

The Corporate Response to **Malaria**

An Actionable Overview

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Booz | Allen | Hamilton



Foreword

Significant progress has been made in the fight against HIV/AIDS since the first United Nations General Assembly Special Session on HIV/AIDS (UNGASS) in 2001. Over the past six years, more than 220 businesses have joined the fight against the most challenging public health crisis the world has ever endured; the private sector—and its myriad industries—now acknowledges that fighting AIDS is its business. Unfortunately, that same progress has not been made in the fight against malaria, a 50,000 year-old disease that 2.5 billion people—roughly 40 percent of the world’s population—are at risk of contracting. Even though the disease kills more than one million people each year, is endemic in 101 countries and territories, and afflicts as many as 500 million people annually, it has, until very recently, been impervious to the multisector mobilization that has come to define the AIDS crisis response.

Malaria’s specific geographic concentration—90 percent of deaths occur in Africa—has endowed it with a unique ability to evade public scrutiny and the attention AIDS’ global presence facilitates. Stated simply, because malaria was out of the developed world’s sight, it was also out of many of our minds. Fortunately, this is no longer the case. Businesses—and not just those operating in endemic regions—are realizing that globalization makes all public health challenges global challenges, even if they do not directly manifest in our backyards. For this reason, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) added malaria and tuberculosis to its mandate one year ago and amended its mission to lead the business fight against the world’s three deadliest epidemics.

In March 2007, GBC and the Brookings Institution, with support from Booz Allen Hamilton, convened a Private Sector Malaria Forum to examine the current malaria response and identify key gaps where business can most meaningfully make a difference. The Forum outlined the four areas in which companies can and do make a difference through their workplace programs, community initiatives, creative use of core competencies, and advocacy and leadership.

The Forum also illuminated several key findings. Keynote speakers and panel discussions highlighted the contributions that individual organizations are making in the fight against malaria. Significantly, it went beyond that to focus on the necessity and power of collaborative action between the public and private sectors, as well as among private sector organizations—collaboration that can take place within countries, but also across country borders to fight a disease spread by “mosquitoes that don’t carry passports.” This includes prevention and treatment tactics: the provision of insecticide-treated bed nets, education, community mobilization, indoor residual spraying, and research and development to ensure continued production of ACTs (artemisinin-based combination therapies) and a malaria vaccine.

The participating companies provided crucial input to this report. In addition, GBC and Booz Allen Hamilton want to express particular thanks to the Brookings Institution and the Exxon Mobil Corporation; the former did a superlative job partnering with GBC to arrange a flawless meeting while ExxonMobil, a corporate leader in the global fight against malaria, provided generous fiscal support, without which the Forum would have been impossible.

GBC takes seriously its mission to engage business globally to fight the malaria epidemic. Booz Allen Hamilton will continue to provide thought leadership and expert advice on public health issues to businesses, nongovernmental organizations, and governments. We hope this report provides an actionable overview of corporate malaria engagement and that you will see us as a resource as we come together to fight a disease that is both preventable and treatable.



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Executive Summary

Business has a crucial role to play in fighting malaria, a 50,000 year-old scourge that kills more than one million people each year and is endemic in 101 countries and territories.

The disease's ability to wreak enormous havoc in sub-Saharan Africa, where 90 percent of deaths occur, is due, in part, to the fact that it has been largely eradicated in the developed world. Fortunately, the private sector is waking up to the challenge, educating stakeholders, building a foundation of knowledge for analysis, identifying current gaps and business responses to address those gaps, and sharing collaborative methods for corporations to mobilize an effective and innovative disease response. The March 2007 GBC and Brookings Institution Private Sector Malaria Forum illuminated key challenges and goals, entry points, collaborative opportunities, and GBC strategic priorities.

Key Themes and Forum Comments

The corporate sector can stress the need for greater awareness of malaria's global impact, encourage all sectors to harness core competencies, advocate for community and workplace programs, and help overcome the challenges of scaling up and sustaining effective interventions and programs. The following priorities were highlighted:

Significantly increase global awareness of malaria. A key challenge is to communicate and build a greater awareness of malaria health problems. At both the grassroots and policy level, greater awareness is necessary to ensure that malaria receives the attention and resources that it mandates.

