

Tackling the Global Health Threats of our Time

Dr. Jim Yong Kim, President World Bank Group

5 July 2016

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DR. JIM YONG KIM: Let me start by saying that it's a tremendous honour for me to be here. I knew Joep very, very well. It's also true that I was an activist. Now, one of the things that I said that I would... I would talk about global health but I insisted that I would not dance. I wish I looked like the male dancer with my shirt off. I don't. I tell you right now. But for the students – when I was president of Dartmouth college I actually did dance on stage. And if you google it later - Jim Yong Kim Time of my Life – I danced and rapped to the Black Eyed Peas version of Time Of My Life. Please look at it, but after the lecture, ok? I am so glad that the students are here, today.

You know, it's really important to remember the people who were involved in something that fundamentally changed the world. Joep Lange was a person who fundamentally changed the world. It's hard to understand where we were in the late 1990's. I started medical school in 1982. The phenomenon of HIV/AIDS was really first noticed about a year before, in 1981. When I started medical school, we still didn't know the cause of HIV/AIDS. We did not know if it was airborne. We did not know if you could become infected if you were near somebody. We did not know if you just touched somebody. We had these first experiences with patients living with HIV/AIDS, and it was frightening. We would put on hazmat, full coverage, almost like astronaut suits, to walk in there.

For someone like Joep, to have taken this on at an early point in his career, he really was making common cause with some of the most ostracised, marginalised people. At first, they talked about the 4-H club patients, because the incidence was very high for some reason in Haiti, homosexuals, haemophiliacs, and heroin users. This was a group of people that were thought of

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as the most ostracised and despised people in the world. Joep was a huge, huge, huge advocate and he took that on. He saw around corners.

Now, we at the World Bank Group... I was actually a protester of the World Bank Group. I was part of a movement called "Fifty Years is Enough". In 1994, our mission was to close the World Bank Group and the International Monetary Fund on its fiftieth anniversary. We thought there was a nice kind of symmetry – fifty years and then close the institutions. I wrote, I edited a book called "Dying For Growth – Global Inequality and the Health of the Poor". In it, it was really a 500 page... with hundreds of pages of nerdy footnotes arguing that the World Bank Group had actually done damage to the health of the poor. The argument at that time was the World Bank was too focused on simple GDP growth, and did not focus enough on investing in human beings. Well, I am very happy to say that we lost that argument. The World Bank and IMF did not close.

The great thing about the World Bank and IMF is that it is based on evidence. We have to... at the World Bank Group anyway, around development, we focus on evidence. We have two goals. One is to end extreme poverty. We didn't do this just haphazardly. We did it in a very focussed way. We want to get it below three percent. Because you can't stop the natural disasters in the world that bring people in and out of poverty. So below three percent by 2030. I am a big believer in goals. We set a goal with a deadline for HIV. It made a big difference. Also, for the first time in history, the World Bank is tackling inequality. We worked and worked and worked on this, and we decided that what we were going to focus on is boosting the income and the wellbeing of the bottom forty percent in developing countries.

Now, one of the things we know is that economic growth alone – and this was the argument that my group was having with the World Bank Group – will GDP growth alone solve all the problems in the world? And what we know is that it's extremely important. Of all the poverty reduction and it's actually even better than Christiaan said. Back in 1990 more than forty percent of the people in the world were living in extreme poverty. As of 2015, it's less than ten percent. So, there has been tremendous progress. A lot of it, frankly most of it, in China. China lifted 600 million people out of poverty, and in China it was mostly economic growth.

But the living standards of the bottom forty percent lag behind. We know it is not enough. We know that unless there are programs focused on investing in human beings for example, without

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those we'll never get to the three percent. So the three percent, getting below three percent, is a huge challenge for the global community. Good jobs are the key.

Now this is what is worrying everybody. If there's one group of people in the world who've not benefitted from globalisation very much, it's the middle class in the high income countries. This is what you're seeing. Brexit was an expression of that middle class disappointment. You are also seeing a very similar phenomenon in the United States. How do you create those good jobs? Especially in a context in which artificial intelligence, robotics, 3D printing, nanotechnology are becoming more and more important. So what are we to do? There is unrest in Europe; there is unrest in the United States, in the most developed countries. There are literally billions of people who want to have a chance to live like everyone else.

If there is one thing that's changed, everywhere I go people have smartphones. And people can look at their smartphones and they can see, in front of their eyes, how the rich live in the rest of the world. In the highlands of Bolivia, in the slums of Delhi, everyone knows how everyone else lives.

I was born in 1959 in Korea. And Korea in 1959 was one of the poorest countries in the world. The World Bank reports from 1960, '61, '62 on Korea... I got those from the archives and it said Korea was a hopeless country. No way it can grow. They don't have enough western influence. Their Confucian culture holds them back. The literacy rate was relatively low, less than twenty percent. Number of college educated people was less than ten percent. Korea has no hope. And they did not even qualify in the early 1960's for the most concessional World Bank loan, the IDA loan. It wasn't until 1964 that they qualified for IDA loans. I emigrated to this country in 1964. Through those years, from '64 to when I went back for the first time to Korea in 1984, of course Korea exploded.

