

**March Podcast: Women Transforming Health**  
*A conversation with Kerry Pelzman*  
*USAID's Deputy Assistant Administrator for Global Health*

**Bea Spadacini:** Hello and welcome to USAID's Bureau for Global Health podcast. My name is Bea Spadacini and I am a Senior Communications Advisor to the Bureau for Global Health at USAID. March is the month dedicated to women so for this podcast we are going to focus on Women Transforming Health and today we have the pleasure to speak with Kerry Pelzman, Deputy Assistant Administrator for Global Health at USAID. Kerry is a Foreign Service Officer with 30 years of experience in public health, two-thirds of which have been with USAID. She has served in six USAID missions, covering health, education, and capacity-building. Kerry has served in South Africa, Afghanistan, India, Iraq, the Regional Mission for Central Asia, and Russia. Prior to joining USAID in 1998, Kerry was an international health consultant. She worked on a family planning program in Togo; managed public health education programs for the New York City Department of Health, and served as a U.S. Peace Corps Volunteer in Mauritania. Wow, what a distinguished career you have, Kerry. And now, you are one of three women leading USAID's Bureau for Global Health.

**Q: Talk about “women transforming health!” Can you tell our listeners what inspired you to get involved in global health and what are some of your most memorable achievements as a global health advocate and leader?**

So, thanks for the question and for the introduction. I have to say that I was very lucky growing up to have an incredible woman as a role model and mentor, and she was someone who was involved with Mother Theresa in facilitating early adoption from India to the U.S. She helped establish the Peace Corps and had a life-long involvement with India and I think, in large measure because of her, I decided to join the Peace Corps after college. I was interested in giving back before becoming a corporate lawyer and instead, ha, one thing led to another and I really had this very serendipitous career in global health. When I think about the second part of your question, which was memorable achievements, for me it has been about the team and the people I have been able to work with and when I think about some of the programs I have been involved with, either developing or implementing, overseeing, supporting in my almost twenty years in the field with USAID. Those are some of the highlights of my career, whether it was working on assistance to Russian orphans in Russia, mobilizing civil society in Russia and getting that country to apply for its first Global Fund grant and acknowledging the HIV epidemic in the country; whether it was working on polio eradication in India; whether it was the incredible transformative work we were doing under PEPFAR [the U.S. President's Emergency Plan for AIDS Relief] in South Africa. Again, it goes back to the accomplishments of the team and the work that I have been able to do with USAID.

**Q. Historically, women have often been the caretakers of their families and communities. This still happens today, both here in the U.S. and in many of the countries around the world. Why do you think this is so? Is it because being a caretaker for women is more culturally acceptable than being in other professions? What are your thoughts on this?**

So, my thoughts about this question is that really one could do several PhD dissertations on the subject I think. This is really the crux of all our efforts in global health. I think that when we see women being the face of the HIV epidemic, when we see the continuing high rates of new incidence of HIV in sub-Saharan Africa among adolescent girls and young women, when we think about maternal mortality or the need for family planning and spacing of children and pregnancies: again it all cycles back to women and their central role in both families and communities. I also think there is a lot about that caretaker role that leads those of us who become professionals to gravitate toward public health. Again, I don't know that that is really a statistical fact backed up with evidence, but I do think that there are a lot of women leaders in the sector.

**Q. Definitely! So, although the health of women and girls has improved globally, gender inequality continues to have a serious negative impact on many health outcomes. Can you talk about some of the global health challenges that disproportionately affect women and what USAID is doing to address these?**

We have seen dramatic reductions in maternal and child health mortality, particularly, if we look at the statistics from 1990 to the recent 2015 data. We have seen incredible numbers of lives saved, because of things like the President's Malaria Initiative. If we look at the success of preventing mother-to-child transmission of HIV, we see incredible progress in that regard as well. I think, you know, the reality is that one, USAID has been very involved in many of those initiatives and if we look at something like the Family Planning 2020 movement and how USAID has led on promotion of informed, voluntary family planning and modern contraceptive knowledge, access and use, we can attribute a lot of those improvements in those statistics to USAID leadership and engagement.

But the reality is that we continue to face significant challenges for women and girls and, again, those issues go back to our three priorities, areas of focus for the Global Health Bureau. First among those, ending preventable child and maternal deaths. So, I think that, given the statistics that every year, close to 300,000 women, and 99 percent of those being in developing countries, are still dying from pregnancies and childbirth-related complications, it's clear that we need to continue to focus and have this priority emphasis. I think the Agency as a whole, and certainly the Global Health Bureau, has considerable focus on gender norms and social norms that create increased vulnerability and challenges accessing health care for women and girls. Again, many of those, affect boys and men as well and so, our programs are not just

looking at women and girls, but also men and boys and how families can influence and improve health for women and girls.

