# Empowering Mothers

## *Maternal and Newborn Health*

In 2016 on a trip to Europe, I made a special visit to Sweden to say good-bye to one of my heroes.

Hans Rosling, who died in 2017, was a trailblazing professor of international health who became famous for teaching experts facts they should already know. He became well known for his unforgettable TED Talks (more than 25 million views and counting); for his book *Factfulness*, written with his son and daughter-in-law, which shows us that the world is better than we think it is; and for their Gapminder Foundation, whose original work with data and graphics has helped people see the world as it is. For me personally, Hans was a wise mentor whose stories helped me see poverty through the eyes of the poor.

I want to tell you a story Hans shared with me that helped me

see the impact of extreme poverty—and how empowering women can play the central role in ending it.

First, though, I should let you know that Hans Rosling was less taken with me than I was with him, at least at the start. In 2007, before we knew each other, he came to an event where I was going to speak. He was skeptical, he later told me. He was thinking, *American billionaires giving away money will mess everything up!* (He wasn't wrong to be worried. More on that later.)

I won him over, he said, because in my remarks I didn't talk about sitting back in Seattle reading data and developing theories. Instead, I tried to share what I'd learned from the midwives, nurses, and mothers I had met during my trips to Africa and South Asia. I told stories about women farmers who left their fields to walk for miles to a health clinic and endured a long, hot wait in line only to be told that contraceptives were out of stock. I talked about midwives who said their pay was low, their training slight, and they had no ambulances. I purposely didn't go into these visits with fixed views; I tried to go with curiosity and a desire to learn. So did Hans, it turns out, and he started much earlier than I did and with greater intensity.

When Hans was a young doctor, he and his wife, Agneta—who was a distinguished healthcare professional in her own right—moved to Mozambique, where Hans practiced medicine in a poor region far from the capital. He was one of two doctors responsible for 300,000 people. They were all his patients, in his view, even if he never saw them—and usually he didn't. His district had 15,000 births a year and more than 3,000 childhood deaths. Every day in his district, ten children died. Hans treated diarrhea, malaria, chol-

era, pneumonia, and problem births. When there are two doctors for 300,000 people, you treat everything.

This experience shaped who he was and defined what he taught me. After we met, Hans and I never attended the same event without getting time with each other, even if it was only a few minutes in the hallway between sessions. In our visits—some long, some short—he became my teacher. Hans not only helped me learn about extreme poverty; he helped me look back and better understand what I had already seen. "Extreme poverty produces diseases," he said. "Evil forces hide there. It's where Ebola starts. It's where Boko Haram hides girls." It took me a long time to learn what he knew, even when I had the advantage of learning it from him.

Nearly 750 million people are living in extreme poverty now, down from 1.85 billion people in 1990. According to the policymakers, people in extreme poverty are those living on the equivalent of $1.90 a day. But those numbers don't capture the desperation of their lives. What extreme poverty really means is that no matter how hard you work, you're trapped. You can't get out. Your efforts barely matter. You've been left behind by those who could lift you up. That's what Hans helped me understand.

Over the course of our friendship, he would always say, "Melinda, you have to be about the people on the margins." So we tried together to see life through the eyes of the people we hoped to serve. I told him about my first foundation trip and how I came away with so much respect for the people I saw because I knew their daily reality would ruin me.

I had visited the slum of a large city, and what shocked me was not little kids coming up to the car and begging. I expected that. It

was seeing little kids fending for themselves. It shouldn't have surprised me; it's the obvious consequence of poor mothers having no choice but to go off to work. It's a matter of survival in the city. But whom do they leave the baby with? I saw children walking around with infants. I saw a 5-year-old running with his friends in the street, carrying a baby who was still in the wobbly-headed stage. I saw kids playing near electrical wires on a rooftop and running near sewage that was streaming down the edge of the street. I saw children playing near pots of boiling water where vendors were cooking the food they were selling. The danger was part of the kids' day and part of their reality. It couldn't be changed by a mother making a better choice—the mothers had no better choice to make. They had to work, and they were doing the best anyone could do in that situation to take care of their kids. I had so much regard for them, for their ability to keep on doing what they had to do to feed their children. I talked many times with Hans about what I saw, and I think it prompted him to tell me what *he* saw. The story Hans shared with me a few months before he died was, he told me, the one that he thought best captured the essence of poverty.

