

## Doolin Memorial Presentation

7th December 2002

### THE DOOLIN MEMORIAL LECTURE

#### ***The Fight against Diseases of the Poor: The Moral Imperative for Development Assistance***

Delivered by Ms. Liz O'Donnell, T.D. at the Royal College of Surgeons, Albert Lecture Theatre Hall.

Madam President, Mister President, Ladies and Gentlemen,

I am very honoured to deliver this year's Doolin Memorial Lecture.

Until recently, I was the Minister responsible for Ireland's Programme of Overseas development assistance and human rights. I know firsthand and value the great work and potential for good of the Irish medical profession in the spheres of development and disease eradication in the world's poorest countries.

The Royal College of Surgeons has a long tradition of partnership with a number of developing countries. On my visits to Ireland's programme countries in Africa and on my missions to the scenes of major humanitarian disasters, I often came upon local medical personnel who had been trained and worked here, in Dublin and who retain bonds of friendship and links with Ireland.

More frequently though I met Irish medical professionals - surgeons, doctors, nurses, - who had given of their lives to work with Aid Agencies or directly in the administrations of developing countries. Irish doctors and nurses, lay and religious, have helped save thousands of lives in humanitarian disasters. Less well known perhaps is that they have also worked to develop fragile health systems in poor countries, which is a more long-term exercise. They have provided training and helped establish national medical organizations. These doctors and nurses are providing life-altering services often risking their lives in the service of the poor. In opening their hearts to the most vulnerable people on the planet they are fulfilling their primary humanitarian vocation as medical practitioners.

I was privileged to meet many such wonderful people while visiting Kenya and Uganda last year with President McAleese. Women like Sr. Miriam Duggan of The Little Sisters of St. Francis, Dr. Anne Merriman at Hospice Africa (Uganda), Sr. Ursula Sharpe and other members of the Medical Missionaries of Mary, Dr. Michael Meegan of ICROSS in Kenya and elsewhere and his colleague Dr. Ronan Conroy of the Department of Tropical Medicine at the Royal College of Surgeons and many more.

William Doolin, in whose honour we are gathered, was such a humanitarian. He engaged with the issues of the day; he was humane, generous, and warm. An eminent scientist, a gifted linguist, a famous teacher, a historian and sportsman, he devoted a year of his life exclusively to helping the poor of the city of Dublin.

So what would William Doolin make of today's world? What issues would attract his attention, engage his pen and trouble his conscience? Would he, with his optimism and

enthusiasm for life, be drawn to the huge scientific and technological achievements of our time? Would he throw himself headlong into the care of refugees in Ireland or champion the cause of people whose lives had been destroyed by contaminated blood? Would he rail against the scandal of male suicide and the alcohol soaked lives of many Irish youngsters? Certainly these are compelling medical and political issues of direct relevance to today's Irish doctors. On the International front, I feel sure that William Doolin would also be challenged and interested in the spread of epidemics in the world's poorest countries and the compelling moral questions this poses for the rich world including Ireland.

During my time as Minister responsible for Ireland's Aid Programme of assistance to developing countries the twin and interlocking issue of poverty and disease was a constant. Once one sees at first hand the abject nature of poverty and ill health in Africa one's life is changed forever. However, empathy is self-indulgent unless it leads to action.

*As 'The Dalai Lama' said;*

*"If our tears do not lead us to act then we have lost the reason of our humanity which is compassion"*

Before considering specific health issues facing developing countries I would like to make a few wider points, which must be taken into account. First peace and security are vital to development. The current food crisis in Africa is due not only to climatic factors but is also a direct consequence of an almost unending cycle of wars in Africa which have drained already inadequate resources. Failure to diversify crops, tackle soil erosion and unfair trading patterns by developed countries has led to the collapse of primary commodity prices in many African countries. Conflict, unfair trade, bad governance, disease, poverty, and illiteracy - all these issues are interlinked. Poor people quickly become sick people. Sick people cannot work the land and plant new crops. People in war zones find their lives, families, incomes and health shattered.