But the bottom line is: everyone in the world wants to have that experience. There's not a country, there's not a people in the world who don't want that experience, of going from being one of the poorest countries in the world to having a chance to live a middle class life like they see on their smartphones.

Now, many, many global risks... Christiaan and others talked about some of them.

Economic growth is slowing. Our latest estimate was 2.4 percent globally. We'll see what happens with Brexit, if we have to push down our projections even more.

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Forced displacement: the most people displaced since World War II.

Climate change. For you young people, I'm telling you: this is very, very real and it's worse than we thought. Every time we look it's worse than we thought it was going to be. We thought that the things that we're seeing now wouldn't happen until much higher temperatures. From about September, October, until about April, every one of those months was the hottest month on record for that month. What do we do? We have now become the largest funder of climate change related activities in the world, and by 2020 we will provide as much as 29 billion dollars a year. For climate change. It's real. We can talk about that later.

Pandemics. We saw with Ebola that it was too late. The epidemic started in December of 2013. Real money did not flow to fight Ebola until October of 2014. So we created a facility that now will release money immediately for any problem. It's linked to an insurance instrument and a bond. And this is the thing that's changed most for me: I came into this job, and I have to say I'm still, I'm still an activist. Don't tell everybody at the World Bank, but I'm still an activist.

But here's what I've learned. What I've learned is that finance is incredibly powerful. It's perfectly [...]. Joep had this insight about the power of finance before most of us. But it's what I've learned. In other words: there are so many ways that rich people have to make themselves richer. And these things are completely legal, and they work. What we at the World Bank do more than anything else, is we try to use those instruments on behalf of the poor.

I don't know that there's any greater inequality in the world between the rich and the poor than access to insurance. Everyone in this room, I'm guessing, has free access to health care. One hundred million people a year are impoverished because of lack of access to health care and catastrophic health care payments.

We put together an insurance instrument linked to a bond. People can actually invest in pandemic response. This now, this instrument that we put together, is the first instrument in history that will release money automatically once certain pandemic triggers are activated. Once we get to certain triggers. This particular instrument, it would have released in July. The cash window would have released in December, if necessary, to try to stop it at its root. But the insurance instrument would have released in July. Four months before actual money was released. In that four month period, the number of Ebola cases went up ten times.

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So we are going to do everything we can to use the instruments: swaps, loans, blended finance, guarantees, using risk capital, to lower the risk of a deal so that private sector investors can get involved and can help to achieve development targets.

The other major problem that I'm going to talk to you about a lot today is the crisis of childhood stunting. Stunting is just a proxy indicator that children who don't grow 25 centimetres in the first year and twelve centimetres in the second year. If they are two standard deviations below that, for their particular country, we say that the children are stunted. However, it's really a proxy indicator for poor nutrition, lack of stimulation, sometimes being in toxic environments. However, it also has implications for their brain, which I'll tell you about.

So, investing in health is really important. I want to thank the Dutch government for supporting institutions... You know, I used to come to the Netherlands all the time. I worked with KNCV, Kitty is here in the audience. I worked with IDA, the International Dispensary Association. In fact, the International Dispensary Association was critical in helping us lower the price of drugs for drug resistant tuberculosis, and eventually for HIV.

But we know that it's a driver of economic growth. We didn't really have this evidence before. Great economists like Amartya Sen would say: the countries that invest in their people, in health and education, do better economically. But the connection between the two was not so clear. Now Larry Summers did this study and found that between 2000 and 2011, 24 percent of full growth, growth in full income, which means growth in GDP plus the benefits of the extra life years, you put those two together... 24 percent of that benefit came from better health outcome.

So now we know that there's a direct connection. If you invest a dollar in health in a middle income country, the payback over time is nine to one. If you invest it in a lower income country, the payback can be as much as twenty to one. We need to continue to make these investments, and I'm going to argue today that these investments in human capital are probably the most important investments that any developing country can make right now, to make a difference in their ability to compete in a future economy which we're beginning to have some sense of what it will look like.

Now, in order to get to where we want to get, in order to tackle the problems of our time effectively, we have to think differently. One of the things that I did... I've been very interested in behavioural economics. Behavioural economics is a very interesting new field. The reason it is so interesting

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is it's questioning fundamentally the assumptions that economists have made. You know, the rational person, that people make decisions in an economy based on rationality, is coming under scrutiny. They weigh their choices, they consider all the information, they make decisions individually.

Well, this World Development Report, which is our flagship report, argued that people actually don't think like that. People think quickly. They make quick decisions. Two: people think socially. People are deeply affected by the way the people around them think. Finally, people think according to mental models. They have ideas in their head, about what they should do, or about what the right answer is, and that's how they make choices.