When Hans was a doctor in Mozambique in the early 1980s, there was a cholera epidemic in the district where he worked. Each day he would go out with his small staff in his health service jeep to find the people with cholera rather than wait for them to come to him.

One day they drove into a remote village at sunset. There were about fifty houses there, all made of mud blocks. The people had cassava fields and some cashew nut trees but no donkeys,

cows, or horses—and no transportation to get their produce to market.

As Hans's team arrived, a crowd peered inside his jeep and began saying, *"Doutor Comprido, Doutor Comprido,"* which in Portuguese means "Doctor Tall, Doctor Tall." That's how Hans was known—never "Doctor Rosling" or "Doctor Hans," just "Doctor Tall." Most of the villagers had never seen him before, but they had heard of him. Now Doctor Tall had come to their village, and as he got out of the car, he asked the village leaders, *"Fala português?"* Do you speak Portuguese? *"Poco, poco,"* they answered. A little. *"Bem vindo, Doutor Comprido."* Welcome, Doctor Tall.

So Hans asked, "How do you know me?"

"Oh, you are very well known in this village."

"But I've never been here before."

"No, you've never been here. That's why we are so happy you've come. We are very happy." Others joined in: "He is welcome, he is welcome, Doctor Tall."

More and more people gathered, joining the crowd softly. Soon there were fifty people around, smiling and looking at Doctor Tall.

"But there are very few people from this village who come to my hospital," Hans said.

"No, we very seldom go to hospital."

"So how come you know me?"

"Oh, you are respected. You are so respected."

"I am respected? But I've never been here."

"No, you've never been here. And yes, very few go to your hospital, but one woman came to your hospital, and you treated her. So you are very respected."

"Ah! One woman from this village?"

"Yes, one of our women."

"Why did she come?"

"Problem with childbirth."

"So she came to be treated?"

"Yes, and you are so respected because you treated her."

Hans started feeling a bit of pride, and asked, "Can I see her?"

"No," everyone said. "No, you cannot see her."

"Why not? Where is she?"

"She's dead."

"Oh, I'm sorry. She died?"

"Yes, she died when you treated her."

"You said this woman had a problem giving birth?"

"Yes."

"And who took her to the hospital?"

"Her brothers."

"And she came to the hospital?"

"Yes."

"And I treated her?"

"Yes."

"And then she died?"

"Yes, she died on the table where you treated her."

Hans began to get nervous. Did they think he'd blundered? Were they about to unleash their grief on him? He glanced to see if his driver was in the car so he could make a getaway. He saw it was impossible to run so he began to talk slowly and softly.

"So, what illness did the woman have? I don't remember her."

"Oh, you must remember her, you must remember her, because

the arm of the child came out. The midwife tried to drag the child out by the arm, but it was impossible."

(This, Hans explained to me, is called an arm presentation. It blocks the chance of getting the child out because of the position of the baby's head.)

At that point, Hans remembered everything. The child was dead when they arrived. He had to remove the child to save the life of the mother. A C-section was never an option; Hans didn't have the setting for surgery. So he attempted a fetotomy (bringing out the dead infant in pieces), and the uterus ruptured and the mother bled to death on the operating table. Hans couldn't stop it.

"Yes, it was very sad," Hans said. "Very sad. I tried to save her by cutting off the baby's arm."

"Yes, you cut off the arm."

"Yes, I cut off the arm. I tried to take the body out in pieces."

"Yes, you tried to take it out in pieces. That's what you told the brothers."

"I'm very, very sorry that she died."

"Yes, so are we. We are very sorry, she was a good woman," they said.

Hans exchanged courtesies with them, and when there wasn't much else to say, he asked—because he is curious and courageous—"But how can I be respected when I didn't save the woman's life?"

"Oh, we knew it was difficult. We know that most women who have the arm coming out will die. We knew that it was difficult."

"But why did you respect me?"

"Because of what you did afterward."

"What was that?"

