the civilian elites for legitimacy and continued foreign support.

In the early 1960s revolutionary groups appeared, followed by economic crises and political unrest in the 1970s. Central America then surged into world headlines as its governments, aided by the United States, cracked down on rapidly multiplying opposition. By the late 1970s waves of state terror, revolutionary insurrection, counterrevolution, and external meddling engulfed the region, taking over 300,000 lives, turning millions into refugees, and devastating economies and infrastructures. This outside manipulation of Central American politics profoundly affected the countries and became most visible in the countries at war, where it intensified and prolonged their conflicts.

It was inside this political background that four presidents in Latin America created the “Contadora Group” and started a movement towards the solution of conflicts in the Central American region.

THE PLAN OF PRIORITY HEALTH NEEDS OF CENTRAL AMERICA AND PANAMA

At the end of 1982, a new administration started at the World Health Organization (WHO) Regional Office for the Americas, the Pan American Health Organization (PAHO). This office remains as the oldest international cooperation agency in international health with continuous operation since its beginning in 1902. In September of 1982, a young Brazilian physician, Dr. Carlyle Guerra de Macedo was elected to this office. From the start he moved this new administration towards more practical operational terms, coming out of an slow and bureaucratic period, indicating three main lines of orientation for the work in international health : administration of the existing knowledge for the solution of public health problems, mobilizing all available resources, in financial, technical and human terms and as a new approach, to utilize the health activities and programs as an instrument for understanding, solidarity and collaboration for peace. A new Unit of Strategic Planning (DAP) was created inside the administration and the appeal made by the “Contadora Group” was sought as an opportunity to apply the new principles envisioned by Dr. Macedo in the conflicted region of Central America

In early 1983, the new PAHO’s Director attended a meeting of Ministers of Health from the Central American countries and made the proposal of developing a joint health program, which was immediately accepted. Following this decision he requested the new office of Strategic Planning (DAP) to organize this special plan of activities for Central America.

As a first step, a small team of PAHO’s public health officers review the available epidemiological data from the region and organized an immediate visit to all the Central American countries to discuss with national public health officials about their views and priorities. The health priorities identified in the region and in the countries were organized initially in five thematic areas: Health services, Human Resources, Food and Nutrition,. Tropical Diseases and Water/Sanitation. Further discussions with the national public health authorities make

it clear that basic pharmaceutical drugs were urgent and important for the health care in all the countries. A sixth thematic area on Essential Drugs” was added.

Teams of technical health personnel from the Central American countries and professional staff from PAHO/WHO were organized for each of the mentioned thematic areas. In the initial months of 1983, an intense work was done in identifying detailed activities to be developed, in each one of the thematic areas and in the organization of these activities in project profiles. Some 470 profiles were developed in an enthusiastic participation demystifying the idea that nationals are not able to produce the right proposals for their health needs.

Motivation towards a common and joint enterprise was highly stimulant from the beginning. The interchange of communications among professionals of the different countries and their collaborative work in preparing the description of the activities was the first useful mechanism to start talks, visits, communication among the countries and groups inside the countries that have been experiencing conflicts. The frequent meetings, for the discussions and elaboration of documents, took place in the different countries and were publicized widely by the local media. Ministers of Health and their advisors participate from the beginning.

While this process was underway, UNICEF regional representatives requested to participate in the plan and insisted in the creation of a seventh thematic area specific for children. The PAHO’s Director accepted that and the Child Survival area was added to the other sis areas. Some information on each area will be presented later in this document. The entire Plan received the titles of “Plan of Health Priorities Need in Central America and Panama” (PPS-CAP).

We received pressure, in several different moments, to create an office as the headquarters for the Initiative but we realized that this would take the Initiative out of the nationals and would bureaucratize the process. Instead, we insisted in the use of the normal existent facilities in the countries and also the normal offices of representatives of the agencies participating in the process, in particular, the offices of PAHO/WHO representatives fully involved in the program and present in all the countries in the region.