Therefore any debate analysis or solutions on ill-health must take on board all of these cross cutting issues.

Here in the rich world, policy makers and opinion formers complain loudly and energetically about our health systems, about the costs associated with health-care, about the high price of drugs and medicines, about waste and inefficiencies in the management of our hospitals and about the inequalities in treatment and care. All issues which rightly absorb us in Ireland and about which the government and the medical profession care deeply. Health was the no. 1. issue in the recent General Election.

As individuals we are also hugely concerned about health issues. Our diets, our longevity, food safety, contaminated blood, genetically modified food, water quality and the like provoke lively debate, public concern and Government action. We spend increasing amounts of money on obesity treatments, on cosmetic surgery, on cardio-vascular drugs and generally on illnesses and complaints associated with modern life in the developed world in the 21<sup>st</sup> century.

Ironically, we know relatively little about the health issues, which are of direct concern to the great majority of the human race. The world's population of six billion people can be

roughly divided into three groups. The rich world, of about one billion people, is taking advantage of breakthroughs in medical technologies to extend the average life span. We now have an increasing number of relatively healthy older people receiving pensions and looking forward to long and active retirement.

The second group are the middle-income countries, which consist of about 3.5 billion people. The number of people in this second group is steadily increasing largely because of economic development in Asia. Most recent progress in reducing the number of people living in extreme poverty in the world can be attributed to China's economic development and the South East Asian tiger economies.

In these middle-income countries, most people have access to basic health-care, although there continue to be large pockets of people who are extremely poor.

The middle income countries are increasingly faced with health challenges more familiar in the rich world - rates of cardio-vascular disease are on the increase and smoking related cancers are a huge problem. These middle-income countries also, however, struggle with diseases, which the rich world has contained - TB, Malaria and increasingly HIV/AIDS.

The third group of people live in the world's poorest countries. The UN classifies these countries as the Least Developed Countries. They number 49. These countries, which are concentrated in sub Saharan Africa, have the highest proportion of people living in extreme poverty - that is people who live on \$1 or less per day.

The health problems of the people in the Least Developed Countries are a universe away from the issues we face in the developed world.

In these countries, daily life is increasingly a struggle against HIV/AIDS, Malaria and TB. Their health systems are fragile, under-funded, ill equipped and facing profound challenges.

The issue of health in these countries cannot be seen as a by-product of economic development. We cannot assume that economic growth and overall development in Least Developed Countries will inevitably result in an improvement in health outcomes. On the contrary, there is an increasing body of evidence showing that an improvement in the basic health of the poor is necessary if they are ever to achieve sustainable development. In other words, these people are too ill to prosper.

The scale of unmet needs in least Developed Countries is unconscionable.

*The statistics are horrendous;*

- *Just take Africa which hosts 70% of the world's infectious diseases;*
- *Of the 42 million adults living with HIV/AIDS in the world at the end of 2001, (most of them are in Africa 28 million);*
- *72% of Africa living in poverty;*
- *75% of the world's malnutrition is in sub-Sahara Africa;*

- *Over half of Africa's population has no clean water;*
- *Has been the world's most distressed region for 50 years;*
- *138 wars in 30 years, 15 million dead;*
- *Africa endures desertification, economic decline, famine, drought, instability and AIDS.*

Globally in 2001 over 5 million people were newly infected with the disease and three million died with AIDS.

In some sub Saharan countries such as Botswana and Zimbabwe, one adult in three is infected. AIDS has deprived eleven million children in Africa of their parents. Many of these children have been left to fend for themselves, robbed of property and possessions. The extended family, the traditional coping mechanism for dealing with orphans has collapsed.

I saw them, thousands of them in Uganda and Kenya, little children being cared for and educated by Irish Sisters and Priests - singing The Irish National Anthem in Irish for the visiting President of Ireland.

