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Keynote speech

WHY GLOBAL HEALTH, WHY MOTHERS AND CHILDREN

Kiyoshi Kurokawa, MD

Commissioner, WHO Commission of Social Determinants of Health (2005-)

Professor, Graduate Research Institute of Policy Science, Tokyo

Chair, Health Policy Institute of Japan

As in any creature on Earth, survival has been a fundamental issue for human race, thus we came a long history thriving against starvation and family safety, fighting against food, water, infectious diseases and many other risks.

Indigenous knowledge shared among family, then to community, gradually to wider dissemination over generations through oral communication and some kinds of stories over generations, then in writing on stones and papers, documentation, printing. Messages and knowledge spread widely and across many, many generations.

Childbirth carries considerable risks to women, and child survival was a significant challenge. Even in more recent years of 19th century of Europe, many women died of infection around child-birth, (puerperal fever) or childbed fever. It was Semmelweis of Hungary, who was an assistant in Maternity Clinic in Vienna, discovered in mid 19th century, washing hands of interns and doctors, drastically decreased this deadly infection, thus maternal death by this infection from around 10% to 1-2%, saving many, many lives of women. His findings and proposition was utterly ignored, rejected and denied by the authority of that time. He was institutionalized as a mad-man and died soon probably beaten by the guards. He is now called 'Saviour of Mothers'.

It so happens this year is the 400th year of Galileo Galilei's first telescopic observation of the planet; seeking the truth, fighting conventional dogma; The Earth circles around the Sun, not the reverse. You know what happened to him.

Major discoveries like Semmelweis's in modern time medical science and public health

are many, but may include;

1. Edward Jenner's small pox vaccination of late 18th century,
2. cholera outbreak in London of mid-19th century, laid the foundation of hygiene/sanitation and water system,
3. analytical and synthetic chemistry allowed the nature and synthesis of aspirin, though the effect was known since the time of Hippocrates-;
4. ABO blood type, many others, are in the list of Nobel laureates began 1901.

Just think that;

Average life expectancy; was about 25 years even in Roman Empire, 2000 years ago, rose to 40-45 years 100 years ago in UK, USA and other affluent countries, and now reaching to 80 in some countries.

And human population rose; from 200 million 2000 years ago, 500 million 500 years ago, and rose rapidly to 1.6 billion 100 year ago.

They are often due to accumulation of indigenous knowledge and their applications.

Science and technology on human conception and choices of contraceptives helped and empowered many women to protect their own right, life, and choices for family planning.

But, still tragedies continue of many, many women and girls, who unwillingly become pregnant or not all knowing what may happen to her, are threatened or forced to have sex regardless of her will. Many may not know how to protect herself.

INCUNABULA, a Latin word means printed books between Gutenberg of mid 15 Century to year 1501. Gutenberg printed the Bible so that even those who are outside of the Church could read and learn the teaching of the Bible. The result was enlightening of more people, but with an unexpected, but major consequence, Religious revolution, by Martin Ruther, John Calvin and others. This was the end of Dark Age of Europe governed by Catholic Church.

Thus, dissemination of information to wider public domain EMPOWERS more people, allowing people to seek the truth, question the authority leading to Reform, Change,

creation of new paradigm and new society.

Of course, industrial and social structure have also dramatically changed since industrial revolution by invention of steam engine of late 18th century, replacing man-power and horse-power.

The main energy source has changed from woods, to coal for 19th century, then to oil for 20th century. This is time for change

Just imagine, First man-made flight by the Wright brothers was 1903, just 100 year ago. Now we travel to almost anywhere within 24 hours or so, just like many of you here today.

Just think that Einstein's equation $E=mc^2$ was 1905, atomic bomb was 1945, and now we are talking about nuclear energy as low carbon energy source.

Technical inventions delivered new engines of economic growth resulting in societal structure, railways, big buildings, big cities, automobile and highways, life style, urbanization and more and more;

20th century is characterized by the rapid acceleration of accumulation of scientific knowledge with advances in technology and engineering, which changed dramatically the way we live and work. There were also global wars, which furthered advances in science, technology and engineering; and remarkable progress in biomedical and life sciences.

