TIME Global Health Summit
Heroes
November 2, 2005
10:00 a.m. EST

At this time and at various points throughout the Summit, TIME will honor heroes of global health—individuals who are making a difference in their community with limited resources. Actor Glenn Close will introduce them.

Heroes:
Mufaweza (Mustari) Khan, Executive Director and Co-founder, Concerned Women for Family Development, Bangladesh

For 25 years, Mustari Khan has worked in the slums of Bangladesh persuading Muslim women to space their births and to use family planning. Khan and her colleagues have gone door-to-door in a society where women were unable to leave their courtyards. She convinces mothers-in-law and husbands that they don't need more than two children and that girl children have value. Working with CEDPA, she has worked for women's education, and promoted micro-credit opportunities for girls and young women to get job training and start small businesses.

Dr. Ngoma Miezi (Leon) Kintaudi, Director, SANRU/ IMA-ECC, Democratic Republic of Congo

As a young man in what is now the Democratic Republic of Congo, Dr. Kintaudi watched his father die after several days of acute appendicitis because there was no doctor at the local hospital to attend to him. Kintaudi vowed to become a physician, eventually moving to the U.S., where he earned his undergraduate and medical degrees. But he never forgot the need for better medical care in the DRC and returned a few years ago to help reconstruct that war-torn country's health zones in a unique partnership between the government and the church community. Now the medical director of SANRU III (Sante Rurale, or Rural Health), Kintaudi oversees 56 health zones and the health of millions of people. In just three years, TB detection and vaccination rates have jumped significantly and more and more health zones have access to potable water.

Dr. P. Roy Vagelos, Retired Chairman and CEO, Merck & Co., Inc., USA

In 1978, as a lab director at Merck, Dr. Roy Vagelos authorized development of a drug to prevent river blindness (a parasite transmitted by black flies that spreads through the skin and into the eyes, causing progressive blindness). Vagelos knew that the 85 million poor either addicted with, or at risk of developing river blindness could not afford the drug. When Vagelos became CEO of Merck seven years later and finally was in the position to manufacture the drug, Mectizan, he couldn’t find a sponsor. Consequently, Vagelos announced that Merck would give away the drug to all who needed it. By 2004, 17 years after the program began, more than 70 million people were being treated annually with Mectizan — mainly in Africa, but also in Latin America and Yemen.

At the TIME Global Health Summit, held in New York Nov. 1-3, TIME magazine convened leaders in medicine, government, business, public policy and the arts to develop actions and solutions to the world's health crises.

More information, including archived Web casts of sessions, transcripts and downloadable photos, available online at www.time.com/globalhealth.

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UNIDENTIFIED PARTICIPANT: Next up we're going to begin a segment that we've woven into the program called Heroes. As we debate the agenda for the summit, it became pretty apparent that we had more inspirational stories to share than we had hours in a day, and we wanted to create space and time for you to hear from some of these exceptional people.

We have a special guest (INAUDIBLE) the summit to introduce these heroes. I imagine many of you know the actor Glenn Close for her accomplished work on stage and screen, but many of you may not know that Glenn Close - her father was a medical doctor who ran a clinic in the Belgian Congo for 16 years.

So Glenn did experience a good deal of time in Africa, and it's pretty clear when you meet her and speak to her that it touched her deeply. She is a very informed person on global health issues. We're delighted to have her with us, so please (INAUDIBLE) in welcoming Glenn Close.

(APPLAUSE)

GLENN CLOSE: Good morning. It's a great honor for me to be here this morning and to have the great pleasure of, through the next - today and tomorrow introducing these people who are truly heroes.

Our first guest in this category is Mustari Khan. She's the executive director of Concerned Women for Family Development, which is an organization run for the women of Bangladesh by the women of Bangladesh. Ms. Khan and her colleagues have literally gone door to door, reaching out to women who could not so much as leave their courtyards.

The pioneering work of CWFD has changed the social landscape for women by addressing their health and family needs in a grassroots, hands-on fashion. So here to tell their story is Mustari Khan.

Ms. Khan?

(APPLAUSE)

MUSTARI KHAN, EXECUTIVE DIRECTOR, CONCERNED WOMEN FOR FAMILY DEVELOPMENT: I feel privileged to be here today speaking on behalf of the underprivileged women from Bangladesh. My (INAUDIBLE) classmate, Jompa (ph), is one of them. I still remember her innocent face.

Once, when she was absent from almost two weeks, we all were (INAUDIBLE) concerned about what might have happened to her. Soon we found out that she has been given in marriage with an older man.

For Jompa (ph) this was not the end of her education. Just few years later, we learned that she had died during childbirth. That event left me with a deep wound in my mind. I did not understand why Jompa (ph) should have to die.