#### **IRELAND'S RESPONSE.**

In the light of the above, it is not surprising that Ireland's primary engagement in the field of development co-operation and humanitarian response is with 6 countries in Africa.

Ireland Aid, our national programme of development assistance, operates in six countries in sub Saharan Africa - Lesotho, Tanzania, Zambia, Uganda, Mozambique and Ethiopia. In these six countries there are right now four million Aids orphans, almost equivalent to the population of Ireland.

In the early stages of the HIV/AIDS epidemic, just as the disease was stealthily spreading across countries, it was treated primarily as a health issue. However, the tardiness of the response, the political unwillingness to face up to the implications, ignorance about prevention and treatment have elevated what was a health challenge into *the* fundamental threat to development.

Already HIV/AIDS is reversing a generation of development efforts in sub Saharan Africa. The most startling evidence of this is the plunge in life expectancy. In some of the most highly infected countries, a child born today has a 50% chance of dying from AIDS in his or her lifetime. Life expectancy in Zambia, which had been increasing, is now falling and is expected to reach 45 within the coming decade. Overall the average life expectancy in the LDC's is now 51, compared to 78 in high-income countries. By 2010 more people will have died from HIV/AIDS than in all of the wars of the last century.

As HIV/AIDS continues to spread in sub Saharan Africa, the full impact of the disease on societies and on economies is slowly becoming clear. In Zambia, there are now more teachers dying every year from HIV/AIDS than are being trained in teacher training colleges.

This has the gravest long-term implications for the international drive underway to provide universal primary education for all children by 2015.

As men and women fall ill, their capacity to work is affected resulting in a decline in agricultural productivity.

The huge food security crisis in southern Africa, where 14.5 million people face starvation and in the Horn of Africa, where a further six million are affected, has been greatly exacerbated by the high incidence of HIV/AIDS in these countries. While the origin of these food security crises can be attributed to a number of factors, including climatic conditions, poor governance and a lack of national preparedness, HIV/AIDS is turning cyclical food shortages into full scale humanitarian disasters. At a meeting last week with the UN Office for Coordination of Humanitarian Affairs in New York we heard how the profile of people needing humanitarian assistance in Africa has altered because of AIDS. There are now more children and older women surviving as those with HIV who are young and sexually active and would be expected to survive in normal circumstances now die off quickly with Aids related diseases, when disaster or famine strikes.

South Africa is demonstrating how a high HIV/AIDS infection rate impacts on a more developed economy. Increasing numbers of workers, particularly in the mining sector, are falling ill. Companies are being advised to develop HIV/AIDS strategies. Major conglomerates have become engaged in providing life-saving drugs to their workforce.

In my time as Minister I visited many of the countries most affected by the HIV/AIDS epidemic. I became familiar not only with these grim statistics but also with the unfolding real life trauma and human pain that lies behind. The women making plans for their surviving children; the orphans evicted and robbed of their possessions and land.

I think that for many of us, in the rich world, the grim spread of HIV/AIDS across sub Saharan Africa, and all the human misery that goes with it, evokes shock and a general sense that the world should be doing more. But, by and large, we feel remote from this crisis, which, is happening in faraway places of which we know little. *Out of sight Out of mind.*

This blindness is as dangerous as it is inadequate. Ireland, Western Europe and other rich economies are by no means insulated from the HIV/AIDS crisis. With globalisation, and the increased movements of goods, services and people has come increased global interdependence. In Ireland we are host to large number of asylum seekers, many of whom are fleeing countries where HIV/AIDS is widespread and there are real public health issues, which must be faced here in Ireland given the steady rise in HIV cases. And the epidemic is now spreading beyond Africa. Recent reports by UNAIDS and by the US Government suggest that China, India, large parts of our near neighbours of Eastern Europe and Russia face potentially devastating crises.

