

Speaking Points

“Innovation and Global Health: Canada’s G8 Opportunity”

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Check Against Delivery

Thank you

And good morning everyone!

Let me just say what a pleasure it is to join my friend, John Dirks, on this panel! John's efforts with the Gairdner Foundation - as you've just heard - are bringing deserved recognition to those working in the field of global health.

It's a pleasure to share this panel with John and this time with all of you.

And what an incredible group! Each of you is making a significant contribution to global health and it is humbling to be in the presence of such an auspicious gathering.

I want to say a special word of welcome to our friends and colleagues who have come from outside of Canada. Your presence is both an expression of your commitment to global health and an anticipation of Canada's role in hosting the G8. Welcome to all of you!

We have an ambitious agenda before us today - everything from accountability to the relationships among health and economics, food, climate and security. Like you, I am looking forward to our discussions and I certainly won't try and anticipate their conclusions in these brief remarks!

Instead, I want to speak, for just a few minutes, about the unique opportunities that lie ahead in global health.

We've just heard about the opportunity afforded Canada by virtue of our hosting the G8 Summit this summer. To exercise leadership. To set us on a new course. To redefine Canada's role on the world stage.

Nine years ago, world leaders set far-sighted goals - Millennium Development Goals - to free a major portion of humanity from the shackles of extreme poverty, hunger, illiteracy and disease by 2015.

Three of those goals spoke directly to global health issues, specifically: reducing child mortality; improving maternal health; and combating HIV/AIDS, malaria and other diseases. Together, these combine to rob entire countries of their futures.

Ban Ki-Moon caught the urgency of achieving these goals in his Forward to the 2009 Millennium Development Report when he said, "We have made important progress in this effort and have many successes on which to build. But we have been moving too slowly to meet our goals." end quote.

The statistics bear that out. Today, a woman in the developing world is *still* fifty times as likely to die in pregnancy and childbirth. A child born the developing world is *still* thirteen times as

likely to die under the age of five. And shocking as those ratios are, they are almost twice as bad in sub-Saharan Africa!

How can that be right? How can it be right that fifty times as many women die in pregnancy or childbirth - or that thirteen times as many kids die under five in these countries than in Canada?

How is that fair?

It's not fair. And so if global health isn't the mother of all ethical issues, I don't know what is.

Addressing this challenge requires fresh thinking - and a balanced approach. Now, when most people think about "balance" they think of the "scales of justice" - a seesaw, where if one side goes up, the other goes down.

That's not what I'm talking about. By balance I mean the relationship among various elements within a bigger picture. A harmonious arrangement aimed at a larger purpose. Think yin and yang - not either/or.

In the case of global health, there are a number of elements that need to come together, that need to be balanced. Let me just mention a couple.

First, there's the relationship between short term and long term approaches. Humanitarian aid would certainly fall under short term approaches, bringing immediate results to address

immediate problems. The situation in Haiti is a perfect example, where an immediate response is required. Or assisting developing countries through bilateral support for the health sector. Or sending bed nets to Africa to fight malaria - saving lives today.

But we also need fundamental, longer term approaches that offer lasting solutions. On the longer term approach to malaria, think of developing a vaccine or even of changing the genetic code of mosquitoes so that they can't spread the disease.

Both short and long term approaches are needed. Sending bed nets saves lives right now. But if *all* we do is send bed nets, then in 10 years we'll *still* be sending bed nets. Similarly, pouring all of our efforts into the longer term solutions doesn't help people in the here and now. So there has to be a balance between the two.

Second, on the longer term solutions, we need to balance between technological innovation and social innovation. The best vaccines or the greatest new diagnostics, are not much good if we can't get them to the people who need them in a way that's both timely and affordable. Broken health systems can't deliver health products - not *when* they are needed, not *where* they are needed.

Let me give you a concrete example. Any of you with children will know that getting your kids vaccinated often requires three or more visits to the doctor's office. That's fine if the office is just around the corner, but what about in rural Africa where a mother might have to walk miles

to see a health care worker? Where refrigeration of the vaccine is extremely difficult?

One of the initiatives in the Gates Foundation's Grand Challenges in Global Health is the development of new vaccines that don't require needles or refrigeration and can be given only once. That's an example of technological innovation.

