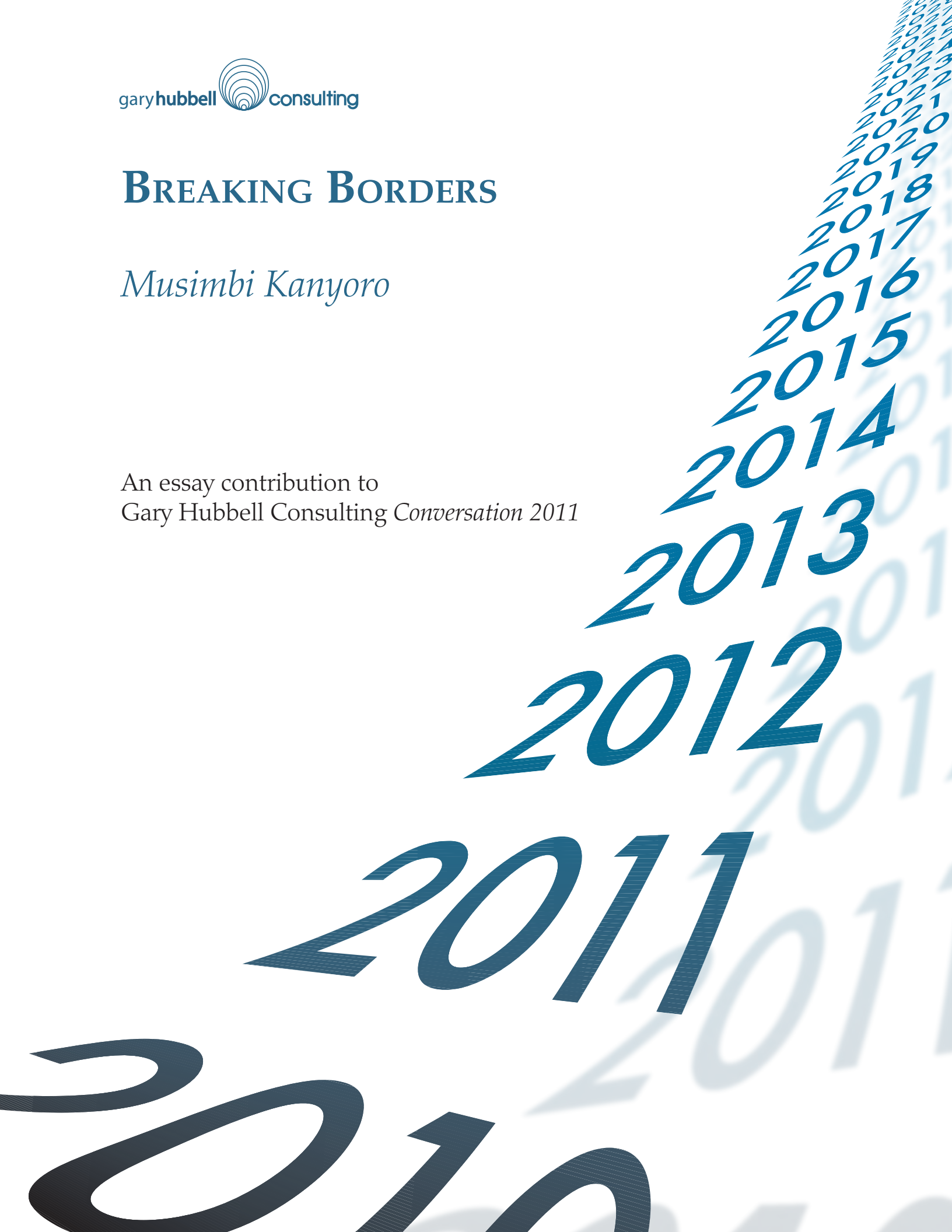


BREAKING BORDERS

Musimbi Kanyoro

An essay contribution to
Gary Hubbell Consulting *Conversation 2011*



© 2011 Gary Hubbell Consulting

This is copyrighted material. All rights reserved.

This work is licensed under a Creative Commons copyright that allows the copying, distribution, and display of this material if credit is given to the authors.

This license is classified as an Attribution-Noncommercial-
No Derivative Works 3.0 United States Licenses.