While the discussions were taking place and projects profiles were under preparation we started contacting the potential donors, funding agencies and eventual collaborating governments. The countries of the European Community were of particular importance for potential cooperation and also for the reason of being from outside the region. Many of them had some trade and economic interesstes in the area. Dr. Fritz Muller, from the Netherlands was hired as a consultant for a preliminary visit to the Nordic and European countries to inform about the Initiative and make inquires about eventual interest in their participation. For the records, Dr. Muller had an important knowledge of the problems in Latin America and was helpful to help us to create a simplified format for project profiles description of the priorities identified in the region. (This was actually done at a coffee shop of the Schiphol Airport in Amsterdam).

As time was passing and activities being developed we became more and more convinced about the possibility of results. Nevertheless, there were many circumstances where difficulties came on the way. The report presented by Dr. Muller was not entirely optimistic as the European bilateral agencies were almost entirely

dedicated to pressing problems in African Countries and Central America was seen as the backyard of the United States. In some ways it was seen as the responsibility of the United States to help and solve problems in the region and also the European countries feared an eventual misinterpretation on their participation as intromission by other countries in the affairs of the region.

At this time we decided on the importance of taking representatives of the Central American Health and Government Institutions to a demonstration of their participation and joint interest in the Initiative directly to Governments and collaborating agencies. Their joint participation in this activity, we thought, would reinforce the importance of their unity and further understanding of the value of cooperation and solidarity. This was one more element that we start adding towards the goal of solidarity and peace among their countries. The direct support and clear participation of the PAHO's Director was fundamental to the entire process. His periodical visit to the countries, discussions with governments and other agencies local representatives was an assurance of our commitment to the entire Plan.

Two missions were organized for visiting the Governments and Cooperation Agencies in Europe. They included also a visit to the Vatican considering the high influence of the Catholic Church in the Region. The mission was well received by the Pope, John Paul II who gave his blessings and published a highly supportive pronouncement in the "Observatore Romano". The visit to Spain was of great importance for the mission. Besides the technical and financial support decided by the Spanish Government, three pledging Conferences were organized and took place in Madrid, in 1985, 1987 and 1991), with participation of representatives of Cooperating Agencies and Central American representatives. In those opportunities the Central American Initiative was presented in detail, projects profiles were explained and negotiated. For Spain, it was a demonstration of its relations with Central Americana and Latin America in general as an important "bridge" for the European Community.

During the five years of development of its first phase, the Central American Initiative raised over 500 million dollars for the projects and, almost certain, was one important factor for the development of the peace among and inside the countries of the region. The Public Health Sector and its health programs were reinforced and the health professionals benefit from the possibilities of training and interchange with colleagues in the countries and from the participating countries.

Why the name "Health: Bridge for Peace"?

As explained before, the organization of the Central American Initiative was inspired by the "Contadora Group" and by the motivation provided by Dr, Carlyle Guerra de Macedo in his approach for the Mission of the Pan American Health Organization and the vision of an important health dimension stating very clearly that cooperation in international health was an instrument for understanding, solidarity and peace.

When we started coordinating the Plan of Health Priorities Needs for Central America and Panama, in the frequent contacts with the nationals in the

region, we observed how frequently they referred to the Central American Isthmus as the “bridge” of the Americas. Also in Panama we noticed how they use to say proudly that, for the reason of the existence of the Panama Canal, their country was the “Bridge of the Americas and the Heart of the World”

Inspired by all of the above, it came to our mind that the expression “Health: A Bridge for Peace” in Central America and Panama would facilitate the adoption of the Initiative by the Central Americans and help the mobilization of national and international resources and commitment towards the goal of peace in the region.