On the social innovation side, there's a terrific program funded by Canada's International Development Research Centre that has provided critical information about how immunization coverage can be increased and made more equitable in developing countries

Technological innovation and social innovation are synergistic - like yin and yang. And we need both - working together.

So balance is critical - among short and longer term approaches and, in the longer term, between technological and social innovation.

What about Canada's role? What might our unique contribution be to global health?

I believe that we have an incredible opportunity to create a new perspective on how we interact with the world. How? By developing a new model for our foreign policy - one based on innovation. A model that is neither "hard" power nor "soft" power, but *smart* power. Focused on smart development.

At the moment, Canada invests about \$580 million in global health - that's about 2.6% of what the world spends on development funding for global health. That's a pretty small percentage! So if we don't lead with ideas, if we don't lead with fresh thinking, we don't lead at all! I believe that where Canadians *do* lead with our ideas, other countries will follow - including with their dollars.

Fifty years ago, Lester Pearson won a Nobel Peace Prize for his role in resolving the Suez crisis. Pearson's proposal - to create peace keeping forces wearing the blue helmets of the United Nations - revolutionized international relations and raised Canada's reputation in global affairs.

And just as this country formulated a new way to address global conflict through peacekeeping, today we have the opportunity to address global health challenges through innovation.

Think of it as expanding beyond blue helmets to white lab coats. Or, as Francis Collins once described global health, "the chance to be more of a doctor to the world than a soldier to the world."

Canada brings impressive assets to such an effort.

We have some of the best scientists in the world, conducting some of the best science. We have a world-class university system that is producing tomorrow's researchers and scientists. We're home to more than 15,000 scientific and health-related professionals from developing countries,

who could provide ready-made links to those communities.

A great first step, focused on Canadian innovation. But why stop there? Why not help spur domestic innovation in developing nations?

After all, if you wanted to make sure that a country stayed poor forever; if you wanted to make sure that the health outcomes of people in developing countries remained dependent on charity, what would you do? Well, you'd make sure that they *couldn't* translate the brains and talents of their citizens into products and services. And that's a pretty good description of what's happening in many developing countries.

One of the really creative things we've done in Canada is to bring together some of our best scientists, our best entrepreneurs and far-sighted investors at the MaRS Centre here in Toronto - to translate ideas into products and services.

Well, if it works for us here, why wouldn't it work for the people in developing countries?

What if you created a "MaRS Africa" in a country like Tanzania? Imagine if you could provide a way of developing African science, African entrepreneurship, African ideas and African innovation to address African health problems!

What would that mean? It would mean breaking the impasse that keeps countries poor. It

would mean unlocking that continent's potential. And it would provide a pathway to prosperity, jobs and better health.

David Miliband, the British Secretary of State for Foreign and Commonwealth Affairs, recently gave a speech in which he said something very interesting. He said, "The scientific world is becoming interdisciplinary. But the biggest interdisciplinary leap we need to make is across the boundaries of politics and science."

He's right. As Miliband points out, science and innovation can help to answer some of the foreign policy challenges diplomacy cannot. By forging consensus where there is political division. By bringing together scientists from around the world to address common challenges.

Canada could leader this effort with respect to global health. The tools and institutions are already at hand. Humanitarian assistance and global health could be funded by CIDA, working closely with NGOs and governments in developing countries.

Social innovation could be addressed by the Global Health Research Initiative. And the new Development Innovation Fund, which was announced in the 2008 federal budget to, "create breakthrough discoveries with the potential to significantly improve the lives of millions in the developing world" could provide technological innovation, working with both the academic community and the private sector.

The result? Canada could establish itself as the leader in applying innovation to global health -

harnessing the unique assets of our country to address the unique challenges of our time.

But we must act.

Around the same time that Lester Pearson won that Nobel Peace Prize, there was another significant event in this country - the cancellation of the Avro Arrow. Whatever the reasons behind that decision, there is no question that it is now remembered as an opportunity lost, as a time when the genius of our people was not matched by the vision of our leaders.

Let's not make the same mistake, fifty years later. Let's seize this moment, this unique confluence of Canadian expertise and international need. Let's create a new vision for our development efforts. One that addresses inequities. One that's balanced. And, most importantly, one that's driven by innovation. Moving Canada beyond blue helmets to white lab coats.

*That's* the opportunity I see before us. *That's* the effort we can advance at the G8. And *that's* the difference I see Canada making in global health.