Fully use company core competencies. Fully using business expertise, skills, and capabilities can significantly impact malaria disease control programs. Skills that could be engaged include supply chain management and distribution expertise, knowledge and information management, performance measurement, and product demand and need forecasting. Innovation is also crucial, but the private sector needs incentives to take risks; global invest-

ment for malaria research and development (R&D) has risen but is still woefully inadequate.

Facilitate comprehensive, community-based initiatives. Long-lasting insecticide-treated bed nets (LLINs), indoor residual spraying (IRS), larvaecide, intermittent preventive treatment for pregnant women, and increased education and awareness must be scaled up and effectively integrated.

Overcome scale-up and sustainability challenges. Malaria control requires collaboration with other sectors and stakeholders. Partners can provide information on populations, treatment practices, and certified anti-malarials; assist in the central procurement and importation of supplies; aid in supply storage and distribution; provide trainers and training programs; assist in behavior change through social marketing; monitor and evaluate activities; and measure progress against goals.

Recognize impediments to success. Three significant challenges—ineffective information and planning, lack of connectivity between public and private sector players, and insufficient coordination and collaboration—impede a more effective global malaria campaign.

The Need for Collaboration

The malaria epidemic's biological, epidemiological, and organizational challenges make collaboration absolutely crucial. The Forum enumerated two types of collaborative opportunities:

Public private partnerships (PPPs). The private sector can maximize intervention impact only when it works in partnership with other stakeholders. PPPs allow stakeholders to build on existing initiatives, utilize overlapping strategic interests of different sectors, tap into

existing infrastructures, and engage in collaborative planning.

Private private collaborations. Companies have made significant headway in their malaria response by developing comprehensive approaches that link their strategies to the communities in which they operate. Companies should collaborate by sharing best practices, developing industry- or geographic-specific initiatives, engaging with national business networks, and introducing malaria programs into their supply chains.

Select Collaborative Initiatives for Treatment Access

Several initiatives demonstrate how collaborative partnerships leverage individual company core competencies to realize the synergies created by combined and coordinated malaria efforts. The following examples offer clear entry points for companies.

Novartis and Medicine for Malaria Venture (MMV) collaboration on pediatric Coartem®. Artemisinin-based combination therapies (ACT), which the World Health Organization (WHO) endorses for use in malaria endemic countries, are currently administered to infants and children by crushing tablets designed for adults. Novartis and MMV are working on a cherry-flavored, dispersible pediatric formulation. ExxonMobil is helping to finance this formulation and will actively participate on an Africa-wide rollout planned for 2008.

Sanofi-aventis and Drugs for Neglected Diseases Initiative (DNDi). Earlier this year, sanofi-aventis and DNDi announced that Artesunate-Amodiaquine Winthrop® (ASAQ), a fixed-dose ACT that is simple to use, will be available throughout sub-Saharan Africa at cost to the poorest patients.

Global ACT buyer subsidy. Under the guidance of a Roll Back Malaria (RBM) Task Force, an emerging global ACT buyer subsidy is evolving to make ACTs more affordable and accessible. The project will enable first-line buyers to purchase ACTs at a much lower cost.

There are concrete entry points for business to be involved in each of these important collaborations. If your company is interested in exploring engagement

opportunities, please contact Jimmy Lee at GBC (jlee@businessfightsaids.org).

GBC Strategic Priorities in the Corporate Response to Malaria

GBC is expanding the corporate response to malaria, complementing the work that is currently being done, and addressing the significant gaps that inhibit progress.

Innovative collaborations. GBC's strategic focus will be to catalyze innovative collaborations that address critical challenges and allow business to engage in various ways. GBC will catalyze both private private and public private initiatives that link local and global activities to maximize impact. These results-based collaborations will involve significant member company leadership; they will be aligned with member company needs and will address key gaps in the malaria response.

GBC will complement the strategic focus on driving innovative collaborations with other important activities:

Advise member companies. GBC will continue to advise member companies in the design and development of workplace and community programs.

Highlight and share best practices. Just as it documents, highlights, and shares the best business practices in HIV/AIDS, GBC will create a similar canon regarding the private sector's malaria response.

