

STAMPAR MEDAL AWARD CEREMONY

**Stampar Medal Award Ceremony
Laudatio on George Soros held by
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United Kingdom**

XXVII ASPHER Annual Conference, American University of Armenia, Yerevan

Dear colleagues, distinguished guests, ladies and gentlemen

On behalf of the Governing Body and members of ASPHER it is a great honour to be able to present the Andrija Stampar medal for distinguished service to the cause of public health in Europe to George Soros, Founder and Chairman of the Open Society Institute and chairman of Soros Fund Management LLC.

George Soros was born in Budapest, Hungary on August 12, 1930. He survived the Nazi occupation of Budapest and left communist Hungary in 1947 for England, where he graduated from the London School of Economics (LSE). While a student at LSE, Soros became familiar with the work of the philosopher Karl Popper, who had a profound influence on his thinking and later on his professional and philanthropic activities. It was Popper that first developed the concepts of an "open society".

In 1956, Soros moved to the United States, where he began to accumulate a large fortune through an international investment fund he founded and managed. Today he is chairman of Soros Fund Management LLC.

George Soros has been active as a philanthropist since 1979, when he began providing funds to help black students attend the University of Cape Town in apartheid South Africa. Today he is chairman of the Open Society Institute (OSI) and the founder of a network of philanthropic organizations that are active in more than 60 countries. Based primarily in Central and Eastern Europe and the former Soviet Union – but also in Africa, Latin America, Asia and the United States – these foundations are dedicated to building and maintaining the infrastructure and institutions of an open society. They work closely with OSI to develop and implement a range of programs focusing on civil society, education, media, public health and human rights as well as social, legal and economic reform. In recent years, OSI and the Soros foundations network have spent more than \$400 million annually to support projects in these and other focus areas. In 1992, Soros founded Central European University, with its primary campus in Budapest.

I would like to say a few words about the Open Society Institute.

The Open Society Institute is a private operating and grantmaking foundation based in New York City, that is the center of the Soros foundations network. OSI and the network promote open society by seeking to shape government policy and supporting education, media, public health, human rights and women's rights as well as social, legal and economic reform.

The goal of OSI is to transform closed societies into open ones and to protect and expand the values of existing open societies. Open societies are characterized by the rule of law; respect for human rights, minorities and a diversity of opinions; democratically elected governments; market economies in which business and government are separate and thriving civil societies, all activities that are very close to the heart of people working in public health.

Investor and philanthropist George Soros began establishing foundations in Central and Eastern Europe before the collapse of communism.

The Soros foundations are autonomous institutions established in particular countries or regions to initiate or support open society activities. A local board of directors in consultation with Soros and OSI boards and advisors, determines the priorities and specific activities of each Soros foundation.

OSI's network programs address specific issues or areas-public health media and early childhood education, for example – on a network-wide basis. ASPHER members will be aware that it's through the joint ASPHER-OSI initiative that we are actually here in Yerevan today.

I would like to spend a few moments focusing on the work of the public health program.

In the 1990's the Open Society Institute focused on improving health care in Central and eastern Europe, primarily by providing training to thousands of health professionals who have been closed off from advances in their fields. By 2000 the network Public Health program had shifted the focus from improving individual health care to promoting the development of public health policies that increase health equity and access of vulnerable populations to health and social welfare services.

OSI has played a significant role in fighting TB and multi-drug resistance TB, both in Central and Eastern Europe and globally, by supporting programs that impact policy, mobilize additional resources for TB control and strengthen the Stop TB Partnership. In Russia, OSI has spent over \$100m on public health issues, including the MDR-TB treatment model in the country's prisons, HIV/AIDS treatment, mental disability advocacy and support for schools of public health.

In 2004 the Public Health Program established Public Health Watch, a global initiative to encourage public engagement in the development, implementation and evaluation of health policies. Public Health Watch began monitoring policies to reduce TB and TB/HIV co-infection in several countries most affected by the 2 diseases – Bangladesh, Brazil and Thailand to name a few.

Another major area of activity of the Program is around the work to address the persistent differences in health status between Roma and majority populations in targeted countries in Central and Eastern Europe. Six NGO's in Macedonia and Serbia provided Romani communities with information on health and health insurance, documented discriminatory practice in health sectors and presented findings to national human rights advocates.

The Tobacco Control Program supported projects in Armenia, Kazakhstan, Romania, Moldova and Ukraine in an effort to build the capacity of tobacco control advocates and NGO's with special emphasis on the economics of tobacco control.

To build the capacity of public health professional and institutions the PH program sponsored bilateral East-West partnerships between public health schools and faculties. The University of Debrecen School of public health in Hungary, offered fellowships at the Braun School of Public Health in Jerusalem and the College of Health Sciences here in the American University of Armenia.

In addition to supporting the network's foundations and initiatives, OSI makes funds available to a variety of organizations, especially in the fields of human rights and anticorruption. Many of these grantees form close partnerships with OSI and are considered an integral part of the OSI/Soros Network.