In no way can we be cocooned from the spread of the epidemic. Its economic and social impact worldwide will have an impact on our society and on our economy for many years to come. That is why Ireland has decided to massively invest in measures to deal with HIV/AIDS globally; this year to the tune of €40 million as part of our O.D.A. Programme.

A mix of activities are being funded from contributing to vaccine research, the UN Global Fund to funding the palliative care of the sick and the dying by missionaries and NGO's. We are also building up local health systems in most affected countries.

### **OTHER DISEASES:**

Although HIV/AIDS is now the biggest threat to Africa's development, and is killing more people there than any other disease, the poor also face other health challenges. One of the most significant is malaria. Over 300 million cases of malaria are reported every year resulting in one million deaths. 90% of these deaths occur in Africa, south of the Sahara and most of the victims are children under five. Malaria kills a child every 40 seconds and is responsible for 1 out of every 4 childhood deaths in Africa.

As with HIV/AIDS, impoverished countries suffer the most from malaria and malaria is a continuing cause of their poverty. But Malaria is, both treatable and preventable. For example insecticide treated mosquito nets, used properly, could reduce infection rates by up to 50%. Treatment is also effective although the parasites in some regions are now resistant to some of the most commonly used drugs. The fact is that if the rich world faced a malaria epidemic it would be dealt with quickly, relatively simply and without exorbitant cost. Yet in the poor world, malaria continues to cause untold misery and is directed at the most vulnerable people in society - children and pregnant women.

TB is another disease, which the poor everywhere are dealing with. About two million TB cases occur every year in sub Saharan Africa. This number is rising rapidly as a result of the HIV/AIDS epidemic. HIV and TB form a lethal combination, each speeding the other's progress. TB is the leading cause of death among people who are HIV positive. As HIV/AIDS spreads, so does TB. Globalisation, international travel, conflict and the resultant refugee flows are all facilitating the spread of TB. The ease with which TB can be spread makes all the nations of the world vulnerable. Its increase in poor countries and its close link with HIV/AIDS, poses a threat to the world and not just those who are struggling now to overcome the disease. It is yet another example of how the diseases of the poor can, if left untreated, rapidly become the diseases of all.

I am afraid that I have set out a rather grim and depressing vista for you as medical professionals. The diseases of the poor, and there are many others are causing untold human suffering and will affect political, economic and social developments in our world for future generations.

But the picture is not all gloomy. There have been a number of recent very positive developments, which suggests that the world is, at last, mobilizing resources on the scale required to meet these challenges. Ireland has been closely associated with a number of these developments. The increased resources available to Ireland Aid have enabled Ireland to contribute to, and play an active role in, fostering new international initiatives.

Since 1992, the Irish Aid overall Budget has grown from €40 million to over €400 million in 2002.

In June 2001, the UN General Assembly held a Special Session on the HIV/AIDS crisis. Before the Special Session the UN Security Council had held an unprecedented debate on HIV/AIDS. The Security Council has a mandate under the UN Charter to preserve international peace and security. Its deliberations, therefore, usually focus on issues related to conflict prevention or resolution and to peacekeeping. The fact that the Council, at US instigation, decided to discuss HIV/AIDS sent a clear signal to the world that the spread of HIV/AIDS could no longer be considered as a health issue, or even a development issue, but had implications for the preservation of international peace and security.

The UN General Assembly followed-up the Security Council discussions by agreeing a detailed Declaration of Commitments against HIV/AIDS. The Taoiseach and I attended the Special Session and Ireland played an active role in the negotiation of the Declaration. The Declaration is a landmark document. It clearly sets out what must be done to fight and conquer AIDS. It was not an easy document to agree as it includes frank and forthright language on sensitive issues such as reproductive health, safe sex and groups, such as homosexuals, sex workers and intravenous drug users, especially vulnerable to HIV/AIDS.

The Declaration also includes timetables and targets for the adoption of national HIV/AIDS strategies and for reversing the spread of the epidemic.