P.O. Box 510257 ▲ Milwaukee WI 53203 ▲ 414-962-6696 ▲ www.garyhubbellconsulting.com

ABOUT GARY HUBBELL CONSULTING CONVERSATION

Annually, Gary Hubbell Consulting convenes and hosts a small hand-picked group of social sector professionals from throughout North America for three days of intense dialogue and critical thinking. We strive to create a thought-provoking, mind-opening, and stimulating conversation about philanthropy, organizational leadership, and social sector change. This deep exploration of the nature and challenges of the philanthropic environment is intended to engage, inform, and inspire senior leaders to be catalysts for change in their own organizations and communities of influence. With each *GHC Conversation*, we seek to establish the seeds of a continuing and enriching network that nourishes us as individuals and helps each of us change how we converse, inspire, and seek new dimensions of philanthropy.

Gary Hubbell Consulting *Conversation 2011*



PARTICIPANT BIO

Dr. Musimbi Kanyoro

Program Director, David & Lucile Packard Foundation
Palo Alto, CA

(650) 917-4777 // mkanyoro@packard.org

www.packard.org

Since September 2007, Musimbi Kanyoro has served as the Director for the Population and Reproductive Health Program of the David and Lucile Packard Foundation. The program makes grants in Sub-Saharan Africa, South Asia, as well as to global organizations dedicated to Population and Reproductive Health issues, and to the integration of those services with critical global health as well as environmental and development issues. From 1998-2007 she was the General Secretary (CEO) of the World YWCA, a membership organization with operations in 125 countries and outreach to over 25 million women and girls.

Musimbi has managed several collaborative partnerships with bilateral and multilateral international organizations including UNAIDS, the World Bank, Inter-governmental institutions and NGOs. Musimbi has several awards, was a nominee for the 1,000 women peace prize and holds BA from the University of Nairobi and MA and PhD from the University of Texas, Austin, and a Doctor of Ministry from San Francisco Theological Seminary. She was a visiting Scholar at Harvard University. She is author/editor of 10 books and more than 100 articles.

This is Musimbi's first *GHC Conversation*.

BREAKING BORDERS

by Musimbi Kanyoro

When I think of what philanthropy will be like and what it might be addressing, two decades from now, I think of access to information, collaborations, and an increase in work that is not limited by national boundaries. Health will still be a leading topic and women's health may find more attention as more and more people become aware of the important role that women play in Society. Our world's population continues to rise. By 2030, with a global population of somewhere around 8.3 billion, reproductive health will be a topic that more of philanthropy will be focused on, simply because it will be harder to ignore.

With the continued growth of technology and access to information, I suspect it will be even easier to share information and work together. Therefore collaborations will continue to occur not only between philanthropists, but also across sectors. And this is good because the need for collaborations, and the issues affecting us globally, will be increasing. Global issues like climate change, security and economic development all will be influenced by population size and the poor will be negatively affected. The demand for energy, food, health and water will continue to be common issues that many philanthropic organizations will be working to address.

The philanthropic sector, I suspect, will not only collaborate more on these issues, but due to the nature of these problems, it will continue to work across boundaries and be stretched even more to cross political divides. I would hope that by this time, we will have worked to make improvements in the legal and regulatory environment of international philanthropy and also found ways for collaboration across geographies. The USA is today the leading country in philanthropic giving. We know that the U.S. type of philanthropy has a following around the world with new individual donors and foundations springing up all

over the world. The Arab world has many new philanthropic foundations and it is likely that with the increasing economic power in China, there will be Chinese equivalents of fortune 500 as there will be in other parts of the world. Even if philanthropic dollars increase, we have no guarantee that there will be enough resources to meet the world's needs of the time. There is no sign yet to show that the world will be more peaceful and the planet and its life will be healthier. Natural and human-caused disasters will continue to surprise us. The hope may be found in our knowing more about the causes of these calamities and therefore what is needed is the will and commitment to mitigate them. This takes more than philanthropic dollars.

By 2030, the face of philanthropy will also be different. With the growing globalization of American type of "giving" it may well mean future donors will be more variegated in looks and gender. The richest man in the world is Mexican. In a recent effort, the Women's Funding Network ran a campaign called "Women Moving Millions" and within a short time, they raised \$180 million (www.womenfundingnetwork.org). Most of the funds were raised from women. A future is on the horizon where more women will join the ranks of philanthropists with their own wealth as opposed to inherited wealth. I even find myself wondering if more international corporations will place a higher priority on philanthropic work. This is a probability whose evidence lies in the continued conscientization of businesses and their staff to social responsibility. Communication technology will play a big part in breaking the borders. Everybody gets to see the problems of the world at the same time and in the same depth.

HOW DO WE TODAY INFORM THE PHILANTHROPY OF 2030?

