

Panel Discussion on Malaria Session Two

Participants:

Dr. Kent R. Hill, Assistant Administrator for Global Health

Dr. Steven Phillips, Medical Director, Global Issues and Projects, ExxonMobil Corporation

Dr. Regina Rabinovitch, Director of Infectious Diseases, Bill and Melinda Gates Foundation

Carole Wainaina, President, Coca Cola Africa Foundation

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DR. HILL: I am again grateful for the quality of the panelists we have for this group, as we had for the first.

Let me say something about the panelists to begin with. I wish I could go into more detail, and I will have to be quite brief.

Dr. Steven Phillips is the Medical Director, Global Issues and Projects, ExxonMobil Corporation. Dr. Phillips oversees the corporation's outside defense line communities. Is that your phrase? "Outside defense line communities"? And public health programs through its global operations.

And then Dr. Regina Rabinovitch, Director of Infectious Diseases for the Bill and Melinda Gates Foundation. Dr. Rabinovitch manages a portfolio of grants that focus on the development and implementation of strategies to prevent, treat and control diseases of particular relevance to global health, focusing on malaria, pneumonia, and diarrhea.

And Carole Wainaina, President of Coca Cola Africa Foundation, she is now based in London. Carole is also the Corporate Responsibility Director for the Coca Cola Company in Africa in charge of overall strategy and management of the Foundation.

As you know, last year, when President Bush introduced this initiative, calling on all donors and foundations, private, public and voluntary organizations to complement the United States' commitment to malaria by providing additional funding in a broad, aggressive campaign to dramatically reduce deaths due to malaria across Africa.

The key point always was to going to – this was going to be a much bigger deal than the United States, and the private sector was a big part of what we needed to work closely with.

While malaria is both preventable and treatable if addressed properly and quickly, the disease remains the principal cause of death, as you know, for children under five. And if we are going to remove Africa from malaria's grip, we are going to have to actively engage the new partners and support the excellent work of the many existing partners in the field.

And we must also recognize that the landscape of development assistance is changing rapidly. Total non-governmental resources from private and voluntary organizations, universities, colleges, religious congregations and individuals in the U.S. to the developing world, and this always shocks people when they first hear this. But those sources of support for foreign assistance far outstrip the amounts of official developmental assistance which comes from the United States.

There is no country in the world where that is the case. That's why if you talk about foreign assistance from the United States, you have to take into account all these other players as well.

Consider this. Between 2000 and 2004, U.S. official development assistance for all programs doubled from \$9.9 billion to \$19.7 billion. But even more astonishing was the rise in American private contributions to global assistance organizations. More than \$79 billion was donated into 2004 by U.S. private charities, religious organizations, universities, corporations and foundations for international assistance. A truly staggering figure.

These unprecedented levels of direct assistance have leveraged corporate investment, cooperated with corporate investment, with specific aid programs tied to accountability, transparency and measurable outcomes with a long term focus on helping to build and sustain democratic, well governed states that will respond to the needs of the people.

To this end, the United States government is dedicated to reaching beyond our traditional partners to find able and creative organizations and corporations and faith-based and community-based groups to work with us.

Coordinated partnerships of international donor resources are not only essential, but also the measure of our commitment to alleviating poverty and human suffering.

There are a variety of channels through which groups in the public sector, the NGOs and the community groups and the commercial sector, can interact, bringing in private funding side by side with public programs, to foster complementary and efficient actions.

Large scale and coordinated action can defeat malaria. Many lives can be saved with simple tools we already have available, such as insecticide-treated nets, and IRS and the ACT strategy that we talked about this morning.

Through the combined efforts of all our partners and the national governments, the PMI can help to save hundreds of thousands, maybe even eventually millions, of lives, meeting the Rollback Malaria goal for halving the burden of malaria by 2010.

So, what we are going to do here is what we did in the first panel. Just very quickly give the chance to our panelists to give some quick bullet responses, just a few minutes long each.

And I want to direct the first question to Dr. Phillips of ExxonMobil. We know you are doing a lot in the fight against malaria. In the next couple of minutes, what can you tell us about your programs.

DR. PHILLIPS: Thank you, Kent. Let me try to speak in bullets about ExxonMobil's malaria programs.

You know, we've been in the oil and gas business for some 130 years, and in the malaria business for only five or six, so bear with me. We're still learning a lot.

But there are four principles that undergird ExxonMobil's involvement with malaria. First, the strong business case for engagement. ExxonMobil is one of Africa's biggest private investors. We are currently present in 12 countries, with about 4,000 employees, many in malaria-endemic regions. And, frankly, it is abundantly clear to our operating management's how much of a business threat malaria is to our employees, our families and the communities in which we operate. So, the business case is very transparent and made.

