



Beyond the Headlines Event

Featuring

ALEX PERRY

Author of the book, LIFE BLOOD: How to Change the World One Dead Mosquito at a Time

and

RAY CHAMBERS

Special Envoy of the UN Secretary-General for Malaria

When:

Tuesday, October 11, 2011 - 6:15pm

Where:

International Peace Institute
Trygve Lie Center for Peace, Security & Development
777 United Nations Plaza, 12th Floor
(corner of 44th Street & 1st Avenue)

Transcript edited by IPI

TRANSCRIPTION

Moderator: **Warren Hoge**, *Senior Adviser for External Relations, IPI*

Speakers: **Alex Perry**, *Author of the book, LIFE BLOOD: How to Change the World One Dead Mosquito at a Time*

Ray Chambers, *Special Envoy of the UN Secretary-General for Malaria*

Warren Hoge: I'm Warren Hoge, IPI's Senior Adviser for External Relations, and I'm happy to welcome you to this *Beyond the Headlines* event, featuring Alex Perry, author of *Lifeblood: How to Change the World One Dead Mosquito at a Time*, and Ray Chambers, Special Envoy of the UN Secretary-General for Malaria, and a central figure in the book.

Malaria is the world's most contagious disease. It infects 250 million people a year, and kills 800,000 of them. Besides the human toll, the cost to Africa alone is estimated to be more than \$12 billion a year.

Ray Chambers is a Wall Street pioneer and philanthropist, who turned his business and marketing skills to the goal of drastically reducing children's deaths caused by malaria. In February 2008, he became Secretary-General Ban Ki-moon's Special Envoy to mobilize global support for action against malaria.

Using an entrepreneurial approach, one uniting political and business leadership and the power of publicity, he built one of the largest aid campaigns the world has ever seen. It was a campaign that drew in presidents, celebrities, scientists, and attracted billions of dollars.

His method also brought a business-like coherence, transparency and organization to disbursement efforts, providing a positive response to the complaints of many developing world leaders, that aid from abroad was often not distributed in a way that addressed the problems that they had identified at home.

Alex Perry is *Time Magazine's* Africa Bureau Chief. A Briton, I was about to say, until I learned tonight that he is a Briton born in Philadelphia -- so a Briton and also a Yank -- he is based in Cape Town, and covers forty-eight countries in the sub-Saharan Africa.

In the book, he follows Ray Chambers through two years of the campaign, 2009 and 2010. Having spent three years in the Far East, five in India and more than four in Africa, Alex writes that he often pondered the question, "Does external aid really work?"

In 2009, he heard about a charity called "Malaria No More UK", and got in touch with Ray Chambers, a co-founder. In the book, he gives an arresting account of his first conversation with Ray and his decision to take up the story, but I'm going to leave that for Alex himself to tell you about when I turn the floor over to him in a moment.

Ray Chambers set the ambitious goal of getting an insecticide-laden net to everyone who needed one by the end of 2010. Though he missed that target, he managed to distribute 300 million nets, many of them to some of the most remote and inaccessible parts of the African continent. As a direct consequence, hundreds of thousands of children's lives were saved. Some have focused on the missed target, but Alex argues that the focus ought instead to have been on more important statistics -- the number of nets passed out, the number of children's lives saved.

From my reading about him in the book, Ray Chambers is clearly not the type to be thwarted by a temporary setback, so I'm eager to find out tonight how the campaign is doing, even though it is nine months after his end-of-2010 deadline.

The *New York Times*, a paper that some of you will know I like to cite as often as I can, chose as the reviewer of Alex's book, Bryan Burrough, a *Vanity Fair* financial journalist who has gained fame over the years by chronicling Wall Street miscreants and Wall Street misdeeds in books like *Barbarians at the Gate* and movies like *Wall Street: Money Never Sleeps*. Here's what this frisky critic of Wall Street had to say in the *New York Times* Sunday book review on August

11th, about the Ray Chambers campaign and the account of it written by Alex Perry:

"Corporate chieftains tend to have an overarching faith in the curative powers of modern management -- goal-setting, incentivizing, metrics, accountability, the whole shebang. People like Ross Perot and Mitt Romney have sought to introduce this kind of thinking into government circles, with mixed results. But it's in the realm of charity, and especially in international aid, where these methods are really succeeding beyond the confines of the corporation, as Alex Perry, chief African correspondent at *Time* magazine, demonstrates convincingly in *Lifeblood: How to Change the World One Dead Mosquito at a Time*."

This widely-praised book, by the way, is for sale at the door, and Alex will be right here when we finish to sign copies. So I'm glad this evening to add Alex Perry to the list of distinguished authors who have spoken at IPI, and it is a real added bonus for us having the protagonist of the book, Ray Chambers, on stage also. So Alex and Ray, welcome to IPI, and the floor is yours.

Alex Perry:

Hi. Good evening, everyone. Thanks for coming. I thought, rather than read an extract, I'd talk a little bit about the themes in the book, and then Ray and I are going to talk, and then Ray and I and Warren are going to talk, and then Ray and Warren and I and you guys are going to talk, kind of like a sort of contagious disease of conversation.

Let me start off with a few facts about malaria. Malaria covers half the world. Potentially 3 billion people can contract it in any one year, between 250 and 500 million do. And at the start of the campaign that the book concerns, a million people a year were dying from it.

It's a disease that primarily kills children. You build a certain immunity to it, but you don't do that as a baby, and basically children under five are the most vulnerable. They are the overwhelming victims of the disease.

Aid would seem to be an obvious to attack this disease, because aid has had a pretty good record against disease. There's the near eradication of polio, the eradication of smallpox, Jimmy Carter's fantastic efforts to eradicate the guinea worm disease, good interventions against tetanus, syphilis, iodine deficiency -- the list is quite long and honorable. But there is a gathering skepticism towards aid for two reasons.