"There is perhaps no single issue that ties together the security, prosperity and progress of our world other than women's health. It touches the heart of every issue and the soul of every society." -Ban Ki-Moon, Secretary General of the United Nations

My current experience is in the area of health and specifically women's health. I want to suggest that one way to mitigate the possible effects of bad health in 2030 is to address healthy philanthropy with human rights lenses. Although it is recognized in the Universal Declaration and enshrined in legally binding international human rights treaties, the right to health still does not carry the same currency as the right to freedom of expression or the right to be free from torture. But I can tell you that for millions of people around the world, health is perhaps the most valuable of all human rights. It is inseparable from the right to

life and security. And it is women, children and marginalized populations that continue to suffer the worst outcomes.

There are valuable lessons to be learned from early efforts to address HIV/AIDS as a human rights issue. One of those key insights is the importance, in very practical terms, of recognizing health as a human right; a right possessed in equal measure by the world's wealthiest and it's poorest, by its most advantaged and it's most marginalized and dispossessed. A human rights analysis has informed and strengthened public health responses by highlighting the discrimination and inequalities that fuel the spread of HIV. The recognition of access to life-saving treatment as a right has played a key role in scaling up access to antiretroviral – and about 2.5 million people are now accessing ARVs, up from around 100,000 in 2001.

Ill health is wrapped in the massive inequities related to poverty, which holds its grip on one-fifth of the world's population. Millions of people living in poverty lack access to even the most basic health services, housing and food. Over a billion people have no access to clean water and sanitation. Every day 6,000 girls and boys die from diseases linked to unsafe water, inadequate health and poor hygiene. In many places, climate change is compounding these socio-economic challenges and thus further impeding poverty in the world of tomorrow. Poverty is not only a challenge to health but also to human security, development and well-being. Poverty will continue to be a challenge for philanthropy in years to come.

In my current job with the Packard Foundation, one of our priorities has been to work with others to help redress the glaring inequalities in reproductive health. The crucial link between health and human rights is clear as we consider other global health challenges. Reproductive health problems are the leading cause of death for women of reproductive age in developing countries. Yet it is socioeconomic inequities – not a lack of medical solutions -- that determine which women live and which ones die. For example, the number of women who die from pregnancy-related causes each year is over 500,000, while globally more than 300 million women live with illnesses due to pregnancy or childbirth. Ninety-nine percent of maternal deaths occur in developing countries.

The differences between rich and poor countries are startling. Consider that the lifetime risk of death from pregnancy-related causes in Canada is around one in 11,000, while in Afghanistan and Sierra Leone the number is one in eight. Even within wealthy countries, the inequities are revealing. When we break the figures down, it is clear that survival rates

for pregnant women depend largely upon the distance and time a woman must travel to reach skilled emergency medical care.

According to the United Nations, the factors that increase the risk of maternal death relate to delays in seeking care, for example when women must get permission from male family members to travel; delays in reaching an emergency care facility due to lack of affordable and available transportation; and delays in receiving care from providers, when facilities lack sufficient staff and equipment, or care is unaffordable.

Maternal mortality rates could be drastically reduced by improving women's access to comprehensive reproductive health services and promoting sexual and reproductive health education. The statistics reflect gross inequities between rich and poor. For the women affected, they also represent a serious infringement of basic human rights, including the right to life and the highest attainable standard of health. But they mask a much wider societal impact. More than a million children are left motherless every year. Newborns whose mothers die from preventable deaths are three to ten times more likely to die before the age of two than those whose mothers survive. Girls who are orphaned often are pulled out of school to fill the role of caregiver to other family members. This is why UNICEF refers to the 'double dividend' of gender equality, one that benefits women and children both – and, indeed, society at large.

These ongoing global health challenges are even more daunting when we consider the health systems and human resources available to meet them. Imagine living in a country like Malawi, in which you share your doctor with 50,000 others. According to the World Health Organization, people in 36 African countries live a similarly grim reality.

Africa faces a shortage of 800,000 doctors and nurses, and currently trains only between 10 and 30 percent of the skilled health workers required. Many health professionals trained in low-income countries leave their home in search of better working conditions, often driven by political instability and conflict. They move from poor rural regions to urban centers and from there, migrate to higher-income countries like Australia or Canada. The result is that wealthy countries reap a benefit while poorer countries that provided financing for education and professional training lose a return on their investment.

But there are also deeper societal impacts in many countries, where the net loss of health workers can result in the near-collapse of already fragile health systems. Without a strong and effective human infrastructure, health systems will never be able to tackle crippling

diseases or achieve national and global public health goals. This is why I think that health will remain on the agenda for philanthropy for yet a long time.