Second, it's to foster strategic partnerships. I'll try to give you a few bullets that exemplify the fact that the battle against malaria is all dependent on partnerships, by the very nature of what it takes to beat the parasite.

Third is to build on our core competencies. ExxonMobil is an oil and gas company. We have a certain mindset, a certain set of business skills, and then a certain set of business operations that relate to marketing, distribution and retail that can be directly applied to the battle on malaria.

And fourth is, we try to focus on scalable, leveragable, concept models. We recognize that we are not a giant player in the public health world, and we systematically try to focus on things that we can do, that if proven successful, others can adopt and leverage.

So, let me try to briefly explain, Kent, how we apply this in the service of PMI, say, in Angola, which was one of the three initial focus countries.

In 2005, we conducted a situational analysis in the country of Angola that featured a couple of consultants and most of the major international players, in-country players in Angola, with the strong leadership of the Ministry of Health.

We worked directly with the PMI rapid assessment team, WHO-Afro, and a number of other players. And ultimately with our screening criteria, landed on some projects worth about \$2.8 million in 2005, of which \$2 million was directly or indirectly involved in supporting PMI.

What were these projects? One centered around the measles partnership, which many of you may be familiar with. They have a tremendous platform in terms of nationwide measles vaccinations for young children, which is the same vulnerable population that is affected by malaria. And ExxonMobil strongly believes, along with PMI, in the Global Fund, then now several others, that this is a tremendous vehicle to scale up coverage of long lasting insecticide-treated nets.

We picked three specific targets in this area. We purchased 70,000 nets. We converted coverage to use via financing preventive education, and uptake of the nets, and use of the nets by vulnerable families and children.

And finally we developed WHO-Afro a model for providing logistical support of long lasting bed nets, which are heavy, complicated, etc., on top of the measles intervention.

And finally, we came up with two projects that are capacity building for the government of Angola. These are still in development, with PMI staff and the Ministry of Health. But they relate to increasing pharmaceutical management capacity of the Ministry of Health, that is a needed platform for the throughput of first line malaria drugs, and second, the importance of monitoring and evaluation.

We are still working, again, on the methodology, but with the help of CDC and others to develop a nationwide malaria surveillance system for the country of Angola.

So, let me stop there and just say that what we are trying to do is not only help the people of Angola, but obviously work very closely with PMI to develop a model of engagement where the private sector can meaningfully tie into PMI countries and PMI projects.

DR. HILL: Stand up so I can see you. One of the examples of great cooperation between the U.S. government, the USAID and the private world is our relationship with the Gates Foundation. It's not uncommon for Dr. Rabinovitch to place a call to my office and tell us about a press release that may be coming out in a few hours related to some major new initiative. We have done this with – we have talked about this on malaria before. And we really appreciate that kind of collaboration.

I wonder if you would like to share a little bit about what you are doing in this important area.

DR. RABINOVITCH: Thank you. The Bill and Melinda Gates Foundation came into existence in its current format in 1999. Bill and Melinda Gates made malaria prevent and control a priority since its inception. To that end, the Foundation has committed over \$400 million to malaria since then.

And it covers a span of activities that includes control, but I think it goes further upstream from that. We believe that it is important to work with a range of actors, including governments, for-profit companies, nonprofit organizations, and, as we have gone to country-level programs, faith-based organizations.

And the concept of public-private partnership begins with the product development phase. We made three key investments very early on. The first was the PATH malaria vaccine initiative, which itself has created a number of public-private partnerships with industry, including GlaxoSmithKline and other biotechs.

The second was the Medicines for Malaria venture, to support and keep up the availability of new drugs for use in the field, particularly to deal with any concerns of resistance.

And the third was the Innovative Vector Control Consortium, which is focusing on working with industry in the public

health insecticide business to ensure that there is a pipeline of new and effective insecticides to be used both in spray programs as well as with nets.

However, it became very clear that we had opportunities today to have a direct impact on malaria. And that perhaps a bit of information that was missing at the time we began that planning, which was that we actually could be effective in a national scale malaria control program in Africa with the tools that we had.

And thus came our investment in Zambia, which was a \$35 million program funded through an NGO called PATH, who them itself has partnered with the kinds of partners that are needed in national programs to be effective in malaria control.

And that has included faith-based organizations, USAID, the World Bank, the Global Fund, all of the players who are capable of bringing different kinds of resources to work with the key actor, which is the National Malaria Control Program, to be effective.