HEALTH AS A BRIDGE FOR PEACE – THEMATIC PRIORITIES

Health is a universal issue, and utilizing it as an introduction to interoperation between nations was an opportunity for these nations to begin the peace process. The main goals of the Plan of Health Priority Needs for Central America and Panama with the Strategy of Health as a Bridge for Peace” were to improve overall public health and contribute to the peace process by encouraging reduced conflict and redirected energy and resources towards health and well being. As explained before, in consultation with national public health professionals and examining the region’s epidemiological information, seven general thematic areas were adopted to address the region's health priorities.

Strengthening Health Services in Central America and Panama

This goal involved identifying high-risk populations, prioritizing the services those populations required most, and determining how to best deliver it to them. For this to be successful, active community participation was considered as being paramount. The program focused on reaching the underserved population and providing them with primary care. The special population groups identified include women, children, workers, the elderly, and the handicapped.

Infrastructure development required looking at resource deployment, participation, cooperation between different institutions, and organization of networks of primary health care providers with specific roles and responsibilities assigned based on their strengths. Some of the short-term activities use to get a head start on this goal included redefining the legal and functional structure of institutions and community health systems, along with creating common technological and operating standards for all regions to follow.

Human Resources Development

Strengthening health services could only be realized by having adequate numbers and the right kinds of trained personnel. Education needed to be modernized and standardized across the regions. It was vital to coordinate a training network to consolidate different activities under one umbrella education system. This included a public health training system, opportunities for obtaining a higher degree in public health, inter-country programs, continuing education, research and development of

mid-level technical personnel, developing education technology, and developing an information and documentation system.

Essential Drugs and Medical Supplies

Low-cost quality drugs were important and necessary component to creating a strong primary health care. The ultimate goal of increasing primary health coverage to all people in the region would inevitably demand an increase access to essential drugs, X-Rays and other medical supplies. Goals for this priority included altering medicine consumption patterns, modifying production and availability of essential drugs, improving the supply system along with quality, effectiveness and safety, and increasing research and development of new drugs and medicinal plants. There were also other options for expansion that included laboratories, x-ray plates, and other tools necessary to achieving maximum health for the region's citizens.

Improvement of the Food and Nutrition Situation

Food supply was deficient in all regions of Central America and therefore the calories consumed per person were far below recommended values, especially in protein consumption. Poor nutrition lead to a higher rate of morbidity and mortality from otherwise preventable causes. People principally affected by this were women, children, and the displaced.

There were two groups at the time that were responsible for much of the food production and distribution of food. The first was the small farmers who used little technology to grow crops, and who supplied the local community. The second was medium and large-scale production companies that had the funds to incorporate technology into food production, and that supplied a larger geographical area.

The basic objective for this priority was to decrease malnutrition, especially for children under 5 years of age.

Tropical Diseases

Malaria and other tropical diseases were out of control in high-risk groups at the time of the Initiative. Malaria rates were high for a variety of reasons, which included under-utilization of health services, inadequate disbursement of anti-malaria programs, project development, high rates of people working in agricultural areas, increases in the number of displaced people, and only a partial development of the health industry.

High-risk individuals included rural peoples, migrants, refugees, and displaced persons, most of whom had inadequate housing and sanitation, which only served to expose this already destitute population to more hardship. Goals for this priority included eradicating the disease in the sub-region (or at least controlling it until eradication was feasible), reducing morbidity and eliminating mortality, preventing spread to unaffected areas and restricting it in those that were, and assisting in social and economic development in affected areas.

Child Survival

Infant health in Central America was one of the most pressing problems of the time. Nearly 100,000 children were dying every year before their 5th birthday, and most of them died from preventable and treatable illnesses. The low-income population was growing and had a huge impact on living space, sanitation, and education. The goal of this plan was to provide equal access to populations affected by violence and to redistribute funds to make health care a priority. The foremost objective was geared towards the under-5 population, but also included reducing infant mortality to less than 50 per thousand, eliminating mortality by 50% for children between ages 1 and 5, reducing morbidity for illnesses which could be prevented by immunizations, increasing levels and lengths of breastfeeding in both rural and urban populations

Water and Sanitation

Access to clean water and sanitation was critical to improving health, and Central America and Panama made it a goal to extend this coverage as widely as possible. This required intense coordination by municipalities at all levels. The countries of Central America created the national Plans for Drinking Water and Sanitation, whose main goal was to provide safe water to the highest number of people possible.

