REMARKS OF HER EXCELLENCY MRS JEANNETTE KAGAME

PAUL E. FARMER BUTARO DIALOGUES ON HEALTH EQUITY AND INNOVATION – MATERNAL AND NEWBORN HEALTH DISCUSSION

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UGHE – BUTARO

- **Ladies and Gentlemen,**
- **Health Experts across generations and continents,**
- Good day!
- Thank you for inviting me to join these inaugural Paul Farmer Butaro Dialogues on Health Equity and Innovation.
- I want to recognize Mr. Bill Gates for delivering the inaugural lecture today. Your commitment to global health and to backing evidence with resources has moved the possible into the achievable. Thank you for lending your voice and conviction to this moment.
- It is deeply reassuring to see that Paul Farmer's unshakable conviction, that every life has equal value and that no one should be left behind, continues to inspire action. His relentless pursuit of justice for those too often overlooked remains as relevant today as ever.
- There could hardly be a more fitting place than Butaro. This is where Paul Farmer chose to build. It is where the belief that world-class education, research and healthcare belong alongside the communities they serve became reality. In many ways, Butaro itself is an argument for health equity.
- These Dialogues stand on three principles: place-based education, intimacy at scale, and intergenerational architecture. We gather here because place matters.

- Health equity begins where people live. We seek intimacy at scale. The trust a community health worker builds in one home must become the standard for a nation. We commit to intergenerational architecture. Students, practitioners, and elders must design the future together, so knowledge is not lost and progress is not reversed.
- I commend you for choosing dialogue over ceremony. There is something powerful about coming together close to the people whose lives our decisions shape. Large conferences have their place. But conversations like these offer a shorter path from identifying priorities to implementing solutions.
- The pipeline we are building connects education, research, implementation, and policy. And it must embody Paul Farmer's guiding principles: equity, accompagnement, dignity, and structural transformation.
- Equity means no woman's survival depends on her address.
- Accompagnement means we walk with patients and providers until the work is done.
- Dignity means every mother is seen, heard, and valued in the system meant to serve her.
- Structural transformation means we do not just treat symptoms. We undo the conditions that create them.

- I begin by applauding the community health workers and students here today. Together, you provide the innovative solutions we celebrate. Innovations only matter because you carry them into homes, villages and health centres. You cannot be mere recipients of conclusions reached in rooms like this. You deserve a seat at the table. You have earned it through years of study and service. Who better than those closest to patients to tell us what effective delivery requires? Please, join our panels, challenge our assumptions, and help shape the future of healthcare.

Dear Guests,

- Unlike many of you, I am not a healthcare professional. I stand before you as an advocate, as a mother, and as a grandmother.
- With the privilege UGHE has granted me today, I cannot remain a silent witness to a world celebrating advances in science and technology while women still face the possibility that giving life may cost them their own.
- We know the challenges.
- We know that sustainable financing remains insufficient, but budget priorities can be realigned.
- We know that political attention is pulled toward emerging crises, but sustained focus is a choice we can make.

- We know that research too often remains confined to journals, but we can build pathways from evidence to bedside.
- We know that innovations take years to become routine practice, yet we can choose to scale what works without delay.
- Our greatest challenge is no longer discovering solutions. The solutions already exist. That reality makes every preventable maternal or newborn death more heart-wrenching.
- Our challenge today is operational. It is translating proven interventions into universal delivery.
- We know that rapid detection and bundled treatment of postpartum haemorrhage save lives. We know magnesium sulfate prevents deaths from eclampsia. We know that improved nutrition, Kangaroo Mother Care, simulation-based emergency training and safer surgical practices work.
- As Paul Farmer reminded us, it is morally unacceptable to delay scaling what we already know works.
- So how do we move from pilot programmes to national standards? How do we ensure evidence informs policy, policy transforms practice, and quality care reaches every woman? How do we dismantle structural barriers that keep world-class care in capitals instead of communities? How do we correct economic decisions that underfund primary healthcare? How do we replace fragmented leadership with clear accountability for every maternal life?

Ladies and Gentlemen,

- I cannot speak for healthcare systems. I cannot set global financing. What I can speak to is the transformative power of political commitment.
- Rwanda's experience shows that lasting progress comes when priorities are clear, institutions are aligned, and every stakeholder understands their responsibility.
- Over three decades, Rwanda reduced maternal mortality from 1,071 to 149 deaths per 100,000 live births. Under-five mortality fell from 196 to 36 deaths per 1,000 live births.
- These achievements were not from abundant resources. They happened because evidence became policy, political will met implementation, primary healthcare was strengthened, and community health workers became trusted partners in care. Remarkable partners invested alongside Rwanda's determination.
- Together, we proved that political, economic, and structural factors holding us back can be mitigated. They are operational failures, not scientific mysteries.
- As we look ahead, we must strengthen primary healthcare, expand decentralized services, embrace technology-enabled education, increase domestic financing, and deepen partnerships across Africa and beyond.

- Above all, we must match the innovations of our young people with intentional investments of time, trust and resources.

Ladies and Gentlemen,

- I hope we leave Butaro with more than inspiration. I hope we leave with measurable commitments.
- Commitments grounded in equity, accompagnement, dignity, and structural transformation.
- Commitments that close the gap between policy and practice.
- Commitments that are financed, assign responsibility, set timelines, and demand accountability.
- This is more than a health issue. It asks who we are and what we wish to accomplish with our time here, together, willing and able, on earth.
- When a woman dies while giving life, it is a dark reminder that somewhere, a health system failed to deliver what is already possible. This is a flaw in focus. This is a moral failure.
- But it is a moral failure we can correct. The political neglect, the economic misalignment, the structural delays. All of them can be undone through place-based education, intimacy at scale, and intergenerational action.
- It is high time we conquer it.
- Let us move from evidence to implementation.

- From innovation to equitable delivery.
- From discussion to measurable action.
- Because every preventable maternal death is one too many.
- As we look to the future, I look forward to a world where we free our generational fear, a fear born from a culture of the unknown that continues to defy even what science and technology have provided to assure us.
- I look forward to a world where no woman faces pregnancy with fear, but with confidence, security and hope. A world where every mother gives birth safely and with dignity. Where the first moment she holds her healthy child is marked not by relief that she survived, but by joy, peace and promise.
- Because when every mother lives, every child begins life with greater opportunity, every family becomes stronger, and every nation is better equipped to thrive.
- I look forward to many more Butaro Dialogues that turn research into action, innovation into equitable care, and conversations into healthier lives. I look forward to reconvening in two years to report measurable progress.
- **Thank you for your kind attention.**