And particularly what we are adding in that case is the data collection tools to be able to say, once you do that, what you will have been able to achieve. This act of documenting impact, I think, provides the rational base – which actually has taken off because this is exactly the key and the approach for the President's malaria initiative, and provides not only a compelling case on how it can be done, but that it is doable, and that when it is done, what the impact can be.

The Center for Global Development last year did an analysis of what works in global health. Because in many ways there is great skepticism that we can achieve what needs to happen in the various areas in global health.

And they have looked at successful examples of things that have worked in global health and pointed to a couple of key elements. And I think that you have picked up on those. Critically, one needs to have not only technical tools, but agreement on how they be used. And we may argue about the edges, but I think there is core consensus on the effectiveness of sprays on bed nets, and on the need for combination therapy.

I think the second element is leadership. And I think in identifying a coordinator for the President's malaria initiative because you have been serving in that role, but I think you also have a full day job.

I think that has been – it has given the U.S. program, I think, a face of leadership to go with it, and what I was able to find very quickly about Mr. Ziemer is well qualified to take on that role.

And I think that joins the other key members of the community, including the Rollback Malaria Partnership, the World Bank, the Global Fund, and now the President's Malaria Initiative, that – where this right will be fought, which is at the country level.

Resources – of course you can't do it without resources. And in some ways no one is doing enough for malaria, but this is a huge and important step forward and we really thank you for the opportunity to be here.

DR. HILL: And our last presenter, here with respect to some of the programs that are going on, that are out there, that are outside the USG, is Coca Cola, Carole Wainaina. And it will be interesting to know just what the quick summary of Coca Cola has been and is doing, plans to do here, relative to malaria.

MS. WAINAINA: Thank you. Although we are not newcomers to doing work in the public health area, we are a relative newcomer in the area of malaria. And that's why joining CAMA, the Corporate Alliance for Malaria in Africa, is so appropriate for us, and we area very proud to be founding members.

The Coca Cola Company is actually the largest private sector employer in Africa. We have over 60,000 employees, and we are in all 56 countries.

So that gives us a moral responsibility, and I think it is right and appropriate that we should be leading any – or one of the leaders in any private sector partnership on the big causes, such as malaria, as well as HIV/AIDS.

It is also our company mission to refresh the world in body, mind and spirit via moments of optimism, and this gives us a huge platform to do that in a continent that we truly love, and has been good to our company.

So, over the last five years, we have done a lot of work in HIV/AIDS specifically, and I'll talk only a little bit about that because it is the learnings from that work that help us move into the area of malaria, with perhaps a higher level of optimism about what we can accomplish.

We have done work in HIV/AIDS through three main things. The first one is working with private/public sector partnerships. And we have had some success around this because, as with all these big, national development issues, there is no one company, no one government, no one NGO that can do anything on their own.

One example of a success story is Egypt, where there was little being done at all on the ground, and we were able to lobby all the sectors to come together to start doing something about this issue. And were actually the private sector leader in what was a huge government campaign around us spreading awareness of HIV/AIDS. And since then, we have been able to use the same learnings across multiple countries in Africa to spread awareness and prevention.

But as we know, again, that is a much bigger fight than the one we are talking about today, because malaria is truly preventable and treatable. And that's why we feel optimistic that we can have even greater success in this area.

The other thing we have done around HIV/AIDS that we hope to bring to bear on malaria is leveraging what we do best as an organization, in our core competencies. In the case of Coca Cola, those are three. Our marketing. We really are about communicating to consumers. Changing behavior and attitudes. And we have done that around HIV/AIDS, and we can certainly do that about malaria.

I can share with you just in the few months I have been part of forming the Corporate Alliance on Malaria, I personally have learned so much about the disease, that my personal commitment has gone up a hundred-fold. I can just imagine how many more people out there don't know as much as I do today, and what difference it would make for them to know what I know. And what action they would take that would make a difference.

So, marketing is something we can bring to bear around this disease.

We have also leveraged our supply chain around HIV/AIDS. We have been able to distribute educational materials as well as condoms through our supply chain in Africa, in some countries, and have been able to deliver those things to places they would never have gotten to, if we hadn't been part of the fight and part of collaborating with NGOs that were trying to do that.

And then the last thing we've brought to bear is what I call our leadership and talent. And we underestimate, with 60,000 employees, how much you can bring to the disease. We have well educated people, 95 percent of whom are all Africans who care about their continent. And these are people who can make a difference in terms of educating people around the disease. And who are doing many other employee volunteerism programs and projects that we can bring to bear.