Undergo mapping exercises. GBC will work with key stakeholders to develop a comprehensive database of private sector activity in sub-Saharan Africa and associated malaria intervention projects. The database will be expanded and bolstered by policy and advocacy forums.

Support country coordinating mechanisms (CCMs). As the official focal point for the Private Sector Delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC will continue to strengthen private sector involvement in the CCMs.

Strengthen national business coalitions (NBCs). GBC is committed to actively strengthening established NBCs. The organization's National Connections initiative provides support to NBCs associated with effective PPPs.



Introduction to the Forum

Corporate, nongovernmental organization (NGO), and government leaders deeply committed to combating malaria convened at the March 12th Private Sector Malaria Forum at the Brookings Institution in Washington, DC. The Forum's goal was to further inform and educate stakeholders, build a foundation of knowledge for analysis, identify current gaps and business responses that may address those gaps, and share collaborative methods for corporations to mobilize an effective and innovative malaria response.

The Forum opened with a presentation from Dr. Ngozi Okonjo-Iweala, former Finance Minister and Foreign Minister of Nigeria and Brookings Distinguished Visiting Scholar. A sufferer of malaria more than 20 times herself, Dr. Okonjo-Iweala emphasized how malaria affects worker productivity, increases absenteeism, and seriously hinders economic development. While praising the private sector's involvement in the fight against malaria, she stressed the need for innovative ideas to fight malaria—ones that will benefit both businesses and those affected by the disease. She urged the participants to get more involved at local levels with indigenous community-based organizations in the communities (CBOs).

Dr. Kamini Mendis of the World Health Organization (WHO) followed with an account of the enormous impact malaria is having on Africa, especially on poor and impoverished populations in which 25–40 percent of the people may be infected. Malaria, she told the audience, is controllable. The tools to prevent the transfer of the disease by mosquitoes are available, but surveillance, commodity and service monitoring and evaluation of the quality of commodities and services as well as strong implementation programs are needed. Dr. Mendis also cited the need for development of new insecticides, medicines, and vaccines—all of which require major investments and funding for research and development (R&D).

A second WHO representative, Dr. Awa Marie Coll-Seck from the Roll Back Malaria (RBM) Partnership, enumerated the numerous RBM stakeholders, including the United Nations Children's Fund (UNICEF), the World Bank, the United Nations Development Programme (UNDP), the private sector, NGOs, foundations, and research and academic institutions. She also emphasized the importance of the RBM Partnership in providing much needed expertise in areas such as supply chain management, development and production of antimalarial medicines and bed nets, and innovative financing arrangements. Dr. Coll-Seck cited several partnership successes including an immunization campaign in which the Global Fund provided the funds and the private sector provided the training and logistics expertise. She urged the private sector to continue its efforts and expand its involvement to a much needed larger scale.

The Forum then focused on four main topics, each addressed by a specialized panel: Community, Workplace, Core Competency, and Advocacy and Leadership, reflecting the key ways in

which GBC advocates business engagement on HIV/AIDS, tuberculosis, and malaria.

The Community Panel was chaired by ExxonMobil's Dr. Steven Phillips; it focused on company successes and challenges in working with communities, offered suggestions for scaling up, and detailed ways to create community buy-in. Panel members included Admiral Tim Ziemer, President's Malaria Initiative (PMI); Dr. Andre van der Berg, BHP Billiton; and Steve Knowles, AngloGold Ashanti.

The Workplace Panel was chaired by Francesca Boldrini of the Global Health Initiative of the World Economic Forum. This panel explored how malaria impacts the workplace and larger community and covered key considerations for companies offering workplace programs. Panel members included Dr. Adel Chaouch, Marathon Oil Corporation; Dr. Henk Rijckborst, Heineken International; and Dr. Richard Wilkins, Chevron.

“GBC is committed to working with our members to maximize our joint potential in the fight against malaria.”

—Ambassador Richard Holbrooke

The Core Competency Panel was chaired by Dr. Christoph Benn of the Global Fund to Fight AIDS, Tuberculosis and Malaria and focused on the need for business to share its expertise and innovations through public private partnerships. Panel members included Kate James, Standard Chartered Bank; Silvio Gabriel, Novartis; and Mikkel Vestergaard Frandsen, Vestergaard-Frandsen.

