PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

50th DIRECTING COUNCIL
62nd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 27 September-1 October 2009

CD50/DIV/5
ORIGINAL: PORTUGUESE

REMARKS BY THE WINNER OF THE ABRAHAM HORWITZ AWARD FOR EXCELLENCE IN LEADERSHIP IN INTER-AMERICAN HEALTH
DR. CARLOS MONTEIRO

REMARKS BY THE WINNER OF THE ABRAHAM HORWITZ AWARD FOR EXCELLENCE IN LEADERSHIP IN INTER-AMERICAN HEALTH DR. CARLOS MONTEIRO

50th DIRECTING COUNCIL
Washington, D.C., 27 September 2010

Honorable President
Honorable Ministers of Health
Distinguished Delegates
Distinguished Members of the Diplomatic Corps
Dr. Benjamín Caballero, Chairman of the PAHEF Board of Directors
Distinguished Members of the PAHEF Board of Directors
Dr. Mirta Roses, Director of the Pan American Sanitary Bureau
Ladies and Gentlemen,

Let me begin this brief talk by telling you about my immense joy in receiving the Abraham Horwitz prize. There are many reasons for this joy, but, for lack of time, I will only mention two.

The first is the person for whom the award is named. Abraham Horwitz was without a doubt one of the greatest public health professionals in the history of the Americas.

The second reason is because of the opportunity it gives me to speak to the Ministers who are responsible for public health in our Hemisphere. I would never miss such an opportunity to call on them to tackle two of the most important health problems of our Region: chronic malnutrition in children and obesity at all ages. I will devote the rest of this brief presentation to these problems.

Let me begin with malnutrition. Few health problems have so many negative consequences for individuals, the health services, and society. At present, 9 million children in Latin America suffer from chronic malnutrition.

The good news is that chronic malnutrition can be controlled in only a few years. This is what happened in the Northeast of Brazil, a populous region traditionally affected by malnutrition. In 1996, 22.2% of the children in that region, almost one in four, suffered from severe stunting, the most sensitive indicator of chronic malnutrition. Ten years later, in 2006, only 5.9% of children had low height-for-age, or about one in 20, a situation similar to that of the most economically developed region in the country, the Southeast.

Comprehensive statistical models identify four primary reasons for this rapid decline in malnutrition in the Brazilian Northeast: an increase in the purchasing power of low-income families, an improvement in the educational levels of mothers, expansion of the public water and sewage systems, and virtual universalization of basic health care, including prenatal care.

The Brazilian experience teaches us, therefore, that the scourge of chronic childhood malnutrition can be rapidly reduced if there is an increase in income, access to schools, clean water, sanitation, and basic health care among the poor. I should point out that these improvements occurred within the context of only modest economic growth--however, growth accompanied by policies to promote income distribution and universalization of access to public services.

Now let me focus on obesity. I am not going to speak in absolute numbers in this case so as not to make this talk too gloomy; after all, this is a day for celebration. In any case, we all know that in several countries in our Region being overweight is already the norm, that is, people who are overweight or obese are already the majority of the population. In several others, the situation is moving rapidly in that direction.

Like chronic malnutrition, overweight has an enormous number of negative consequences, ranking third as a risk factor for disease and premature death in the Americas. Health service expenditures on obesity are equally impressive.

Unlike the case of chronic malnutrition, unfortunately, we do not have successful experiences to report in obesity control.

There are two main reasons for the global failure in obesity control. The first is believing that the problem can be dealt with through the strategy of diagnosis and treatment. Obesity treatment, in addition to being expensive, is ineffective and has many side effects. For obesity, there is no consistent solution other than prevention.

The second comes from thinking that the immediate causes of the explosive increase in obesity--that is, changes in the eating habits and physical activity of populations--are essentially the result of individual decisions. This view has led to the domination of obesity prevention activities, when they exist, by information and education campaigns. The Global Strategy on Diet, Physical Activity and Health, approved in 2004 by the World Health Assembly with the

vote of the predecessors of the Ministers of Health who are here today, notes that educational campaigns, although essential, will only work if the recommendations given are feasible. In other words, environment, for example, must more favorable to the consumption of fresh food with low energy density than to highly processed food with high energy density and more favorable to walking and active leisure activities than to motorized transportation and sedentary leisure activities, exactly the opposite of which we see today.

It is clear that, like malnutrition prevention, obesity prevention cannot be restricted to the health sector. The sector, among other things, should monitor the problem and its determinants and recommend standards for diet and physical activity that are compatible, in every context, with the maintenance of a healthy weight. However, it is incumbent upon the health sector to adopt policies or, more frequently, together with other executive or legislative bodies, advocate for the adoption of policies that have an impact on the environment. As there is no time for an in-depth look at these policies, which range from the production and marketing of fresh food to the urban planning, I will mention only actions linked with promotion of a healthy diet, focusing on two that in my opinion are the most effective, although they are also those that usually encounter the greatest resistance, particularly from the transnational companies that control the processed food sector. Actually, perhaps one should say that, because they are more effective, they meet with more resistance.

The first effective action that I am recommending is regulation of the aggressive multimillion dollar advertising of sugary drinks and highly processed foods, especially those aimed at children and adolescents. In this regard, I am pleased to report that, beginning in December 2010--that is, three months from now--by resolution of the Brazilian health surveillance agency, every ad for products with excessive sugar, sodium, or unhealthy fat content must be accompanied by written or spoken warnings about the damage they cause to health. Other measures to expand restrictions on the advertising of unhealthy foods, such as banning the use of cartoon characters and action heroes or offering games and toys with product purchases, are the subject of legislation that will soon be put to a vote in the national congress of Brazil.

The second effective action is the taxation of products proven to be unhealthy, such as soft drinks, and use of the revenues collected for tax exemptions for the purchase of fresh foods or for educational campaigns. Some countries are beginning to consider such actions, including the country in which we now find themselves.

I said before that I would use my talk to issue a call to the Ministers responsible for public health in our Hemisphere. Therefore, I call on you to fight to make actions such as those I have mentioned part of public policy in your countries.

Abraham Horwitz used to say that epidemiology was the Cinderella of medicine and, epidemiologist that I am, I can't help but agree with him. However, as a public health professional, I am calling on you to not let nutrition be the Cinderella of public health. The future of health in the Hemisphere will thank you.

Many thanks.