This is our PROGRESS.

WHY GLOBAL HEALTH NOW?

With THE PROGRESS, we are in essence, the state of HOT, FLAT, and CROWDED as Thomas Friedman writes in his recent book

In the last 100 years, world population grew from 1.6 to 6.6 billion, an extraordinary rapidity of expansion. This requires more space to live, more energy, food, water, woods and natural resources to consume, more waste of our daily living and produces, more

natural environs destroyed and disappeared, losing ever more forests, animals and plants species.

Energy consumption primarily of fossil fuel, has led to ever rising carbon emission with global warming, to a magnitude threatening to human civilization itself, leading more conflicts, never ending human sufferings.

We knew these problems of industrialized society, since time of the Silent Spring by Rachael Carson in 1962, Limit to Growth by the Club of Rome in 1972, and UN Brundtland Report of Sustainable Development, but we could not effectively and collectively act upon the problems.

Things began to change rapidly in the last decade or two.

1991, the end of Cold War, leading to one global market economy

1992 with introduction of www, we began to connect, the beginning of 'Flattening' and interconnected and network world,

The Internet is the contemporary INCUNABULA, thus EMPOWERS AND ENABLES, individually and collectively, more and more people, through bilateral, visual- highly powerful, network society. This major revolution, Internet or incunabula, since the industrial revolution of late 18th century, have changed dramatically, and will continue to do so, the global scene in a major way of our life style, society, and business.

Means of communication became wireless, mobile, modular; connecting more and more people - more flattening ever, and continue to be.

More and more people of the world see, listen, travel, study, work, in the broader physical domain and know outside world they used not to know in reality. Visual images via TV, internet are clearer and more real.

When one sees tragic human sufferings, extreme poverty, diseases, starving children, babies and mothers, who are dying, in various surrounding and conditions which affluent societies never seen so vividly before or may have forgotten. We realize the reality of differences. These experiences capture people's emotion, trigger empathy, and urge for action.

And indeed some begin to act one way or another. That I believe lies in the emergence of various and many, many NGOs, over the last decade or so.

It is interesting to note that many NGOs are led by women, and indeed, IPPF is one of such organizations. These NGOs are mostly bottom-up, down-to-Earth activities. Because of its natures, there are many of such activities, often not sustainable, with little lateral communications and collaborations. But in the era of connectedness and networking, connectivity has helped to overcome some of such issues, thus many began gathering forces, further empowering such activities.

This contrasts many activities as bilateral and multilateral NATIONAL policies, top-down, BEFORE our internet-age. They are Oversea Development Assistance or ODA by affluent nations, and activities by international organizations such as UN and its agencies, IMF, WB and regional banks.

These activities require policymaking processes within each country, with various stakeholders within each nation, and then international organizations consisting of many nations, are in essence, have to take time, and will be bureaucratic by their very nature.

Realizing what coming as major global issues, with one global market economy and emergence of connected flattening global world, UN launched MDG in 2000.

Its Goals are set and announced in 2005, with 8 specific goals;

They are;

1. Eradicate extreme hunger and poverty
2. Achieve universal primary education
3. Promote Gender Equality and empower women
4. Improve maternal health
5. Reduce child mortality
6. Combat HIV/AIDS, malaria and tuberculosis
7. Ensure environmental sustainability
8. Develop a global partnership for development.

Four of eight are directly health related;

And 3, 4 and 5 are directly related to the mission of IPPF,

Even Goal one is nutrition; this directly relates to IPPF. Childhood nutrition in the first two years of life is critical for growth, particularly brain function, often irreversible, for the future capacity development.

ODA budget of US, the largest donor, toward health increased more than 400% in the last 8 years, but this increase is almost entirely accounted for by the increase for HIV/AIDS, and little increase in Maternal and Child Health and Family Planning and Reproductive Health. We hope this will be corrected and re-adjusted by the new administration, as recommended by a recent report by the Institute of Medicine to new US Administration.