One is whether, despite these achievements, whether it is delivering value for money; whether they might be saving basically more lives per buck. New York's own William Easterly, who's a noted aid skeptic and perhaps not the most neutral arbiter on the subject, however, using the World Bank statistics of a program that ran I think in Nigeria, came up with a particularly egregious assessment of the value for money that aid delivered. He discovered that on this one program, it had taken \$3,521 to raise one poor person's income for one year by \$3.65. So it's that kind of poor value for money that is increasingly haunting aid, and a kind of related concern is how aid increasingly resembles big business.

Global aid right now is worth \$126 billion a year, and aid functions very much like business. Aid contracts are awarded by competitive tender. NGOs are structured by much like companies. There's a CEO overseeing managers in charge of departments like marketing and human resources. Aid workers follow a very similar kind of career structure. They start off in the regions, in this perhaps an African village or a developing world capitol, and they work their way

up the ladder to a corporate HQ, in this case, it would be the UN agency headquarters in Geneva or New York. And for this, they're very generously compensated. If you take a senior manager at a UN Agency in Eastern Congo who's responsible for perhaps feeding all the refugees in Eastern Congo in certain camps, his salary will be between \$139,000 and \$204,000 a year. Add on to that a \$75,000 car, \$6,000 or \$7,000 a month for the villa on Lake Kivu, kids' education, flights home (business class), flights to aid conferences around the world, flights to Geneva or New York -- you're coming in at about half-a-million dollars a year. For those in the aid world that say we need to be able to recruit the best, the U.S. President earns \$400,000 a year, and the President pays tax.

So that's the context in which I came to malaria, because let me stress this, I'm not anti-aid. I'm pro-results. And malaria offered the aid world reinvention, salvation even; not by shying away from the similarities between business and aid, but by embracing the idea that aid was as much about economics as it is about health and charity.

It has its intellectual foundation in the '90s in work done by the World Bank and Jeff Sachs -- one of their focuses was malaria -- who basically posited and proved research that fixing malaria would save lives, but it would save money too, in Africa and in the West. In days lost to fever and in money wasted on medicine that might otherwise have been spent on say an education or a mobile phone or some seeds. The World Bank calculated that malaria's costing Africa \$12 billion a year. Sachs said it was several times more than that. I know Ray thinks it's now \$30 to \$40 billion a year. It's something that knocks 2% to 3% points off Africa's GDP growth, and if malaria keeps Africa poor and aid-dependent, then by the reverse logic, fixing it should be the way to move Africa off aid and on to a path towards prosperity.

Seeing malaria as an economic problem massively broadens its appeal. You can now approach an African government and instead of saying, "It would be very nice if you took care of your people", in which case they'll show you the Health Minister. If you approach them and you say, "Hey, I've got an idea to increase your GDP growth by 2% or 3%," you get to see the Prime Minister or the President. This becomes core to the government. Everybody's interested in that. You can also approach say a multi-national company like ExxonMobil or AngloGold Ashanti and instead of saying, "It would be very responsible of you as a corporation to protect your workers", if you go to them and you say, "Do you know what? If you protected your workers against malaria, they'd be 20% more productive, you wouldn't have so many people off sick, your ex-pat workers wouldn't die, and your profits would increase." What company wouldn't go for that?

One of the key things in this campaign is the massive involvement of business. The Ghanaian program is now basically run by AngloGold Ashanti. If businesses were getting involved-- individual businesses were too -- we're all very familiar with, at the turn of the millennium, how the kind of super philanthropists like Bill Gates and Warren Buffett became involved in aid and became very quickly some of the biggest [PH] noises in aid. But for me, Ray is kind of set the prototype.

Ray is a former Wall Street titan, a man who pioneered leveraged buy-out, basically almost the ultimate tool of 1980s self-enrichment, and round about 1985, Ray made the rather awkward discovery that money didn't make him happy. Happily, I think almost instinctively, Ray had begun kind of hanging out at a centre for the underprivileged in Newark, which is his home town, and discovered that giving away money made him absolutely delighted.

Over the years, his philanthropy built until, twenty-five years later, he broadened outside Newark and beyond the United States, and began looking at global challenges. The important thing is, when Ray made that switch, he didn't leave behind what he knew from the business world. He took all those methods with him. He established a non-profit commodities trading arm to raise money. He would go through his contacts book looking for investors in the same way as he would for his commercial projects. He took business measurement tools like return on capital, ability to meet deadlines, to measure his aid projects.

His favorite weapon in the financial world was leverage, and he took that to the aid world, basically triangulating political leadership, business, and media. His peculiar skill is to manage them to spark off each other, to create something much bigger than the sum of the parts. In the two years that I followed him across Africa and into funding meetings and health ministries and villages and so on, I watched him put together the White House, the biggest businesses in the world, and the biggest TV show in the world, American Idol, and create a \$3 billion a year campaign. This is from something that ten years before, I think I'm right in saying, people had been spending \$17 million a year on malaria.

I guess the proof, of course, is in the pudding, and the first part of the campaign was to get an insecticide-treated bed net out to everybody in the world who needed one, along with the sprays. Right now, the last of those nets are going out, and we're talking about 365 million nets; so 300,000 or so nets a day for the last three years. If the level of coverage that Ray has overseen is merely maintained until 2015, he'll have saved something like two-and-a-half million lives. No aid program has come close to that. No aid program has imagined that could be possible in that short amount of time.

The revolution here -- the results speak of the revolution -- but the revolution is in the intellectual foundation of this. This isn't about inequality being unjustifiable, though extreme disparity clearly is. But this is about inequality being unintelligent. It's not that poverty hurts the poor. Poverty hurts all of us. A prosperous, healthy Africa benefits the world more as a trading partner and costs the world less as an aid recipient.

When I started reporting on Ray, basically I was writing a magazine story about a blood-borne disease in Africans. But by its end, I had a book about Africa and Africa's lifeblood. So that's the book. Ray, why don't you update as to where we are now. The book ends at sort of April-May, explain to everyone why we're at a particularly critical time now.

Ray Chambers:

Had we known you were going to write a book, we would have not let you come with us. We just thought it was a magazine article.

Thanks, Alex, and Alex did an extraordinary job of going with us into many different countries, going into villages, and health clinics. He lived in the most malarious place-- he stayed there for several nights-- in northern Uganda.