From the analysis of existing data it was determined that safe drinking water was still needed for 10 million people, and sanitation water for 13 million, so priority was given to the rural and marginalized urban populations, in accordance with the goal of primary care.

Barriers to this included financial limitations, import restrictions, inadequate managerial and operations services related to water supply, and use of inappropriate technology. Objectives were to develop the needed infrastructure to extend coverage, to improve the operational climate, to gain financing from national and international sources, to create a group to monitor the progress, to discover low cost technology for medium-sized and small rural areas, and to train appropriate personnel.

HEALTH, DEMOCRACY AND PEACE DEVELOPMENT IN CENTRAL AMERICA

There have been Meetings of Central American Health Ministers since 1956. Nevertheless, after the beginning of the Health Initiative (1985), these meetings have been referred to as Meetings of the Health Sector of Central America and the Dominican Republic (RESSCAD) to reflect their expansion to include other health sector agencies and institutions, such as social security and water supply and sanitation agencies. The Dominican Republic became a full-fledged member in 2000 after attending the meetings as an observer for more than a decade. *PAHO* WHO

serves as the technical secretariat for RESSCAD under the provisions of Article 3 of the RESSCAD Regulations approved at the XVI RESSCAD Meeting held in 2000.

The meetings of the Ministers of Health in the region and also of other government representatives were increasingly more frequent and with less tensions as far as direct knowledge of the persons was facilitated through the discussions of common health, social and economic problems rather than facing opposing parties to solve conflictive matters. This is the essence of the bridge process when the “locals” are conducting or in charge of the activities. Following these examples the Presidents of the co Central American Countries also started an increasing number of meetings among them. They also became aware of the important financial contribution provided by cooperating governments towards social programs in their countries.

Peace with the rebels, as well as truly competitive political processes, did not begin to fully take shape in Central America until the Esquipulas regional peace accords in 1987, which included: the initiation of dialogue with domestic opposition groups, the decree of amnesties, a commitment to cease-fire negotiations, the establishment of national reconciliation committees to verify the process of cease-fire, amnesty and democratizations, freedom of expression and association, the holding of free and fair elections, and the repatriation and resettlement of refugees and displaced persons.

The Esquipulas accords became the most important level achieved by the Central American Peace Process, first tangible hope to pull Central America out of the downward spiral it had landed itself in, as "only peace would open the way to reconciliation, facilitate the reintegration of insurgents, promote demilitarization, lend credibility and legitimacy to political systems distinctly lacking in both and provide the stability essential for economic reactivation.

While it has not been an easy road to democracy, the nations of Central America have entered a period of representative politics, which has eluded them in the past. With the exceptions of Belize and Costa Rica, none of the Seven Republics have fully enjoyed unbridled universal suffrage, despite being guaranteed such a right in their mid-20th. century constitutions.²⁵

However, due to the Esquipulas accords and thanks to a newfound support by the agro-industrial elite (who have economic interests in democratic stability), Central American politics have moved toward party politics based on free and fair elections. When democracy legitimately first took hold in many of these countries, a multitude of political parties existed to represent each ethnic, regional, political, or socio-economic group that was on the scene at the time. Since then, the number of parties has largely decreased, but the strength of each party has grown as various political parties merged to form alliance parties.

Despite the recent relative success of Central American politics, much reform will be needed in the future for governments to remain stable and provide benefits to their people.

Regional Organizations and the future of Central America

On a broader scale, Central America has been working to create regional

institutions for the greater part of the last century. Regional integration and cooperation is a major step in fostering peaceful relations in Central America.