Now, let's look at one particular mental model that Joep fought from the very beginning. This was the notion that treatment for HIV in Africa was impossible. For the young people, I just want you to understand... I'm sure it's hard to get this in your head. AIDS, when it came, when we understood it in 1981, was universally fatal. There were a few people who lived for a long time with HIV. Very few. But just about everyone died. And so from 1981 until 1996 it was just a nightmare. You just couldn't believe how awful this was. If you were infected with HIV, it was a death sentence.

In 1996, because of great research that was done, really almost forced to be done by activists, and I'll show you a slide of that later, there was treatment for wealthy countries. In 1996 HIV transformed from a disease that was an automatic death sentence to one that was really a chronic disease. And I have friends who were infected very early, who became HIV positive very early, who are alive today and doing very well because of the medicines and the treatment regimens that we found in 1996.

For Africa this was as recent as 2003. This is what people were saying, just to give you a sense. One of my colleagues at the World Bank did an article, he was a journalist, and he talked to the head of USAID, let's just be frank about it. This person, the head of USAID, said that Africans don't know what western time is. You have to these drugs a certain number of hours each day or they don't work. Many people in Africa have never seen a clock or a watch their entire lives. If you say one o'clock in the afternoon, they do not know what you're talking about. They know morning, they know noon, they know evening, and they know the darkness at night.

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So, some African government officials said: well, you know, that person visited us several months ago, and the only one who was late for every meeting was him. This is what passed for policy. We had a lifesaving medicine and people, some of the people who I respect most in the world in the global health field, were saying: you know, treatment is not going to be possible. All the 25 million people in Africa, who we think are living with HIV/AIDS, I'm sorry but you are all dead.

So, along with Joep, I have to tell you, there is a lot of revisionist history going on. Everyone now remembers themselves as an AIDS activist advocating for treatment. That was not true. Joep was one of the very few scientists who was out there saying that we should treat everybody very early on. And it was the activists more than anything else, but we had experience. I was part of an organisation called Partners in Health, where we started off treating HIV the minute there were drugs available. We just scraped together pennies. We got drugs from voluntary organisations, and what we saw was the same miraculous Lazarus effect, we called it, of HIV treatment in developing countries.

So we were convinced and working with IDA, the International Dispensary Association, I had learned that the actual cost of manufacturing these drugs, that were on sale for twelve to thirteen, fourteen, fifteen thousand dollars a year the actual cost of manufacturing was nothing. The reason they were expensive was because they were still on patent. So we said, well, then there's no reason why we can't get around these patents and provide these to everybody.

The problem here... and what you see on the screen is... the mental model was that it's too complicated. It's just too difficult. Africans don't know time. It's going to take attention away from prevention. Frankly, 99.9 percent of all public health officials were against HIV treatment in Africa. 99.9 percent of all public health professionals were saying to the 25 million people in Africa living with HIV: you are dead. Now, it's hard to imagine, how can that have been? Young people, you're sitting in [...] Come on, how could that have been? That's exactly what the situation was. It was the same for drug resistant tuberculosis when we started treating that in developing countries. Kitty remembers that very, very well. It was the same for that situation.

So we felt, our inspiration was not being rational. Our inspiration was not being reasonable. Our inspiration was that in every generation you have these issues that you have to understand are going to define your generation. If we had let 25 million people in Africa die first, we would not have had five to six percent growth rates in Africa over the last ten to fifteen years. The people

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would have been dying right and left and nobody would know their status. Why would you get tested, if the only thing that happened from knowing that you were HIV-positive is you'd be stigmatised. No one was getting tested, no one was getting treatment.

When I went to the World Health Organisation, my very good friend J.W. Lee, out of the blue, really a vaccine guy, a medical doctor, a fellow Korean, became Director General of the World Health Organisation. He asked me if I'd want to come and work with him. I said: I will come if we can set a global target for treating HIV/AIDS. So we set one. In 2003, we said: we're going to get three million people on treatment for HIV by 2005. Two and a half years later. It was the most outrageous goal that had ever been set.

And when we set that goal, it wasn't just that people were saying: well, that's nice, you guys are being ambitious, we'll see if we can get there. That's not what happened. People were furious at me. The donors were furious. The ministers of health of African countries were furious. Because they were saying: how can you put so much pressure on us, when there's no money and we don't have the drugs? But I believed at that time that unless you set a goal that has aspirations that meet the aspirations of the poor, that you are not serious about fighting poverty. About treating HIV/AIDS. That's the challenge. Are our goals and our aspirations equivalent to those of the poor themselves.

Joep did so many things. He changed the way we fight AIDS. PharmAccess we heard about. What a brilliant idea that still has tremendous currency. Making sure that we understand the role of the private sector. There are no panaceas. There are no simple solutions in health. The private sector has a very important role. But we at the World Bank Group are working through a process where we come up with a way of ensuring that with private sector involvement everyone gets access to treatment. Not easy, but Joep was definitely on the right path. He was one of the few who were saying: we've got to find a way to treat everybody. He said: if we can get Coca Cola and beer to every remote corner of Africa, it should not be impossible to do the same with drugs.