The book is really touching when Alex speaks about his first visit to Apac, and then when he came back a year-and-a-half later after we had the bed nets distributed, what a pronounced difference there was. So it wasn't a writing of a book from afar. He was really up close and in the middle of it all.

This is a critical time. Warren, we didn't hit the target of covering all 700 million people with 350 million nets by December 2010, but we did achieve that in

August of '11. The most telling part of this for me is, as both Warren and Alex said, malaria has killed over a million children a year, mostly under the age of five, 95% of whom live in sub-Saharan Africa in forty-three endemic countries. This toll of over a million deaths a year has gone on for decades. We estimate that more than 50 million children have died from malaria, and it goes back millennia. As a result of -- and it's really not my campaign, and it's kind of Alex to point me out--but this has been a wonderful partnership of so many organizations like Nets for Life, Nothing but Nets, the UN, WHO, UNICEF, the Gates Foundation, the Global Fund, the World Bank. As a result of this partnership coming together and focusing on the fact that these children did not have to die, and Protik Basu and I had gone to a number of think tank meetings where the scientists said, "We have the tools and the technology to end malaria", and we kept asking ourselves, "Well, why don't you?"

We really put the challenge out there, and then Bill and Melinda Gates, in October of '07, said, "We can eliminate malaria." As a result of many of these business ideas built on top of traditional aid and this wonderful partnership, we raised over \$5 billion in the last five years. We've covered 700 million people with 350 million bed nets, and the Roll Back Malaria Partnership is now predicting zero deaths from malaria by 2015.

And that really is the story, and we're now working on, at the UN, with the Millennium Development Goals, seeing if we can extrapolate that strategy and what we learned from malaria to the prevention of mother-to-child transmission of HIV, reducing maternal mortality by three-quarters by 2015, reducing child mortality by two-third by 2015, and creating the cross-cutting strategic objective of one million new community health workers in Africa by 2015. My wonderful partners and staff that work with me in malaria are now working on this much broader goal encompassing all the health MDGs.

Hoge: Can I ask you a question?

Chambers: Yes.

Hoge: Ray, when you talk about zero deaths at a certain point, there are several references in the book to the theoretical fact that you could actually eradicate malaria, but every reference always says, "That presumes the creation of a vaccine." When you made that prediction, were you assuming that a vaccine would be created? Is a vaccine anywhere close to being created?

Chambers: It's a good question. It did not assume a vaccine, because the most effective vaccine in development now, it's called RSS from GlaxoSmithKline, will be available in 2015, after our cut-off date, and it's expected to be 50% efficacious, which is going to help us greatly. But we don't think we can eradicate malaria without a vaccine, but we can eliminate deaths or bring deaths down to close to zero. That's the most powerful, the most deserving objective, if we can eliminate or come close to eliminating deaths.

We're doing it not just with the nets -- and when I say "we" I mean this collective including the Presidents and the Health Ministers of the endemic countries, the leaders of the villages, all working together -- the bed nets are really effective. Indoor residual spraying helps a lot. Bed nets really work because this type of mosquito, the *Anopheles gambiae* mosquito, generally doesn't bite until after ten o'clock at night, and is most voracious at three in the morning. You can get three children under one of these less-than-\$10 mosquito nets. So it has a two-fold purpose. It protects the child or children from getting bitten, and then when the

mosquito lands on the net, she dies from the insecticide. It's the female gender of the mosquito that causes all the problems.

Hoge: But you do have to keep replacing those nets, don't you, as I understand it? Isn't part of the challenge this extraordinary number, 300 million nets, to some of the most remote places in the world, theoretically you have to keep going back to those places with replacements. I mean, that's part of the challenge now, is it not?

Chambers: It really is, and that's a good point. The insecticide on the nets lasts between three and five years. As recently as ten years ago, people had to go back and re-dip their nets every six months to get the fresh insecticide on them, so technology has really helped greatly. So the nets last an average of three years.

Even when the insecticide lasts longer, children kick holes in the nets, and it's a challenge to get everybody to sleep under a net. Our best guess now is that 80% of the people who have nets are sleeping under the nets, and not just because of malaria. We met with women in a village in Nigeria who told us that they were sleeping under the net because it gave them the first good night's sleep they ever had without all the bugs bothering them.

We have to keep raising money to replace those nets. The nets are coming down in price as a result of a cooperative we formed, so instead of having each country negotiate to get the funding and to buy the nets, and we had disparity in the prices of the nets from \$5 to \$8, we formed a cooperative with forty African presidents called the African Leaders Malaria Alliance, and now we have a one-stop shop where they share best practices, and we have a real political clout in these forty presidents as we negotiate with the World Bank and the Global Fund. But with the price of nets coming down and people recognizing how they protect against malaria-- the average African woman has a fertility of seven, hoping that three or four of her children will live to adulthood.

So we're expecting that the success in fighting malaria will reduce the fertility rate. In addition to protecting their children and getting a good night's sleep, if the price can come down to \$3 or \$3.50 a net, we expect to see people buying the nets without subsidies from donor governments. We are presenting that possibility to the donor governments now, saying that this is a temporary advance until the market becomes self-sufficient.

Hoge: Ray, you mentioned something that I want to ask Alex about. This is the journalist in me asking the journalist in Alex to tell us a story. The book begins and it ends in a little village in Uganda, northern Uganda, called Apac. And part of the power of this book is that Alex is a very good writer, and he writes with his eyes. He sees extraordinary things. Could you recreate for this audience what you saw when you first drove into Apac, and what you saw when you went back a couple of years later?

Perry: So Apac is a town in northern Uganda that some survey had identified as the most malarious place on earth. The average person there was being bitten four times a day by a malaria-infected mosquito, so effectively they were catching malaria four times a day. And I just couldn't imagine that. I couldn't imagine what it was like to live with that. So I felt like I had to go.