I will finish with a few words about Soros, the author and philosopher. Soros is the author of eight books, including *The Bubble of America Supremacy: Correcting the Misuse of American Power* (Public Affairs, January 2004); *George Soros on Globalisation* (2002); *The Crisis of Global Capitalism: Open Society Endangered* (1998); and *Open Society: Reforming Global Capitalism* (2000). His articles and essays on politics, society and economics regularly appear in major newspapers and magazines around the world.

George Soros is a man who has always taken a deep interest in world affairs and has spent many years now working for the public good as demonstrated by the activities of the OSI. For all of these reasons there can be no doubt that George Soros is a very worthy holder of the Andrija Stampar Medal and I have great pleasure in asking our President, Anders Foldspang to present it to him via Michael Borowitz, Head of the Public Health program, on your behalf.

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Michael Borowitz accepting the Stampar Award on behalf of George Soros

It is a great honor to accept this prize on behalf of Mr. Soros. Mr. Soros would like to have been here, but due to present engagements he was not able today to be here and asked me to accept this prize on his behalf. One of the things that he asked me to convey was that although he accepts the prize, he feels that the entire network is deserving of the prize. The Soros Foundation is constructed as a network of individual country level foundations. The Public health initiative is a network program: everyone has been involved in the activity around strengthening schools of public health, particularly the national foundations that we are working with at an individual level. Therefore we are accepting the prize really on behalf of entire network.

I think this is a very good time for us to receive this prize and to reflect on Soros Foundation activities in public health. It is a turning point for the foundation. As Aislinn said in her introduction, traditionally we have worked largely in Eastern Europe and the Former Soviet Union. However, increasingly, our mission has grown and our activities in general are more global. Mr. Soros began his public health philanthropic activities in South Africa taking on the Apartheid Government. Actually there is a long tradition within the foundation of work in Africa. That engagement has increased and will increase in the future. I am very glad to see that we have been able to invite people from other parts of the region where we are increasingly active; particularly we have schools of public health here from South Africa, from Ghana, from Kenya, and also from Iran and Lebanon and Palestine. This is a great opportunity for turn to reflect on a global challenge in public health.

I think that it might be useful to discuss the Soros Foundation briefly and the Open Society Institute and its agenda in public health. The agenda for the foundation is much broader than public health. To some extent it is represented by the name of the foundation - The Open Society Institute. The Open Society is a concept that comes from Karl Popper. Reflecting on the state of the world during the period of second world war and the horizon of totalitarianism, Popper conceptualized what constitutes the strength of open societies, and what is needed to have an open society. Some of the critical characteristics he mentioned – and I think they are important to reflect on and to reflect what they mean for public health – are open discussion and the free expression of ideas. Another is a civil society, one that is outside of the government. The third is a mechanism of democratic accountability where governments can be held accountable through rule of law. The fourth is the participation of all members of society, particularly the most vulnerable members of society.

The Open Society Institute as a foundation works on those four broad areas. The strongest focus of the overall OSI foundation program is on strengthening civil society. Particularly, here in Armenia, the primary goal of the foundation is to work on the strengthening civil society and the second largest program would be the rule of law, called the “Justice Initiative”. There is another program that works on the free flow of

ideas called “The Information Program”. These are all of the central programs. Now I want to reflect on how all these elements fit together in relation to public health.

The Open Society agenda for public health encompasses two broad agendas. The first focuses on marginalized populations and the second on concepts of accountability in public health as a role of civil society.

Regarding marginalized populations: I think that we actually touch on many of the areas that address marginalized populations. I would say the largest program that we have is HIV/AIDS and these populations affected by the HIV epidemic, particularly in Eastern Europe and the Former Soviet Union. For the last 10 years, we have been the largest funder of HIV prevention among injection drug users. We introduced the harm reduction strategy for this region called the needle and syringe exchange program. Additionally we are working on trying to restructure the risk environment around injection drug users. We also have programs for other marginalized populations affected by the HIV/AIDS epidemic, particularly sex workers and men who have sex with men, through programs for human rights. In this way we work with all marginalized populations that are touched by this pandemic.

We are the largest funder in the area of mental disability. Our long standing interest in the Eastern Europe and FSU is where the institutionalization of mentally ill and mentally disabled remains. This is an ongoing problem that is not going to be resolved easily within the region. We will continue to provide significant funding in the area for this marginalized population.

Roma, as gypsies, remain a critical issue in Eastern Europe. They are socially excluded not only from health services, but from education, from employment, and from housing. One of the areas that we are particularly interested in is the joint initiative of the Soros Foundation and the World Bank to try to improve the social integration of this population.

Another important group of issues particularly in relation to schools of public health, are the concepts of accountability in health and in public health. Questions that we discussed yesterday with schools of public health from Southern Africa and the Middle East, i.e. who will advocate for public health, and for population health in order to hold government responsible in countries? There really is no one to argue for population health. So the role of schools of public health becomes critically important in advocating for the public’s health at the country level. Working with schools of public health at the country level: to create a civil society that will hold governments responsible for their commitments in the area of health.

