



INTERNATIONAL COOPERATION

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Part III — Health

Given your medical background, given your long interest and commitment on health issues, what would you say the greatest success stories in global public health that we've achieved in the last few decades?

Well, in the last few decades, then we have to start with smallpox eradication, which is an enormous success story. It's done. It was a terrible disease in big parts of the world. Now then, as you continue and look at immunisation. Great numbers of lives saved. Children growing up, going to school, not dying in childhood from measles and from other childhood diseases.

Polio is something that has taken a long time, 30 years by now or something like that. We are not finished yet. But polio is gone in most of the world's countries. Another terrible disease. But we need to do the last stretches of the last years again to get to the final line, which is getting rid of polio.

But crisis, conflict, suspicion across religions-- in some Muslim areas of Africa, for instance, and also in Asia, there have been rumours saying that the people who come vaccinating children for polio, they are really vaccinating them to avoid reproduction. I mean, just poisonous rumours which have no root whatsoever. However, we have to overcome these kinds of hurdles.

Now, another success story is when I came to WHO, childhood vaccination had been stifled. You know, it was flat in the '90s. Had been going up during the '80s, into the '90s. Then there was no increase in the percentage of children vaccinated.

Somehow, during the crisis during the '90s, this had kind of stalled. So gradually, we realised we have to have private partnerships in addition to the public money. And we had a big donor called Bill Gates.

And when he put \$750 million on the table, requested certain principles for a new institution that would deal with immunisation.

I saw there was a great opportunity as we worked with him and others. Norway and others also entered the partnership. Gavi [the Vaccine Alliance] was created, the global alliance, on vaccines and immunizations. Millions and millions of children's lives have been saved because of this, because the curve of vaccination has then gone right up in many of the poorest countries in the world.

So, we can do it with working together, combining forces, and finding ways that combine the impact of the public service and governments with the innovation spirit of private sector. We have been able to create new and better institutions to have results-based efforts towards a common goal. That's one example.

Malaria is difficult. Bed nets is a success story. Many families in Africa have bed nets. And they avoid their children dying from malaria as small infants or small children. And so that's a simple technology that can be spread, and used, and understood.

But they are looking to find a vaccine against malaria. And that's proving to be very hard. So it shows that many public health processes are cumbersome, difficult. And you have to have collaboration in science across the world, and really move in putting their resources together, like we did when a new disease came out of China in 2003.

Acute respiratory syndrome, we called it. Severe Acute Respiratory Syndrome, SARS. Spread rumours through the internet about an illness that killed many people where you had pulmonary infections. And nobody knew what it was.

Turned out to be SARS. And I was in WHO at that time. And we made quite a number of tough decisions to contain it because it spread quickly across the world through air traffic.

Each outbreak had to be contained by public health measures and by collaboration across the globe, with travel information. Don't go to this city. And people felt it was tough. But it was necessary.

It seems to me that a lot of countries are very good at addressing these challenges if there is a proper crisis that has been declared. If the crisis is visible-- SARS, Ebola-- sends this kind of message that something needs to be done, in contrast, to say under nutrition, hunger, malnutrition, where one does not see that kind of urgency.

So do you think that we in the world today are better able to handle crises than those problems that somehow don't seem to get the same crisis level?

That is the case. I mean, as we were talking earlier about inequality and investment social services, basic services to all people, countries who don't do that-- even if they are poor-- they are going to keep suffering in all those ways that you mention. From nutrition, maternal mortality, child mortality, everything.

So the lesson is that we need to realise that health, and education, and basic social welfare services are necessary in every society to avoid disease, illness, poverty just becoming ingrained and continuing generation after generation.

And certainly, especially, hitting girls more than boys, women more than men, because of so many traditions that are linked to discrimination against women, which is much more spread out across the world. And many people are aware. And it leads to the expression, "poverty has a woman's face." This is still the fact.

But, you know, all these basic needs, they need to be taken care of, even without acute crisis. So that's the basic lesson, I think, for development practitioners. And it cannot be done only by people coming from the outside, giving projects, giving money. It has to happen in the country itself by decisions, and with support from others, but it has to be part of what that country decides for itself, that it needs and wants to do.