If I was interested in a campaign that was trying to eradicate malaria, it made sense to try and work out how bad it could get. I drove up. It's about a day's drive north of Kampala into a very swampy area. I drive into town, it's late in the

afternoon, and the town is completely deserted. I can't see anybody, and then from out of a kind of a side street, this naked man just sort of stumbles out. He looks like he's been rolling in the ground. He's got twigs in his hair and grass and so on. He's sort of mumbling. He doesn't seem to see me. I'm quite freaked out by that. I keep driving. I see another guy exactly the same, same thing, and then I see another naked man up ahead sitting by the side of the road, and he's sort of groaning as I pass him.

I mean, I think I've driven into a kind of daylight horror movie. The only thing I can think of is that I'm in a town of zombies or something, and I drive around for about five minutes, I don't see anybody else, and eventually I come to this place that identifies itself by the sideboard outside that says District Health Office. I knock. There's no answer. I walk down a corridor and eventually I find myself to the door that says District Health Officer, and I knock, and a voice asks me to enter. –

And there sitting behind his desk, behind two screens and under a fan, is the District Health Officer. I tell him who I am and what I'm doing, and he shows me some stats. Apac has a population of a little over half-a-million, and the year before, 124,000 people contracted malaria. The year before that, the figure was even higher. It was something like 143,000, and that was including seven out of every ten children.

I went to the hospital. It was overflowing: People sleeping in the corridor, no bed nets on the beds, and the whole place was full of mosquitoes. So even if you didn't have malaria when you came in, you were sure as hell going to get it when you were there. They had quinine, which has been out of date for twenty years, and they had glucose solution, essentially sugar, and headache pills. That's what they had to treat malaria.

The burden of the disease on this town was so immense that essentially it had shaped all life. On the main street, really the only businesses there were pharmacies catering to the living, and churches catering to the dead. That was it. Everything else was shuttered and boarded up. It was remarkable, very disturbing, but remarkable, and scary actually. In the end, I did two-and-a-half days there, and I went into the hospital on a third visit. There was no staff. There was nothing there. Everyone was looking to me for help, and I realized I had nothing to offer them, and I just got the hell out. Drove as fast as I could back to Kampala.

I came back eighteen months later. Having seen Ray go to work across Africa and all the other campaigners, I needed to go back to this town to see whether the most malarious place on earth had benefited in any way. I was quite nervous about it. It's a very remote place, and Uganda was a particularly tough place, I know, for the campaign.

I'm driving up there. It's maybe about 9 in the evening, and I'm about thirty miles out and we pass this tiny little shack, the kind of place that would sell a Coke and some cigarettes, or something like that. There's fifty people outside, standing around a fire having a party. We passed that and I'm like, "That's really weird", because I haven't seen anybody outside and this is prime mosquito time. And we get another ten miles and there's another place like that, except this one's got a hundred people outside. And then we get to town, and it's 10 o'clock in the evening, and everyone's out in the street, strolling around with their children. The businesses are open. All the lights are on. I go to the hotel where I stayed before, it's full. I try another place, it's full. I eventually find a place to sleep. I

get up in the morning, whereas before I was driving around just in these empty streets, we're in a traffic jam and the streets are totally crowded. All the businesses are open. The places have a lick of paint. Some places have expanded. I go to the hospital, the children's ward is virtually empty. There's maybe eight beds in there and they're being treated for stuff other than malaria. The transformation was just monumental. It was unrecognizable.

Eventually, I found my way back to the same guy that shared with me all the stats, and the most amazing thing about this transformation was that it hadn't taken eighteen months. It had taken a few weeks. Basically the malaria campaign had arrived in June of 2010, and up until that point, they were still treating between 3,000 and 5,000 people a week for malaria. And then the nets arrive, and then the sprays arrive, in a sort of slightly disjointed fashion, but within about two weeks, the rates of malaria just plummet. It goes from like 3,500, one week, to 2,900 to 2,500 to 2,100 to 1,500 to 1,200. I mean, it's a third of what it was in about six weeks, and then it rises a little. But essentially, they cut it by more than half in a matter of weeks. I went to the hospital and I said, "Show me your stats of who you're treating and who are dying". I was there in December of 2010- the last month they had available, in October, in the most malarious town on earth -- and this is a disease that kills kids -- no child dies from malaria.

Hoge: Powerful story. We are across the street from the UN. IPI calls itself the UN's good friend and most constructive critic. Most people in the audience here have some association or other with the UN. Let me read you a paragraph which will make any of us with associations with the UN cringe.

Alex writes that when he was in Tanzania, and he had attended a UN meeting, afterwards he looked at his notes and he found what he called, "a meaningless sequence of aid-speak. Capacity, resources, diversity, mission, stakeholders, target, partners, decentralization, goals, investment, challenges, public/private partnerships, bridging the gaps, madam chair, and all protocol observed." Those are the notes from the meeting he'd attended.

A little bit later in the book, you run into the fact -- and actually the author of what I'm about to tell you, I think is in the audience right now. When Ray saw the terms of reference for a UN job, and his associate, Protik Basu basically rejected those terms of reference. What was wrong with them, and what did that tell you about what the UN or what the aid organizations were doing there?

Chambers: Well, I don't know that there was anything wrong with them, Warren, or that the aid organizations weren't doing all the good work that they could possibly do. But it involved a schedule of having to go make speeches in Africa so many times per year, and appearances elsewhere. And when Margaret Chan, who had suggested that I be the Special Envoy -- and I'm the first Special Envoy for malaria, there was none before, so there was no precedent -- I said I would do it, if I could continue to do what we were doing, and that would be focusing on saving as many children's lives as quickly as possible. So Protik negotiated with the powers that be at the UN, and after several months, our terms of reference say that 'he is charged with saving as many lives as quickly as possible'.

Hoge: And what do they pay you?

Chambers: A dollar.

Hoge:

You're still a dollar-a-year, aren't you? That's an honorable thing. Our President, Terje Rød-Larsen, is a dollar-a-year man at the UN also, so we're used to that. Good people do those jobs.