The Special Session on HIV/AIDS endorsed a proposal by the Secretary General that the world should establish a Global Fund to fight HIV/AIDS, malaria and TB. This Fund represents the principal global response to the spread of these diseases.

The Fund was formally established in a record six months. Ireland Aid provided funding to facilitate the negotiations on the objectives, structure and financing of the Fund. Key objectives were to achieve a streamlined structure that could operate with a great deal of flexibility and which could respond rapidly to the crisis. It was important to make sure that the money flowing from the Fund to the most affected countries supported and developed existing indigenous health infrastructures. A top down mega fund had to be avoided and we argued for a mix of activities to be funded and maximum consultation with Governments in poor countries and operational NGO's and missionaries in the field.

The Fund came into being in January 2002 and has now raised \$2.6 billion. Ireland Aid has contributed ten million euro to the Fund. Recently the Fund pointed out that Ireland was the only donor to have paid its pledged contribution in full and on time.

The Fund is now distributing money to developing countries on the basis of detailed funding proposals received from their Governments.

It is funding HIV/AIDS prevention campaigns, the care of orphans, the purchase of anti-retroviral and anti-biotic drugs and bed-nets.

While the Fund represents hope for the future, it remains under-resourced. The UN Secretary General has estimated that the provision of care and treatment for those infected with HIV/AIDS will cost between \$7billion and \$10 billion per year. Obviously the Fund is a long way from achieving that total, which does not include actions to deal with malaria and TB. It is also important that contributions to the Fund should be *additional* funding by

donors and that countries are not just diverting development money from other health or education programmes.

A second positive development has been the publication of a major report by the World Health Organisation under the unexciting title of *'Macroeconomics and Health'*.? The report, prepared by a Commission of eminent scientists and economists, deals in detail with the relationship between economic development and health. It recommends that the international community should urgently commit resources for low-income countries to support basic health programmes and also to support international research and development into the diseases of the poor.

The Report recommends that between now and 2007, donor funding for health programmes and research and development should increase to \$27 billion per year. While this seems an enormous sum, it represents only 0.1% of donor GNP.

In return for this investment, and a rise in health spending by the developing countries, it is estimated that by 2010 eight million lives per year could be saved. There would also be huge economic benefits developing countries with an increase in growth rates to a level necessary to end the poverty trap.

And the third positive development is concrete evidence that increases in donor and developing country funding on targeted health interventions actually work. The Global Polio Eradication initiative, spear-headed by the World Health Organisation, is coming close to completing eliminating the disease. Since its launch in 1988 the Initiative has reduced polio transmission from 125 countries to ten countries. Only three of these ten, namely India, Pakistan and Nigeria, continue to have continued high intensity transmission. The remaining eight have sporadic out-breaks resulting in 8-10 cases per year. The Initiative is currently engaged in vaccinating children in conflict zones such as Somalia and Angola. The polio initiative shows how with donor funding, the commitment of developing country Governments and the support of private sector pharmaceutical companies, a disease, which has wrecked millions of lives, can effectively be eliminated. A similar result was achieved for smallpox, which is no longer a scourge in developing countries. So, aid properly planned and implemented, does work.

I would like to make a few brief comments on emerging issues and on the role of Ireland Aid in fighting the diseases of the poor.

Firstly the past decade has seen huge advances in science and technology, particularly in molecular biology and gene therapies. These advances are now being applied in an effort to defeat some of the most difficult challenges to medicine such as cancer, Alzheimer's disease and Parkinson's disease. However, there are also potentially huge developments to be made in using these technologies to overcome the diseases of the poor.

The recent discovery of the genomes of the malaria parasite and of the mosquito that carries it opens the exciting possibility of a vaccine to prevent that disease.

During my time as Minister for Development Cooperation, Ireland Aid was one of the first donors to support financially the International Aids Vaccine Initiative, an innovative partnership which is now leading the international effort to find a vaccine for the strain of



the virus that is most prevalent in Africa. Ireland Aid is supporting the European Malaria Vaccine Initiative and international research into an effective microbicide against the AIDS virus.

