

Uauy on Horwitz award

As one of many-- who have placed the improvement of nutrition, a key component of public health in the Americas, as the purpose of their professional careers -- I am honored to receive the Horwitz Award for Leadership in Inter-American Health for the year 2005. I am grateful for this distinction. The lessons I learned from Abraham Horwitz have served me well throughout my career,... like how to be strong in denouncing what is wrong, but gentle in delivering the message, inviting all to take part in the necessary actions to improve health and nutrition of vulnerable groups. PAHEF serves well its mission of promoting health in the Americas by keeping the Horwitz legacy alive.

1. Relevance of Nutrition for life long health. Nutrition and Health of populations go hand in hand. Food is not just another environmental exposure. Rather, nutrition is the substance of life. We evolved in direct relationship with our food supply, and up to now, humankind has been shaped by that food supply. We are what we eat in many ways, especially when it comes to health at every stage of the life course.

From the earliest, nutrition affects the way we grow and develop from conception through the early stages of embryogenesis and fetal life. At birth, the stature of mothers more than their weight determines their babies' size, affecting their potential for survival and long term health. Mean weight at birth in this region has risen steadily; low birth weight for most countries is under 10 %. The provision of folate-fortified foods benefiting women of reproductive age is helping to reduce the risk of Neural Tube Defects and other congenital malformations. Breast feeding and adequate complementary foods in infancy are necessary to secure not only protein and energy, but required micronutrients to prevent and resist infection, and to grow in length as well in weight. In fact PAHO is releasing next year a new growth reference for young children based on measures taken on eight thousand children from 6 countries, one from each continent (for the Americas, Brazil and the USA), breast fed according to present norms; independent of ethnic group and country of origin all grew similarly in weight and height. We now have the right tool to promote optimal growth in length while preventing unhealthy weight gain. Provided children are raised in the right environment, they have an equal potential to grow well and be healthy. A healthy diet must provide the right quality and amount of foods to meet the complementary goals of securing all essential nutrients while preventing energy excess. Balancing energy intake with physical activity is presently an important challenge facing the region. Children and adults, urban and rural dwellers, those living under poverty and the affluent, share the problem of preventing unhealthy weight gain which translates to excess body fat, specially dangerous when fat sits around the waist.

Most countries in the region confront a double burden of disease. That is, while they continue to work to reduce the burden of infections and adverse perinatal outcomes, they face a virtual pandemic of cardiovascular disease (hypertension and coronary heart disease), "diabesity" (diabetes and obesity) and rising rates of cancer. We have no vaccine prophylaxis for these, we can no longer call them non-communicable since consumption and physical activity patterns are, in fact, being shaped by infectious-like agents that accompany modern life and are disseminated by mass media and commercial marketing strategies across countries. Displacement of traditional foods from our diets, increased consumption of energy-dense nutrient-poor foods, the explosive increase in motor vehicles,

the proliferation of labor saving devices, and the physical inactivity characteristic of modern work and leisure are the modern vectors of the obesity epidemic. We end up buying in response to advertisement rather than because of true needs. Yes, to some these may be considered individual choices and thus not a public health issue; but then, how can we explain the doubling or tripling of obesity in 6 year old children in most countries of this region, if not by commercial and other interests that promote increasingly less expensive energy dense foods and keep children sedentary? It is up to social forces, governments, and other organizations to take the necessary steps to make the healthy choice the easy choice. Consider the uneven balance between your budgets to promote healthy foods and active lives versus the wealth in advertisement budgets of major food companies. The imbalance in most countries is staggering, approximating 1,000 to 1. It is time we confront the epidemic of nutrition-related chronic disease strategically with a clear public health response, addressing the root causes that lead to unhealthy weight gain. The diet and physical activity strategy approved at the World Health Assembly last year provides the basic orientations; it will require leadership and ability to build in life-course prevention of chronic disease, into our primary health systems.

Just as physical and mental development of children are modulated by, and depend on an adequate supply of all nearly fifty critical essential nutrients; the aging process is modulated by critical nutrition, including food consumed and energy spent on physical activity. Most of what we accept as diseases characteristic of older people are in fact not obligatory conditions. Healthy diets and proper exercise can prevent the occurrence of many age-related diseases. The rise in the proportion of older and very old people in our region will demand that greater attention be paid to preventing loss of healthy life years and to consider ways of incorporating older people as active participants of society.

