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How Can We Save 3 Million Mothers

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Let's talk about a major global health problem. And I want you to listen for what's wrong with what I am about to tell you.

I want to tell you about maternal mortality. In the decade ahead, if nothing is done, 3 million women will die while trying to give life. That's 20 women dying during the few minutes that I'm speaking with you.

The death of a new mother is one of humanity's most tragic events. It tears apart families, leaves children orphaned, and it has huge economic consequences across the globe. The vast majority of these deaths don't have to happen – we can and must prevent them.

Now, you might assume in the 21st century that maternal mortality is confined to the developing world.

Unfortunately, that's wrong. No geography is spared. Even in the most medically advanced regions of the world, some women still die bringing forth life.

In Massachusetts, where I practiced medicine for most of my career, the death of a mother around the time of childbirth is an exceedingly rare event – but it happens. For every 100,000 live births, about 10 mothers die.

In other parts of the world, sadly, death rates are exponentially higher. In parts of Africa, the number can be 1600 or more deaths for every 100,000 live births. That's nearly 200 times more frequent than in most of the Western world.

But statistics don't really tell the story.

My family had its own brush with the threat of maternal mortality, which is one of the reasons that I am so motivated to solve the problem.

My first grandchild was born on the 4th of July seven years ago. Rose was born in Boston, a medical capital of the world, in one of Boston's great teaching hospitals.

A few days after my daughter went home from the hospital, she developed a slight fever. A few hours later, her fever was 104 degrees and climbing. Fortunately, the hospital staff immediately infused I.V. antibiotics and my daughter's post-partum infection and sepsis were caught in time.

If my daughter had been delayed by only a few hours in getting to the hospital or if she had given birth in a developing nation or even in some places in U.S., the unimaginable for any parent would have happened and our wonderful Rose would have been motherless.

What causes maternal mortality?

- Uncontrolled bleeding, known as post-partum hemorrhage, which can occur in the hours following delivery.
- A form of high blood pressure called preeclampsia: in the weeks before delivery, a woman's blood pressure goes up and up, damaging the brain or heart or kidneys. Untreated, she can die.
- Infections and other medical disorders.

So, now let me return to my question. What is wrong about what I've just told you?

This woman, Dr. Winnie Mwebesa, answered that question for me. She is a physician who works for Save the Children. From her words, I began to think about and see these tragedies differently. She made me realize that my approach as a doctor needed to broaden.

Dr. Mwebesa told me that early in her career, while working in Belgium, she was part of a team that lost a mother in childbirth. She was devastated by the loss. A few years later, while working in Africa, another mother was lost. Dr. Mwebesa was devastated again. But the team accepted the terrible outcome; (PAUSE) for them, it was routine.

It was then that Dr. Mwebesa vowed to commit herself to reducing maternal mortality. She taught me the real causes of maternal mortality, and they aren't on the list I recited to you. The striking thing is that they go beyond medical. Here's Dr. Mwebesa's list:

- A shortage of skilled birth attendants
- Lack of basic medicine and equipment.
- Complex cultural factors – for example – the belief that childbirth must be a natural process.
- As many as 1 out of 3 pregnancies is unintended, or occurs in girls forced to marry at a very young age.
- Getting medical assistance might require the permission of a reluctant husband or mother-in-law who regard intervention as unnecessary, embarrassing or dangerous.
- Infrastructure is often non-existent. Just traveling to medical care is a major feat in remote places. Even if a car is available in the village, the family may have to pay for gasoline up front – a fee some can't afford.
- Here are two examples of what passes for “ambulances” in some countries. In this first, this donkey cart, was not available because the donkey died. Another kind of ambulance is a basket that men use to carry a woman as they run the trail to the clinic.

The maternal mortality “health problem,” I've learned, is really a symptom of something much more complicated...it's a convergence of societal, economic, and cultural factors that together resist simple remedy.