"You went out of the room into your yard. You stopped the vaccination car from leaving. You ran to catch up with it, you made the car come back, you took out boxes from the car, and you arranged for the woman from our village to be wrapped in a white sheet. You provided the sheet, and you even provided a small sheet for the pieces of the baby. Then you arranged for the woman's body to be put into that jeep, and you made one of your staff get out so there would be room for the brothers to go with her. So after that tragedy, she was back home the same day while the sun was still shining. We had the funeral that evening, and her whole family, everyone was here. We never expected anyone to show such respect for us poor farmers here in the forest. You are deeply respected for what you do. Thank you very much. You will always be in our memory."

Hans paused here in the story and told me, "I wasn't the one who did that. It was Mama Rosa."

Mama Rosa was a Catholic nun who worked with Hans. She had told him, "Before you do a fetotomy, get permission from the family. Don't cut a baby before you have their permission. Afterward, they will ask you only for one thing, to get the parts of the child. And you will say, 'Yes, you will get the parts, and you will be given the cloth for the child.' That's the way. They don't want anybody else to have parts of their baby. They want to see all the pieces."

So Hans explained, "When this woman died, I was sobbing, and Mama Rosa put her arm around me and said, 'This woman was from a very remote village. We must take her home. Otherwise no one will come to the hospital from that village for the next decade.'

"'But how can we take her?'

"'Run out and stop the vaccine car,' Mama Rosa told me. 'Run out and stop the vaccine car.'"

And Hans did it. "Mama Rosa knew what people's realities were," he said. "I never would have known to do that. Often in life, it's the older males who get credit for the work that young people and women do. It isn't right, but that's how it works."

That was Hans's deepest witness of extreme poverty. It wasn't living on a dollar a day. It was taking days to get to the hospital when you're dying. It was respecting a doctor not for saving a life but for returning a dead body to the village.

If this mother had lived in a prosperous community and not on the margins among farmers in a remote forest in Mozambique, she never would have lost her baby. She never would have lost her life.

This is the meaning of poverty I've come to see in my work, and I see it also in Hans's story: Poverty is not being able to protect your family. Poverty is not being able to save your children when mothers with more money could. And because the strongest instinct of a mother is to protect her children, poverty is the most disempowering force on earth.

It follows that if you want to attack poverty and if you want to empower women, you can do both with one approach: *Help mothers protect their children*. That is how Bill and I began our philanthropic work. We didn't put it in those words at the time. It just struck us as the most unjust thing in the world for children to die because their parents are poor.

In late 1999, in our first global initiative, we joined with countries and organizations to save the lives of children under 5. A huge part

of the campaign was expanding worldwide coverage for a basic package of vaccines, which had helped cut the number of childhood deaths in half since 1990, from 12 million a year to 6 million.

Unfortunately, the survival rate of newborns—babies in the first twenty-eight days of life—has not improved at the same pace. Of all the deaths of children under 5, nearly half come in the first month. And of all the deaths in the first month, the greatest number come on the first day. These babies are born to the poorest of the poor—many in places far beyond the reach of hospitals. How can you save millions of babies when their families are spread out in remote areas and follow centuries of tradition when it comes to childbirth?

We didn't know. But if we wanted to do the most good, we had to go where there's the most harm—so we explored ways to save the lives of mothers and newborn babies. The most common factor in maternal and infant death is the lack of skilled providers. Forty million women a year give birth without assistance. We found that the best response—at least the best response we have the know-how to deliver now—is to train and deploy more skilled healthcare providers to be present for mothers at birth and in the hours and days after.

In 2003, we funded the work of Vishwajeet Kumar, a medical doctor with advanced training from Johns Hopkins who was launching a life-saving program in a village called Shivgarh in Uttar Pradesh, one of India's poorest states.

In the midst of this project, Vishwajeet married a woman named Aarti Singh. Aarti was an expert in bioinformatics—and began applying her expertise to designing and evaluating programs for mothers and newborns. She became an indispensable member of

the organization, which was named Saksham, or "empowerment," by the people in the village.

