

Taking the Lead on Global Health

Peggy Clark: Oh, there we go. Oh, okay. Um, this session is called taking the lead on global health. We have three really truly remarkable leaders in global health with us. One of which I'm going to introduce first Victor Zau traveled through the dead of night and the snow over independence pass to be with us. So He's our hero. Victor's out.

Speaker 2: MMM.

Peggy Clark: They, Victor's been coming here for many years and he um, he has, he's really a part of the Aspen ideas family. So victor is president of the National Academy of Medicine since 2014. He was previously chancellor for health affairs and President and CEO of Duke University Health System. He's a professor at Harvard Medical School, chair of medicine and research director at Brigham and women's Hospital and chair of medicine at Stanford University among the many other things that Victor has done in his lifetime and he looks so young, so I'm not sure how this is possible, but he, his research laid the foundation for development of inhibitors that are used to treat high blood pressure and congestive heart failure. And he pioneered gene therapy for vascular disease. Um, he's also a board member of Singapore health services and his numerous honors include the distinguished scientist award of the American Heart Association. So welcome victor. Thank you.

Speaker 2: Thank you for being here.

Peggy Clark: Victor was also recently in January at the opening of the world's First University of global health equity. And the beauty in between the two, uh, two very brilliant gentleman as also wealth brains and beauty is doctor Agnes Pinola who, and um, let me just begin by saying I'd follow Agnes anywhere. She's a visionary in global health. She was the minister of Health in Rwanda and let that country from a post genocide situation, which is hard for most of us to imagine to literally being among the type five of achievers in global health. She was personally responsible for beating back the Ebola crisis, um, for reducing child mortality, reducing maternal mortality. And she in many ways paved the way for, um, Rwanda's leadership in, in terms of numbers of women in parliament with doctorate, with President Kagame. Me. She was a very, very big part of rebuilding that country into the model that it is, that it is today.

Peggy Clark: Um, what she's doing right now is she's a pediatrician. She's a vice chancellor, but she is the chancellor of the University of global health equity. It's in the hills of Rwanda. It's beautiful. It's near Butaro hospital, one of the first human center design hospitals in the world. Um, they are bringing students from Africa as well as all over the world to work on what she's calling global health equity. So she will, uh, tell us more about that. Um, she is, she's also a big dreamer and so she'll share some of those ideas with you today. Um, and then Robert Newman,

Robert also traveled through the dead of night to be with us. I think he drive a lift hard to agents. We don't know. Yes, some special status, but all of them. Frequent flyer miles. He is accumulated, he used last night to get on the last plane, you know, 50% of flights and Denver were canceled yesterday, so, so you all are our heroes.

Peggy Clark:

But I have the very great honor of working with Robert now as a, he's the head of our Aspen Management Partnership for health and health. Um, which is a unique program. Many of our colleagues are here today in the room, which is, is really focusing on the importance of leadership and management in ministries of health throughout Africa and Asia. I'm a pediatrician with more than 25 years experience in global health. He's also a senior associate and global health policy at the Center for Strategic and International Studies. He's a clinical professor of global health at University of Washington. His previous roles include the global head of tuberculosis at Johnson and Johnson. He was CDCs, Cambodia country director. He was managing director for policy at the Global Alliance for vaccines. And he's also director of who is global malaria program. I better stop there cause it goes on for a long time. But he was in Mozambique many, many years ago beginning some of his work in global health and will likely be in mosaic, Ebay, Mozambique, again post the cyclone there.

Peggy Clark:

So our focus for today is this, those of you in the room may know that with the help of, of, um, of Bill and Melinda Gates, uh, and many, many private investors, global health has taken advancements that we would not have believed imaginable, literally a 40% reduction in child mortality in the world. Vaccinations. Thank you. Um, there, there are achievements. I don't think we ever, ever thought we would get to, but the people in the channel believe there's a missing piece. And a part of that is around how can we build enduring capacity in institutions in the countries that need it most and the places that need it most. And how can we begin to focus differently on putting people at the center of Global Health and enduring sustainable work. So that's our challenge for today. Um, fortunately we have some remarkable thinkers on that. So I'd like to start with Agnes. She's both beauty and brains. I know the people on her size to be brains, but, and this is hard for many of us in the room to imagine what happened after the genocide. And when President Kagame, he asked you to be minister of Health and what you did in order now to make Rwanda a shining example of advancements

Agnes Binagwaho:

in health. Tell us a little bit about that journey. So, uh, the, the most important thing to have in mind, it's not the work of one person. It's a teamwork, but it's even not a team work in one sector. It's a teamwork across sector. So, uh, one of my job was to make sure that in the strategy for reduction, poverty and development of the country has have, is a high position. So that mean the 12 sectors are low governance, economic development, etc. I have to make sure that I give a portion of responsibility to the Minister of justice to the Minister of transport, etc. So that in a country where accountabilities, hi [inaudible], if they

don't move, I can give the red cart like in football. And that's it. So it's, um, and that's what we teach to our students in the University of global health security.