As I grew older, I began to see that Jompa's (ph) fate was not as unusual as I had thought. Each year, a few more of my classmate disappeared. For many of them, I never heard any news of their fate. Jompa's (ph) fate haunted me through my adolescence and youth.

I saw many girls (INAUDIBLE) with no purpose in life, learning only the social accepted values for women, servitude and sacrifice. I began my career as a teacher and later as a journalist. But I always

looked for opportunities to do something for women, which would be many years before I could translate that into a reality.

In 1974 there was a big famine in Bangladesh. Many economic (INAUDIBLE) people (INAUDIBLE) moving from rural areas to the cities, especially capital city, Dhaka. This was aggravating the already poor living condition (INAUDIBLE) in the urban slums.

It was during that time I joined Peggy Sterling (ph) and few other group of women. As a group, we went to the (INAUDIBLE) settlement camps and slums of Dhaka, providing cholera vaccine and other essential health services.

During these activities we realized that burden of large families was an important factor in poverty and miserable living conditions. It also became apparent that most women do not want (INAUDIBLE).

There were, however, many (INAUDIBLE). In predominantly (INAUDIBLE) and largely illiterate society in Bangladesh, women who are mostly confined within their household - they had very little opportunity to travel alone to a health care or a family planning clinic. Social taboos barred them from seeing many service providers.

So we started working as a voluntary group of women going out to the slum and giving them information and education and contraceptives.

As a group of volunteers, we realized that our voluntary activities are too little. To have a greater impact, we have to have a - we have to go to a larger population with a larger organization. When we started our formal program in 1976, we had very little professional expertise and no real strategic model to follow.

Our simple (INAUDIBLE) shaped by the sympathy for these women who desperately needed our help. Our strategic model soon became a woman-to-woman approach, face-to-face communication, and door-to-door visit.

Our (INAUDIBLE) to promote change in these women's life and attitudes, (INAUDIBLE) their doubts and concerns, gain these women trust, and build their self-confidence.

Although we started by offering family planning counseling and distributing contraceptives, we soon saw that this alone would neither help the women very much, nor would it be widely acceptable. Accordingly, we gradually expanded the scope of our service as a broad-based reproductive health program and child health care program.

Simultaneously, and consistent with the societal change and improved mobility of women, CWFD gradually moved from door-to-door services to (INAUDIBLE) service.

(INAUDIBLE) we also realized that poor health care alone was not the cause of impoverishment for women. To significantly improve the life of an average Bangladeshi woman, we have to enhance her status in the family and society.

Thus, CWFD expanded its program with an additional focus on women's development and activities, including vocational training and supplemented by microcredit.

A large segment of the population in Bangladesh was adolescent. They grew up and entered their reproductive life without any information or knowledge on reproductive health. We felt that services to those group of population would have a greater impact, so we added special program for adolescent.

Today, approximately 25,000 adolescents (INAUDIBLE) this program, receiving information on health, family planning and HIV/AIDS.

One painful (INAUDIBLE) issues we have come across during our work in community is gender violence. That has a great impact on health also. To fight this problem, we have launched programs designed to raise community awareness of issues surrounding violence against women and provide health care and legal support for the victims of violence.

This is how we started humbly and expanded gradually, as we perceived new needs and added appropriate interventions to meet them. Over the years, our scope has grown (INAUDIBLE) health care in the (INAUDIBLE) development strategies for women, such as training (INAUDIBLE) development, microcredit, adolescent empowerment, primary education for some children, especially for girls.

Accordingly, we also changed our name from Concerned Women for Family Planning to Concerned Women for Family Development. From handful volunteer, CWFD has now more than 600 professional staff serving a total population of two million.

Through this entire period, our goal has always been not just provide services to a passive clientele but to inspire our clients to actively participate in their own development.

Lessons we have learned through this (INAUDIBLE) understand the culture and social environment before planning any program. Give (INAUDIBLE) to your cause and believe in what you plan. Start small, build as needed and as possible.

Serve your clients with love, dignity and care. Face challenges together and with courage. Be flexible and adapt to circumstances and changing needs. Exploit opportunities as and when they come.

My final thoughts: Over the years, I have seen situation for women in Bangladesh changes dramatically for the better. Despite this, there are still hundreds and thousands of women who either die during pregnancy or childbirth or suffer lifelong disabilities.

Many newborns don't see their first birthdays. Many young girls and boys never get opportunities to develop their potential. They all need our help. Your active support may enable us to help them.

CWFD always seeks broad-based financial support to continue its innovative program helping women and adolescents to help themselves. I'd like to end with the translated words from a famous (INAUDIBLE). I quote, "Above all else, humanity is true (INAUDIBLE)," end quote.

We should all see that truth and do what we can help to help those less fortunate (INAUDIBLE). Thank you very much.

(APPLAUSE)

CLOSE: Thank you, Mustari Khan.