2. Nutrition and Health in the Global Development Agenda. The UN in concert with member states has set Millennium Development Goals (MDG) to be met by 2015. The MDGs provide a set of commonly agreed priorities as a focus for development efforts by the international community. How are Latin America and Caribbean countries poised with respect to meeting the MDGs. On the positive side, as a region we have the highest GNP per capita of all developing regions. It is the only developing region where girls have a higher literacy rate than boys. We also have the lowest military spending among developing regions of the world, 1.5 percent of GNP. The region has the highest life expectancy at birth, 70 years. Child malnutrition and infant mortality remain a problem in the low-income & poorer regions of middle-income countries, but are on the decline in most countries. On the negative side, the number of poor at 77 million remains unacceptably high in a region that has the highest GNP. We need an annual economic growth rate of 3.6 percent in order for this to drop to 60 million by 2015. Regional growth has slowed since the 1980's and per capita income has grown by less than 2 percent a year since 1990. Moreover the region includes two of the poorest countries in the world (Haiti and Nicaragua) and three of the world's 10 most severely indebted countries (Argentina, Brazil and Mexico). We will most likely not meet the MDG of reducing poverty by 50% unless we change our policies and put greater emphasis on bridging the gaps between the poor and the rich within and between countries. In terms of meeting the hunger MDG, it depends on how we define hunger. If we take the definition based on food

insecurity (that is, spending more than 50 % of income on food) we certainly will not meet this MDG since as noted before the optimistic projection is that the number of poor at best will decrease to 60 million, which is only a 25 % reduction from 1990. Ironically, we are doing much better with declarations. The presidents of the region in preparation for the Rome World Food Summit in 1996 proclaimed that the Americas would uphold the right to food as established in the Universal Declaration of Human rights and decreed that the Americas should be freed from hunger. This political statement was read in Rome by none other than President Aylwin of Chile. Presently Brazil's President Lula leads the continent in this fight, having established a national program for hunger eradication called Fome Zero (zero hunger), other countries in the region are establishing similar initiatives. Last year Lula, Lagos, Chirac, Zapatero and Koffi Annan met with 50 other world leaders in New York to launch a crusade to eradicate hunger. Past experiences indicate that unless the issue of hunger and poverty is addressed in an integrated manner and efforts are sustained over a period of time, they will prevail; income transfer alone will certainly not do.

Sufficient food is presently being produced to meet on average the energy and protein needs of all people on the planet. The key problem here is in the words *on average*, since the highest quintile of the population takes 50% of the animal foods while the lowest quintile gets less than 10%. Let alone that 40 % of global grain production is destined for animal feeding, which in turn is used to produce meat for human consumption. Of course, we can always benefit from enriching our existing staple foods (wheat bread, corn tortillas, or even cane sugar) with adequate micronutrients by widespread fortification or by enhancement of micronutrient content using conventional breeding and novel genetic manipulation of plants. However, these measures alone, will not resolve the problem of access to healthy foods by the poor. Access depends on income, empowerment of communities, and good governance rather than on increases in food production. In fact in the Americas we face the apparent paradox of obesity being more prevalent amongst the urban poor rather than in the affluent groups. Stunted children raised in slum settings, miss 10-15 cms in linear growth during their early years and are more susceptible to obesity in an environment that provides high sugar/high fat, low nutrient density foods at cheap prices. Conquering the present double burden of disease affecting population health is largely dependent on making food available to all socioeconomic groups in sufficient quantity and adequate quality. We need to redefine food quality beyond safety, taste, and affordability. We need to introduce life long health considerations in the definition of food quality. Salt, sugar and hydrogenated fat are certainly not poisons but become so when consumed in excess; in today's food supply consumers have no way of controlling the amount of these compounds in the processed foods they consume, thus regulation may be needed.