When we talk about civil society many people think exclusively of non-governmental organizations; and although non-governmental organizations play an important role, I think civil society needs to be regarded more broadly. Civil society will include academic institutions such as schools of public health and medicine. Mechanisms of accountability in public health, because many of the issues in public health are technical. These are

complex epidemiological issues that need to be translated to civil society organizations and use that information to hold governments accountable.

Although the current program around capacity building of schools of public health is coming to the end, we will continue engagement with schools of public health and the ASPHER office, particularly around the issues that I have been discussing -around accountability and around marginalized populations. And let me begin with the role of accountability.

As I mentioned before, one of the questions that we need to figure out is who is going to advocate for population health. There are a lot of different organizations but they focus on fairly narrow issues for example on HIV/AIDS. One of the issues we have been discussing yesterday, particularly as it relates to Africa, is that this tremendous assistance coming into Africa for AIDS from President Bush's initiative for HIV/AIDS and from the Global Fund which focus on early disease-specific programs. But who is actually advocating overall for the health of the population and for a structure of the overall health system that will improve the equity within the health system? I believe that schools of public health have a critical integrating role in thinking about population health and advocating, at the country level, the need for workforce development assistance and for country specific health policies that actually address the overarching issues of population health.

The second area is serving the critical role of translating technical issues in public health for civil society advocates. Although South Africa is within the treatment action campaign, and successful, however it is critically important that public health issues which are technical be translated to civil society organizations so that they can efficiently advocate, and advocating for the right issues. It is important to have a science-based, public health platform and for that information to be effectively communicated both to the media and to the civil society organizations. These entities have the foremost role in serving a civil society thus capable of drawing maximum attention to public health issues. Schools of public health play a critical role in bringing together civil society organizations and advocacy organizations that are working in the area of public health, so that they have some place to meet and to discuss technical issues. The OSI Board is trying to maintain some type of perpetual public health monitoring role in relation to government and a number of schools of public health have the capacity to assume that function. It is critically important for someone other than the government to be watching what is happening at the country level. So, in the area of public health who is going to provide that critical monitoring role? Who is building commitment to broader issues of health?

The second broader area is to see greater engagement of schools of public health around marginalized populations such as injection drug users, sex workers, around HIV/AIDS, around mental health, around Roma. We spent a lot of time building capacity and now would like to see fruits of that labor payoff, particularly on engagement in some of these areas. We would like to open up a dialog about how schools of public health could play a more critical role in working in some of these problematic areas.

My own theme that I would like to express is around globalization. Aislinn O'Dwyer raised a point on issue: Mr. Soros has written several talks about the issue of globalization and the changing global situation. I think that public health issues are really at the heart of globalization: the SARS epidemic raises very interesting questions globally. I think that this is one of the reasons public health awareness increased its prominence within OSI...because of seeing public health as a venue for opening closed societies and for thinking about how public health can integrate societies. Infectious diseases raised this issue, and I think that HIV/AIDS is another example of a disease of global proportion, with global implications and global consequences.

What has particularly changed in relation to HIV/AIDS, tuberculosis and malaria is the creation of new global governance instruments like the Global Fund for AIDS, TB and malaria. This is a new global partnership between the public sector and private sector that involves civil society. It is critically important that these mechanisms in public health, which are increasing the resources in public health, work effectively at the country level. But one of the questions about these new global mechanisms, and there are several, is what is the mechanism of accountability at the country level? How do we make these mechanisms work at the country level and how do they hold people accountable? The accountability arrangements for these mechanisms are very unclear, and in general there are not really any mechanisms of accountability at the country level, so we are concerned not only with accountability mechanisms, and whether or not these mechanisms actually reach socially marginalized populations.

We are also concerned about the overall effect on public health. Many governments focus on one specific disease and do not address population health. Then, you are taking for example already scarce resources from immunization to deliver services for HIV/AIDS. This is particularly true for South African countries. It is critically important to institute mechanisms of accountability. We believe that schools of public health can play the critical role in both monitoring and accountability in this new global governance arrangement.

In conclusion, I think it is critical for us to engage schools of public health in Eastern Europe and the FSU. I think this dialogue will continue throughout this conference in further sessions. We would like to reflect on what it is that we are accomplishing, and what the likely implications might be for other regions where we are beginning to work. This dialogue throughout the meeting will guide us around issues related to global law.

Finally I would emphasize that our initiatives are now global, and invite you to think about mechanisms for global accountability in public health to ensure that the voice of our traditional target region of Eastern Europe and the FSU fits into this emerging global mechanism. Although a lot of this new focus is on the AIDS epidemic in Africa, it is important that voices be heard regarding the epidemic in Eastern Europe, of particular aspects of the epidemic, and how global mechanisms need to be realigned in response to this information.

I would like to thank you again for the prize. I know that Mr. Soros appreciates it very much, and apologizes for not coming to thank you personally for the honor.