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**Address by the recipient of the 2008 Abraham Horwitz Award for
Leadership in Inter-American Health
DR. CESAR VICTORA**

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Dr. Cesar G. Victora

Dr. Margaret Chan, Dr. Mirta Roses, my public health colleague and friend Dr. Temporão, members of the PAHEF Board of Directors, my friend Benjamin Caballero, health authorities, ladies and gentlemen,

It is a great privilege to be here today to receive the Abraham Horwitz Award, for two main reasons: because Dr. Horwitz was equally prominent in the areas of nutrition and epidemiology, which are the same areas to which I have dedicated my career. He once said that “the solution to many health problems in the Americas will be found using epidemiological processes.” I could not agree more. When backed up by political will, epidemiology can undoubtedly make a major contribution to public health.

I only met Dr. Horwitz two or three times when I was serving on a PAHO advisory committee. And Dr. Hortwitz, although he was already retired, would participate in those meetings. But I have read much of what he wrote, and I am taking the liberty of imagining what he would think about the current health situation in our Region.

I am sure that Dr. Horwitz would be extremely proud of the rapid progress that many of our countries, including my own, are making towards reaching the Millennium Development Goals (MDGs). Our region, in large part due to the work of PAHO and the legacy of Dr. Horwitz, is mostly on track to achieve the goals of reducing the prevalence of malnutrition, reducing infant and maternal mortality, and controlling HIV/AIDS.

I have had the privilege of working in over 40 countries, in the Americas, in Asia, and in Africa, and of coordinating the *The Lancet* “Child Survival Series,” which gave rise to an MDG monitoring process known as “Countdown to 2015,” in which we are monitoring progress in 68 countries throughout the world. The good news is that most of our countries in the Americas are on track to reach the Goals. My country, Brazil, for example, has already achieved two of the MDGs: the child mortality and child malnutrition goals. By 2007 we had already achieved two of the goals set for 2015.

The bad news is that many of the countries in the world are far behind in terms of progress towards the Goals. And they are unlikely to achieve them without massive financial and human resource investments—investments of the magnitude that we have been seeing lately in the financial sector, for example. With investments of that size, there is no doubt whatsoever that we could achieve the Goals in virtually every part of the world.

I suggest that, in a spirit of global solidarity, we from Latin America and the Caribbean, we who have succeeded in achieving the Goals, can help our brothers and sisters in Africa, in Asia, in those countries that are having major difficulty in making any

headway towards better health for women and children and towards better control of infectious diseases. Because our experience in attaining the Goals is recent, and we are therefore in an ideal position to help other countries that are having trouble. By sharing our successes with regard to breast-feeding, vaccination, oral rehydration, and water and sanitation, for example, we can help other countries in the world also to achieve the MDGs.

Although Dr. Horwitz would most certainly be proud of our achievements, I am sure that he would also be very concerned about the inequalities that exist between countries, between regions within countries, and between social groups in all of our countries of Latin America and the Caribbean. Generally speaking, our populations have good access to health care, but the quality of care varies markedly across social groups. More than any other regional organization, PAHO has clearly identified equity as a fundamental health objective for the Americas. Still, despite having put equity at the center of our efforts, we still have a long way to go in order to ensure that all people in the Americas enjoy a fair and acceptable level of health.

In the past 10 years, economists and epidemiologists have developed new tools for measuring inequalities, not only in terms of their overall impact on health problems, but also their impact on the various population groups affected by them. Programs such as the Brazilian Unified Health System and Family Health Program, the Mexican Progres a – Oportunidades program, and the Peruvian strategy of introducing new vaccines first in the poorest areas of the country before beginning to apply them in richer areas: these are all examples of programs that have effectively reduced inequalities. I appeal to all ministers of health and other authorities present here to make equity the centerpiece of your health policies and of the planning, monitoring, and evaluation of your activities.

If Dr. Horwitz were here with us today, I am certain that he would be working to help us overcome the dual burden of malnutrition, which includes, on the one hand, undernutrition among the poor and, on the other hand, overweight and obesity, which used to affect the wealthiest members of a population, but is now increasingly becoming a disease of the poor in our Region. One of the studies that I had the opportunity to carry out, and which Dr. Caballero mentioned, was a study in which we followed, over a period of 25 years, 6,000 people born in the city of Pelotas in 1982. Dr. Horwitz helped get this study published in English as a book in the PALTEX series, entitled *The Epidemiology of Inequality*. This book shows how important the prenatal period and the first two years of life are in shaping the rest of an individual's life. Some of the study's most striking findings reveal how undernutrition in early life, followed by overweight and obesity in adolescence, leads to an enormous burden of chronic and degenerative diseases among those affected. We haven't solved the problem of malnutrition, we have just changed the nature of the problem.

Finally, Dr. Horwitz would certainly be concerned about the growing problem of complex chronic diseases among our elderly population—which was the subject of his research in the last phase of his academic life—and the epidemic of violent deaths, as

well as persistent, emerging, and reemerging infections such as dengue, tuberculosis, and other infectious diseases.

Research in public health is not an individual effort but a joint one. I accept this award not on my own behalf, but on behalf of my colleagues at the Federal University of Pelotas and the wider Brazilian public health community, represented by ABRASCO, our Brazilian public health association, and hence I accept this award on behalf of the entire community that has worked so diligently to improve the health of the population of Brazil and, indirectly, all of Latin America.

I would like to conclude with a quote from Dr. Horwitz regarding a nutritional problem to which he dedicated much of his career: vitamin A deficiency, about which he said: “It is immoral because it ignores basic human values; and it is unacceptable because it is preventable.”

Thank you very much.

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