Agnes Binagwaho: We scaled them with managerial skills because a doctor in the developing world have to develop his sector. And you cannot develop your sector if you don't have managers skill advocacy. Uh, the, we will also order the master we give is a mini Mba as well. So to make them scale them, to go to their colleague, to convince them of the change, to go down to the population and convince them this is the problem. We can see together how can we work on that together. Never first made them buying and be at service, but also to go up and to convince that this is the right thing to do. So those are the skills that are as important that clinical skills because resolved that your clinical skills remain in your luggage. So let me push back a little. It's very hard for many of us to understand how you could really achieve such significant increases in vaccinations in it.

Agnes Binagwaho: Redactions child mortality, what you're describing sounds really theoretical. How does accountability real? How do you make leadership teams within a ministry that really work? So when I talk about putting health in the heart of, uh, the development of the country, uh, you need also to convince, to have an agenda focused on the people you need to have developed, developed your, your health sector, focus on community and on response. And also that's mean you need to educate and you need also the communities, but you need also to what we call it, university of [inaudible] leave no one out. So it's not like public health. The ordinary way to do where we add value, we think as government to do the maximum for the measure. Each of the people are wisdom, minimum of money. We do the maximum for the left out because the other always find a way to get the service.

Agnes Binagwaho: Like I always say, if the grandchild of the poorest woman, grandma in Rhonda got Served, I should not be scared of my grandchild and the grandchild of the poorest women got served. Um, victor, let me turn to you when I listened to your speeches these days, it seems as if you really feel optimistic and about health care as a place of great intervention group, genetic engineering, precision medicine. But I know a lot of people are feeling really beaten down by the political polarization we're experiencing today in the u s so do you really feel like technological advancements and the things that you're hopeful about can flourish in these highly politicized times?

Victor Dzau: Oh, first Peggy, thank you for inviting me. It's great to send next to above and Agnes and talk about leadership. That's the title of your session today. I say that what Agnes said is so true because leaders have to go well beyond the sectors. I mean, not fraught in most countries. They see healthcare as a cost, not an investment. So until you're able to work with yo finance minister, you're head of state to understand what an important issue this is for both of health of your population, but also the economy and overall future of the country. Uh, you're not gonna succeed. So too many held witnesses are focus on the delivery of the

it space. But I think it takes people like and guess to be able to extend and get everybody to buy in to say this is absolutely important, which leads to, and I want to answer, uh, answer the question that you ask her because why the school?

Victor Dzau: Uh, by the way, I've been very fortunate to be a family member of your school because as you know, my roots with Paul Farmer and Jim Kim Pawn, you co founded this university. I think it's the observation of people like Paul and his and others that leadership comes with a lot of things besides your own competency in the clinical arena, which is being willing to learn those skills set and understand the issue of equity and understand the issue of leadership to be able to have a lot more people, you know, every country to lead and change their paradigm altogether.

Agnes Binagwaho: Exactly. And I can give an example. When I came back from Europe after the genocide was a good pediatrician.

Peggy Clark: I love my job, but I was not able to save any giant because there was nothing. So I had to create the space to exercise my skills and that's where the thinking style. So Victor,

Peggy Clark: yeah, I know you're avoiding the political poll. All right, well I like to put this way. If you think about the future

Victor Dzau: of health and health care and the major drivers of success, we told our leadership, we talk about resources, no question that you know every country needs to invest in health in this future. We talk about making sure the right policy, which I have been to space can cause prevention social times, but one thing I strongly believe is signs in innovation. Just think about this. We have double the life expectancy on this planet in about a century. Wow. Last 50 years. I'm a cardiovascular person. Last 50 years, cardiovascular death been cut by 50% how do we get there? We didn't get there simply because we have good doctors only, but because signs with things along with hygiene, public health, vaccination, antibiotics status. You name it. That's the innovation piece. So when people think about maybe this is, you know, too expensive for middle income country, I think they wrong because think about everyone of you having a cell phone, an iPhone and the ability to be connected and so many people everywhere now using it as a way to in fact a monitor and make clinical decisions. Drones right now and Rwanda zip line delivering, you know, blood supply and I've caused you use for many other purposes to remote parts of it and a retinal scan, being able to look at your diabetes and all those are low cost innovations. Yeah. But high impact. So my strong believer that we really signs has to be positive solution in the long run.

