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## Meeting Summary

# Lifeblood: How to Change the World, One Dead Mosquito at a Time

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## Alex Perry:

### *The Background to Lifeblood:*

With the onset of the economic recession in 2008/2009, the international aid community voiced concerns over the potential far reaching impact of the crisis within Africa. It was feared that the poorest of the poor would be hardest hit; eminent individuals suggested this was not just about falling incomes, but the crisis would also cause mass famine, migration and war. The possible injustice of the situation was clear: not only would the poorest of the poor be the least able to cope, this was a crisis instigated by the developed world.

However none of the above happened. Africa actually weathered the recession far better than the rest of the world (Sub-Saharan African countries grew in 2009 by 2 percent, 2010 by 5 percent and 2011 by 5.6 percent). Additionally, aid agencies warned that aid would be reduced, but again this didn't happen with global aid increasing by 6.8 percent to \$119.6 billion in 2009. Questions were consequently asked as to whether the media had been misled. It was identified that the aid and development world knew by mid-2009 that the crisis would barely affect Africa. Perhaps the aid world may have seen this crisis as an opportunity; being the dynamics governing aid after all. Two key elements should govern the involvement of aid agencies in a situation, however: the first being whether the crisis really exists, as backed by the statistics and secondly, whether aid agencies are able to fix the problem.

### *Changing involvement of aid agencies in the developing world:*

Malaria covers half the globe, with three billion at risk from infection and mortality figures of one million per year. Aid critics have been increasingly voicing doubts regarding value for money from such projects. William Easterly, a former World Bank economist and NYU professor indicated in 2002 that it would cost \$3,521 to raise a single poor person's income by \$3.65 for one year, using World Bank figures.

Donors and researchers are increasingly uneasy regarding the way modern aid feels like a giant business, and there are striking similarities between the running of aid organisations and businesses. A number of examples to highlight this point include the way that grants are awarded through competitive tenders, operation and running approaches to different departments within agencies (e.g. Marketing, HR) and the large salaries offered to senior staff. Big aid agencies are essentially like big businesses, the main focus is not on folding a programme but on expansion. Involvement

of agencies sometimes no longer represents expert specialised assistance, but rather indiscriminate help (e.g. building a well, advising on microfinance).

As big agencies become more established in a set location, original temporary structures become larger and permanent. Instead of helping governments, they replace; instead of solving problems, they can institutionalise them. A prime example of this is the response to national disasters; initially a humanitarian response in the short term is required, but solving a crisis in the long term needs the country to sustain a programme independently. Some countries become reliant on foreign aid agencies and risk always being dependent on this external help.

*The Malaria Campaign:*

The situation surrounding malaria offered the aid world something remarkable; reinvention, perhaps even salvation. Aid is as much about economics, as it is about health and charity and this programme demonstrated this implicitly. The Malaria Campaign found its intellectual roots from studies performed in the 1990s, with the concept that a programme should be founded through sound economic principles and would have the ultimate effect of saving both lives and money. Mosquitoes were taking a giant financial bite out of Africa, ultimately making many countries dependant on western charity. It was suggested that African countries were losing \$12 billion per year to malaria, knocking two or three percent off African GDP growth. Viewing the situation as an economic problem meant that the issue of malaria control and elimination gained a much wider appeal. Approaching a large business and framing the problem as a financial issue, for example a healthier workforce, would increase both productivity and profits. This ultimately led to a growing interest from highly financed funding/donor sources from outside of Africa.

