

The Globalization of Leadership for Health

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I'd like to turn our perspective for a moment to what I know best—the developing world. The global community must find ways to replicate or adapt some of these “best practices” discussed here today in developing countries to reduce the health disparities in the half of the world that lives on less than \$2 a day.

Globalization. The very word conjures fear in some, anger in others, hope in too few. But globalization could be an opportunity instead of a curse for the poor; I would argue that it is not globalization itself that is good or bad, but how we manage it. And present leadership and institutions are poorly structured to manage global issues.

Globalization brings expanded access to information, communications, trade, and travel and, along with these, new opportunities for human development. This unprecedented inter-connection among human communities also introduces newly shared risks of epidemic communicable disease, accelerating global spread of resistance to antibiotics, and emerging environmental

health hazards. As we know too well now, it brings new risks of terrorist threats. Since productivity in poor countries is hampered by a larger burden of illness, efforts to address this inequity will be critical in preserving peace and international financial stability as well as global health.

I won't flatter Osama bin Laden by suggesting that he is committed to improving global equity. But I would be willing to wager that he would find it more difficult to recruit foot soldiers for his efforts if present inequities between the developing and the industrialized world were less stark.

Excess deaths among women and children Most deaths in rich countries are among the elderly. The contrast in the shapes of these graphs in Figure 1 provides stark evidence of the unacceptable differences in death rates among female children and women of childbearing age in developing countries.

Women and AIDS In poor countries, two thirds of all those newly infected by HIV are women, half of whom are between the ages of 15 and 24. In Africa, HIV-infected women outnumber men by 2 million. They leave orphaned children to start their lives without a decent chance of reaching their full potential.

Maternal deaths An estimated 514,000 women die annually from complications during pregnancy and childbirth. Ninety-nine percent of these deaths occur among women in the developing world. An African woman has a 1 in 16 chance of dying from complications of pregnancy or childbirth during her lifetime. Your chance of maternal death is 1 in 3700.

Maternal tetanus Virtually unknown in the industrialized world, it still claims the lives of 30,000 women a year, leaving newborns and their families without mothers.

Nutrition Iron deficiency anemia affects double the number of women compared to men. Protein-energy malnutrition is significantly higher in women in south Asia, where almost half the world's undernourished reside.

MCH clinic I've worked in villages in the Democratic Republic of the Congo where most of the population was visibly cretinous, an epidemic of intellectual disability that could have been averted

with pennies worth of iodized salt. The developing world carries 90% of the global burden of disease, yet receives only 10% of the world's resources for health. And most of this excess burden is borne by women and children.

Solving Global Problems: Taking Action Locally and Globally

There are heroes. There are leaders who offer hope of constructive change:

Gao Yaojie is a 74-year-old physician who has been broadly recognized recently for her efforts to address the neglected problem of AIDS in China. She has shown impressive courage in identifying blood sales as a mechanism of transmission in Hunan Province and has used her pension and mobilized student volunteers to address the great need for HIV/AIDS education in rural areas.

Bene Madunagu is a biologist and head of the Botany Department at the University of Calabar in Nigeria. She founded an organization called the Girls' Power Initiative in Nigeria to improve self-esteem and negotiation skills among women and adolescent girls. She is working to encourage a new generation of strong Nigerian women who can take their destinies into their own hands and change the lives of women in Nigeria.

Carol Bellamy has restructured UNICEF to better support countries' efforts to implement the Convention on the Rights of the Child. She is now restructuring the agency to strengthen its core competency in support of immunization and to improve child health.

Gro Harlem Bruntland Since 1998, under the leadership of Gro Harlem Bruntland, the WHO has begun again to resume its appropriate role in pursuit of global public health.

Grace Mbuya This shopkeeper in rural Kenya recognized the opportunity to make a better living and to address the health needs of her community. She sought training and technical support from a nearby research unit staffed by KEMRI and Oxford University, and now offers antimalarials and contraceptives in her village shop. Her work has increased the proportion of suspected cases of malaria appropriately treated with antimalarials from less than 10% to over 30%. Through her efforts, her community has been

Distribution of deaths by age-group in developing and developed countries 1990–1995

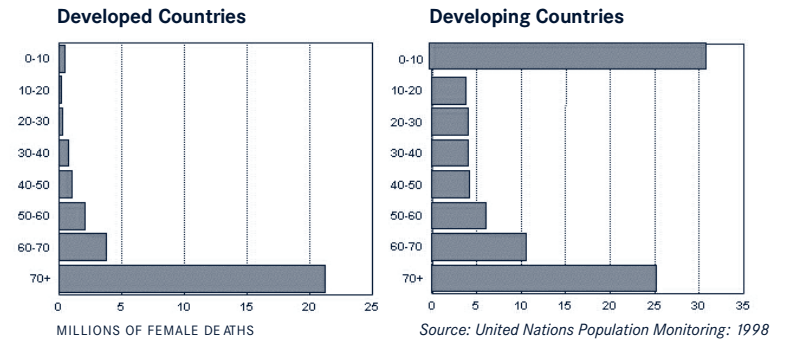


Figure 1

empowered to identify and pursue its own priorities for health and community development.

The leaders are there. I didn't select the women among them to skew this discussion to match the theme of this conference. It is no accident, however, that they are all women. Women are often found in roles where risks must be taken in pursuit of social goods. The very fact that we know about these women here today is testimony to the information and communications benefits of globalization. There is new potential for a sense of unity and cooperation in the human family. The "global public goods" of globalization can exceed the global public bads, if we have the vision and leadership to make it happen.

New Leadership: Harnessing Globalization to Benefit the Poor

No one nation can solve global problems alone. Public goods, such as communicable disease control, are historically financed and provided for all citizens by governments. For reasons the economists love to debate, such public goods are undersupplied. Market forces cannot be relied upon to deliver them. But when public goods are international or global, they require transnational or supranational intervention.

But we do not now have, nor will we soon have, global governance to address these needs. Few nations would want to cede their sovereignty to Global Government. But the demonstrations

in Seattle, Washington, D.C., Quebec City and Genoa reveal a swelling uneasiness among the citizens of the world with the inability of nation-states to address global issues. Multinational corporations have been quick to step into this governance vacuum. There they have found opportunities to exploit and enlarge global inequities to maximize profits.

Our global institutions, including the U.N. agencies, have been so constrained by the member states as to be unable to mitigate or harness these forces for the poor. So far, only the private sector has been able to transcend national constraints.

But this new role for the private sector is not limited to the private for-profits. Private philanthropy is becoming more important globally in efforts to finance public goods. There is a new global network of private, non-governmental organizations committed to public goals. In the absence of a global government or a strong U.N., the recent emergence of a truly global civil society is a glimmer of hope. It is, to a large extent, a credit to global civil society that equity and health issues are now on the ascendancy on the global agenda.

Meanwhile, nation-states are still struggling to find ways to solve transnational problems. Billions of dollars have been committed and new kinds of transnational partnerships have been forged to respond to address inequities in nutritional status and access to immunizations. The new Global Fund for AIDS and Health offers fresh hope that global collective action can alter the horrific trajectory of the AIDS epidemic.

These transnational solutions require a new kind of leadership that transcends the nation-state. Global equity in health will require discarding traditional leadership models based on achieving and maintaining dominance. We must reward those who set aside conflicts to support larger goals, support partnerships rather than unilateralism, engage civil society and private citizens in the prioritization and financing of public goods. We must also provide far larger resources for the Graces and the Benes and the Yaojies who are the engines to address inequities. And each of us must serve this struggle in any way that we are able.