It's my next pleasure to introduce Dr. Ngoma Leon Kintaudi. Dr. Kintaudi is director of the Department of Medical Services of the Protestant Church of Congo, known as EEC (ph).

The EEC (ph) provides guidance and leadership for 65 member communities. Its network includes more than 80 hospitals and 400 health centers throughout the Democratic Republic of Congo.

Dr. Kintaudi is also the medical director of the SANRU Rural Health Program. His tireless efforts contribute to improved health treatments and knowledge for millions of Congolese by wedding the simple concepts of community and health care.

Dr. Kintaudi?

(APPLAUSE)

NGOMA LEON KINTAUDI, DIRECTOR, DEPARTMENT OF MEDICAL SERVICES OF THE PROTESTANT CHURCH OF CONGO: Thank you. In 1834, Edward Mote, an English cabinet maker and a hymnist, began to write a new hymn with the words, "My hope is built on nothing less than Jesus' blood and righteousness."

The same day, Mote visited a friend and his wife who was very ill. Mote had in his pocket a new hymn that he decided to share with the couple to bring them hope, healing and comfort. Like Mote, I'm here to share with you, and it's my privilege to share with you, and it's my duty to share with you - the hymn that I have is in my pocket - to provide healing, hope, and caring for Congo.

The son of God has called me to sing wherever I go, whether in the remote villages of Tunonpangu (ph) or the halls of Lincoln Center, tells the heartwarming story of work begun 25 years ago. This work about which I sing has a name, Sante Rurale in French, Rural Health in English, or simply SANRU.

This program began in 1981 as a project between USAID and the minister of health. Those partners selected the Protestant Church of Congo, which I represent today, to implement that vast project. This unique collaboration became the catalyst for building Congo's decentralized health zone system.

The foundation of the health zone system were built so strong that they survived a decade of civil war and political turmoil in my country. On that foundation lays the hope for the health of the people of D.R.C.

Today, the SANRU team is assisting the minister of health to rebuild Congo's health system of 515 health zone. We are supporting today 75 health zone and provide health care for more than nine million. Today (INAUDIBLE) in these health zone receive Vitamin A and are all vaccinated against childhood diseases, a dramatic improvement from 27 percent four years ago. My hope is built on nothing less.

Today, we are reducing death from malaria through the distribution of hundreds of thousand of insecticide-treated nets. However, we need more. We need more. And millions are needed. My hope is build on nothing less.

Today, we are fighting AIDS by speaking out, screening, testing, treating, counseling, proclaiming, shouting, imploring. The disease must be stopped. My hope is built on nothing less.

Today, thousands of health workers and community volunteers are trained and equipped to provide preventive and curative health care in the most remote rural areas. My hope is built on nothing less.

There is still much work to be done, but hope sustains me. My hope is built on the strength of the SANRU team, and excellent collaboration between the minister of health (INAUDIBLE) organization and international donors such as USAID, the World Bank and Global Fund.

We all share the vision of church and state working together as global partners in public health. My hope is built on a partnership between the Protestant Church of Congo and Interchurch Medical Assistance, IMA, a marriage made in heaven. IMA, with is member agencies and corporate partners, have helped to undergird our work.

But most of all, my hope is built on Congolese parents who faithfully take their children to be vaccinated, on women who seek prenatal care to protect their unborn, and on couples who practice child spacing to protect both the mothers and their newborn.

My hope - it's some day we can reach that level, where mothers will not die again as they're dying today. Those mothers walk miles and miles to do so. Those mother walk hours and hours to do so.

I am but one man standing before you today to be recognized as global hero, but I turn around and see thousands of Congolese heroes behind me, linking arms, linking hands with a vast network of partners around the globe that are caring for Congo.

For myself and for those thousands of heroes working without recognitions, I say thank you. Above all, I would like to give thanks to my lord and continue seeking his guidance for all that we are planning for the future. Thank you.

(APPLAUSE)

CLOSE: Thank you. Next we're going to hear from Dr. Roy Vagelos. Dr. Vagelos has an illustrious C.V. as a scientist and (INAUDIBLE) chairman and CEO of Merck.

After authorizing the development of the cure to river blindness, he was faced with the daunting task of getting it to people in need. In an interview, when asked about the financial impact of providing the drug for free, he responded, "What is the value of preventing 18 million people from going blind?"

Let's take a moment to watch this clip from "(INAUDIBLE) for Survival".

(BEGIN VIDEO CLIP)

NARRATOR: For Jillian (ph), daily survival is fraught with danger. To gather wood for cooking, she must wander across unknown terrains, unable to see snakes or other hazards.

JILLIAN (ph): My prayer is that my kids would grow up healthy and take care of me. If they become blind, what hope does any of us have?

NARRATOR: Sadly, most children here believe that one day they, too, will end up on the other end of the stick, blindly following the next generation.

