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**REMARKS BY PROF. PAULO M. BUSS UPON RECEIVING THE
ABRAHAM HORWITZ AWARD FOR EXCELLENCE IN LEADERSHIP
IN INTER-AMERICAN PUBLIC HEALTH**

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Hon. President of the Pan American Sanitary Conference

Hon. Director of the Pan American Health Organization, dear friend Mirta Roses, who, upon stepping down in a few months from her position leading PAHO, is going to be greatly missed by many because of the extraordinary job that she has done over the last 10 years as Director of this centennial organization

Hon. Ministers of Health and Delegates of PAHO Member States

Hon. President of the Board of Trustees of PAHEF

Family and friends of Dr. Abraham Horwitz

Ladies and gentlemen:

It is with great honor and gratitude that I accept today the Abraham Horwitz Award for Excellence in Leadership in Inter-American Public Health. First, because of this man's significance for my generation and his contribution to the institution of the Pan American Health Organization. And second, because of the honor of accepting the award before the most important health assembly in the Americas, the Pan American Sanitary Conference, in its 28th session in 2012.

The award was established in 1975, in recognition of the legacy of Dr. Abraham Horwitz, former director of PAHO and, later, president of PAHEF. Horwitz—born in Santiago, Chile in 1910—belongs to the notable Chilean lineage of dedicated public health professionals. For six decades, Horwitz worked to build public health, first in his country, and then in the Americas, starting in 1958, when he became the first Latin American elected to the highest health position in the Hemisphere. In addition to being a meticulous and devoted organizer, he was highly respected in his specialized field of health and nutrition. His legacy is remembered each year by those who, like myself, have had the privilege to receive the Horwitz Award. Thank you, Dr. Horwitz, for the inspiration that you have given to public health professionals across the Hemisphere, for your dedication and unwavering efforts to build Pan American public health.

I am proud to be among the notable winners of the Award, including my Brazilian compatriots Ruth and Victor Nussenzweig, Mario Chaves, Rui Laurenti, César Victora and Carlos Monteiro, all whom I greatly and rightly admire.

We are living through challenging times in today's world. During the first decade of the 21st century, one of the greatest socioeconomic crises of modern history occurred in 2007-2008, initially in the economic center of the most developed countries, as a result of the irresponsibility of private international financial capital. Unfortunately, a sectoral and private crisis quickly spread and transformed into a global crisis in all sectors, when conservative governments assume such deficits as sovereign debt of the nation states. In times of growth, the profit was privatized; when the extent of the crisis became apparent, the brunt of the blow affected all of us.

The consequences have been terrible for the health and living conditions of millions of individuals and families around the world. More than 100 million jobs have been lost, wages have shrunk, thousands of homes disrupted by the loss of housing returned to the financial system, breakdowns of social protection systems carefully constructed by society over several decades, dismantled over a short period of time by recession and policies of fiscal austerity. All this social tragedy to ensure that a few unnamed shareholders of international banking not be duly held responsible for the damages caused to the dreams of billions of people around the world.

The global crisis is also the result of the current production and consumption practices in contemporary societies, which can be characterized as inequitable, exclusive and eco-aggressive. *Inequitable*, because the fruits of the economic growth remain concentrated in the hands of very few. In Latin America, for example, the 10% richest receive 48% of the total income, while the 10% poorest receive only 1.6%. *Exclusive*, because millions of the poorest people do not even have the resources to obtain the minimum daily nutritional requirements and public services do not reach them. In our subregion, more than 72 million people are extremely poor or indigent. *Eco-aggressive*, because, similar to the reasons for deterioration in health, today's production and consumption practices are environmentally unsustainable, whether considering development processes in cities or in rural areas.

Poverty and social and economic inequities continue to be the leading causes of the health problems in our Region, or "the cause of the causes," as the 'social determinants of health' are called.

According to ECLAC (2011), while some trends have been positive, many improvements are slight or only relative. For example, the absolute number of poor/indigent people in 2010 (nearly 180 million) was greater than in 1980.

A large number of people continue to live in a state of poverty and vulnerability, with little access to basic services in health, education, water and sanitation and adequate housing, as well as gender gaps and discrimination further complicated by

issues of color, race, ethnicity, age and geographical location. Our urban areas are experiencing the growing presence of slums and sub-human conditions of life.

On the other hand, with an economy based on intensive sectors in natural resources, in rural areas the Region is undergoing, in the word of Brazilian social geographer Milton Santos, a process of “incomplete modernization,” which includes violent conflicts over land ownership, the elimination of agricultural manual labor by predatory mechanization, deforestation, significant deterioration or shortages of natural resources including water, the exploitation of workers and the harmful use in the food chain of agro-toxins and other products, in addition to the fragility of effective environmental management mechanisms and a regulatory framework that considers the value of the environment in the making of economic decisions.