The Advocacy and Leadership panel was chaired by Ambassador Richard Holbrooke, GBC President and CEO; it offered views on knowledge sharing and the need for corporations to motivate and lead efforts. Panel members included Todd Jacobson, National Basketball Association; John Bridgeland, Malaria No More; and Justine Frain, GlaxoSmithKline.

Summarizing the session, Ambassador Richard Holbrooke remarked, “We know how to end malaria. The solutions are inexpensive and straightforward. The private sector, already a major global health partner, is poised to do more. By bringing businesses together with the public sector and NGOs to coordinate strategies and

explore innovative new approaches, we will create new opportunities to save lives, build economies, and support social development. GBC is committed to working with

our members to maximize our joint potential in the fight against malaria.”

Additional Forum participants included representatives from GBC member companies: APCO Worldwide, Bayer Environmental Science, BD (Becton, Dickinson and Company), Booz Allen Hamilton, DeBeers, DHL, Getty Images, McKinsey & Company, Newmont Mining, Pfizer, Premier Medical Corporation, Royal Dutch Shell, Sumitomo Chemical, Virgin Unite, and the Washington Times. Also

present were partners from Development Finance International, the World Bank, Medicine for Malaria Venture, Friends of the Global Fight, Malaria No More, Nothing But Nets, Acumen Fund, BIO Ventures for Global Health, Bill & Melinda Gates Foundation, Bloomberg School of Public Health at Johns Hopkins University, Global Health Council, Dalberg Global Development Advisors, UN Foundation, Friends of Africa, and the Office of the U.S. Global AIDS Coordinator.

The Workplace Panel panel explored how malaria impacts the workplace and larger community and covered key considerations for companies offering workplace programs.

Key Themes and Comments From the Forum

Forum speakers and panelists highlighted key challenges, shared success stories and lessons learned, and identified major gaps that the corporate sector can fill in supporting the global fight against malaria. As summarized below, these interrelated gaps stress the need for a greater awareness of malaria’s global impact; the need for all sectors, including the private sector, to harness core competencies; the need for community and workplace involvement; and the challenges inherent in scaling up and sustaining effective interventions and programs. Forum participants also highlighted a key to successfully addressing these gaps—effective partnerships and collaborations between and among various stakeholders, whether in the form of public private part-

nerships or private private collaborative arrangements.

Global Awareness of Malaria’s Impact Needs To Be Significantly Increased

A key challenge in the fight against malaria is the need to communicate and build a greater awareness of the health problem malaria presents. Current international malaria-specific funding is estimated to be US\$600 million.¹ This leaves a US\$2.6 billion gap to reach the US\$3.2 billion necessary to support the minimum interventions necessary to effectively combat this epidemic.² It is clear that greater awareness of the epidemic at the grassroots and donor level are necessary to bring sufficient funding.

Numerous groups, associations, and companies are addressing this issue. Panelists highlighted efforts of the National Basketball Association's "Nothing But Nets" program to raise money for bed nets and the "Malaria No More" campaign's effort to engage individuals, organizations, and corporations to provide funding for life-saving bed nets and other critical interventions.

"Mobilizing for Malaria" is another advocacy effort focused on influencing policy. This initiative is led by the Malaria Consortium and supported by a new US\$1.5 million grant over three years from the GlaxoSmithKline African Malaria Partnership. This program aims to significantly reposition the malaria issue in African and donor countries so that it receives the attention and resources that it deserves. This new advocacy effort is linked to the Roll Back Malaria Global Advocacy Framework and aims to inform politicians, the media, and the general public in developing and industrialized countries about malaria's immense toll as well as effective strategies to combat the epidemic.

A 2004 Gallup poll found that only two percent of the world's population considers malaria an important health threat. Increased awareness at all levels of society, especially in donor countries, is a critical component of an effective global malaria response. The private sector must play an important role in this effort.