At one point also, Alex writes that -- it's almost the first time he meets you, and he rides on your private plane, and he says -- and I'm sure he's right -- but he says that Ray Chambers does not drop names, but in the course of a conversation, he managed to mention people like P. Diddy, Ashton Kutcher, Bono, and Jeffrey Sachs, meeting with the Dalai Lama and visits to the White House to see President Bush. I believe Alex when he says that Ray did this in an unpretentious manner, but it leads me to ask you a question, and it comes up at another point in the book where you have somebody commenting negatively about celebrities getting in the way of aid. Can you discuss the power of celebrities? We see quite a few of them in the UN community. I have my own feelings about which ones are effective and which ones are just trying to promote themselves off the backs of UN need. But talk to me a bit about that, because you have made such good use of celebrities.

Chambers:

I think celebrities can provide powerful leverage. When Ashton Kutcher was in the race to be the first person on Twitter to have one million followers, he pledged that if he won and if he beat CNN Breaking News, that he would donate \$100,000 to Malaria No More to buy bed nets, and he won and he did that. He was on the Oprah Show the next day, and he told her the story, and she pledged \$200,000 that day to buy bed nets. That night, he and this fellow P. Diddy, somebody I wasn't familiar with (*laughter*), went on the Larry King Live Show and they kept telling this story, and they were so excited that they called me at home, P. Diddy and Ashton Kutcher, and my wife said, "Who's on the phone?" And I said, "You don't want to know."

But they went on then, and with their leadership, made malaria the number one cause on Twitter and Facebook, and they set up these social media envoys, and had people like Bill Gates and Oprah and Queen Rania and Shaquille O'Neal, and there were fifty of them, and every time they tweet a malaria message, it reaches 200 million people. As a result of that, and a campaign that we did with the World Bank, that resulted in us getting an extra \$200 million to buy bed nets from the World Bank. So I see the power of celebrity being able to do what we could not have done without their involvement.

Perry:

I've got something to add to that. As a journalist, I don't particularly enjoy being asked to interview a celebrity about a developing world problem. I'll give you an example. I don't know if you know who I mean by Mandy Moore -- kind of a Justin Bieber of her day.

There was a malaria organization who flew her out to the Central African Republic, at which point she stepped off a plane and gave a press conference to people like me, talking about malaria and the Central African Republic. I didn't take part because I couldn't get past that bizarre juxtaposition of Mandy Moore and the Central African Republic. I'm sure she's a very nice and well-intentioned person, but I just didn't know that she had anything useful to tell me. I've since sort of come round to the idea, actually through the Malaria Campaign, that it's not what I think. The bigger point is that it's an indictment of us. We find developing world poverty and malaria and stuff like that boring. Nobody reads those stories.

Chambers:

When you say "we," you mean journalists.

Perry: Well, no. I mean general public. I mean, to be honest, I write those stories, but they don't get read. I mean, the business guys tell me that if I get a cover in *Time*, the circulation drops. This is the reality. So we need celebrities to embrace malaria or HIV or developing world poverty, because then people will tune in. Until that point, it's just me telling the story, and apparently that doesn't work.

Hoge: You know, I'll tell you a quick story of my own. When I was covering the UN as the *New York Times* correspondent, we saw lots of celebrities come through, and one who came through -- and this is a positive story -- was George Clooney. I like him for a lot of reasons. One reason I like him is he brought his father. His father is a journalist. His father is a great Cincinnati journalist, television journalist and writing journalist, wrote a column there. But Clooney had just been in Darfur where, I'm sure you know, he goes pretty frequently, and he had spoken in a meeting about it pretty intelligently., He had done his homework when he went out there. And he got to the microphones in front of the Security Council, and all of the UN Press Corps was gathered there, and somebody -- I forget who it was -- actually I remember who it was -- challenged him by saying, "What is this? You're a Hollywood movie star. What do you know about this? Here you are, mouthing off about Darfur, what good is that going to do?"

And Clooney looked up, and he was surrounded by maybe 150 journalists at that point, and he looked up and he said very modestly, he said, "I get the cameras, don't I?" And that was a modest way of saying the value he did. You said the same story with how -- I think you call that leveraging where you come from, where somebody tells Oprah Winfrey or tells somebody else who tells somebody else.

Chambers: I wasn't going to tell Alex, but our most recent celebrity is somebody by the name of 50 Cent.

Hoge: We all know 50 Cent.

Now I want to ask you about sort of a contentious side of this whole thing, the aid debate. This has to do with two people -- a former World Bank official who a lot of us here know called William Easterly, who's written two books, basically arguing that aid is ineffective and even damaging; and Dambisa Moyo, who's a Zambian and former Goldman Sachs banker, who wrote a book called *Dead Aid* in 2009, arguing that aid should be phased out. I'm sure you have a response to those two arguments. What is it?

Perry: You'll notice that Ray and I differ. It's occurred to Ray that he was an incredibly well-behaved subject in this book, and I've written stuff in this book that I know he doesn't agree with.

The anti-aid crowd, I think they're a bit hysterical. I think they're a bit disingenuous. I think withdrawing all aid from the world would be an absolute disaster. As I said, I see day-to-day, traveling across Africa, ineffective wasteful aid. I have a particular hatred for the Toyota Land Cruiser because it's a \$75,000 car and you see thirty to forty of those parked up in Eastern Chad, and it's not as if I buy a new car in every country that I go to. I don't see why they can't take a cab. But that is me, and that's what I see, and there is some of that in the book. What I'm interested in, and again, why the Malaria Campaign interests me, is because this is effective aid, and it's the innovations that it's bringing, and the lives that it's saving, the spectacular results that it's getting. That to me is the reinvention of aid, is new aid, is aid refreshed and restored.

Hoge: Ray, do you find, now that you are, albeit a dollar-a-year, UN official, do you meet resistance in the UN? Do you find them accepting your ideas of how aid ought to be disbursed and arranged? I mean, your business-type principles, have they been ones you've been able to advance in the UN structure?

Chambers: Absolutely. We haven't had a greater champion than Ban Ki-moon, the Secretary-General, and he's the one who had the courage to set the goal of universal coverage by 2010 and now near-zero deaths by 2015.

On aid, the UN plays a certain role, but we've gone directly to the US government, the UK government, the World Bank, the Global Fund, and have gotten support from the UN. But we've had to play an advocacy role to get the type of funding that we've raised over the last five years and we're going to continue to have to do that over the next four-and-a-half years.