So, we want to bring all of these things to the fight against malaria, in all the countries that we are able to do that in. And I – on a personal level, I am African, African born, but I am also an African mother. And as we know, as we sit here today, a child dies every 30 seconds of malaria. And so, I have a very personal passion around this cause. So, you know, I'm very keen to play a key role in bringing the private sector to bear on the cause. And I have a high level of optimism.

And what gives me the optimism is just to see the number of players on the table. The timing is right. We have a lot of resources on the ground, both in terms of the bilateral donors, the Presidential Malaria Initiative, the booster program, lots of private sector companies are also coming to bear, so the time is right, the players are here. The people are us, so we need to go do something.

(Applause.)

DR. HILL: We have about 15 minutes left. And I would like to propose that we take the last few moments together and think about a couple of things.

I was thinking, you know, we had a group of well over 300 in our first session. And for the session with Mrs. Bush. We have the true believers here now, the folks who, once the First Lady is gone, the music's over – these are the people for whom the cause does not go away. And so you're here. It's a great turnout, to have you here for this second and final panel.

And I think – is Tim out doing interviews, etc., probably?

(No response.)

DR. HILL: Because I want to report back to Admiral Ziemer on some of what I hope we hear in the next 10 or 15 minutes, because we have had, and we had in that other panel, some of you were with me on Panel 1, but there was another panel that was going on that was corporate folks talking about important issues.

We have an unusual group of people here, who are either private foundations or NGOs or corporations, etc. So we have an unusual audience to address a couple of things I just want to get your sense of.

It's clear that from the very first, the folks who advise President Bush suggested that the role that the United States could play in this could go well beyond a major scale up in the funding. Because if you look at the early drafts of what was said, and what the President said, he made it very clear that he wouldn't consider it a success, and didn't think it would work, despite the additional money, if there wasn't a great deal of private money that came into this.

And that was sort of understood to be the case. I think we know that is now the case more than ever.

And there is some really wonderful work being done, and we've got representatives of some of that work being done here and in the room.

But here is my question for you. If we try to expand the list of corporate folks or private foundations who become as passionate about it as you are – and understand, this isn't just another thing to put your name on the line as saying you are doing something – but you really care about it, you put funds behind it. You put some of your key personnel behind it.

What is the best way that we can begin to get more players into this? Obviously, we can use your example, but do you have some specific suggestions? And I'm just going to stand up here and let you use the mikes here. Do you have some specific techniques that you think would work to draw more people into this campaign?

I'll start with you, Steve.

DR. PHILLIPS: You know, I think certainly the goal is eminently worthy. I think that in the global health community the question of how do you meaningfully engage the private sector comes up a lot.

The public sector from NGOs, multilaterals, etc. In fact, you could have a thriving consulting business on how to engage the private sector.

I would look at it in two dimensions, for PMI and for anyone else interested in engaging the private sector meaningfully. There is a cultural road map and there is an organizational road map. The cultural road map is that we must learn to speak each other's language and have structured ways of dealing with each other. That's a bilateral, two-way issue.

In my experience the public/private partnerships that have worked have worked because the people involved have exceeded the organizational boundaries and flexed the rules and by virtue of leadership and charisma, they have made things happen that the underlying institutional mandate may not have allowed.

I think for PMI and for others who are seriously interested in engaging business, the question will be – the relationships with PMI at the country level and at the headquarters level have been great, but in general I think the question is, how can we look at institutional rules more deeply to make sure they foster and encourage true partnership-building in a systematic way.

The second piece of the question, Kent, I would say is more organizational. Which is the way to recruit more companies is to take advantage of their enlightened self-interest, again, in a structured way.

Businesses respond to threats. They respond to opportunities. They respond to incentives. And, by the way, a lot of that already exists in malaria. It's just really a question of packaging. But the most frequently missing piece for public

health engagement, including in malaria, is after you have mobilized business, what should they do? They need a road map. And they need a road map that has specificity, that they are used to seeing on the business side, which is frequently not quite there.

And finally, I think to attract more companies, I think Carole Wainaina really set up the best in the case of Coca Cola. You really need to engage core competencies and have businesses be comfortable and familiar with what they are offering, and the best place to start is right with where Carole noted – with what they do best in terms of their core business.

And finally, something that the PMI has done brilliantly – starting with President Bush. It has a clear performance mandate and target. Businesses really respond wonderfully to targets. And I think in this case, we have an ambitious and stretched one, but one that I think will have no trouble recruiting business.

DR. HILL: I remember during the nine years I served as a university president. The one lesson that I always learned from the development consultants – who would come in and tell me how you raise funds for a private institution was that the real key to reaching new donors was with present donors.