Peggy Clark: Beautifully said. We're glad you are in your role heading science. Um, Robert, let me turn to you, Robert. You at the helm of a really important cutting edge intervention that I obviously have no objectivity about having been a part of the

team to help create it and many of the people in this room, um, and health, which is really focusing on this question of how can we, rather than writing off government ministries and some of the poorest countries and saying they're corrupted, enable how we can really believe in them to be the leaders to own their own and urban development. So tell us a little bit about what [inaudible] is doing, what the vision for it is and what you're learning so far.

Robert Newman: Yeah, no, thanks very much. And it's an honor to be on the stage with all of you and an honor to work with Peggy and the team here on amp health. A lot of the amp health team is here. Raise your hands. Stand out. Yeah. Stand up. Stand up. Yeah. Very exciting.

Robert Newman: Traveled a long way from, uh, from Africa to be here with us this week. It is hugely exciting just to pick up on what would victor and on, yes. We're saying, I mean, we, we have caused for lots of optimism. I mean, the technological advances that have come in, we expect in the future, uh, are, are enormously important. At the same time, I don't think that will take full advantage of the potential of those investments, of the, of that innovation unless we also invest in the people who are responsible for making sure that those innovations reach everybody. Otherwise, you know, we can have the best diagnostics, the best drugs, the best vaccines, the best bed nets. But if we don't have skilled leaders and managers running those programs and making sure that those commodities get to people, I just think we're not, we're not taking advantage of what we're investing in.

Robert Newman: So, you know, I've, I've spent most of my life on the technical side, but I've been increasingly struck that we haven't invested in leadership and management and amp health is at its heart a leadership and management effort. Um, it's a collaboration between health and the governments with whom we work. Uh, it brings the expertise of the private sector in leadership and management training with our partner, the African management initiative in Nairobi. And we work with whole teams. And I think that's one of the secret things. We focus not just on an individual who we pluck out and send to a leadership training and send back. We actually take a management partner, a mid career professional and embed them in a ministry of Health team. The most important thing is that there's demands the Ministry of Health requests that they want support for a team to develop those leadership and management skills.

Robert Newman: Um, and it is both leadership and management. You hear a lot about leadership. Management gets forgotten sometimes, but you heard hear people talking about management and both are really important and we work together to create a, a multi year curriculum that covers all of the aspects of leadership and management that you would expect in any private sector endeavor. And we should expect the same degree of excellence in the public sector. So it really is very exciting and we really try and make sure that everyone in the team feels their responsibility as a leader. And as a manager,

Agnes Binagwaho: that's beautifully said. And that's so crucial because if you have manager skills and no leadership where you're going, if you have leadership but you don't know how to manage, what are you going to achieve? And that's why any clinician that will come out of the university will have the dual degree in global health service delivery, a master and the clinical service so that they can manage and they can leads. So let's stay on this point on leadership for a minute and let me turn to you victor. I understand the national academy of Medicine has a new strategic plan out and one of the elements calls on a new generation

Peggy Clark: of medical leaders that transcend discipline. That's, I found that so complete. And tell us what you mean by that.

Victor Dzau: Well, I think it goes without saying that uh, these days in any field, you know, you really are not confined to the discipline long, but you Claude, a lot of expertise from elsewhere, scientific trends, transcending, transcending discipline and many others. So for example, you think about even in the area of population health is not just a healthcare delivers but also people in economics and social sciences and law and an open design, you name it. So we really believe really in many ways along with Agnes say that you need to train the future generation with skillset that's broad and if not, you need to bring in other discipline into the field and all Joe for us to move things forward. And so we pivoted a bunch of committed and that particularly go to look at what we call convergent sciences. Convergent Sciences is a term that we coined as the national academies, but MIT is taking a big way and they talk about the future of health is convergent sciences.