Historically there were several instances and attempts towards a better integration of the region. As mentioned before, the Ministers of Health have maintained their annual regular meetings and agreements in several important regional programs that continued after the initial phase of the “Health as a Bridge for Peace” Initiative. Their agreements were important when facing epidemic as Cholera, that affected the region in the 1990s, Dengue Fever, HIV/AIDS, and the natural disasters that often affected the region.

The Organization of Central American States (ODECA) was formed in 1951 with the signing of the Charter of San Salvador at the conclusion of the Preliminary Conference of Foreign Ministers in the capital of El Salvador. The member states who signed the Charter were Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua. In 1960, ODECA created the Central American Common Market (MCCA), the Central American Bank for Economic Integration (BCIE), and the Secretariat for Central American Economic Integration (SIECA).

Although ODECA fostered some progress in regional integration, it was suspended in 1973 and integration came to a halt until the creation of the Central American Integration System (SICA created in December 1991 through the Protocol of Tegucigalpa. Signed by the Summit of Central American Presidents, including Panama and Belize as observers, the Protocol came into force in February 1993 after being ratified by all states.

The community organs of SICA consist of the Central American Parliament (PARLACEN), the Central American Court of Justice, and the General Secretariat of the Integration System (SG-SICA). The Technical Secretariat for Economic, Social, Cultural, and Ecological Integration is also a part of SICA. Furthermore, SICA contains close to fifteen different agencies specializing in specific concerns, including monetary issues, health care, telecommunications, public administration, potable water development, etc. SICA also contains the Council of Ministers of Health of Central America (COMSICA). In charge of addressing health issues, bringing them to the attention of Central American governments, and enforcing the implementation of health initiatives, COMSICA is tremendously important in promoting health throughout Central America. PARLACEN opposes strictly economic integration, advocating political, social, and cultural integration as well.

Economic integration is critical in establishing the groundwork for regional cooperation and sustainable development. The Central American Common Market (MCCA) is an economic trade organization between Guatemala, El Salvador, Honduras, Nicaragua, and Costa Rica. It was established in 1960 at a conference in Managua, and was ratified the following year by all members except for Costa Rica, which joined in 1963. The MCCA collapsed in 1969 after the Football War between Honduras and El Salvador, but was reinstated in 1991 with the creation of SICA. Since its reinstatement, the MCCA has increasingly attempted to implement free trade among its member states. The Central American Bank for Economic Integration was established in 1960 in the same treaty as the MCCA. It was intended to be a judicial "instrument for the financing and promotion of regionally balanced, integrated

economic growth".⁴³ Its regional member states consist of Guatemala, Honduras, El Salvador, Nicaragua and Costa Rica, and its non-regional member states are Argentina, Colombia, Dominican Republic, Mexico, Panama, the Republic of China (Taiwan), and Spain.⁴⁴

Unfortunately, poverty is still ongoing and affecting a large number of Central Americans. Despite decades of turmoil, change, and realignment, the misery and dismal prospects of millions of its citizens had thus remained remarkably stable. Old sources of poverty were persisting and new ones had developed as Central America's economies opened themselves up to the world through neoliberalism. Both global and local forces had affected Central America and also the other countries in Latin America and the Caribbean.

If persistent poverty were not a problem enough for Central America, its societies and political systems must cope with daunting new and old social and political pathologies. The end of civil wars and military and police reforms, paradoxically, failed to improve the security of many citizens. Youths repatriated to Central America from U.S. inner cities brought with them criminal gangs that were soon the scourge of several countries. Security forces responded to youth gangs and to impoverished street children alike with draconian violence. The political process and some of new governments have also been affected by corruption and scandals.

As a group of nations living in very close proximity, Central America is a region which must incorporate a strong regional cooperation into its plans for sustainable economic and social development. Out of this history comes a sense of Central American national identity and, among a large segment of the region's educated elite, a hope that someday the larger homeland might be reunited.

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