3. The Cost of the malnutrition burden (in terms of death, disability and economic losses) Well nourished, healthier populations have lower mortality and fertility rates, better cognitive and mental performance, higher labor productivity, and are more inclined to invest in higher levels of skills training for themselves and education for their children, leading to higher permanent incomes, savings rates, and national investment over time. Improvements in nutrition and health of populations are crucial to achieve real poverty reduction, as opposed to increasing per capita GNP. According to Robert Fogel (Nobel Prize

in Economics 1993) a significant proportion of the economic growth of industrialized countries during the industrial revolution came from increased labor productivity associated with improved health and nutrition, as documented by the secular trends in birth weight and children's stature. He has also demonstrated that age-adjusted disability rates associated with chronic disease in adults over the past century have dropped significantly and this can be linked to economic growth in the USA.

According to another Nobel prize winner Amartya Sen (Economics 1998), countries that pursue economic growth and focus exclusively on increasing income often find that inequalities persist or are exacerbated by growth. Reduction of income poverty alone does not necessarily catalyze nutritional and health equity. Considering that health is a universal human right, inequalities in health and nutrition should be accepted only as transitional conditions and viewed as true inequities if they persist despite being avoidable, unnecessary, and unfair. Sen argues that countries adopting human and social development policies beyond economic growth are more likely to address the social determinants of health. These include coverage of basic human needs by essential services for all and by social policies assuring education, health care, food and nutrition security, water supply, and public sanitation at an essential minimum. Nutrition and health should be seen today as investments leading to human capital formation. As clearly stated by Dr. Horwitz in multiple occasions to member states and especially to donors or development partners, as we call them today... *"Health has an intrinsic value for all human beings... it is not only an end in itself, but it is also an essential means for human and economic development"*.

4. What is PAHO's role in the nutritional improvement of the region. PAHO as mandated by its mission should *lead the region's efforts in the nutritional improvement of the populations of the Americas*. It is not a question of choosing whether to improve nutrition to prevent child death and disability resulting from under nutrition or to optimize diets and physical activity in order to prevent premature adult deaths related to adult chronic diseases. We need to do both, moreover in order to prevent chronic disease we need to start early, ideally from conception. Investing in promoting optimal birth weight, adequate linear growth and preventing excess weight in children has direct implications on health and nutrition at later stages of life. Moreover if we are going to break the cycle of poverty, malnutrition and ill health, we should be concerned even more about the early growth of little girls, mothers to be. Nutrition interventions in young children, such as promoting breast feeding and providing micronutrient rich complementary foods are among the most cost-effective of all health improvement options. Fortification of staple foods and provision of micronutrient rich foods as promoted by PAHO in the last decade are making a significant impact in saving young children's lives and promoting better growth and mental development. This will activate the virtuous cycle of better educational and physical performance that result in improved income leading to true poverty eradication

The life course approach to health and nutrition improvement permits the effective integration of maternal and child health services with the prevention of adult nutrition-related chronic disease. They in fact act in synergy. Prevention of adult chronic disease will

allow for better funding of effective health interventions for all, since the expenses associated with drug treatment will be reduced. The reality is that unless we take the preventive approach seriously we will not be able to afford the escalating costs of treating chronic disease for our populations.

How can PAHO respond to its mission leading the region in*strategic collaborative efforts among member states and other partners.*

Perhaps it is time for PAHO to accept that in today's world it is virtually impossible to lead in all areas. I suggest that PAHO should lead, not by being *the best and only* in technical knowledge and skills; but rather it should lead the way in the evaluation and application of knowledge required for purposeful action.

It should come as no surprise that many centers in the Americas and outside the region have technical expertise beyond PAHO's. As any modern organization, PAHO should acknowledge its strengths and weaknesses and define its selective advantage and the value it can add to health and nutrition programs. Only then, can it identify the true partners it needs to lead the way into effective action. Perhaps it is time for PAHO to explore how it is perceived by others and accordingly refocus its work on how it will best achieve its mission.

PAHO is at its best when...it leads strategic collaborative efforts among Member States and other partners to: Promote equity in health, Combat disease, Improve the quality and lengthens the lives of the peoples of the Americas.

Only then canThe Pan American Sanitary Bureau be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and be recognized as fulfilling its mission of service.