Now the Netherlands have been an extremely important contributor to global health. I would go as far as to say that this is a sweet spot for the Netherlands. I was just meeting with Jeroen Dijsselbloem, the Minister of Finance of course, and we talked about the role of the Netherlands in global health. And it contributes to all of the... everyone may not know the acronyms... global funds. Of course GAVI is the Global Alliance for Vaccines and Immunisation, UNAIDS is the UN

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organisation focussing on AIDS, and UNFPA is the family planning focussed organisation. The Netherlands has taken on the uncomfortable issues. Sexual and reproductive health. They've always... they've been the ones funding it, when more conservative governments have refused to.

So where are we today? We've made progress. 17 million people on treatment. And you know, when we set the target of '3 by 5', I basically took it all on myself. My team, I was head of HIV at the WHO, they said: do not do it, it's crazy, we'll never reach it. And I kept saying: why are you so against setting a target? And they said: well, what if we don't make the target? And I said: what if we don't make the target? And they said: well then we'll be blamed. And I said: is that all? There are 25 million people about to die from HIV, and what you're worried about is that we'll be blamed? And they said yes. And what I said is: ok, let me tell you: if we don't reach the target I will take all the blame personally. I will take every bit of the blame personally. You guys do not have to worry about it. Let's just work on trying to get this done.

We didn't reach the target. We went from literally nobody... like fifty thousand people in Africa were getting treated, and we were talking about three million in two and a half years. We didn't reach the target, but we got past a million. 1.1 million. And they reached the target just two years later. I think, in the history of the UN system, reaching a target two years later is about the best we've ever done. But magical things happened. People did take the drugs. We improved procurement systems. We improved supply chain management systems. Once people saw that you look like you're dying, and then like Lazarus you re-emerge, the demand started going up.

Now there's still work to do. UNAID says that 37 million are estimated to be living with HIV, of them 19 million don't know their status. So there's a lot of work to do. But the point is, and Joep knew this very well, he knew that we wouldn't have these drugs if there wasn't the activism. Now on the left is the folks from ACT UP, these guys are my heroes. They are still with us and they're still acting up, and they're still putting issues in front of us. This was one of the most absolutely miraculous social movements in history. You should all study about this.

But you can see this is much more recent, right? People are willing to take off their clothes to bring attention to this issue. Now for the young people in the audience, I'm not telling you to take off your clothes to do this, but it's an interesting experience if you do it. It's a question of: how important is it to you? How willing are you to really tackle the most important issues of your time,

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that will define you as a generation. I was saying to everyone who would listen at that time, that if we allow 25 million people in Africa to die, that is what we will be remembered for. We will be remembered for that act. Luckily we didn't do it, but it was close. It was very, very close.

You know, my mother is a philosopher. We moved to this country in 1964, and I was five years old at the time. And when I was eight or nine or ten years old, Martin Luther King... Well it was actually younger than that. Between '64 and '68 was when Martin Luther King really came into the consciousness of the US. My mother had studied theology at Union Theological Seminary, where some of the great social thinkers at the time were. She introduced me to Martin Luther King. He said: we are confronted with the fierce urgency of now. There's no time for apathy or complacency. This is a time for vigorous and positive action.

If there is one message that you take away from this talk, it's that this is happening every day. It's not like Martin Luther King identified civil rights as an issue, he took care of it, and now we're past that. And now we don't have any issues like Martin Luther King tackled. That he was a historical relic to be inspired by, but we don't have that. We have those issues everywhere. And it's the role of every generation to identify what those are and then find your own way to tackle them, like Martin Luther King did. Like the ACT UP folks have and continue to do.

So, I think this is one of the things that exists in the world. That is, and I use this, and Joep also used this language: I think this is a stain on our collective conscience that we have to tackle.

This is stunting. So stunting as I explained. Two standard deviations below height for age. But what we know is that these children... and look at the rates. As high as sixty percent. I'll show you the brain scans of stunted children, what they look like. These are children who are born to poor families, and through absolutely no fault of their own, because we have failed them collectively, they end up with brains that do not function the same as their non-stunted peers.

The rates have gone down. But look at Sub-Saharan Africa. We've gone from 44.8 million in 1990, and the number has actually gone up. The Middle East and North Africa, rates have gone down. Latin America and Caribbean, the rates have gone down. East Asia and the Pacific, there used to be lots of stunted children in China and that has dropped tremendously. But look at South Asia and look at Sub-Saharan Africa. This is a problem of just enormous proportions.

What we know is that economic growth is not enough. This was my argument when we wrote *Dying for Growth*. Growth alone will not solve this problem. Because you can see countries

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above... you can see countries that are doing very well, relatively speaking, relatively well in terms of GNP per capita, but still have very high rates of stunting. India, I was just there. 38.7 percent of their children under five are stunted.