Victor Dzau: Much of those were emphasizing the fact that molecular research and imaging, big data computation all come together. I wrote a editorial in Lancer to say convergence science, also population health and global health because people think along these traditional signs, discipline. But you need to be much broader in order to solve the problem of a population, right? Urban design, transportation, education, jobs, housing, you name it, that's all part of the important. And if you don't bring all those signs together, thank you. Not gonna be able to achieve the goes off has been planted out patients or people in the center and being an advanced health.

Peggy Clark: So beautifully said. So, so talking about that and action. It's so interesting you said transportation, human resources. Um, I don't know if any of you have seen the film bending the arc. It's about partners in health work and there's a scene that our very own Dr Anne yes, is in where they're hearing in Rwanda and she's the minister of health that all some of the first cases of Ebola had been found. And it shows doctor mes literally I think like putting four card tables together and starting a phone bank, literally like many of us know, and mobilizing people across the country. And it's very interesting. Rwanda was able to stop a bullet in his tracks and I would venture to say that it was the way that you showed up as a leader. And so it's exactly what Robert said and exactly what victor said, but tell us what happened in that moment. And you know the scene I'm talking

about, I know that cell phones and they're calling, we found a person here telling people who haven't seen the movie what was happening. If I ever viewed Phil before and as minister, I

Agnes Binagwaho: would have cut it, right? Yeah. Because the, so I was doing something very casual and uh, because um, [inaudible] was at risk, um, at Buddhas, whatever place we where we're supposed to be informed, immediate, close to be, well informed, informed. So, uh, there were five people to inform us and they said this one call and you see we have a potential case. And that was written routinely liquefy inside myself. Say, Oh my God, you cannot show it. You'll have to say what to do now is to put in place all the things you have prepared for this moment. Meaning, uh, it's, it's, it's, it's really a big logistics. You have the police, all the people to trace the cases were in the police. We had 800 policemen across the country to trace the people and put them in a safe place to save the population. The Ministry of internal affair, the minister in charge of disaster and management, et Cetera, et Cetera, labor security, all the health sector informed all the hospitals, all the community health workers across the country.

Agnes Binagwaho: The custom, the Buddha, the telecommunication to give us lines that is as a priority and never block the, the minister of energy to have energy in that place. No out a Vientiane because we had to take a sample and run the sample to another country for confirmation. Um, all the plane sometimes look complain. So it's at the same minutes. So it's, it's what you so in the film and is the reality and it can happen everywhere. Remember the case that happened here? That's how our students have to be educated. We cannot be an engineer and a doctor. Yes, it take years, but the doctor need to know what it can do as an engineer and learn how to work as a team. So all those, what you described Victor, the, the uh, the social determinant of health, they have to be informed that each books of this beautiful second is Christian and how to use it and how to teamwork with the people who excel in that. And this is the most important, the to be convincing and bring everybody around the table but also managerial skills to make that opportunity work and work for the people. Right. 50 want to come.

Victor Dzau: I was just saying that Rwanda is a really great model for what we call proof headedness. Uh, in fact, uh, out of the Ebola, they, there's a call from UN high level with World Bank to create a monitoring board called the go global pandemic Preparedness Monitoring Board, which I'm on the board for. And we do look at exactly this issue is not just a health response, public health, but the big part of it is community anthropology, which you know so well because every time you look at West Africa and now in Tlc, the ability to engage communities really important. And of course as you said, military others in the DRC, Congo right now, the outbreak and a place where this tremendous civil unrest and the fragile state, you know, you have to provide security for the healthcare workers. You have to be able to work with the community. So military many others are also part of it. So it is a motorcycle sacral response and preparedness and Rwanda does really well in this case.

Peggy Clark: Yeah, absolutely. Robert, let me turn to you. You the amHealth project is working some of the toughest continue. Sierra Leone has been through both the civil conflict and Ebola was devastated. The country. They're Malawi, one of the poorest countries on the earth. But you believe in the power of teams there. Um, and it's different than technical assistants. So tell us a little bit about how you've managed to transform the community health teams in Malawi and Sierra Leone.