The Private Sector Should Employ Its Core Competencies

Corporations and other private sector participants possess business expertise, skills, and capabilities that, if appropriately focused, could significantly impact malaria disease control programs. Examples of skills that could be engaged include supply chain management and distribution systems expertise, knowledge and information management, performance measurement, and product demand and needs forecasting. Overall, companies need to have a better understanding of how their individual corporate skills and competencies can be used to provide assistance. Going forward, participating companies will need to leverage existing networks to understand how to best use their competencies.

Corporations and other commercial sector participants possess business expertise, skills, and capabilities that, if appropriately focused, could significantly impact malaria disease control programs.

One of the private sector's key core competencies is innovation, which is crucial to the global fight against malaria. However, the private sector needs incentives to challenge the unknown and take risks in this market. Global investment for malaria R&D has risen over the past decade but is still woefully inadequate when compared with the disease burden. If malaria R&D were funded at the average rate for all medical conditions, it would receive more than US\$3 billion in annual funding.³

Presently, it is estimated that malaria R&D funding is approximately US\$323 million.⁴ While the Bill & Melinda Gates Foundation is supporting innovation and simplified development of new insecticides and a malaria vaccine, other funders should focus on supporting collaborations in other critical areas that could have a material near-term impact.

The business sector can play a central role in innovations focused on the integration of existing interventions or improvements on existing technologies that can be rolled out quickly. A new set of effective tools and models, which business is uniquely qualified in driving, can indeed lead to positive near-term impact.

Comprehensive, Community-based Initiatives

Malaria control interventions must be comprehensive, coordinated and integrated. An effective intervention includes long-lasting insecticide-treated bed nets (LLIN), indoor residual spraying, larvaecide, intermittent preventive treatment for pregnant women, and increased education and awareness. Experience clearly demonstrates that community buy-in and acceptance of an antimalarial program or effort is a prerequisite for success. Effective programs, therefore, need to operate at the community level.

In the private sector, for example, AngloGold Ashanti describes its approach as a "return to the basics." Realizing that there is no single solution for combating malaria, the company decided to return to indoor insecticide spray and bed nets, while expanding the capacity for diagnosis and treatment. Community acceptance is a critical factor for entry and was often gained through winning the confi-

dence of women in the homes. Women's buy-in drives bed net usage, facilitates spray team entrance to homes, and encourages family members to seek treatment.

AngloGold Ashanti attributes its success to the integrated nature of its program, hinging on four key factors including 1) community acceptance, 2) development of effective goal-oriented management plan, 3) implementation of an effective training program, and 4) partnership formations with people and organizations from the surrounding community. Through this program, malaria has been reduced by 68 percent and infant mortality by 4–5 deaths per month in the program area. The program has also reduced absenteeism among workers and has had a significant impact on the community as a whole.

Marathon Oil developed a PPP with several NGOs, which focused on the use of spraying, application of a strict monitoring program to ensure effectiveness, and education and training to increase participation. Varying prevention and treatment policies, nuanced awareness levels, and different treatment responses complicate efforts, inspiring the company to create individual and highly specific country and regional plans. Moreover, it achieved a return on investment (ROI) of four to one, proving that malaria programs can have a positive ROI for individual businesses while providing a much wider community benefit. The program is designed to last for five years, with capacity building aimed at eventual program transfer from the PPP to the Ministries of Health.

Overall, companies considering initiating a community-based approach should integrate existing interventions and look at best practice programs. In other words, they should see what has worked for others and explore coordination, reinforcement and leveraging opportunities that build capacity and sustainability.

Scale-up and Sustainability Present Key Challenges That Must Be Overcome

Many companies can initiate workplace programs and small-scale community initiatives, which are essential first steps. However, developing sustained capacity at the local and national level is necessary to combat malaria, and because of the high level of resource and human capacity

demands, scaling up requires collaboration with other sectors and stakeholders. It requires the participation of many partners: the private sector, Ministries of Health, other government departments (at national, district, and community levels), the community, media, NGOs, community-based organizations, faith-based organizations, and women's organizations, to name a few.

Key scaling up components in which other partners can play a role include (1) providing authoritative information on populations, treatment practices, and certified antimalarials; (2) assisting in the central procurement and importation of supplies; (3) assisting in the storage and distribution of supplies; (4) providing suitable trainers and training programs; (5) assisting in behavioral change through social marketing; and (6) conducting monitoring and evaluation activities to measure progress against goals. The partners for scale-up implementation may differ from region to region, but all tasked with scale up must be assigned clearly defined roles, a solid management plan, significant financial investment, and the development of networks to share best practices, successes and failures.