I think this aid, properly allocated, has really made a world of difference. We're seeing a change in Africa now where more investment is pouring into African countries than we've ever seen. Economic growth as a percentage is greater than anywhere in the world, and we're seeing leaders like President Kagame take the position that, "We don't want any more aid. We don't want subsidy. We want investment." And I think we'll see a transition from aid and subsidy to investment, but I don't think the African countries could have gotten to this point without aid.

Hoge: I'm going to go back a little bit in time, but I wanted to ask you, Ray, if you would tell the story of Steven Phillips, Exxon Mobil, and how he persuaded business that it was in business's interest to get involved in aid.

Chambers: He's very quiet, unsung, and he's the head of Infectious Diseases at Exxon Mobil, who have given hundreds of millions of dollars to support malaria. But you know, Exxon Mobil has oil refineries and drilling platforms throughout many parts of Africa, and they were losing productivity because of malaria, and they were also not being well-supported by the people in the local villages. Once it became known that Exxon Mobil was making grants to buy bed nets, to do indoor residual spraying, the goodwill that brought to Exxon Mobil to make them more welcome in the local communities and making their workers more productive far exceeded what they actually spent. And Steven Phillips convinced several succeeding CEOs of Exxon Mobil that that was perhaps one of their most prolific and significant investments.

Hoge: And good for the bottom line.

Chambers: Good for the bottom line.

Perry: That's the point - they made fighting malaria good business, and that to me is the kind of remarkable innovation of the campaign. They took ultra-capitalism and dovetailed it with aid and world disease, and that is extraordinary.

Hoge: Ray, I've got a question for you, and forgive me if this sounds a little personal. Alex mentions that at one point in 1992, you made a *Wall Street Journal* reporter do five months of community service in exchange for an interview, and then you only agreed to communicate with him by fax. Is that true?

Chambers: Yes, it's partly true. This was a young man who I met when he was at Forbes, and I wound up on this Forbes 400 List, and I didn't want to be there. So the next

year he called and said, "We're checking your address because you're on the list again." I said, "It's funny they recheck my address, but you didn't check my financial balance sheet." He said, "You sound like you don't want to be on the list." And I said, "I don't want to be." And he said, "Why do people make money if they don't want to show it off?" So I said, "Why don't you come to Newark this Saturday on the train? I'll pick you up, and I'll show you what you can do with your money." And I took him to our READY Program in Newark where we had 1000 youngsters that we had promised scholarships to college if they stayed on the right track, and he got right into the middle of that experience, and from that day onward, every Saturday for three years, he and his wife took the train to Newark and volunteered in the READY Program; and he moved to the *Wall Street Journal* and he wrote the story. So it came in that sequence.

Hoge: That's very good. Just a couple of last questions. Eradication -- is it still a goal, or has it now been abandoned for another idea?

Chambers: I actually think we're on the path toward eradication. In the interim, we're going to have to be so vigilant, and I'm sure you've heard the stories that Sri Lanka wiped out malaria, and then they were distracted by civil strife, and malaria blew up to a greater place than where it was before they eliminated deaths. Same thing happened in Zanzibar, where we now have zero mortality. So we have to be so vigilant over the next fifteen to twenty years until hopefully a fully-efficacious vaccine is developed, and we have to watch if there's a breakout, which there was in Zambia and Rwanda last year, and we had to replace the nets in a more rapid way.

This parasite is so wily that the medicine that worked fifteen years ago, chloroquine, has no effect on this parasite today. So we've been working with *Artemisia annua* from the Chinese Wormwood plant, and we're seeing resistance developing in Cambodia and Thailand, so we're ever watchful. If *Artemisia* gets wiped out, will we have another medicine in the queue?

We've watched mosquitoes develop resistance to the insecticide in Zambia. It's another issue we have to deal with. If we get down to 20% mortality of what it was, will leaders and others take their eye off this problem and turn to something more significant at that point in time? Until we have this fully-efficacious vaccine, and hopefully we will have it, we're going to have to be that careful, that vigilant, and every time there's a breakout we've got to jump on top of it, and we can't let the interest wane because of the success. This is still a major mountain ahead of us to climb.

Hoge: Ray, I want to ask you just one last thing before we go to the room for questions and comment, and that is, you tend to date your involvement in all this with an encounter with Jeffrey Sachs. I referred to it in the invitation, but could you just tell us finally in your own words what happened that day, the photographs and your reaction?

Chambers: Well, Jeff and I had formed a foundation called The Millennium Promise Alliance to try and bring organizations together with a cohesive business plan to optimize the likelihood we would achieve the Millennium Development Goals. Jeff had the idea of creating these Millennium Villages where the Millennium Development Goals were infused in real-time; and after one year, these two villages had these incredible returns. The crop was four times what it was the previous year. Malaria was down. HIV victims were being treated. We went to see one of the villages in Kenya, and he went off to Malawi, and I went off with my family.

We regrouped again in New York, and he brought these photos from his visit to Malawi, and there was a room full of angelic-looking children sleeping. I said, "Aren't they cute?" and he said, "You don't understand. They're all in malaria comas." We didn't trace what happened to them, but presumably they didn't recover from the malaria comas, and I thought of my little grandchildren being that vulnerable, and why was it, just because of the place of their birth, that they didn't have to worry about malaria. Their parents didn't have to worry about malaria; their grandparents didn't have to worry about malaria; and here a million children a year were dying.

And that was such a seminal experience for me. I've never gotten the image of that photo out of my mind's eye.

Hoge: I'd love to get comment or questions from the floor. Just raise your hand and wait for the microphone. William Verdone over here, but will you please introduce yourself, William?

William Verdone: Hello. Thank you. William Verdone. Helena Kaushik Women's College, University of Rajasthan, India. I have a question, and maybe it's two of them. Is there a health side effect for children or adults sleeping under these chemically-treated nets? And secondly, is there a way to geographically go to the area and destroy the mosquito? Fifteen years ago, we had something called West Nile Virus, and the former administration, I think it was Giuliani, he pretty much wiped it out with spraying, but there was a side effect, but it was pretty successful. So those are two things that I'd like you to address. Thank you.