Now what does this mean? Schooling. They don't do as well in school. Early nutrition programs can increase school completion but not very many of them exist in the world. Earnings. We know that early nutritional programs increase adult wages. We know that it actually increases their wages. Poverty. Escaping poverty. Children who are not stunted are 33 percent more likely to escape poverty. And in terms of the economy it can increase real GDP by four to eleven percent. So these are real numbers that we've studied. But still we're not doing enough.

I have to say, I'm as guilty as anyone. I have not... It's only been recently that I've really taken this up. Part of it is that... this is the cover to a book called *The Fourth Industrial Revolution*, that was written by Klaus Schwab, the person who runs the World Economic Forum. In it he says that the future is going to be... that the fourth industrial revolution is the third industrial revolution on steroids. Not only is it going to be digital, but it's digital, it's going to be related to nanotechnology, 3D printing, artificial intelligence. In order to compete in the economy of the future, you're going to need to have as many brain cells collectively as you possibly can. Everyone in your economy has to be digitally competent and has to be able to learn for their whole lives. At one point, one of my colleagues at Dartmouth told me that they did a survey, and after five years, five years out of graduation forty percent of the graduates had jobs that did not exist when they graduated. So this is a fast moving culture.

And the other thing that we began to realise is that agriculture is becoming more capital and technology intensive, like manufacturing is becoming more capital and technology intensive. Minister Dijsselbloem told me that there is the phenomenon of re-shoring in the Netherlands. That light manufacturing that had gone to emerging markets is now coming back because it's more capital intensive and more technology intensive. So in other words. It doesn't even create a lot of jobs in the Netherlands but it definitely takes jobs away from developing countries. If low skill agriculture and light manufacturing, making t-shirts, is not available as a path to economic growth, a path which Korea followed, a path which many countries followed, including China, then what are people going to do? And what are people going to do especially if they don't have the neuronal infrastructure to compete?

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The first two years of life. The lighter part is the first two years of life. Sensory pathways, language and higher cognitive functions are all coming together in those first two years of life. So if you're stunted in those first years if you don't have nutrition, if you don't have appropriate stimulation, if you're in a toxic environment, you could be set back for the rest of your life and not make it up.

These are brain scans of on the left a healthy child, and on the right a stunted child. This is also new. We are able to look inside the brains of children in a way that we have not been able to before. The actual number of neuronal connections that these children have is fewer. Now there is plasticity in the brain for the whole of one's life but if you start off with a structure that is deficient it is very difficult and some would say impossible to get all of that back.

Is it just a hopeless story? Is it a story like AIDS before 1996? The answer is no. Peru, a place that I worked in since starting in the early 1990s, struggled with stunting. Decade after decade, 30 percent, 30 percent, 30 percent. I was there. Tons of supply side, in other words supplying services that didn't work. Finally, in 2006, very recently, you can see it's very recently, we worked with them on a program that gave cash directly to poor women, but conditioned those cash transfers on doing those things for their children that would stop stunting. And it required lots of different efforts, but they halved the rate of stunting in seven years. This is new. We've not seen this before. Now we understand better than ever before how to end childhood stunting.

You have to have political commitment. You have to have multi-sectoral approaches. You have to have social workers. Educational interventions. Nutritional interventions. What we found, was: the key was how you budget it. The finance part of it was critical. Giving them money in order to take care of their children, which is good we've learned over many years that this is good for societies anyway. It's what you hear call a social safety net. Social safety nets for poor people. However, we found that this actually works.

Now, before we get on to the questions, I just want to make the case that there are many, many, many things that we have to face with a sense of urgency. But the evidence has seemed to... you know, I have a PhD in anthropology. So we've studied all the great Marxist theorists. We've studied all the social theories. There was a time when the sense was that you had two ways of looking at the world. One is to equalise all outcomes. This was communism. To say: everyone is the same, everyone has the same outcome. The other was to depend on the market systems.

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I have to tell you folks, that argument is over. If you want to see just how over that argument is, go to China and Vietnam. Because the communist regimes of China and Vietnam are the most dedicated to finding ways to make the market work for them of any governments I've ever seen. Because it is the water we swim in. The question is not equalising outcomes. The question has to be: how do we equalise opportunity? But for 25 percent of the children in the world today, inequality is literally baked into their brains. They're not going to be able to compete. This is something we have to tackle with great urgency. As I've said before, we have to raise our ambitions so that they meet the level of the poor themselves.

Back to Martin Luther King. When he was arrested and in the Birmingham jail he wrote this thing called Letters from Birmingham Jail. He wrote about a letter that he received from what he called a white moderate. And we can read it together. All Christians know, this white moderate said, that the coloured people will receive equal right eventually, but it is possible that you are in too great a religious hurry. It has taken Christianity almost 2,000 years to accomplish what it has. The teachings of Christ take time to come to earth. To which Martin Luther King responded: such an attitude stems from a tragic misconception of time, and a strangely irrational notion that there is something in the flow of time that will inevitably cure all ills. Actually, time itself is neutral. It can be used destructively or constructively. More and more I feel that the people of ill will have used time much more effectively than the people of good will. We will have to repent in this generation. Not merely for the hateful words and actions of the bad people, but for the appalling silence of the good people.