Ray Chambers (the new UN special envoy for malaria) became a philanthropist in 1995, applying the mindset and techniques of an entrepreneur to aid projects. An economically sustainable programme was created through the generation of a non-profit commodities trading fund to raise money, the approach taken towards networking for investors, utilisation of business measurement tools and successful deployment of leverage techniques. Alex Perry followed Chambers across Africa for two years, observing him in action as he secured a significant piece of leverage. This deal involved the White House, some of the world's biggest businesses and the TV show *American Idol* to comprise the stakeholders in a massive campaign to eradicate malaria. As each year passed, the level of funding for

the campaign increased. The first and current stage of the Malaria Campaign includes distributing bed nets to any individuals at risk across a number of countries in Sub Saharan Africa. This approach has been highly successful; 365 million bed nets have been distributed in just over three years, saving an estimated 2.5 million lives with current coverage levels. A key concept underpinning the rationale behind these programmes is that inequality is unintelligent: a prosperous, healthy Africa would cost the world less and benefit the world more as a trading partner.

## **Q&A SESSION**

### **Question 1:**

You describe it is a business problem and as with any business logic you need to understand outcomes and apply metrics. How does the Malaria Campaign intend to measure short and long term outcomes to back the impact of the interventions?

### **Alex Perry:**

A key debate to emerge was the use of vertical (targeting a single disease) versus horizontal (building an entire health system to tackle anything) interventions. This is a slightly false debate; the malaria campaign helped to create health systems in places where they simply didn't exist. How you measure the success is a problem. You can't tell at this early stage how many lives you have saved (in the short term) – this will take a couple of years. Future estimates are extremely promising; at current coverage a lot of lives will be saved (2.5 million lives). Studies on a smaller basis, for example in one village or area, have demonstrated that malaria bed nets will cut malaria deaths, particularly in children, by half. Precise estimates will take a few years however.

### **Question 2:**

Can you address the issue of aid for building good governance and strong legal institutions?

**Alex Perry:**

That's really about ensuring local ownership. Chambers was very conscious of this. To build a sustainable programme the need for local government to have an active involvement is paramount. There also needs to be a handover period following this initial involvement from aid agencies. That process is happening now: a new Africa-led initiative, *African Leader Malaria Alliance*, which includes most of the heads of state, intends to assume responsibility for funding and direction of leadership. This however makes aid agencies nervous; there is little experience in 'handing over' ownership of programmes entirely. There are a number of countries in Africa that you can look to for inspirational leadership however.

**Question 3:**

Can you explain why it has taken so long to listen to the local needs of communities and governments? It seems like it has taken rich philanthropists from the developed world for any real change to be made? Is it fair to say that the Malaria Campaign is just reinforcing the system (concerning the involvement of philanthropists), and not countering it (actively engaging communities and local needs)?

**Alex Perry:**

Understanding the local needs in a distant country is very difficult. If anyone goes to these locations they can see what should be prioritised. It is true that Chambers fits the stereotype of the foreigner flying in to these locations and telling people what to do, but he is very aware of this. He focused on malaria because he knew it was an issue voiced from Africa, and partly because it's a strong business proposition to tackle; logistics is a business speciality at the end of the day.

**Question 4:**

Any thoughts on the role of the media, what sparks media attention at a particular time? Also, how would you speak to aid agencies (i.e. the CEO who manages marketing)? What would you like them to do differently?

**Alex Perry:**

The truth is the media isn't good at doing development stories. Most people find aid, development and third world poverty very dull; this really needs to be made more interesting to the general public. It is a poor reflection on the media but the media exists as commercial entities which are profit driven.

In direct reference to aid agencies, there needs to be an adoption of further transparency and more discipline. Aid is so big it is basically a business and it needs that performance assessment. The bigger agencies are doing it (e.g. UNICEF) but currently a large number do not (e.g. aid agencies in Somalia). Be more honest regarding the true activities agencies are undertaking, and trust the public will understand that the work is based in a difficult environment.

**Question 5:**

How do you choose the countries you go into? The last thing you want to do is go into a country with bad governance. Also, can you give me a breakdown for the price of a mosquito net?

**Alex Perry:**

It costs \$6-7 for the net; a total of \$10 including transport. However all of the other associated costs bring this figure up steeply.

