The problem is that increasingly the majority of preventable women's and kid's deaths are taking place in areas of chronic political instability and poor governance. In Sub-Saharan Africa its more than half of all the preventable young child deaths are occurring in countries that have chronic poor governance, chronic political instability, and have running insurgencies that create enormous instability in those countries. We need strategies that can work in these areas. Waiting for the security to come back, waiting for political instability to be replaced by stability is not acceptable. There are ways to provide services to save lives in these areas but we have to be smarter about how to do it and we have to be committed to doing it in ways that will bring to bear all the resources that we have available.

During the course of our interview this morning, there will be approximately 500 preventable deaths to children under the age of 5 taking place in the areas of political instability. That's urgency. And I, for my whole career, have felt compelled to address these kinds of issues in the real world in a very practical way. If we're not saving lives, we're failing and that sense of urgency informs everything we do.

The reality is that most of the child deaths and maternal deaths that occur in areas of conflict are not from direct combat exposure. They're not being shot; they're not being bombed, although those things do happen and are the most horrendous of all. The vast majority of the elevations in child mortality taking place in these areas are from the same things that always killed them, but at just a much higher absolute rate: diarrhea, phenomena, newborn problems, prematurity, malaria. These are the same things that we have enormous capability to prevent and to treat. So in these conflict areas, the demand for these kinds of interventions, interventions that are extremely efficacious, is even greater than it is in areas that are relatively stable.

Most of the global funders, most of the attention of the global health world is focused on areas that are relatively stable, where governance is relatively good. And there's an aversion to work in areas that are politically unstable. It's difficult to work in these areas; there may be high corruption, the security may not be good, there isn't great infrastructure. It's difficult for people coming from the States or Europe to find places they want to live. It's totally understandable why the big funders in global health, activists, tend to stay away from these places. It's understandable, but it's not acceptable. And we feel because of the resources at Stanford, particularly at FSI and the medical school, we have an opportunity to create new strategies that can actually prove effective in these areas where others generally don't go.

Our response has been to say, "Ok, we understand we are in the one of the worst situations you can possibly be in, but number 1 is what do we do tomorrow to fix this? What can we do, given that we're not going to stop this war? What can we do to protect civilians from direct combat? What can we do to prevent mortality in women and children who are not going to die because they are shot or because they're bombed, but because the whole infrastructure of community life has been eradicated? That the health system is gone. That they are now mobile because they had to become refuges within their own country and, therefore, have no health care, have no way to bring in income, are searching for food." Our job is to figure out ways to address these issues, and our basic premise is that the health people alone cannot do it. The people who worry about the politics alone cannot do it. We have the opportunity here at Stanford to have the health people work directly with the political people, with the global security people, to develop new strategies to immediately attend to the needs of people caught in these tragic situations and to do it in a way that's sustainable, in a way that's effective, in a way that's
efficient, and in a way that's practical.

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