Chambers: We're not aware of any side effects from sleeping under the nets treated with insecticide. The insecticide finds itself in the net through an extrusion process, so there's nothing that can drip down or otherwise affect the children sleeping under the nets. I have one of my advisors here, Protik, are we aware of any negative side effects? No.

And on the going to the site of the mosquito, you know, we did use DDT widespread here in the United States in the early part of the 20th century to get rid of malaria. We had malaria into the '50s in some of the southern states, and it was by people staying inside in screened-in enclosures, coupled with DDT, that helped eradicate malaria here and in Europe. A number of the African leaders would like to see us use DDT widespread in Africa, but the environmentalists and the World Health Organization won't allow that. They'll only use it for indoor residual spraying, and the mosquito when it comes indoors, it alights on a vertical surface, which is a wall, and it dies when it meets the insecticide, the DDT. Finding the site of malaria, of mosquito spawning and developing, we've used larvicide in certain stagnant ponds of water, but we learned that mosquitoes can breed in water accumulated in a horse's hoof print, and we just can't get to every one of those places where stagnant water would reside. But there's no question that sanitation and elimination of stagnant water would help in the process.

Hoge: John Hirsch in the front row.

John Hirsch: First of all, thank you very much. It's a great achievement. Two very short questions -- one, I wanted you to say something about tuberculosis and HIV/AIDs because those are massive killers also, and you've not mentioned TB at all, and you only briefly referred to HIV/AIDs. And then my second question is about the challenge of having African health workers continue to work in all these communities, because without that, it's very hard to see a sustainable health system. There's been kind of a chronic problem of motivating, incentivizing

young men and women to work on a sustained basis in these rural areas. So I wondered if you could at least address those two questions.

Chambers:

I'll try and give you a comprehensive but quick response. HIV and TB are really significant issues that we're confronting. If you have malaria, you're more susceptible to HIV; and conversely, if you have HIV, you're more susceptible to malaria. With HIV, of the 40 million or so HIV-positive people in the world, 26 million are in sub-Saharan Africa. Of that 26 million, 14 to 15 million could use the benefit of anti-retroviral treatment.

As a result of the PEPFAR legislation in this country, we went from 250,000 people in Africa getting ARV treatment to over five million today, which was really a credit to President Bush, whatever we think of his other policies.

TB is so significant. Roughly 1.6 million people plus die from TB every year. Over a quarter of the people who die from HIV AIDs die from TB, and most people don't know that. So we've taken on, as part of these health Millennium Development Goals, a campaign with the Stop TB Partnership to save one million lives of HIV victims that otherwise would have died by 2015 by testing an intervention.

One of the most frustrating things -- or two frustrating things -- we don't have enough money anywhere in the world to give treatment to those HIV victims -- the difference between five million and 13 or 14 million -- and somehow we have to drive the prices of ARVs down so that we can spread the treatment to all those who need it.

It's a bit of a cop-out that we've adapted our Millennium Development Goal to eliminating mother-to-child transmission of HIV, because we're not addressing that side of it. And 20% of the TB deaths are deaths where the TB is resistant to all forms of medication intervention, and we need so much more money to go into research to deal with the super-infections that we can't treat with any existing medications.

The health professionals in the field -- you said something, John, that really struck. We've had a switch toward getting out of vertical disease intervention toward horizontal strengthening local health delivery systems, and in many places, that's interpreted as 'hire a consultant, and he'll deliver a report on how you could strengthen the local health delivery system'. The best tangible evidence of strengthened health delivery systems that we've seen are the local community health workers; and the more we can train them, the more we can support them, the more we can spread them, I think it's ten times as effective as hiring consultants to do an analysis of what you need to do. And people want to be a community health worker. It's a source of pride. Our best advanced country is Ethiopia, where in the last three years they've trained 40,000 health extension workers, two to a village of 5,000, and the results out of each of those villages are setting trends for all of sub-Saharan Africa.

Hoge:

We'll take a couple of questions here at once. Let's go one-two-three-four, all the way back. If you could ask them all, make them rather concise, we'll answer all four at once and then we'll be done.

Scott Small:

My name is Scott Small. I'm a biomedical scientist at Columbia. I'm struck by the success using relatively low-tech technologies, and I would imagine that part of the resistance to using your almost-cure would be first from Pharma, because of the patent space and perhaps economic advantage. Reflecting biases in my field, I would imagine that biomedical scientists prefer the kind of more high-tech

molecular wizardry and, you know, olfactory receptor blockers, and vaccinations. I remember when the Gates Foundation competition was announced, there were all these sort of molecular cowboys who had all these ideas. So I was wondering if my field reflected a barrier to the low-tech approach.

Hoge: Okay. Hold that thought. The woman in the second row.

Angélique Kidjo: Good evening, everybody. My name is Angélique Kidjo. I'm an artist from Benin and I'm a UNICEF Goodwill Ambassador. I often go to the field and I've worked extensively with Roll Back Malaria, and I'm very happy to hear all the good news you are giving tonight. One of my concerns growing up in Africa is still the stagnant water. I know we can't get to every pond. Can you help us get the government of each country where you're working, for them to really focus on the sewage, because the problem of stagnant water, especially from the cooking point, is that the sewage is filled with garbage, so it is clogged up, so the water ends up staying there. And it's the duty of the government of every country to make sure that those sewage are doing what they're supposed to do. The water, if it doesn't stagnate, then we really can eradicate malaria. Till we do that, I think we're going to have a lot of work on our hands, because the water, as you said, the mosquito, the Anopheles, can breed in it and it's very important to do that.

Hoge: Okay. Keep taking notes. There was the gentleman, that's right, and then the woman behind you will be the fourth, and that'll be it.