In determining the scale-up implementation strategy, consideration should be given to what it will take to achieve the set goals, objectives, and targets within the desired timelines. What is defined for scale-up should be based on these goals. Programs must be transparent and have target metrics and accountability for responsible parties. In all strategies, the availability of resources and capacity to implement the strategy need to be taken into consideration. Scale-up strategies

include social marketing, community mobilization, and improved distribution systems.

Social marketing uses commercial marketing methods, including market segmentation concepts, consumer research, and communication to facilitate acceptance of and demand for antimalarials. It may include aspects of commercial distribution combined with incentives, subsidies, management, or advertising inputs from the public sector or an NGO.

Community mobilization engages communities in malaria discussions to create shared understanding between community members and service providers.

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Scaling up the distribution system employs various structures that can be used to ensure availability of life-saving treatments in the communities. This may involve a combination of government public health systems, NGO systems, and private sector distribution systems. This component of scaling up is particularly important.

The current WHO recommendations on malaria treatment states that all endemic countries should use combination therapies, preferably artemisinin-based combination therapies (ACT). Since 2001, a total of 69 countries have adopted one of the WHO-recommended ACTs, most as a first-line treatment and a few as second-line. Policy adoption has not, however, been immediately followed by actual implementation, with only 23 of 39 African countries implementing ACTs at this time.⁵ Although the recommended ACTs are highly effective, they are often too expensive or unavailable in endemic regions. Thus, most patients still rely on ineffective drugs. The business sector can play a strategic role in scaling up the availability of these important drugs, as suggested later in this document.

Key Barriers to Success

While noteworthy progress has characterized recent years, significant challenges remain for the private sector to address and mobilize a more effective worldwide campaign against malaria.

Ineffective information and planning. Mapping out business coalitions and stakeholders and determining how to facilitate collaboration among them presents a significant challenge. The private sector can assist in developing a broad roadmap for public and private sectors. A coordinated plan that more clearly maps resources, players, and interventions at the national /regional levels would allow a more efficient organization of efforts and help identify strategic gaps, prioritize issues, match up resources and corporate interests, and link to the national malaria plans.

Connection failure between private and public sector players. The private sector needs to identify additional

and innovative funding mechanisms to help fill gaps and build sustained capacity. Corporations can play a more substantive role with country coordinating mechanisms, improving the private sector representation at the country level. The public sector, on the other hand, must also recognize the value of business involvement, and make a concerted effort to create concrete private sector entry points and incentives.

Although many good examples of private and public sector coordination exist, there needs to be a greater level of coordination and collaboration between commercial entities.

Insufficient coordination and collaboration among private sector players. Although many good examples of private and public sector coordination exist, there needs to be a greater level of coordination and collaboration between commercial entities. This includes sharing of resources, risk models (e.g., insurance models), and best practices across the private sector as well as applying existing HIV/AIDS knowledge toward malaria initiatives. The

idea is for corporations not to “reinvent the wheel.” Several challenges exist, including how to drive private sector coordination and how to effectively disseminate existing knowledge. Also, National Business Coalitions have historically focused on HIV/AIDS, with the exception of a handful in sub-Saharan Africa, such as those in Uganda and Cameroon. It is important that national and local networks in endemic countries include malaria prevention and eradication in their mandates.



Collaboration is Crucial

Like HIV/AIDS and tuberculosis, malaria is a critical issue for many corporations across the globe and is a serious threat to a number of the world's emerging economies. With businesses playing a central role in the economic and social fabric of countries, private sector investment in developing countries is an essential element in any disease strategy. Limitations to private and public sector resources necessitate that all sectors work together to ensure that the battles are waged in the most efficient and effective manner possible. Indeed, all four Forum panels advocated collaboration as integral to success. Thus, the epidemic's biological, epidemiological, and organizational challenges make collaboration more than just a nice concept; it is a pure necessity. The world needs to see an unprecedented level of increased and innovative partnership if we are to be successful in fighting malaria.