Robert Newman: Well, it's the teams that have really transformed themselves. Um, you know, they, they're, it's this commitment. Each of those countries, despite the challenges that they have, have seen the importance of leadership and management. They recognize that technical skills alone aren't going to get to, everyone at the last mile aren't going to deliver immunizations to everyone that needs them, that they need to invest in the people running these programs. And I think what gives me so much hope is that it's not that amp health needed to be sold as a model. There was a huge demand from these countries that recognize that there was this need that doctor on yes has, I think articulated so well that we need to have skilled leaders and managers. I think the other thing that it's coming out in the, in the amp health model, which you've heard again and again from both uh, victor and on yes, is that it needs to be multisectoral while we're working on health, one of the skillsets that the teams begin to acquire as a recognition that you need to, you need to increase your spheres of influence, need to learn how to work outside of your sector if we're going to be successful.

Robert Newman: And I think that that's not just at the country level that we're trying to drive that, but one of the things that Peggy and I are working together on is putting together a high level council on leadership and management for development because we don't think that this is just something that needs to take place in the health sector. And so in the, in the beginning and that just before the UN General Assembly starts, this council will have its first meeting and we're drawing together leaders from health and education and agriculture and finance to drive a conversation. That's, that's really trying to, as you put people back at the center. Yeah. That just says, you know, it's great. We do need these technological advances. We need to keep driving the innovation engine. Yes. And at the same time we need to rebalance that equation. If you think of it as an investment portfolio, you would never invest everything in one thing. So if we're gonna invest a lot in new tools, we need to make sure we're investing sufficiently in the people who are going to deliver those. So we're very excited about this. There's been a lot of traction, actually. The Dan Glickman is in the audience, is going to be bringing some of the agriculture voice to the table talking about things. And you know, nutrition is a fine example. We're not going to reach nutrition goals unless we get different sectors talking to each other at the table.

Peggy Clark: So let's stay on that point for a moaning around changing the conversation. And you were all sitting here in beautiful aspen. We have some of the incredible leaders from global health. I've worked in international development assistance

for many years, more than 40 years. And if there's something wrong with the paradigm. Yeah. And I want to hear your perspective on this, Agnes and Victor, which is we considered to continue to see poor communities as the empty bucket that we need to just put stuff into. And then we create these parallel structures of NGOs that are delivering things. And it's almost as if we are approaching it that we don't believe the countries can really handle their own futures. Um, and there's this need for us to be very self-conscious about how we are showing up and how we are in partnership. So I'd love you to start with this, Robert, and then I'd love your thoughts about this and what's the revolution here? What can we do differently that's better?

Robert Newman: I mean, I think it really is about believing in people and also believing that countries have the vision for themselves. So the development paradigm where there's this inherent imbalance in what are called partnerships, um, where there's an agenda being driven from outside the country. That paradigm needs to change. You know, we think about the future of AMP health for example. We imagine a global collective on leadership and management because we think the days of a Global Fund for instance, where you have a global north funding, the global south, those things are going to go away. Countries like Rwanda got the countries in this room, Sierra Leon, Ghana, Malawi, Zambia. These countries have a vision for themselves. They don't need an external vision for where they want to go. Our job is to be thoughtful partners and where there's a demand provide the sort of partners, true partnership where we can work with them side by side and developing for instance leadership and management capacity to deliver on their priorities and their agenda. Not something that comes from outside.

Victor Dzau: No comments. While I was going to say that, if you look, I think the era of which the model that you have mentioned is pretty much over my opinion. If you look at the global development assistant in health, it's about 38 point \$9 billion. And if you look at the curve has been flat for quite a while now. I think everybody recognized that, uh, really now is the time for each country with its great leadership to start mobilizing domestic resources to work public private partnership to create new financing models. This is why I think innovation so important because um, Robert talked about this in very much, I'd like to emphasize the fact we learning from these countries as well. Yeah. When we look at the innovative stuff that people are doing in those countries with no resources, it's amazing. Yeah. So we've tried kind of, well I don't think we introduced the term, but certainly some years ago when I found the innovation health care, we start seeing about reverse innovation. That is how much our country can learn about efficiency, task shifting and standardizing things to do. Right. It goes both ways. So I think Robert's absolute right capacity building, you know, the ability to uh, have innovation and leadership and learn from each other. This is the time, right? And I think it's happening.

Agnes Binagwaho: Beautiful. And is, what are your thoughts about that thing? Those two men are right? Because you don't come to my kitchen and see what I have to cook. How I

have to, how long I have to cook and the four who I have to cook. So, uh, international partnership is the same. And what type of place you go, even in a country you don't come from. If you believe you are an educated person, going to what you believe an educated community and tell them, okay, your problem is ABCD. Those are the solution. Go and at what? No success. Uh, and be surprised. So there is a dynamic power between the people who have the money and Sutton tactic of skins and the communities who have a cultural knowledge, a lot of of uh, um, knowhow. And if you don't match it with humility and just sit and see, um, if you'll have a problem, I can help you because if your problem is solved, a push on of my problem is self too.