Going into a country without good governance is a non starter. The Malaria Campaign took the view they would not be able to 'cherry pick' though, since the majority of the severely affected areas are near the equator. The countries near the equator have a real mix of good and bad governance. The Nigeria example is interesting: there is a supportive Minister of Health, but poor infrastructure and backing, so the Minister enlisted the help of religious leaders. Also the need to explain to people why the nets are needed is critical to success; the research shows if you explain to people what they are for and why they work the usage is 80 percent.

We also need to ensure that people involved in the distribution process are incentivised correctly. There are problems with distribution. Aid being stolen is an issue. (A project in Mozambique used *Coca-Cola* trucks to also distribute bed nets; however it was discovered that none of the bed nets were distributed because the drivers were not paid for this).

### **Ian Linden:**

Could participant one (Sarah Kline) discuss the fact that any reputable malaria organisation will do a six month follow up looking at the usage of the net.

### **Sarah Kline:**

Bed net distributions have been happening for years in Africa, but there are a number of recent changes.

1) Technological changes: impregnated insecticide treated bed nets have been developed which don't need dipping and can be constantly re-washed, so they work better and people are less likely to use them for other things.

2) Much more emphasis has been put on people being taught how to use bed nets properly (exactly what *Malaria No More* is funding).

Follow up depends on the specific country and methodology used around distribution; however the frequency of conducted surveys around use of nets should be increased. There is generally good built in monitoring and evaluation built into national health surveys.

Another change is around national ownership, where aid agencies are working alongside national malaria control programmes, not against them or around them. Many work on the ground with individual communities, although *Malaria No More* works with local governments to build capacity. Roll Back Malaria has been running for over ten years – this is really the trade union for the end of the malaria, which includes a wide range of stakeholders involved in this fight (including a large number of African health ministers). ALMA (*African Leaders Malaria Alliance*) is the latest iteration and strongest indication of African leaders leading the fight against malaria.

### **Question 6:**

Since the arrival of the foreign programmes, it seems that the mosquitoes have been getting bigger and more difficult to kill, especially with the introduction of chemicals in houses and communities.

### **Alex Perry:**

New types of mosquitoes are found constantly, there are 4,500 different types of mosquito and they differ in their feeding patterns and preferences. The

campaign concentrated particularly on bed nets as a simple intervention, and sprays went alongside this, being just as important. If a campaign doesn't fully cover the place or isn't implemented properly, there is a problem of the mosquitoes developing resistance to insecticides. The malaria campaign is now in a quite dangerous position, whereby death rates will start falling and as a consequence malaria may fall as a priority for governments.

### **Question 7:**

The campaign against malaria has been described in this talk as mainly a logistics problem/campaign, but the scientific developments have not been talked about. The GSK phase three trials will be revealed soon. The issue really shouldn't be framed as a logistics problem solely?

### **Alex Perry:**

There are a number of different phases for the campaign; the initial phase is to put a bed net and insecticide spray out to any part of the world that needs one, second phase to end all malaria deaths by 2015 and the third phase will oversee malaria eradication from the planet. A vaccine will be needed to achieve all of this, but this talk has been about saving lives at the moment, through preventing malaria-related death.

### **Concluding statement from Ian Linden:**

The vaccine will be a very useful addition; however other people have eliminated malaria/mosquitoes without a vaccine. There are a number of other dimensions to reducing transmission and the clinical impact: intermittent treatment, residual spraying of houses, clean up of the environment to get rid of stagnant water and changing medical treatment seeking behaviour. Absolutely critical is the health messaging. For example the Sierra Leone figures are typical: following distribution of three million bed nets the survey undertaken showed only two out of ten were used properly.

Human factors are key – perhaps the greatest human factor is perception in Africa that malaria is part of everyday life. Aid programmes must change these perceptions while having an effect on the ground. The whole question of governance in the developing world is a major consideration: you need a strong health ministry to get the correct interventions, spread effective health messages and obtain long term sustainability. The idea of evidence-based metrics and monitoring impacts of interventions is also vital. Many big aid



organisations do have brilliant infrastructures and plans in place, and most development agencies factor all the dimensions in to their programmes.