Adonia Ayebare: Thank you. I'm from Uganda, I'm the Ambassador of Uganda. Alex talked about issues like malaria being boring. I'm really embarrassed that my colleagues from Africa are not here. This shows you that it's not only boring to the readership, it's also boring to us, the Diplomatic Corps that should be here really. As I said, I come from Uganda. I know Apac very well, and I was born and grew up in Uganda. I didn't travel outside Uganda until I finished University, and two of my siblings died of malaria. So I know about malaria, and thank you for the good work you are doing. My question will really be on leadership in Africa, because as you know, without political cooperation, without cooperation from governments, some of this good work will not go anywhere. So from your experience, both Ray and Alex, because ASEAN and the UN and the media and scholars, we tend to emphasize good governance. Is there a relationship between the so-called democratic governments in Africa and being effective on public health, especially on the issues of malaria? What kind of leadership in Africa you found to be very responsive? Thank you.

Hoge: Okay. And then the woman behind you. Thank you.

Sukai Prom-Jackson: My name is Sukai Prom-Jackson. I'm from the Gambia. You talked about *Anopheles*, and I've studied that for a very long time. My father was a health officer, so I've kind of lived with the mosquito for a very long time. I'm a bit totally out of touch insofar as the subject is concerned, but I just have two questions. Actually, I now work for UNDP, after working for the World Bank fifteen years. But in UNDP, I work for the Evaluation Office. I was very impressed, and I was very touched, actually, by your presentation, and the simplicity with which you are presenting. But very significant, when you talked about the subject itself, and you start talking about the results, I'm actually wondering, using our development language, what are the key elements that are actually going into it? One is the nets, but there are a number of other factors that perhaps create a systems sort of paradigm to be able for us to understand better how one not only reduces but eradicates. I think there was a point made about the stagnant waters and some of the other key issues that one needs. So I think an idea of, what are the

elements, and how much attention is being paid particularly to those various areas that would enhance success? Just very quickly, a second question has to do with the aid architecture, and in fact we're evaluating, UNDP and the aid architecture, and it's really a way going forward, because a lot of the resources are there. A question that I have -- what would make that sustainable? Is it just a phase for a while? What elements make it critical, so that this new, emerging architecture, with a new business model -- perhaps elements of leadership from within Africa, which I didn't hear, so Ambassador, I'm very glad to hear you actually make reference to the role of Africans in this whole process. Perhaps you could probably tell us what would be some of the engines that would make this new aid process a sustainable one. Thanks very much.

Hoge: Thank you very much. By the way, Alex also, if you want to you want to answer those questions. Take those four questions, and answer them, and then we'll wrap it up.

Chambers: Ah, gosh. Scott, on the biotech, and let me again say, I'm not an expert in any of this. I'm a businessman, philanthropist, who has really just tried to help disadvantaged children over the last twenty-five years of my life, and the most rewarding twenty-five years, and I've learned a bit of knowledge along the way. So I don't hold myself out as an expert.

On the biotech side, last year the Gates Foundation asked if I would chair their research for malaria medication, called Medicines for Malaria Venture, based in Geneva, so I really learned quite a bit about what Pharma is willing to do, and I've seen them be nothing but cooperative. In fact, GlaxoSmithKline is leading an effort now to take 25% of all the profits they make in the developing world and to put it toward training community health workers. So we're seeing great cooperation from Pharma, and two weeks ago, Merck committed \$500 million in cash over ten years to help this Every Woman, Every Child campaign. On the Star Wars-side of technology, the week after next there will be the Gates Malaria Forum. Bill Gates has funded a man by the name of Nathan Myhrvold, who used to be the Chief Technology Officer at Microsoft, and Nathan is a Renaissance man who is an inventor, and he invents these wild things. He's been focusing on malaria, and he's going to show me next Monday, this laser field he has that shoots mosquitoes out of the sky, and he presented at TED with that. So I'm looking forward to seeing that, Scott. Did you want to add anything?

Perry: Well, just on the fact that you're right. This is a low-tech campaign. I think that actually is why it's so suited to business. This isn't a science problem. It's a logistics problem. It's about putting stuff out in very difficult terrain, and who do you want to do that? Probably the same people who put a cold bottle of Coca Cola in the middle of Congo, you know. This is a business problem, and you want people who know logistics. It's not a science problem.

Chambers: On the question about sewage and getting government to pay attention to that -- that incidentally is in the whole MDG area, the Secretary-General's principle interest. He can't understand why we can't why we can't get African leadership to focus on sanitation, water, the effect of sanitation on water, and he believes it's the lack of sanitation and the lack of focus on sewage that's causing malaria. So we need to keep thinking that that's a sweet spot for the Secretary-General.

And this goes over to the Permanent Representative's question from Uganda about political leadership, and the young lady from Gambia. We've had a mixed experience with government leadership. I'll point out some real positive ones, and neglect to point out the negative ones.

The positive leadership we've seen has come from President Kagame in Rwanda, President Kikwete in Tanzania, President Sirleaf in Liberia -- leaders willing to take on and really make a difference irrespective of their political and economic position.

We've seen African leaders who are overwhelmed by all their problems, and when we come to them about malaria, it's just one on a checklist. And I recall our visiting Congo, and the leaders there, the Health Ministry saying, "Can you go to our President and get him to notice malaria? Because without his invoking political leadership and expressing his political will, we'll not succeed in the fight against malaria." And I would assume the same thing is true with sewage and HIV and TB. So we spent a lot of time, and Alex traveled with us, going to the different nations' capitals, trying to build the motivation and the energy, and showing the return on investment. 'The money's here, we just need you to distribute the nets and come up with a plan'. \

We can't succeed without local leadership, country leadership, coming up with a plan, defining the demand, using the people to distribute the nets or to deal with sewage. All we can do is to give some guidance from a business background, but the leadership has to come locally, starting in the village, then the district, then the region, and ultimately up to the President of each nation. I think all of us need to keep calling attention to the need for that leadership, because without it, I've watched several net campaigns just fall flat on their faces without political will and without local engagement.

Hoge:

I think that's a great message to end on. The book is for sale outside. We're going to stay here. The wine is still open. First of all, Alex, thank you for having written this book, having brought it to us. But in particular, thanks for bringing along the hero of the book as well. It's been a terrific evening.