We have recognized that adolescent girls and young women are particularly vulnerable to HIV infection, certainly in the sub-Saharan Africa settings. When I was in South Africa, we helped to launch the DREAMS initiative: Determined, Resilient, Empowered, AIDS-free, Mentored and Safe adolescent girls and young women. DREAMS builds upon USAID's decades of experience empowering young women and advancing gender equality across many sectors of global health, education and economic growth. For instance, under DREAMS, USAID partners with community, faith-based and non-governmental organizations, allowing us to address the structural inequalities that have an impact on girls' vulnerability to HIV. These kinds of organizations, we know, are uniquely positioned to work with these young women and their families, as well as the communities overall, where they live, where they exist, to address the inequalities that they face in ways that few other groups can. But really, the emphasis being on how to prevent transmission, how to improve access to information and services to target those adolescent girls and young women, who are particularly vulnerable, and really, it goes beyond health, to look at factors of poverty, discriminatory social and cultural norms, gender-based violence, schooling barriers and issue of social status and access to information and services. It's a very comprehensive approach to try to empower these adolescent girls and young women to be able to prevent infection with HIV. Again, also involving the men and boys in their communities and their lives. For instance, referring those who are HIV-negative to voluntary male medical circumcision services and other interventions.

**Q. Thank you. Kerry, you have served in some countries that have experienced civil war and ongoing conflict. I am thinking specifically of Afghanistan and Iraq. What has been your experience working with women leaders in these settings when it comes to improving health outcomes?**

There is no question that women played pivotal leadership roles in almost every country I have worked in. I wasn't working on health specifically in Iraq but in Afghanistan, that was a significant part of my portfolio and, I have to say, that the Minister of Public Health at the time, Suraya Dalil was an exceptional woman leader. She was an exceptional Minister of Health but she was also a woman and that, given the Afghan context, was quite striking and atypical. I do think that it was a sign of the new Afghanistan, in a way. She recounts the fact that when she grew up and pursued her medical degree, it was a different Afghanistan and she was very committed and stayed in Afghanistan, despite the risks and the challenges, to try and help improve the country. Her leadership and engagement really helped to transform the public health realm in Afghanistan, particularly our work on primary health care, on involving women and promoting community midwives, who were women and who often had not left their homes in the past but who were trained and, as a result, were able to promote safe deliveries and really drive down the maternal mortality rates in the country. Doctor Dalil or Minister Dalil, was really a

visionary. She managed incredible challenges in the country. She worked across all the donors. She was just an exceptional person, as well as an exceptional woman and leader, and it was a real privilege to be able to work with her and to serve in Afghanistan during her tenure there as Minister.

**Q. Wow, that is inspiring, for sure. Let's talk about innovation, research, yeah in health. USAID encourages women all over the world to participate in the design, research and development of tools and approaches to address evolving health challenges. When women are empowered to play an active role in the health sector. They save and transform the lives of people in their communities and beyond. Can you give me a few examples of women innovators or change-makers that have been supported by USAID?**

Well, there are a lot of stories out right now on USAID public website and other sources about female innovators. I wanted to start with a more personal note, because some of the most remarkable women I have seen as innovators and leaders, who were really supported by USAID, were some of the women foreign service nationals with whom I have worked over my career. So, I have wanted to give a shout out to three, who have since left USAID, but who were really transformative innovators, change makers or change agents in their countries when I worked with them. First was Dr. Elena Gurvich, who in Russia really spearheaded the program I mentioned earlier on assistance to Russian orphans, and this was a groundbreaking program, supported by USAID, working with Russian non-governmental organizations to try and transform the child welfare sector in Russia and really, Elena Gurvich was a leader and recognized nationally in Russia for her efforts in this regard.

The second woman innovator and leader I wanted to mention was Dr. Indira Aitmagambetova, a Kazak doctor and clinician I worked with in Central Asia who really transformed a lot of our work on Tuberculosis control in the five countries in Central Asia when I was there and was a tremendous advocate for improved health outcomes, particularly related to TB [tuberculosis], whether it was in the prison settings, or outside, or in terms of co-infection with HIV.

The third, although there are many others I could mention, but I picked three who are no longer with USAID, Sheena Chhabra who was one of our most senior foreign service nationals in USAID India, was a groundbreaking visionary in terms of private sector engagement, working on market-based partnerships, really looking at how to transform health through innovations being led by the private sector and the resources that were available in the India context. Again, someone who had spent many years at USAID working to promote family planning and quality reproductive health care services as well as other parts of our program, including health system strengthening, but who really a visionary and a leader in terms of that private sector engagement and using market-based approaches to tap into the incredible access and resources that the private sector can provide, well before that became a priority as it has now, for instance, with Administrator Green's vision.

**Bea: Thank you so much Kerry. That was insightful! Also, to learn about your own journey in global health, what inspired you and the women you have worked with throughout the years, including staff of USAID, like the foreign service nationals so thank you very much for your time today.**

Kerry: Thank you!