MDG figures for 'Under five deaths per 1,000 live birth' and 'Maternal deaths per 100,000 live birth' indicate major lag in Oceania, Southern Asia and Sub-Saharan Africa, far behind the 2015 goals.

In this regards, WHO-CSDH was unique. It was conceived and launched by DG Lee, in 2005. After a sudden death of Dr Lee, his successor Margaret Chan affirmed us, her strong support of the Commission.

The Commission was a land mark decision by DG, since by its very nature of Social Determinants, an entity is well beyond any traditional domain assigned to WHO, ie, health and medical care.

We knew well so did Dr Lee, that the Commission will eventually have to go to Inequity, human rights issues, governance, and so many factors, which differ in socio-economic, cultural, religious background and the status of the country, region, and community.

After many visits and discussions, meetings with many national, regional and local leaders, we learned, on sites, many successful examples and failures.

It became apparent that when any policy is working and making progress, it is the will and commitment of leaderships, be it government, civil society, regional offices of WHO, Regional Bank, World Bank, social entrepreneurs, involving wide sector of people, creation of effective multiple stakeholders' engagements and inspiration to work

together..

The report "Closing the Gap in A Generation" covers quite a diverse domains of health inequity, extending to major social, economical, political domains of human lives.

I have distributed copies to you today. This is not for me to explain in details, what it conveys, but rather to encourage you to read it and share it with your colleagues and friends and think of what you can do to make one step forward in the health inequity issues.

In particular, there are many boxes in the reports which present successful examples, which turned out always to be locally relevant implementation, with engagements by many stakeholders.

In many instances of success, forward movement and improvement, we see clearly a critical role played by civil society movements and engagements of local people, and the role of local government leadership. I believe this is one important message of the report.

It is quite often difficult to make national policy to work unless successful models exist from local communities. Then the success models could be replicated. This is in part because local communities will share its social economic reality, local environs and values, cultural background, thus any policy implementation by local political leaders, supported by civil society, are likely to be relevant;

The same philosophy, ie, try and when successful, replicate, is the practical strategy of microfinance by Mr Yunus of Grameen Bank to empower poor women in very poor country, Bangladesh. They are smart to learn through its hands-on and bottom-up approach to the local problem. Now, microfinance is in use in more than 60 countries.

Similar bottom-up approach to empower women is the program to promote women's health in poor rural communities of India, by SEWA, Self Employed Women's Association of India. Another example include ASHA program (Accredited Social Health Activist) in rural India, is to let semi-trained women in each village to take a lead for maternal health, pregnancy, child-birth system development. It will need more work, but making a step forward though small it may be, is the beginning of a better world in

rural India.

The Mission of IPPF is right on to the cores of global health. Empowerment of women is the key to address the very issues of IPPF.

Every child must be and has the right to be wanted and welcomed. Every mother should be proud to be a mother and wish to give all her love to her child, with baby's father, a foundation of a family.

Yet, quite often, the situation is quite different. Unwanted pregnancy imposes a tremendous pressure, psychological, physical, and for her own future development. All those women feel very, very lonely with no one to help.

She may often have to, unwillingly, seek abortion, but under what condition? Poor, unclean, not well informed, must feel terrified, lonely, miserable; this will be often the case even for well developed countries, but imagine what may be the days of life for girls in some poor and very poor countries, religiously, culturally isolated; hidden even from her family, desperate, often dying unnoticed.

We cannot let this happen. This is a matter of human right and our moral issue.

This year is the 30th year of WHO Alma Ata of primary health care; it states;

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

If we want a healthy life, we need a health family,
For healthy family, we need healthy community,

For healthy community, we need healthy nation,
For healthy nation, we need healthy world.

And remember, mother has been, and is, and will be the center of a family. Without mothers no one would be here. Woman empowerment is the key for IPPF agenda.

On behalf of IPPF, I thank you for coming here today in support of IPPF.

Thank you.