As we enter the 21<sup>st</sup> Century, rich, globalised, highly advanced and capable of amazing scientific achievements one of the key medical ethical issues faced by the international community is the imperative to mobilize international funding behind research and development into the diseases of the poor. The pharmaceutical industry, which has to operate on the basis maximizing profit, tends to devote much of its research resources into diseases that affect people in rich countries. We must create incentives for the industry to invest in research into the diseases of the poor. International vaccine purchase funds will need to be established so that the industry knows that an AIDS vaccine, for example, would have a ready market and that countries unable to afford the vaccine would receive supplies free through the vaccine fund. Tax incentives could be introduced to permit the industry to write off some of the costs of research into diseases of the poor against tax. The companies also have their own ethical opportunities and responsibilities and the pharmaceutical industry based here in Ireland have a creative and bigger role to play in partnership with government in addressing these issues.

The affordability of life-saving medicines in poor countries is a second issue, which is critical. We now face a situation in which up to 27 million Africans will fall ill and die unless they have access to anti-retroviral therapies. People infected with HIV/AIDS in the rich world can now lead relatively normal lives using these miraculous drugs, yet in Africa the virus is a death sentence. How can we live with such inequality?

Major pharmaceutical companies are providing anti-retroviral drugs at deep discounts in many of the most affected countries. And the Global Fund to fight HIV/AIDS, malaria and TB can purchase these drugs. The World Trade Organisation is currently engaged in intense discussions on the international legal framework for patent protection, the so-called TRIPS Agreement, with a view to ensuring that no country can be denied life saving drugs in a national emergency.

The European Commission has issued proposals for the introduction of an international tiered pricing system, which will ensure that anti-retroviral drugs, sold at a discounted price in Africa, are not smuggled back onto the European market, and re-sold at a much higher price.

However, even if the problem of drug pricing is resolved, there remains the question of how to distribute such drugs through health systems that are hugely under-funded, and hopelessly weak and lack even clean water and trained personnel. We do not yet have complete information on the effect of anti-retroviral drugs on people who may be extremely malnourished or who are suffering from other diseases.

A further point about finding medical solutions to these problems - The future of medicine is based upon sound evidence. In the poor world the solutions can be very simple and cheap. Perhaps all of us should start to listen to those doctors who have direct experience in the field in poor countries who suggest we should invest our resources to a greater extent in low cost sustainable interventions that actually work.

Policy makers should not allow ourselves to be wholly driven by research and evidence, which is sponsored by large pharmaceutical companies. Trachoma was eliminated in Ireland and Europe by *low tech* methods and before antibiotics. Similarly, great inroads against Trachoma in poor countries could be made by *low tech* simple interventions such as - clean water and better hygiene.

As Mike Meegan says; "Love, evidence and common sense"- goes along way.

In my view, the issue of the medical treatment of those suffering from HIV/AIDS in very low-income countries must rise to the top and not the periphery of the International Political Agenda on the AIDS Crisis.

And finally, in all of our interventions in poor countries its essential always to acknowledge that it is the Governments and people of these countries who are ultimately responsible for sustaining and developing their health infrastructure. NGO's or UN Agencies cannot on their own run health systems in poor countries. Too often, particularly in Africa, misguided donors have spent money on establishing donor driven structures and operations neither respected nor included the views of Government and civil society. Where there is no ownership of the scheme by the country government, where donors are in the driving seat, the schemes tend to wither away as the donor departs. This is the essential point of sustainable development; aid that has a life when the donor goes.

Today, I have tried to set out part of the challenge the world faces in dealing with the diseases of the poor and the current level of the international response. It should be clear, I hope, from my presentation, that one of the key instruments in overcoming the suffering of the poor is sustained and increased Overseas Development Assistance.