What will we have to repent for? I tell you, as a medical doctor, president of the World Bank, lending this year sixty billion dollars, I will have to repent for not tackling this problem of childhood stunting. I will have to repent for not tackling the problem of climate change. You know, I have a sixteen year old and a seven year old son. And my sixteen year old is in the back of the car, and he was saying: dad, did you read about what's happening in Miami? The water is coming through the limestone. Miami is going to be under water! You know, climate change is terrible. And then my seven year old, sitting in the back, said: dad, why aren't you working more on climate change? Good question. Good question. This is going to get worse before it gets better.

I think that what Martin Luther King put in front of us is more relevant today than ever. What are the things that we will have to repent for if we do not tackle them? Take your pick. There is so many of them. Learn how to do something effectively. Get a skill and then go after these problems

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with everything you have. Joep Lange said: nothing is impossible, especially if it's inevitable. The things that looked impossible, like HIV treatment in 1996 and even in 2003, Joep could see that eventually everyone will say that it's inevitable that we've treated people, because we can't be the generation that lets 25 million people die. We want to be remembered as the generation that insisted on HIV treatment. That is what Joep Lange was. That is what we will always remember him for. We will always remember him for being a scientist, who thought about the private sector and the public sector, and who insisted that all humans were in fact humans. There is a very high cost to not acting on issues that are right in front of you today.

Thank you very much.

Thank you. Gosh. I usually don't get standing ovations when I'm talking about reducing our budget at the World Bank, Christiaan, which you know we do, right, we watch our pennies very carefully.

Q&A

TRACY: What a rousing call to action. Doctor Kim. Doctor, banker and activist still.

DR. JIM YONG KIM: I hope so. Thank you.

TRACY: Thank you. I had a question, going back a little bit, about you personally. How did you move from being a doctor to being the president of the World Bank Group? How did that happen?

DR. JIM YONG KIM: Well it was... You know, I was at Dartmouth and I was just in my third year of being president at Dartmouth and I got a call from Timothy Geithner, who at the time was Secretary of the Treasury. And Tim was a friend, he was class of 1983 at Dartmouth. Anytime that Tim had called me in the past, it was that he had a friend who wanted to get their kid into Dartmouth. So that's what I thought he was telling me about. So I had a pen, I was going to write down the name of the kid and I was going to say: I'll do my best Tim. And he called and he said: hey Jim, how would you like to be president of the World Bank? I said: what? You mean *the* World Bank? He said yeah. I said: you know, I wrote a whole book against the World Bank. He says: yeah. Not an issue. And he said: so what I need you to do is, why don't you come down and see President Obama. I said when? He said: how about tomorrow? Because there was pressure to put up a nomination.

So I went down, I saw President Obama, I went into his office. And he said: so Jim, why should I nominate you to be president of the World Bank, because you're a doctor and an anthropologist,

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and you know, people are telling me that I should nominate a macro-economist or a banker. Why should I choose you?

I had been obsessed with Barack Obama since 2004, when he made that speech, and partly because his mother was an anthropologist. So without hesitating I said to President Obama: President Obama, have you read your mother's thesis? And he said: well yeah, I have. Because I had ordered her thesis from the University of Michigan archives, and I was probably like one of five people who had read it in the world. I said: you'll remember, President Obama, that your mother argued that while everyone was saying that globalisation would destroy local artisans in Indonesia, she actually showed that globalisation led to an explosion of the artisanal industry in Indonesia. And I said: you know, I'm not going to give you the 30,000 [foot] macro view. But I've been on the ground, working with people all my life, and I'll tell you how we're doing from the perspective of the poor. He looked at me and he said: I get that. A few days later he nominated me. I was in the Rose Garden. Then later we were having a drink together with some people and President Obama said: you know, Jim, that was one of the greatest ploys to get a job I have ever seen. Read the President's mother's thesis. That's actually how it happened.

TRACY: One of your favourite sayings, Doctor Kim, is that optimism is a moral choice when you're working in development. What message would you give those of us in addition to the very inspiring talk that you just gave.

DR. JIM YONG KIM: Christiaan said it. He said he's an optimist. Because if you're in charge of the World Bank and you walk into settings and you're cynical and pessimistic, that is the reality that will take shape. So, for powerful people, in the face of poverty, to be pessimistic and cynical will lead to a program's failing. You can do all kinds of analysis. Look at analysis that the World Bank did, based on real data, real information, about Korea. They condemned it, they said that it would never grow. And then what happened afterwards? I actually was reading... I did my PhD dissertation in Korea, and I was reading the sort of revisionist economic analysis of why Korea succeeded. What did they say? Well, it's too Confucian, not enough western influence, low education levels. After they became successful, the new analysis was: it was Confucian values that led to the growth of Korea.