Agnes Binagwaho: Mm hmm. Uh, and uh, since and give them a voice and make them chose with what we start. You come and you believe that. Um, but Ebola crisis, Ebola take off in countries where there is no trust between communities when there is no respite. So people was sick. Doesn't go to seek care because they don't trust the care that we receive. And then everybody's in venture and we don't know what will be the epitome of tomorrow. So we better ready creating trust, respite and traditional knowledge. You don't know how much we learn when we take the time to listen. Beautiful humility. I'm so happy with you have that as a rallying point. Victor, you want to come in?

Victor Dzau: No, I was gonna say you prophesied, I avoided your first question. So I'm going to come back to the trust in science. Yes. The trust issue. I think, you know, trust is so important and everything that we do, but trust in science is so important. He was thinking about the enter vexes today and the issue that I think all of us believe that innovation is going to be part of the in pod solution. You know, we can just lead and manage. We also need to innovate and I think every, I do agree with that. So I was very encouraged by the welcome global monitor. Yeah. We just came out last week, right? Man, I think it might have been discussed here. We lost it here. Yeah. So the numbers in global hundred and 40 countries, 140,000 people were survey. To ask them about the adjunct was science.

Victor Dzau: And to my great encouragement, if you look at highly trust and two medium level trust together, that's about 72% of the gold population. Now admittedly only 20 says I highly, highly trust the signs, but you know, it's like 20% yeah. But medium they believe in it, I know was like agrees, strongly agree and agree. Right? So it depends how you look at it. I think the key issue is to maintain that middle level of 50 some percent who says we believe in signs medium. This is the, but you know, and make sure that it continue to have that deep rooted belief in science.

Agnes Binagwaho: Absolutely. And this was a big part of your job is the belief in science when they believe in the government, when they believe in their tradition, when they believe that the count.

Victor Dzau: Yes. So, uh, so exactly. So and held. The good news is 70 80% global. Now every high, low middle income countries. So they actually trust the health providers in

the health system. And I think that Agnes, so right, that is, you know, if you look at determinants are people believe or not, it is related to education to some extent in the income and suddenly the trust in their institutions and we need to create that trust in all institutions. That's what we've been trying to do it

Robert Newman: national academies, right. Peggy, can I just, yeah, yeah. Just to say, I think this issue of trust is central and I think the words that you're hearing up here aren't the words we've always heard in global health, humility, trust, listening. These are, you know, I think just to link together the wonderful things you both said. I mean, the most important way to begin to build trust is to listen to the people with whom you're interacting. If we don't listen and how are people going to trust us? And you know, when we have our theory of change and amp, actually the beginning of the theory of change is establishing a trusted relationship with our ministry partners. Because without that trusting relationship, where are we going to go? I learned from David milestone is here in the audience are wonderful phrase, which is the progress moves at the speed of trust. And I think what we're hearing up here is that that's really true and that that needs to be us. That can't be an afterthought in development. It needs to be central.

Peggy Clark: Right? Um, so you all represent that, you know, pure the gold standard of this. But, but victor, in your role as the national academy of Madison, you are responsible for making sure that people have access to evidence and database. And all of, you know, that wonderful word truthiness Stephen Colbert talks about. Um, and you know, at first it was really funny, you know, it's not so funny anymore with anti-vaxxers and Millie measles on the rise. Has Your job gotten harder in the last four years with this question of truthiness? But maybe there's a less friendly word that we're all experiencing right now, which might be, I think someone on this stage, the Atlanta when said, I'm lying about science. So

Victor Dzau: I was just as far as the busier, you know, I think we, you know, we've for many years, uh, as you know, a source of great evidence report recommendations to Congress, to a, the u s government globally using evidence space. And we've always felt that we've done a good job in doing so, but we recognized increasingly that we need to log more than just doing those. So we've really, really, uh, redone our communications approach. I'll reports, I'm more focused on the issue of getting trust by scientific review, disability, objectivity and how to actually communicate with the public. We have a project with Google, which is still in pilot call on misinformation. So Google's came to, I say when we look at the most searched areas in Google, right, okay. You know, we don't know how in fact a factual they are and can we do something about it?