I am not suggesting that human rights and women's rights will provide the solution to these massive and complex challenges. But human rights can, and must, be the compass that provides the moral, ethical and legal guidance to effective philanthropic responses to health at every level. By placing individuals and communities at the centre of health systems, focusing attention on marginalized and vulnerable populations, and holding governments and other actors to account, human rights provide a powerful standard by which to ensure the development and implementation of equitable health policies, strategies and systems.

Although the problems are daunting, the elements of a human rights response are straightforward and the potential for positive change is enormous. The challenge lies in galvanizing the resources and political will to ensure that the principles that underpin the right to health are met in practice. Participation and empowerment are central to the right to health. Individuals and communities must be engaged and involved in health policy decisions that affect them. Similarly, when communities know the philanthropic dollars being given to their communities for particular outcomes, more accountability will be possible.

Tanzania is one example of where such engagement is happening. There, thanks to donor support, a network of health organizations is examining the extent to which increases in health sector resources are benefiting marginalized groups. This has allowed the network to undertake research, gather evidence and carry out analysis to support their policy positions on the health service needs of the poorest and most vulnerable.

Another element involves priorities: there must be a profound shift in the priorities that shape policies and resource allocations globally, nationally and locally. For example, health systems must be sufficiently resourced to respond to the health needs of women and girls through long-term, sustained investment. Support for the research, development and equitable distribution of technologies to benefit women's health must be prioritized. Cervical cancer is just one example. Although we have the tools to prevent this terrible disease, it affects an estimated 500,000 women each year and leads to more than 250,000 deaths – the vast majority in developing countries. Most women affected do not have access to local health systems or routine gynecological care, including regular HPV screening which plays a critical role in preventing cancer in industrialized countries.

The availability of HPV vaccines made possible largely due to good philanthropic investments, has created a unique opportunity for a new, life-saving vaccine to be introduced simultaneously in the North and the South. Much more should be done to encourage the international support necessary to make these new life-saving tools available as soon as possible to the girls and women who need them most, and to ensure that robust health systems are in place to support their delivery.

The human rights framework fits well with demand for accountability, and can open opportunities to address corruption which is a philanthropist 's red light alert warning: *“Don't go there; don't invest in this and that!”* Citizens should hold their governments accountable for spending the philanthropic dollars well. This means that States must adopt and implement laws and policies that strengthen health systems, foster gender equality, improve health and eradicate corruption. Days are gone when philanthropists gave their money and left its use in the hands of the implementers. Today's philanthropists want to know what their money is doing and where and why. Tomorrow's philanthropists will ask for more. Many of tomorrow's philanthropists may actually give their money and manage its use, as we have seen of Bill and Melinda Gates and Warren Buffet. Their missionary work of giving more than 50% of their wealth while still living could have profound impact on the future of philanthropy and the philanthropy of the future.

Let me conclude with an event that has registered in my mind's eye, focusing me into the future. Last summer I heard about a very unusual and exclusive dinner party that some have since called the “First Supper.” Participants were summoned by Bill Gates, David Rockefeller, and Warren Buffett. The venue was the president's room at Rockefeller University in New York City. Invitations had gone only to a select few billionaires, including Oprah Winfrey, Ted Turner, Chuck Feeney, Michael Bloomberg, and George Soros. For dinner conversation, Mr. Buffett asked each person to describe their philosophy of giving and how it had evolved over the years. Twelve stories emerged, over a three hour period. The benevolences mentioned involved a variety of areas, including education, health, and poverty. For some, giving was a family tradition; for others it was a recognition that once one's family was provided for, the rest should be given away. Although there were no specific goals for this first meeting, two subsequent dinners included a request that the participants pledge to donate at least 50% of their wealth before they died or through their wills. The initiators of the plan are working their way down the list of Fortune 400 billionaires hoping to encourage more to sign the pledge.

This new rising consciousness - if it succeeds - can have ripple effects and shape a future both of collaboration and also of accountability. If people decide to participate in how their wealth will be used in the future, they may equally want to put in place where more accountability measures better use of the money. Today, many individuals who have made their fortunes in new social media, technology, and business in general are creating a new form of philanthropy – venture philanthropy or philanthrocapitalism. They want to do more than just write checks to non-profits – they want to be actively engaged in the process of affecting change by influencing the practice/actions of their grantee partners. The notion of using business terminology and applying standards of business efficiency to social change has become commonplace. Terms like social entrepreneur and social innovation are competing with older notions of social movements and social justice. Most foundations and a growing numbers of individual donors are expecting much more rigorous assessment and evaluation measures that answer the question, “so what change are we making?” More and more individuals want to know the causes they are trying to save. This is the trend for the future. This is the path to philanthropy 2030.