(END VIDEO CLIP)

CLOSE: Dr. Vagelos?

DR. ROY VAGELOS: Thank you. I'm pleased to be here representing the scientists and people of Merck. In 1975, a team of scientists at Merck discovered a very unusual medicine that was able to kill parasitic worms.

It was extraordinarily potent, very, very capable of killing all kinds of worms in animals and, as we had hoped initially, in humans - killed many of the parasites, these worms, that are inside of domestic animals such as cattle, horses, sheep, pigs.

And farmers were very anxious to use this drug because the worms in these - in these animals caused them to lose weight or gain less weight from the - from the food that they eat. And so it became a very popular drug for - medicine for animals used by farmers.

It was also effective against dog heartworm, and if you have a dog and give that animal a tablet once a month for heartworm - that is ivermectin. This very important medicine that was discovered at Merck. So it was put on the market. It was a very popular drug.

And about 1981, two scientists at Merck, Dr. William Campbell and Dr. Mohammed Aziz, came to see me to tell me about a disease I knew nothing about. And that was called river blindness, which you just saw something of.

River blindness was an infectious disease caused by a parasite, Onchocerca volvulus, and this parasite infects 18 million across the globe, but largely concentrated in sub-Saharan Africa. One hundred million people are at risk for infection by this parasite.

They taught me about the disease. It is a disease that is transmitted by the bite of a black fly. The parasite itself exists in two forms, microscopic microfilariae and also the adult worm.

The way the infection works is that the people who are infected have it in their skin, have these microfilariae in their skin. The black fly bites a person who has the microfilariae, picks up one of these microscopic worms, and within the fly that parasite develops, so that when the fly bites someone else and injects that more mature microfilariae, it becomes an adult.

And in the skin of these people who are bitten, there are lumps of adult worms. The males become about seven or eight inches long, the females about 15 inches long. They live together and mate and make millions and millions of microfilariae.

These microfilariae crawl through the skin, causing incredible itching, so these people are constantly scratching themselves because of the itching. The microfilariae also enter the eyes, and the eyes become initially inflamed and then scarred, and eventually many of them go completely blind, a terrible - a terrible condition.

In some villages, 20 to 30 percent of people have severely restricted eyesight, vision, and many of them are totally blind. Well, hearing about this disease, I asked Mohammed Aziz what he planned, and he said maybe this drug that we're using in animals might work against this disease.

And the two of them, Campbell and Aziz, had done some experiments in horses and noted that a related microfilarial disease was sensitive to ivermectin. And so they took - Aziz took the drug to Dakar in Senegal, and there he saw people who were infected within their skin.

They took a pinch of skin over the hip and looked at it under a microscope and saw many, many of these microfilariae, so the skin was just filled with these tiny worms. They then gave a dose of ivermectin, which in the human form was called Mectizan. They gave one dose of Mectizan to a couple dozen people, and it went by mouth.

They came back in a month, took a pinch of skin again, and looked at it under the microscope, and all the microfilariae were gone. It was quite amazing. There was zero. And so Merck undertook then a huge development program to study this drug in large numbers of people, and it took several years.

By 1987 they had studied a couple of thousand patients and demonstrated that the drug, when given as a single dose once a year could eliminate this problem. And so we were - we had a drug that was almost magical. It would prevent blindness in millions of people if we could get it to them. And so we thought about getting - distributing it.

These people were among the poorest in the world - sub-Saharan Africa, Latin America, Central America and Mexico, spread around that part of the world - so we visited a number of governments asking whether they might buy it from Merck at low cost and distribute it free, including the U.S. government, and they all told us they would love to do this important program but they were broke, they had nothing in their budget.

And so we're, in 1987, facing a situation where the drug was about to be approved for distribution by the French regulatory agency, because the U.S. FDA didn't know anything about the disease, and we, at that point, did not know how we were going to distribute it.

And so when the approval came through, Merck made the decision that they would contribute the drug free to anyone in the world for as long as it was needed. That was 1987.

We enlisted Bill Foege, who had been a leader in eradication of smallpox and later was joined by President Jimmy Carter, who became - who went out there and convinced governments, cities, villages, countries that they should start distributing the drug that was going to be given away free.

And World Health organization became involved later. The World Bank became involved to support the distribution since the drug was free from Merck.

The program started in 1987. It started slowly, built up over the years, and by the year 2004, in that one year, over 60 million people were treated completely free.

It is the hope of people, scientists and people at Merck, that this disease can be eradicated on the basis of a Merck discovery and a Merck program, in collaboration with all these people who have worked with us. Thank you very much.

(APPLAUSE)

CLOSE: Thank you, Doctor.

Well, thank you very much. We'll hear from more heroes this afternoon and tomorrow. I have now been told that I can announce a break, and everybody come back at 1:40. Thank you very much. Oh, 10:40. That's a very long break.

END