And I was wondering, in terms of the corporations like Coca Cola, who have a track record of working in this field, they are the ones that already have the connections with the other corporations. They have both personal and professional connections. If they make a rationale for why it makes sense to get engaged, they will often listen more quickly sometimes than when some of the rest of us do.

And I was going to ask you, Carole, has Coca Cola or some of your colleagues in other corporations – have they called their own private meetings, sort of coalitions of corporations, to work specifically on this and think about how to strategize together?

MS. WAINAINA: I think the answer to that question around malaria specifically is no. And CAMA is probably the first of these kinds of initiatives to bring companies together that are operating in Africa around the issue of malaria.

However, the opportunity exists and there are some things that are happening on the ground in some countries where there are business coalitions addressing various issues in a small way. We are involved in many of those around HIV/AIDS in Africa. And so there is no reason why we couldn't do this around malaria. And, to your point, it is more likely to have an impact when you mobilize not just multinationals, but also those companies, local companies that are operating in local markets, who employ these people who live in these communities. And who are not planning to go anywhere in the near future. This is their home, and so they have more skin in the game.

And so we do have a challenge, particularly those of us like Coca Cola that are present in every one of these 56 countries, to lobby the local companies as well, around this issue.

DR. HILL: Steve mentioned, and I want to raise a question based on what Steve said to Dr. Rabinovitch. You mentioned the fact that operations often like to see very specific targets, something they can shoot for, something they can measure and talk about.

In light of that, let me ask you this, Dr. Rabinovitch. You folks, more than most, because you are in a sense – you don't just deliver money to accomplish a goal. You also do a lot of very serious strategic thinking about interventions.

And the question came up that Steve raised, was what do you specifically do when you consider more money coming into the field. I know you chose very carefully some things that you thought others weren't doing – the USG wasn't going to do, some research things and some other things like that.

From where the Gates Foundation sits, if you were to hypothesize how to spend some additional millions of dollars that you could make a specific proposal to corporations or other NGOs to work on, what would it be?

Would it be simply scaling up what we are now doing, that we just can't do because it's not enough money? Or are there interventions that you would propose to them, that's there's just a lacuna right now, or there is a hole in the strategy that is just not happening. What would you suggest?

DR. RABINOVITCH: I think the strategy in malaria is actually defined. We know we need vector control. This is a

mosquito-borne infection. And you need to be able to control the mosquito population. Otherwise – and so prevention is key.

And I think that a mix of using bed nets, particularly, in rural areas. Spraying programs, particularly in the urban areas, is a critical part of the program.

And I think the second part is use of effective anti-malarials. So, if you told other communities that we have a drug that in three days can absolutely treat you from this disease and decrease the risk of dying from severe anemia, of losing your pregnancy, they would be dancing in the streets.

Well, we have that in malaria. We can prevent it. We can decrease the risk of exposure, and we can treat it. But we do need to scale it up. And given the enormous pressures at the national level in-country on scaling up three by five, maternal and child health, prioritizing malaria and achieving clear goals in malaria, I think, is quite challenging.

So I think it's the scaling up element right now that requires resources but those – around a clear business plan and targets in which it's not just pouring money into a hole. It actually will result in achievements that are measurable, and that can be translated into benefits for the country.

DR. HILL: One of the things that we noticed is with small corporations or private entities that haven't been engaged, they often are sort of half-interested, but they don't have the infrastructure to really engage significantly. One of the problems we had at USAID, we discovered, in terms of even the way we were spending money is, we did something we call "sprinkling."

We would take money to keep peace and spread it around, and there are certain things you can do with that, that it's not a waste of money, but sometimes we don't have enough concentrated in one area to make a difference.

We're trying to change that. But it could be that some of the bigger corporate players, who have the infrastructure, and have the plan, have the strategy and it works, where they could do if they had more money, they could offer or propose to others that may not have a much money to put into it, they could put in something.

That all they would need to do is make a certain financial commitment and they could deliver this number of bed nets, or this amount of spraying or whatever, or these numbers of drugs for pregnant women. That's something that you don't have to have a big infrastructure to provide, if you trust the strategy and the infrastructure that is going to put it out. So, it could be we could do some thinking over the next few months, now that we have Admiral Ziemer on board, is to think through how to get the right players together to bring some more people to the table, who could allow us to scale up even further.

Any last thoughts from any of the three of you on this?

(No response.)

DR. HILL: Okay. I want to thank all of you for coming and thank our panelists. And join me in thanking them for their presentations.

(Applause.)