Victor Dzau: So guess what, of all the many areas that are being searched, the top five, the size in general medicine in health, no. So we actually began to work with them to look at how we can partner with them in providing evidence. And a counter misinformation of effort and looking at getting the very best experts and push too far forward both through Gogo search that you find the right information. Hopefully it will rise to very top of your search. But also using a whole series of

media, social media, electronic emails, websites, and many others. Push this information out so the public can know more about what is, uh, what's important. If I can say one word about our strategy and convergence signs. One important aspect of science and technology is the concern for equity. And I, we have to acknowledge that, right? The tremendous advances which may make it unaffordable, people have no access to et cetera. And of course that's one of our big areas. Looking at the ethics, social sciences costs, et cetera. I wanted to give a shout out to senator Cassidy back there cause he's been working so much on the truck pricing area. There was certainly something we work with him on looking at how do we make sure that we have a good framework to determine what would be innovation that's affordable. Uh, and I think this is a really important area.

Peggy Clark: Beautiful. Thank you. Um, I want to open up to all of you and Dan Glickman. Congress has that, the honorable Dan Glickman have former secretary of agriculture and congressmen and my friend who's teaching people at Africa every day. Um, let's bring the microphone there and then others of you just raise your hands and that, um, and we'll bring the Mike to you. Dan. Thank you for being with us.

Robert Newman: It's such a great honor for your three experts. So I just want to, I've been involved with food and agriculture all my life and it's the one area that's hardly ever mentioned in high medical circles. So recently I was at a panel of distinguished scientists from medicine, medical doctors from all over the world. And the issue was noncommunicable diseases in the developing world, nutrition and food was not even mentioned. I tell you what was mentioned, cigarette smoking, reducing obviously very important and getting Pharma drugs into the world. And you know, there's the African proverb proverb, of course, I don't know what all that well, but yeah, food is medicine and medicine is hell. And sometimes I think that food and uh, and, and health are not mentioned because it's not viewed as perhaps a sexy of a subject or maybe the science of food and nutrition is not where it needs to be. But I always heard, you know, my mother used to say, take your medicine with food, otherwise it doesn't work. So I would just, I'm on a one, I'm a one horse pony on this issue. You are three leaders in the world. Don't forget the importance of eating and what you eat is part of the health of the developing world. Nutrition. Please. Yeah.

Victor Dzau: Yeah. In fact, I would say this is very high on our list of discussion. Uh, Aspen, how strategy group, which I'm part of before this thing talk about antimicrobial resistance and the important of one health agriculture is clearly, and farming was part of this whole discussion. Uh, gene editing. We'll have a session at noon, which I'll be participating, you know, and gene editing, the whole issue of gene drive. And in fact, in looking at how to apply an agriculture social determines of health, food security, believe we we talk about food very much on our mind,

Robert Newman: right? Let's say I'm Bob. I've talk about agriculture ministers. Yeah, I mean we really think that this conversation needs to include food and agriculture university. We have an institute of one health of your own mental health. Human Health, animal health. Okay. Okay. Um, where's the Mike, we have a question right here if you want to stand up and then Mohit, you can be next. Anybody else want to? Okay, we'll take the next one please. Good morning. Thank you for the discussion. Um, my question is about gender equity. So we know that 70% of the global health work is made of women, but only 30% less than 30% of the health leadership positions are held by women. So I'm curious in your programs, what sort of interventions are being done to help more women from the front lines? Um, access those places have decision making power, right? Question. You're not a plant, but this is why were you,

Robert Newman: yes, let's start with that. I think you're raising an incredibly important point. And part of the way we are trying to do with it is make sure that we deal with whole teams because the teams actually do have quite good gender balance. So if it's not just plucking someone out who's often the man, the man who gets plucked out, but training the whole team and bringing that team along together, then I think that's a very good way to address the equity issue. The other thing is, is is, is how you put together a board. We have a board for amp health. It's 13 people, 10 of them are women, including our chair, Wendy Taylor, who's here. So that's another way where we try and show that the leadership needs, women need to assume a much greater proportion, ideally more than half of the leadership positions in gold.