In fact, it may even be misleading – wrong – strictly speaking, to narrowly call such conditions “health problems.”

It's been said, "War is too important to be left to the generals." Dr. Mwebesa's story shows us that global health is too complex to be left solely to the doctors, scientists, and healthcare companies. We must expand our focus. We need to leap over the old boundaries that define disease.

Instead, we must open the door to gaining a lot more tools and allies to help us solve the problem. And that includes more from the private sector.

But has the private sector delivered on this promise? I would say, "So far, not."

Despite billions of dollars, countless hours and major advances in medicine, we remain frustrated in our efforts to make breakthroughs in global health. Why?

I believe what we are facing today is a collective failure of imagination. We are too entrenched in our pursuit of high-tech, sophisticated scientific innovations – the brightest, shiniest objects that we can create in our labs – as the principal measure of our success. That's a big mistake...because these inventions, while often of truly great benefit to the developed world, are usually totally impractical in the developing world. Don't get me wrong. The traditional approaches...donations of money and innovative medicines, and public-private partnerships...all contribute greatly. Just look at the progress made against HIV/AIDS.

But these approaches are not going to get us to where we need to be in solving the world's most intractable issues.

We need to take radically different approaches.

Dr. Mwebesa saw that simultaneous deficiencies in transportation, energy, education, sanitation and clean water conspire to create what we register as a health problem.

Here's the good news. When we re-imagine the problem, it frees us to re-imagine the solution. What happens when we re-imagine global healthcare in terms of an ecosystem?

First, all industries across the private sector can see that they're a necessary part of the solution. Second, we identify a crucial ingredient now missing: broad collaboration across the private sector – actually, a "web of collaboration" that INCLUDES healthcare companies, but also goes BEYOND healthcare companies.

So armed with this new insight...with this re-imagining... what can we do to reduce maternal mortality?

Clearly, there is plenty of room for scientific advance. But maternal mortality is like the problems of hunger and clean water. All are multi-dimensional, geographically diverse, and they defy one-step solutions.

Maternal mortality is even tougher than the struggle against HIV/AIDS. There, the challenge has been to get several medicines to remote areas, train health workers, and educate patients.

But if we're going to save the lives of mothers, we need to focus on the basics: creating accessible clinics staffed by trained birthing attendants and stocked with medicines that were discovered decades ago and blood for transfusions.

These simple and obvious steps would go a long way.

At our company, we're recognizing that we have a role and a responsibility.

We see a three-pronged strategy.

- First: accelerate access to proven solutions, including contraception.
- Second: innovate, for instance, re-formulating a proven medicine so that it no longer requires refrigeration, a scarce commodity in Africa.
- Third, advocate and promote awareness. As we've seen with AIDS, public awareness can influence priorities globally.

So what's in it for pharmaceutical companies?

In two words, education and participation. We'll learn firsthand about mothers and global health. This will enable us to eventually reach the 80% of the world's population that we currently don't reach – and grow.

Importantly, we see this as part of our mission. George W. Merck, the son of the founder of our company, said: "How can we bring the best of medicine to each and every person? ...We will fall into gross error with fatal consequence unless we find the answer – how to get the best of all medicine to all the people."

He had it right. "Each and every person" is our patient.

This philosophy can guide companies in virtually any industry. Who is the customer? Who is the client? Who needs our help?

It's not anymore just the patient in an exam room. It's everyone.

Let me close with one final observation. Businesses grow and develop by taking what they do best and applying it to new challenges. Helping to solve the world's health issues offers a compelling opportunity for business to innovate and grow while doing good.

We can't save mothers by ourselves. We need the resources and creative energies of many companies throughout the private sector to make this vision a reality. What is the vision? I need only to see my healthy daughter holding my granddaughter in her arms to imagine millions of healthy mothers and their children. That's what we can accomplish. What more fulfilling return on innovation is there than saving the lives of mothers and launching new human lives at the same time?

Thanks.