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**REMARKS BY THE RECIPIENT OF THE PAHO
AWARD FOR ADMINISTRATION, 2011
DR. JOHN EDWARD GREENE**

BUILDING BRIDGES OF HOPE THROUGH THE PAN AMERICAN SPIRIT

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Honorable President
Honorable Ministers of Health
Distinguished Delegates
Distinguished Members of the Diplomatic Corps
Dr. Mirta Roses, Director of the Pan American Sanitary Bureau
Ladies and Gentlemen:

It is indeed a great honour for me to receive this award. I do so with all humility and in the name of my mentors, colleagues and friends who taught me the value of "health in development". Nowhere else was I better tutored and sensitized as to the virtues and intricate links of health and development, than right here in this building and by involvement in the programmes of the Pan American Health Organization (PAHO). Programmes, whose broad reach in Latin America and the Caribbean and in mainland North America have made a difference in the lives of so many. I became intrigued by the mission of PAHO that has championed the cause of health as a pathway to improving the human condition, welfare and economic security of the peoples of the Americas. It helped me to appreciate the meaning of Pan Americanism as an endeavor to build sustainable systems of cooperation buttressed by peace and equity. It helped me to understand also the enormous impact of the Pan-American system within The World Health Organization (WHO) and beyond.

As you learnt in the very generous citation, I was formally invited to spend a sabbatical year at PAHO in 1994 from my position at the University of the West Indies and ended up spending five years. These years, contributed in no small measure to my intellectual development. They gave meaning to my academic training and paved the way for the role that I was to play as a regional public servant in the Caribbean Community. It was during this period that I fully comprehended how the principles of Pan Americanism and equity converged as building blocks of the technical cooperation programmes of PAHO through the use of scientific and technical information. I became a convert to the doctrine that health was fundamental to development.

In pursuit of equity in health

I believe that we here at this ceremony, as part of the 51st Directing Council of PAHO, must inevitably be conscious of the enormous responsibility to fulfill the obligations established in the recurring themes of PAHO's work: health inequality and equity and health; socioeconomic inequality in health and socioeconomic health differentials; gender, violence and poverty and health; health economics and health legislation; ethnicity, ethics and health; and Information technology applications to the advancement of the health and human conditions in the region. These are the same concerns that resonate in the just concluded landmark United Nation High Level Meeting (HLM) on NCDs. Like the outcome document of the UN HLM on HIV/AIDS in June (2011), there is a recognition that the fight against NCDs is a shared responsibility involving governments, private sector and civil society and requires sustainable financing. The declarations of both these meetings emphasized the importance of the health sector response. Indeed, increasing attention has been given to the fact that the health sector response to the fight against HIV provides a model for the approach to the NCD epidemic. Like AIDS, if the NCD epidemic is to be defeated regionally and internationally, it will require an alliance of science, activism and altruism. In this alliance the role of public health is pivotal, since it means integrating NCDs into primary care.

Contextualizing the public health mission

In this audience there is no need for me to detail the fact that public health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. What is important to note however, is that invariably, the best health care delivery models are those that engage the communities, and connect the patient in the rural village through appropriate diagnostic capacity and referral pathways. Public health professionals have a responsibility for preventing problems from occurring or re-occurring through implementing educational programs, developing policies, administering services, regulating health systems and some health professions, and conducting research. In this region we are fortunate that the focus on limiting health disparities and building capacity is facilitated by a series of initiatives such as the CARICOM/PAHO *Caribbean Cooperation in Health* and the WHO/PAHO collaborating Centres such as the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Latin American Center for Perinatology and Human Development (CLAP), and the Pan American Center for Sanitary

Engineering and Environmental Sciences (CEPIS) and the new sub regional modalities such as the Institute of Nutrition of Central America and Panama (INCAP) the Caribbean Public Health Agency (CARPHA), and the Regional Program on Bioethics in Chile. They are the drivers of our health windows, the leavers that make things happen and the examples of how bridges of support can be built through functional cooperation. While building bridges is important, ensuring that they connect the dots – in this case between equity and health --- is essential.

What is the Relevance of the Social scientist perspective connecting with public health?

Health policies and systems are fundamentally shaped by political decision making. At the same time routines of health systems are brought alive through the relationships among the actors involved in managing, delivering and accessing health care and engaged in wider action to promote health. In other words, health policies and systems are constructed through human behavior and interpretation rather than independently of them. This is the thread that connects the social scientist and public health professional and public health advocate. The methodology of both strands involve participatory action and research respectively with citizens, health managers and health workers , intent on generating positive changes in current practices and in stimulating debate on public platforms or engagement with civil society. It revolves around engineering the health environment and maintaining optimism about the ability of humans to change behaviour toward “prevention”. At the same time, public health professionals have a responsibility to provide the empirical evidence on the basis of which our policy makers can speak out against the inequities that militate against effective health care for the poor and disadvantage, advocate for increased access for the poor to medicines, join the chorus for universal access to prevention, treatment care and support, and become drum majors for the elimination of vital elements of both communicable and non-communicable diseases. Among these the elimination of mother to child transmission of HIV, is a resounding refrain. In the final analysis it is these dynamic approaches to health and development that foster the complementarity between the public health and clinical, biomedical and epidemiological disciplines. They are essential for responding more adequately to reducing inequities in health and therefore for fostering a higher level of well being for our communities.

Towards higher levels of well being

Health is complex. It encompasses many different aspects that vary between individuals and between social contexts. When, for example, the

CARICOM Heads of Governments in 2001 declared that **the Health of the Region is the Wealth of the Region**, they recognized that both wealth and health create opportunities for higher levels of well-being. They realized further that neither is sufficient for a higher level of well-being if isolated from the other. A future public health agenda needs to take this into account. It has to be led by Governments even in the context of shared responsibility. To succeed, its policies cannot only paternalistically target poor people. It must involve them.

This is the spirit embodied in the charter that created the International Sanitary Bureau in 1902; the Pan American code, formulated in 1924 and the Declaration of Alma Ata, 1978. They all in turn reinforce the spirit of Pan Americanism as a movement which through diplomatic, political, economic and social means seek to create, encourage and organize relationships and cooperation between States of the Americas “in common intent”.

I therefore accept this award, humbled by the rich tradition of PAHO, and flattered to be considered a part of its enduring legacy, which “common intent” is commitment to the principles and practices of Pan Americanism and equity in health. In accepting this award I pledge to be a lifetime member of PAHO’s brigade for building bridges of hope for the people of the Americas.