Agnes Binagwaho: Right? And, and yes, we're kicking it up Limon and one and one and one of our board members, my university, yeah. Uh, we have just recruited the first cohort for medical education. 70% of women by purpose because it's, it's, it isn't somebody, but it's a message to the world. Uh, we also have in, in the university are going to have the Ted Conference on woman leader in global heads. It will be the Kigali Rwanda. The first was installing it. It's really beautiful that, yes, and we push women first of all because they're the ones who give the maximum care at home and the nurses, the doctors, et Cetera, and the bat poet in balance need to change. And that is also a lot of data, economic data showing that when you promote women when it comes to that, that's true. And with that money you create has sort of, I can just go

Victor Dzau: what? That's academies. As you know, we are the academy, however, Jvl Memphis about 70 years old and mainly white male. This past year I'll class is 42% women, a 25%, uh, less than age 50 and a 28%, uh, minorities. So we really work in hot and diversify, introducing a lot more diversity inclusion. And I'll academies, which obviously in many ways is the intellectual center of Health, medicine and sciences. But I think we are certainly making all efforts.

Peggy Clark: We have a long way to go. It's really, we thank you for that question. It's so important. Hit please and then the gentleman after that, we have a Mike right

here coming to you and then the gentleman with the, yeah, please mow head. Um, Mo hits one of our management partners please.

Audience Member: Oh, thank you for this powerful narrative and the illustrious background to go to your brain. It's weight to the power of storytelling because sometimes stories can just get that stories, but this is your life. One of the things we talked about in primary health care is putting community is at the heart of their health. People are the center of their health. We've talked a lot about leapfrogging here through paradigm shifts in innovations. How do you empower communities to be put at the heart of innovation? Because innovation as beauty talking right now, CRISPR gene editing, that's not the only form of innovation. It's communities who are finding ways to overcome drought communities. We're finding ways to overcome land blockages to send their kids to school. Communities who are looking at local resources for nutrition. How do we empower them to be at the heart of innovation? How do you recognize that that innovation and how do we systemize the diffusion of innovation in the context of the countries you're working so that we don't always have to look to the global north for innovative solutions? Beautiful question.

Victor Dzau: Yeah. So if I May, uh, I think a lot about that issue. And in fact, as you pointed out, you put a communities community in the middle enabled people to find solutions and they had lots of people who are ready to do so he'll help them and give them assistance in terms of resources and then you try to help them scale and replicate. So there's obviously so much of it is driven by need and market. And so understanding that is a center about what you can enable innovation to succeed. So about 10 years ago I co founded a organization called innovation healthcare is run by Krista [inaudible] Kumar. It's between Duke, Mckinsey and welcoming forum. What we did is we scanned and tied landscape northern south for innovators who are trying to find or find new solutions for low cost solutions in healthcare. And there's lots of great ideas and we create a form for them to come together. And importantly we bring investors, industry together for them to pitch and help them scale, replicate. We help them to do a business plans. And I think in providing some of these skillsets, the innovators will be able to kind of break out of the and able to now move further higher. I think the whole point is when you have a great innovative idea, replication and scaling is critically important. Right. And this is what we tried to do and I'm sure you have lots of other ideas as well.

Agnes Binagwaho: Well, put it into the acid content community at the center. Tell us what your thoughts were on it. Yeah,

Robert Newman: let's start with you. Yeah. You know, I think it goes back to what we were talking about before. It's about listening. So we need to listen for good ideas. They're out there and we need to trust, we need to trust that communities actually have a vision for what they're trying to achieve. We often go into communities sort of saying, you know, the glasses is half empty. You know, what, what are you missing? And there's a wonderful book out of community developed in the

United States called building communities from the inside out and the ideas, how do you go in and listen and learn what the community's ideas are and figure out what are the resources and extra things they need to launch the days, those ideas and, and fulfill division they have for their own communities. Right. Unless you want to go, I'm not going to add to what you said. See,

Agnes Binagwaho:

I just also want to say that you need to make the community prepare to have their own demand and this is also education. It's a, now use those technology to educate, uh, distance, uh, information, et cetera. What we do also create immediately among the people like you and me who have the chance to eat correctly. Every day a little bit too much, but also to get access to all information, et cetera. Just be 10 full and share that and it'd be, it's obvious of community. Then innovation come and they will help to improve innovation. Beautifully said. So I'm getting the hook. We're all out of time. I think zero minutes and this gentleman in that orange, you can get his question as so could I invite you to come up and talk to these guys after? But I really want to thank my panelists who are, are brilliantly and tirelessly working on this, the people in this room that are working so hard on these issues. Thank you so much.