I think that anyone in development has to come to the table with a sense that everyone in the world wants to live like we do. It may take some time, but if your aspirations are low... Look, when

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we were working on multi drug resistance, tuberculosis and HIV, it would have been interesting if it was just a bemused sort of dismissal. But that's not what it was. It was anger. Part of it was people who were saying: if this was possible, we would have done it. What the hell are you saying? Are you saying that you're more moral than we are? These are the kinds of arguments we had around HIV treatment. Because they were saying: it's not possible. It's not possible. One of my favourite authors, Tracy Kidder, who wrote a book about Paul Farmer, the guy that I founded Partners in Health with... Tracy said to me one day, he said: You know, I look at you guys just running around the world, in the slums of Peru, in Haiti, saying that you can do this, you can do that. And I'm just like... the cynicism comes out in me, but then I realised that cynicism is the last refuge of the coward.

TRACY: That's a big compliment. Well said. We have a question Maureen.

MAUREEN: I'm Maureen, I'm a student of the International Institute of Social Studies. My question is about HIV. And my main concern is about [their work], the campaign that is going around in combatting HIV. Most attention had been given to women. [...] policies are all directed towards combatting HIV/AIDS. And women have been given so much attention that I'm wondering: why are men left out in these campaigns? Yet HIV as it's known is likely spread through heterosexual transmission [...] spread of HIV/AIDS. As you see, that is according to the documentations. Women are given attention because of their vulnerability to HIV. But then again, when you look at the mortality rates, the mortality rates of men are higher than women. So what is the World Bank doing to help the men in combatting HIV/AIDS?

DR. JIM YONG KIM: Let me put it this way. I haven't heard this before, that men are being ignored. But it would be like the first time in history that that's the case. So I don't mind that we're making a preferential option for women, as it were. But you know, I'm not involved in direct HIV planning. We do provide some support for countries that ask us for it, but I'm not on that side of it anymore. So I don't know the answer. But I do know that when I was leading the HIV/AIDS department at WHO, our biggest worry was that there would be a huge gender imbalance in access to treatment and only the men would get it. So we made every effort to focus specifically on ensuring that women had access to treatment. So if that's gone overboard, I actually don't know. Maybe there will be people in the audience who'll know better.

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But just about everything else in the world works against women. So if there is one area where women have even a temporary advantage, it makes me happy. It makes me happy in the sense that you're telling me that since 2003 and 2006, which is when I was at the World Health Organisation, we made that one of our top priorities, that women would not be left behind. So it makes me happy that women were not left behind. Certainly if more needs to be done to bring the men in, then I will pass that on to the people at the World Bank who work on HIV.

TRACY: One of the projects of the Joep Lange Institute, Dr. Kim, which I know you're familiar with, is the Health Wallet. It's a digital wallet in which the patients themselves can put money for their health care which is also matched. It cannot be used for other purposes. It's a fascinating new use of technology. And that's why I wanted to go to [Hugo Moruzzi]. Hugo? Tell us your question.

HUGO: First of all I want to thank you for the inspirational speech, or the presentation you gave. But my question was about the fact that you mentioned that the fourth digital revolution could actually cause problems for people to get equalised opportunities. My question is if technology actually could help reach people who are not treated by the public health systems, by using actual technology. What is your opinion about that?

DR. JIM YONG KIM: Yeah, there's no question that... for example the digital wallet. This is based on really great evidence. It was a low tech intervention in which we learned it. So what we did... We were I think peripherally involved, but there was a study that gave poor women in Africa just little lockboxes. All it was, was just... you have a box and you have a little piece of paper and you record the money you put away into that box to use for health. And that made a difference. In other words, the use of bed nets for malaria went up, with a very simple innovation. So this digital wallet makes perfect sense. One of the things we've also learned, and again it's a gender equality issue, one of the things we learned is that if you give conditional cash transfers to men, a very high proportion of those projects fail. But if you give it to the women, a very high proportion of the projects, almost all of them, succeed. It's crazy. This is what I mean by gender equality, because we make that mistake over and over and over again. We start by giving it to the men, and we learn: oh gosh, it's better to give it to the women. We've known this for three decades. But we keep making the mistake again and again.

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One of the things that is very interesting is... in India, more than a billion people have been registered with biometric identification. Twelve digit number, ten finger prints, two iris prints. All it does is that it says the person who brought this twelve digit number in and gave you that fingerprint is that person. So you link that to accounts and you can move money directly to poor people instead of going through the layers of the Indian administrative service.

I think there's no question that we can use technology in very important ways. But the fundamental question still remains. What are they going to do? What kind of jobs are they going to do? What is economic growth going to look like? Are they prepared for competition in what will certainly be a much more complex, much more digital economy. We have to take that on.

In the meantime, use every single kind of technology to help equalise outcomes. I think in education, there's so many online systems that are in fact better than most teachers. One of the things that we heard at Dartmouth was that eventually probably two people will teach the whole world calculus. Because calculus is hard to teach. And there are going to be people who are just better at it than anyone else. Sal Khan. I do Sal Khan, Khan Academy videos myself. My kids use them. He's one of the great teachers that exist in the world. He didn't start off as being a teacher. So I think there are ways of using technology to help, but it doesn't solve the question of what are they going to do.

