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Director PAHO*
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HEALTH PROMOTION—BRIDGING THE EQUITY GAP**
México, D.F., Mexico

Mr. President
Mr. Secretary of Health
Madam Director-General of WHO
Ministers of Health
Ladies and Gentlemen

It is my very pleasant task to join with the Secretary and the Director-General in welcoming you to this Fifth Global Conference on Health Promotion. This is a joyous occasion for me and my colleagues in the Pan American Health Organization as we welcome you to the Americas for this Conference.

First, I must thank the Government of Mexico for its generosity and for having shown us the hospitality for which Mexico and Mexicans are famous. There could not have been a better country to host this Conference, which returns to the Americas for the first time since the historic Ottawa conference in 1986 that set health promotion firmly as a priority in the minds of all those who are concerned with the public's health.

It is also very appropriate that this opening ceremony should be held in this museum which has the world's greatest ethnographical collection. Mr. President, every time I come here I am transported back in time and the realism of the exhibits stirs a chord in me. When I was here, two months ago, this Conference was very much on my mind and for a while I had the strange sensation that the very stones were rising up and the statues were speaking to me. And indeed they spoke of a past that is very relevant to the issues before us this week.

They spoke of the great civilization of Teotihuacán and the glory of Tenochtitlán of the Aztecs, and had me see the latter as a city that was the largest and most beautiful of its time. They spoke of a public policy that was healthy to the extent that the elected rulers were themselves enjoined to set an example in their lives and avoid health-damaging behavior. This public policy in the city that was the umbilicus of the world had public latrines, proper disposal of waste water, and public servants who kept the streets clean. The five lakes were mirrors of the sun and moon. Personal hygiene was at a level only dreamed about in most other places.

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Community action and responsibility for the local waterways were in part responsible for them being so clean. The orientation of the health services was seen in the delivery of medical treatment based on a welfare system. The network of veterans' hospitals and the quarantine system were forerunners of current public health practice. Moctezuma I had founded the famous botanical and zoological gardens and his herbarium had collections of medicinal plants from all parts of middle America.

These stones and statues would tell me of equality of opportunity of education for all, which undoubtedly contributed to good health. And I could not but think that your Tenochtitlán was indeed a healthy city and exemplified many of the basic concepts of health promotion that were so well codified in the First Conference in Ottawa and solidified in other subsequent ones.

I came back to reality with the hope and conviction that this Fifth Conference would indeed light a new fire for health promotion. It would seek to show that equity in health was indeed important and that the strategies for health promotion are essential to bridge the gaps and decrease the disparities that are unjust and unfair, and therefore represent inequity.

But why should we be so fixed on the concept of equity in health? Does this idea that is behind the noble goal of Health For All still have currency today? I say it does. There are two concepts that must guide us in our discussions. First, there are disparities of health outcomes or disparities in health status, but they are not manifestations of inequity unless we can say that they are unjust or unfair. It is almost intuitively apparent that a good such as health, that is universally prized as among the most important attributes in life, should not permit of disparities that are unfair. In our lexicon, the concept of equity is translated to mean that the difference that exists should be avoidable, should be beyond the will or volition of the individual or group, and, ideally, there should be an agent to which responsibility can be assigned.

It is not enough to look at the health outcomes. One must look at those social conditions that determine health outcome—the determinants of health. Many of the constitutions of our countries speak to the right to health or as better put by the American Declaration of the Rights and Duties of Man. It is of fundamental importance that in discussions on equity we understand the difference between disparities in health status and disparities in the determinants of health that cause these health inequalities or inequities.

This Conference will address the possibility that the strategies of health promotion will reduce the health disparities that we deem inequities. I have no doubt that you will have examples to share of how public policy has been or can be shaped such that the disparities in health determinants can be reduced. One important aspect of such policy relates to the proper balance between maintaining a strong central state authority and yet decentralizing many operations to a more peripheral level. I am pleased to note the progress Mexico has made in this regard and we, in the Pan American Health Organization, have been witnesses to the universality of coverage in many of your states to which much of the execution has been decentralized.

I hope that this Conference will not ignore the possibility —nay imperious necessity— that attention be paid to gender equity. Gender discrimination as a cause of ill health is all too often ignored because its manifestations are so subtle.

The call for re-orienting health services has been heard clearly in this Region and almost every country is engaged in some reform of the health sector. Every one of them has equity as a desideratum in addition to efficiency and effectiveness. There will be opportunities during this Conference to reflect on how the main constituents of the reform process are being played out in national contexts.

Equity is one of the basic value principles I have espoused loudly and vigorously in the Pan American Health Organization and it represents a basic focus of our technical cooperation. We ask if there are gaps in health outcomes or determinants and whether our technical cooperation can address them. We have concrete examples to demonstrate that this is possible.

Mr. President, these Conferences are global rather than international and this implies that the business of promoting the public's health is a matter that involves nations, yes, but also involves a wider constituency. The call for partnership is as clear today as when it was issued in Jakarta at the Fourth Conference, and I am pleased to note the many examples of such partnerships that have flourished globally and regionally in favor of health.

Mr. President, Mr. Secretary, let me thank you again for your hospitality and as we go out from this place, I hope that we will indeed hear the voices of some of your gods of years past. And I trust they will give us some of their wisdom such that this Fifth Conference will fulfill the high aspirations of those who have come here from every part of the world to examine how the application of the strategies and principles of health promotion can enhance equity in health.

Again I bid you welcome.