I am proud that Ireland's Aid Budget has expanded rapidly in recent years and that we are now the sixth most generous donor in the OECD when our ODA is expressed in terms of Gross National Product (0.41%). The EU average is (0.33%) and the Government has pledged to reach the UN target of 0.7% by 2007. Only 5 countries have reached or exceeded the UN target set in the 1970's.

How does Ireland save this money? We work in respectful partnerships with developing countries on reducing poverty and fostering economic development. We fund NGO's, missionaries and UN Bodies in a multifaceted mix of activities to meet basic needs. We fund poor governments in education, sanitation, health, and agriculture sectors. We fund schemes, which empower women and educate girls; we help build stronger democratic institutions and promote human rights and good governance. We respond to natural and manmade humanitarian disasters, working with Irish and International Aid Agencies and Missionaries. Our model of aid is highly regarded by our peers and by our partners. We have a human rights approach. We believe the right to development itself is a human right.

There is an argument that development assistance is not only an expression of generosity and civilized values but also includes an element of strategic self-interest. Post 11 September, the view was heard that increased development assistance directed at situations where there is instability and poverty or potential conflict is one instrument to make safer our lives in the West.

Certainly, terrorism and conflict can fester in situations of unaddressed political grievance and injustice as we see in the Middle East and closer to home.

Personally, however, I tend towards the view that the principle motivation of ODA is driven by generosity and humanitarianism; by a moral imperative. Our own history of being colonised and of generations of chronic poverty, mass emigration and famine has given us an empathy with Africa and other poor nations - we remember how poverty diminishes the individual; we are proud of the work of our missionaries. We Irish, see Overseas Aid as the right thing to do. It is not an act of self-preservation; it is simply an expression of our solidarity with our fellow human beings. In our globalised world we share the planet, we share its problems and we are morally obliged to look after one another. There are many critics and sceptics of Aid. It is a fallible business. There has been bad and wasted Aid. Undoubtedly there is corruption; but corruption and governance issues are part and parcel of the challenge in emerging democracies with weak administrations. Central to development is building properly functioning democracies. It is said that famines could not happen in a properly functioning democracy because the people would not permit it.

As millions go hungry today in Southern Africa and the Horn we who have a race memory of famine must see these truths. We must be advocates for aid, justice and democracy in the world and it needs constant advocacy, at home and abroad. I appeal to the medical profession to join in that advocacy.

The fact is, there is no budget more vulnerable to cuts than an Aid Budget - it needs ferocious defence.

Earlier this week James Morris, the Executive Director of the World Food Programme addressing the Security Council on the current food crisis in Africa said;

*“Hunger today is a creation of politics. And it demands political solutions. There are no obstacles - other than lack of political will - that would prevent us from ending hunger tomorrow. But instead of doing just that, UN Member States have unwittingly adopted policies that make the idea of ending hunger little more than fantasy. There is not enough money to feed those starving today, and trade and economic policies - national and international - make it unlikely all will be fed in the future”.*

Very recently I was at the UN, for briefing on Security Council issues. I sensed an organisation deeply conflicted. In one part of the building there were people talking about weapon inspections and there was a spectre of war about the place. In another, there were humanitarian agencies making contingency plans for the humanitarian outcome in the event of an attack sanctioned or otherwise on Iraq. The ‘Iraqi Oil for Food Programme’ people had their heads in their hands. The ‘Africa’ desks were out of the news and out of money.

I would like to think that the moral imperative for increasing development assistance to poor countries is a credo that would have been shared by William Doolin.

If he was to look out on our world today with all its rich potential, I believe, he too would have been unable to accept the sufferings and unmet need of such a vast number of people.

As the Christmas Season approaches, we too should look forward with hope conviction and resolve that the international drive to fight and defeat the diseases of the poor will succeed.

I believe, it is an issue, which Doolin would have wanted you, the IMO and the Irish medical profession to reflect on and to support intellectually and operationally.

Thank you for your attention.