Vishwajeet and the Saksham team had studied births in poor rural parts of India and saw that there were many common practices that were high risk for the baby. They believed that many newborn deaths could be prevented with practices that cost little or nothing and could be done by the community: immediate breastfeeding, keeping the baby warm, cutting the cord with sterilized tools. It was just a matter of changing behavior. With grants from USAID and Save the Children and our foundation—and by teaching safe newborn practices to community health workers—Saksham cut newborn mortality in half in eighteen months.

At the time of my 2010 visit to Shivgarh, there were still 3 million newborn deaths in the world every year. Nearly 10 percent of those deaths occurred in Uttar Pradesh, which has been called the global epicenter of newborn and maternal deaths. If you wanted to bring down the number of newborn deaths, Uttar Pradesh was an important place to work.

On the first day of my trip, I met with about a hundred people from the village to talk about newborn care. It was a large crowd, with mothers seated at the front and men toward the back. But it felt intimate. We were sitting on rugs laid out under the shade of a large tree, packed in tightly to make sure no one was left out in the blistering sun. After the meeting, we were greeted by a family with a little boy about 6 years old. Seconds later, Gary Darmstadt, who was our foundation's head of maternal and newborn health at the time, whispered to me, "That was *him*; that was the baby!" I looked back and saw the 6-year-old boy and said, "What baby? That's not

a baby." "That's the one Ruchi saved," he said. "Oh my gosh!" I said. "That's the baby you told me about!?"

That 6-year-old boy had become lore. He was born in the first month of the Saksham program when the community health workers had just been trained, community skepticism was high, and everyone was watching. The baby, whom I had just seen as a healthy 6-year-old, was born in the middle of the night. The mother, in her first pregnancy, was exhausted and fainted during childbirth.

As soon as the sun came up, the recently trained community health worker was notified of the birth and came immediately. Her name was Ruchi. She was about 20 years old and came from a high-caste Indian family. When she arrived, she found the mother still unconscious and the baby cold. Ruchi asked what was going on, and none of the family members in the room said a thing. They were all terrified.

Ruchi stoked the fire to warm the room, then got blankets and wrapped the baby. She took the baby's temperature—because she was trained to know that hypothermia can kill babies or be a sign of infection. The infant was extremely cold, about 94 degrees. So Ruchi tried the conventional things she'd done in the past, and nothing worked. The baby was turning blue. He was listless, and Ruchi realized that he would die unless she did something right away.

One of the life-saving practices Ruchi had learned was skin-to-skin care: holding a baby against the mother's skin to transfer warmth from the mom to the newborn. The technique prevents hypothermia. It promotes breastfeeding. It protects from infection. It is one of the most powerful interventions we know of for saving babies.

Ruchi asked the baby's aunt to give the infant skin-to-skin care, but the aunt refused. She was afraid that the evil spirit she thought was gripping the baby would take her over as well.

Ruchi then faced a choice: Would she give the baby skin-to-skin care herself? The decision wasn't easy; doing something so intimate with a low-caste infant could bring ridicule from her own relatives. And this was a foreign practice in the community. If it didn't go well, the family could blame her for the death of the baby.

But when she saw the baby getting colder, she opened up her sari and placed the newborn against her bare skin, with the baby's head nestled between her breasts and a cloth covering both her head and the baby's for modesty and warmth. Ruchi held the baby that way for a couple of minutes. His skin color appeared to be changing back to pink. She took out her thermometer and tested the baby's temperature. A little better. She held the baby a few minutes more and took his temperature again. A little bit higher. Every woman there leaned in and watched as the baby's temperature rose. A few minutes later, the baby started to move; then he came alive; then he started to cry. The baby was fine. He wasn't infected. He was just a healthy baby who needed to be warmed and hugged.

When the mother regained consciousness, Ruchi told her what had happened and guided her in skin-to-skin care, then helped her initiate breastfeeding. Ruchi stayed another hour or so, watching the mother and baby in skin-to-skin position, and then she left the home.

This story spread like lightning through the nearby villages. Overnight, women went from saying "We're not sure about this practice" to "I want to do this for my baby." It was a turning point

in the project. You don't get behavior change unless a new practice is transparent, works well, and gets people talking—and Ruchi's revival of this one-day-old baby had everybody talking. This was a practice all women could do. Mothers became seen as life-savers. It was immensely empowering and transformative.