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**REMARKS BY THE WINNER OF THE ABRAHAM HORWITZ
AWARD FOR EXCELLENCE IN LEADERSHIP
IN INTER-AMERICAN HEALTH
DR. PETER HOETZ**

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Honorable President
Honorable Ministers of Health
Distinguished Delegates
Distinguished Members of the Diplomatic Corps
Distinguished Members of the Board of Directors of the Pan American
Health and Education Foundation (PAHEF)
Dr. Mirta Roses, Director of the Pan American Sanitary Bureau
Ladies and Gentlemen:

The combined population of North, Central, and South America and the Caribbean is rapidly approaching one billion people. Today, roughly one tenth of the people in the Western Hemisphere lives essentially on no money, on less than \$2 a day. We can call them the “bottom 100 million” which includes about half as many who live below the World Bank poverty line of \$1.25 per day and more or less the same 50 million people who go hungry every day.

We now recognize that there is a stealth factor that traps the bottom 100 million in a vicious cycle poverty, and indeed has trapped them for decades if not centuries. Yet today we possess the technology to intervene and break that cycle. Moreover, we can achieve these gains throughout the region for astonishingly modest costs.

For me to explain how this can be done, allow me to expand a little bit on the nature of poverty in the Americas. It should be no surprise to anyone that poor people and poverty are not evenly distributed in our region. For instance, four of the eight countries with the lowest human development indices are in Central America, where indigenous populations disproportionately suffer from poverty. In South America there are an estimated 20 million impoverished Brazilians concentrated in the northeastern part of that country, while some of Latin America’s very poorest people live in indigenous and mountainous areas of the Andean countries and in the Chaco. Several Caribbean nations also stand out, and while the world’s attention focuses on the plight of sub-Saharan Africa, the HDIs indicate that the poorest Latin American

nations are every bit as destitute. And we have poor people in the United States! The recent economic downturn now means that 44 million people (14% of the U.S. population) live below the poverty line, especially along the Gulf Coast and South Texas.

The poorest people in the Americas have something else in common, in that each one suffers from an infection known as a neglected tropical disease or 'NTD'. I like to say the NTDs are the most important infections you may have never heard of. They are chronic parasitic and related infections such as hookworm, Chagas disease, leishmaniasis, leprosy, lymphatic filariasis, onchocerciasis, schistosomiasis, fascioliasis, and trachoma. In all there are about 15 highly prevalent in the Americas and we have learned over the last few years that these conditions not only occur in the setting of poverty but they actually cause poverty because of their particular impact on child growth and intellectual and cognitive development, pregnancy outcome and worker productivity. They are also high stigmatizing, especially for girls and women who are rendered unmarriageable and the basis for spousal abandonment. Indeed, a map of the NTDs looks a lot like a poverty map; the two go hand in hand.

And now we know why. Hookworms for instance cause blood loss that robs children of their iron and other nutrients to not only reduce physical growth but actually lower IQ, cognition, and school performance. Hookworm has been shown to reduce future wage-earning by 40% as a result. Remember these are not rare diseases. One-half of the bottom 100 million are infected with hookworms – 50 million cases. Lymphatic filariasis causes a disfiguring illness of the limbs and genitals that prevents subsistence farmers from going to work every day. Chagas disease is a leading cause of heart disease and death in 10 million Americans, one tenth of the bottom 100 million, including 1 in 20 infected women who give birth to a child with congenital Chagas disease and an estimated 300,000 cases in the U.S. Chagas causes more than \$1 billion in economic losses annually. Leishmaniasis causes a disfiguring ulcer in almost 100,000 people in Latin America and has also emerged in South Texas.

The good news is that for many of the NTDs we can do something to eliminate them as public health problems and sometimes at very low costs. For instance for three of the most important NTDs, namely lymphatic filariasis, onchocerciasis, and trachoma, essential medicines have been donated by GSK, Merck & Co., J&J, Pfizer, and Eisai, , which can be administered through mass drug administration. When given

annually over a period of several years the medicines can either cure or reduce the transmission of these NTDs to near zero. My organization the Sabin Vaccine Institute is working with PAHO and the IADB to ensure access to these essential medicines. Because the drugs are being donated, we can factor out their costs and a recent analysis estimates that all three diseases can be eliminated by the year 2020 at a cost of approximately \$128 million. Think about it diseases that were first introduced into the Americas from West Africa during the Middle Passage, living legacies of slavery, wiped out for a cost equivalent to a single F15 fighter jet!

Through mass drug administration we are also on the precipice of eliminating schistosomiasis from the Caribbean, while leprosy drugs are being donated by Novartis to eliminate that disease as well from the Americas. However, for other NTDs we need more help, we need a new generation of vaccines to prevent them from returning. I call them the 'antipoverty' vaccines for their potential to not only improve health but actually lift people out of poverty. This year the laboratories of our product development partnership (PDP) of the Sabin Vaccine Institute relocated to Texas Children's Hospital and Baylor College of Medicine of the Texas Medical Center in Houston in order to develop and test new antipoverty vaccines for hookworm, schistosomiasis and Chagas disease. Our work is supported by the Gates Foundation, but also the Dutch Government, the U.S. NIH, some important private individuals like Mort Hyman and Len Blavatnik, and now the Carlos Slim Health Institute. Our colleagues at the Infectious Disease Research institute are developing a leishmaniasis vaccine. Together we partner with research institutions and public sector vaccine manufacturers in Latin America, including FIOCRUZ, the Oswaldo Cruz Foundation, Instituto Butantan, CINVESTAV and Birmex as well as universities in Yucatan and elsewhere.

I believe that together , the PDPs and the public sector vaccine manufacturers in Brazil, Cuba, and Mexico have come up with a "winning formula" for developing and producing a new generation of antipoverty vaccines and getting them to the bottom 100 million that need them the most. Just as people have a fundamental right to food, water, and shelter, they also have a right to essential medicines for NTDs, and ultimately I believe a fundamental right of access to innovation.

Gandhi once said a "civilization is judged by the treatment of its minorities" and I want to thank PAHO, PAHEF, and to personally thank

Dr. Mirta Roses Periago for her personal attention she has given to the NTDs and for recognizing the importance of these diseases for the bottom 100 million including people of color and our region's indigenous people, especially the girls and women affected by these ancient scourges.

Thank you.