TRACY: We have a question from [Grietje de Boer] which I think is very relevant for our talk about the role of the private sector.

GRIETJE: Hello, I'm Grietje de Boer. And my question is: why are innovations in health care so slow to enter a market, and what can we do about that?

DR. JIM YONG KIM: That's a great question. That's actually what I was doing... That's the problem I was focussed on before I went to the World Bank. In the United States, for a new health innovation that's proven, that is on the market, to reach the majority of people in the country, in the United States it takes seventeen years. So even in the United States innovations are slow to spread. And it was even more pronounced in developing countries.

My theory, and it's still what we're working on, is that we needed a science focussed on implementation and delivery. In many ways it's what the Joep Lange Institute does. It tries to find ways of taking the things we already have and delivering them better. Now the structure of academia is extremely prejudiced against that kind of research. Because it's too pedestrian.

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Trying to figure out how to make sure that everyone uses a certain new medicine for cardiology... ACE inhibitors, a particular kind of medicine that we found had tremendous impact in patients with congestive heart failure. It should have been used everywhere in the United States immediately, but it took fifteen years for everyone to really use it. If that's the case in the US, how do you make it better in developing countries?

I started something at Dartmouth called the Centre for Health Care Delivery Science. These are fashions in academia. Right now the fashion in academia is everybody needs to do molecular biology research. And then after that everyone needs to do clinical research where we compare one thing to another. But delivery research, wow, that's hard. Because you have to look at systems, you have to look at leadership and teamwork and all these things that in academia are seen as really not very intellectually rigorous. But I think it's going to make the most difference. I tried to do that at Dartmouth, but it was so hard.

Now, at the World Bank, we formed Global Practices. Their job is to find the best innovations to tackle problems all over the world and then spread them. The Peru example I gave you. You're not going to get tenure at a major university, meaning lifelong appointment, or you're going to get kudos in a university for studying how the Peruvians reduce their stunting by half in seven years. You're not going to win any kudos, but it's maybe the most important research for children that you can imagine. So we're going to do it. We're going to bring those results together. And the Peruvian example will be made available to everyone in the world. I actually think that the diffusion of innovation, which is the way they refer to it, is something that we at the World Bank Group can really contribute to. Because we're not a university. We're much less subject to the whims of academia.

TRACY: We have time for, I think, two more questions, and I would like to give the floor to [Robert van Heerd], with an interesting question on sustainability.

ROBERT: Thank you very much for your lecture. I have the question that according to the UN expectations, our world population will reach the ten billion mark by 2056. Ten million, who we all want to provide with education, nutritious food and safety of course. Yet our planet does not grow with us. And therefore it begs the question: is our current path towards global health and development sustainable?

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DR. JIM YONG KIM: Well, you know, actually nothing is sustainable unless you make it sustainable. One of the lessons we've learned over the years is that if the first few children are healthier, if there is economic growth, and there is the sense that you are going to have some stability in your life, you have fewer children. So part of moving aggressively toward making sure that every child is healthy is that we'd like to see if we can lower the birth rate. I mean, the very, very large families that extremely poor people have is a burden on them as well. But part of the phenomenon, and some people say they just... they're having too many children, well, what we know is that as economic development kicks in, the birth rate goes down. It's happened literally in every country in the world.

It's good to be worried about it. But then the question for you is: what are you going to do to make sure that you build that sustainable world. And for me, we're involved in fragility and conflict everywhere. And we're looking to the Middle East and North Africa, we're working in Africa, and there's fragility and conflict. And why is there fragility and conflict? It's not a hundred percent related to poverty, there are religious differences, there are ideological differences, but a whole lot of it is related to poverty.

Let me just give you an example. Ellen Johnson Sirleaf, who is President of Liberia, said that: I have millions of men who've done nothing... not millions. Hundreds of thousands. More than a million men who've done nothing their entire lives except be soldiers. What do I do with them? Now, you're born to a very poor family, you've got no options and a militia says: why don't you join us? There are many that are joining those militias because there is nothing else for them to do.

The task of creating opportunity, the task of making sure that people have the capital to create jobs, to be entrepreneurs... If we don't do that, the world is going to be much, much less sustainable. Some people say: why are you doing all these things, Why don't we just ignore it and then maybe it will go away. Stop foreign assistance. It's not worth it. Let's just focus on ourselves. Well I can guarantee you that if that's the path we take, it will be much, much worse. You will have, in every country in the world, lots of young people who don't have appropriate nutrition. Who don't have good education. Who don't have any prospects in life.

What have we learned from the refugee crisis here in Europe? It's that Africa is very close. The problems of the Middle East and North Africa are very close to Europe. And they're very close to

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all the developed countries. We cannot move toward a fortress mentality. I think the only hope is that in a multilateral way, with many different countries, with many different nations of the world, we decide that the only morally defensible path is to try to create equality of opportunity for everyone. Then let's take it from there. That is my view.