Hunger and malnutrition are among the most dramatic consequences of poverty. Food and nutrition were subjects that received special attention from Dr. Horwitz throughout his long and productive professional life. In 2010, more than 52 million people in Latin America and the Caribbean were under-nourished and forecasts are not favorable, given the rising trend of international food prices. The prevalence of chronic pediatric malnutrition in these countries also remains high. As a result of the nutritional transition in a number of countries, alarming levels of obesity have been observed, reflecting the double burden of malnutrition.

Latin American and Caribbean countries sustain a complex burden of diseases, including the emerging and reemerging infectious parasitic diseases and chronic noncommunicable diseases prominent in today’s epidemiological profile, as well as external causes. The LAC countries have made major efforts to reform and restructure their health systems to more directly address the challenges of this complex epidemiological profile. Nevertheless, millions of people still lack access to health care services and other essential conditions to improve their health. The health systems of the Americas continue to be fragmented and face difficulties in adapting to the changing epidemiological and demographic trends.

All these issues significantly impact human health. So it is worth asking: can we have confidence in the transformation of this reality to benefit health? Yes, for many reasons:

Yes, if we, the 99%, the indignant of the world, all remain firm in no longer accepting the manipulation of economies in favor of a few.

Yes, if the democratic governments of Latin America and the Caribbean resist the prescriptions of contracted fiscal policies and continue to protect their social protection systems, including universal comprehensive high-quality health systems.

Yes, because in the Americas we are strengthening the cooperative process among our countries in economic, social and health areas based on solidarity and our skills and capacities, a cooperative South-South model that we are calling ‘**structural cooperation in health**,’ abandoning the outdated “donor-recipient” scheme and pursuing collaborative processes (or “joint or shared operations” as the name semantically represents), in which the participating parties become “partners” with mutually shared experiences, together constructing joint projects that benefit all.

Here I would like to cite some examples:

- (1) the **Health Agenda for the Americas 2008-2017**, which is being reviewed in this Conference, targets eight areas of action, which if fully covered will significantly help in improving the quality of life and health of millions of people in the Hemisphere;
- (2) the **UNASUR Health Council** and its 2010-2015 five-year plan, the fruitful result of active cooperation between MERCOSUR and the Andean Community, joined together in a new alliance since 2009;
- (3) the Joint construction—by CARICOM and PAHO—of the **Caribbean Public Health Agency (CARPHA)**, bringing together five preexisting public health agencies and symbolically proclaiming that “the wellness revolution begins here”; and
- (4) the **Community of Latin American and Caribbean States (CELAC)**, established in the Maya Riviera in Mexico in 2010, brings together SICAS, CARICOM, UNASUR and Mexico. From the start, CELAC set out to create a social agenda, through its plan of action for social development and eradication of hunger and poverty, in a process that attempts to avoid the fragmentation of social sectors, and thus includes health.

Yes, if we intensify the process of reforming the United Nations system and the Inter-American system, making them more democratic and participatory, open and responsive to the changes and demands of the countries still in stages of under-development.

Yes, if the current reform process in WHO can strengthen it as a leading institution in the global health process and confront the anti-health forces that proliferate in spaces where commercial business and greed override health interests.

Yes, if the United Nations Conference on Sustainable Development (Rio+20) recommendations in the **Post-2015 Sustainable Development Objectives** are effectively carried out and adopted by the United Nations and its Member States.

Yes, if we adopt and implement the principal recommendations of the **World Conference on Social Determinants of Health**, held in Rio de Janeiro in October 2011, in which more than 130 WHO Member States proclaimed the need to: (1) improve governance for health and development; (2) promote social participation in policy-making and implementation; (3) reduce inequities produced by the health sector itself; (4) strengthen global governance and collaboration; and (5) monitor progress and increase accountability of the process.

Finally, not all is lost if we—the Ministers of Health, health professionals, responsible politicians, academicians and social movement participants, all committed to equitable, collective, eco-responsible development and the development of health itself—fight for social equity and equity in health, help transform the present modes of production and consumption and support implementation of coordinated inter-sectoral policies that make it possible to advance in the direction of high-quality non-discriminatory universal comprehensive health coverage that prioritizes the vulnerable groups and reflects the values and principles of the primary health care strategy in order to orient the policies, structure and functions of the health systems at all levels and for all people.

Thank you very much!