Public Private Partnerships

Disease reduction is a critical factor for business success in developing countries, and it is important to recognize that the private sector can maximize the impact of interventions only when it works together in partnership with other stakeholders. Partners from all societal sectors are needed to bring vital support to global and country health action. Effective partnerships lead to coordination of efforts between the public and private sectors, draw on the complementary expertise of diverse organizations, and help put the systems and infrastructures in place to broaden access to effective care and treatment.

Public private malaria partnerships promote collaboration, providing mechanisms to leverage multi-party core competencies and existing resources. Increased collaboration can be facilitated in several ways:

All four Forum panels advocated collaboration as integral to success. Thus, the epidemic's biological, epidemiological, and organizational challenges make collaboration more than just a nice concept; it is a pure necessity.

Build on existing initiatives. Key funding initiatives—including the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), and the Global Fund—provide private sector entry points that may be leveraged to frame new programs. By building on and enhancing existing investments, new public private partnerships can maximize resources and reach vulnerable populations in the most efficient manner.

Utilize overlapping public and private sector strategic interests. Public private partnerships thrive when they merge public sector needs and opportunities with private sector core competencies. Past and present development work by the private sector and the public sector can save time and money when developing new PPPs.

Tap into existing infrastructures. Powerful and efficient on-the-ground networks to deliver development support have been created through the efforts of many existing programs, foundations, international agencies, and NGOs. Capitalizing on these pre-existing infrastructures

may ease the formation of new PPPs and bring about greater efficiency. In Zambia, for example, GBC, PEPFAR, and PMI partnered with an existing PEPFAR partner called Reaching HIV/AIDS Affected People with Integrated Development and Support (RAPIDS), which consists of six international NGOs and 86 Zambian community-based organizations.⁶ RAPIDS' network of 13,000 volunteer caregivers enabled the PPP to directly reach individual HIV/AIDS affected households with insecticide-treated bed nets, rather than simply handing out nets at distribution points.

Consequently, caregivers ensured that the bed nets reached the neediest households and could monitor their use through regular visits.

Engage in collaborative planning. Through advanced collaborative planning, new PPPs open the door for strategic breakthroughs while responding to needs that might otherwise go unfilled. Collaborative planning helps ensure that the resources, core competencies, and expertise of all interested parties are used for maximum impact.

PPPs save time and money, can be implemented rapidly, and result in a more significant impact and a greater return on each dollar invested.

Private Private Collaborations

Private sector stakeholders support vital malaria control interventions and strategies. Indeed, private sector commitment and a proactive approach to controlling malaria epidemics has reduced malaria-related impact. Companies have made significant headway in their response to malaria by developing comprehensive approaches that link their strategies to the communities in which they operate. In addition to public private partnerships, companies and other private sector entities can form private to private collaborative efforts to scale up existing strategies and improve current interventions.

The following are some specific areas in which businesses must collaborate:

Best practices. By building on best practices, sharing lessons learned, and providing technical know-how to peers in other companies, business can rapidly replicate successful workplace and community programs with demonstrable success in heavily affected areas. Technical workshops and policy forums, at both the global and local level, will be important ways to share these learnings.

Industry specific initiatives. Sector specific initiatives, such as media initiatives similar to the Caribbean Broadcast Media Partnership on HIV/AIDS, Russian Media Partnership, and the African Broadcast Media Partnership Against HIV/AIDS, would convene businesses' collective core competencies and influence. These industry-specific collaborations not only allow synergies in expertise but

also highlight the unique role that the private sector can play in fighting epidemics.

Regional or country networks. Local and national businesses should actively engage in regional networks such as the Pan-African Business Coalition (PABC) or NBCs. Within this framework, businesses should ensure that coalition members operating in endemic regions commit to malaria prevention and treatment in their workplace and communities and share best practices.

Geographic collaboration. Companies with overlapping operational footprints should consider integrated, or complementary, malaria programs. Scaling up successful prevention and treatment interventions is more likely if there are several companies in the same community working together and contributing resources. Large companies with proven programs should also consider working with

smaller businesses by providing technical knowledge and collaborative opportunities.

Supply chain. Companies, especially multinational corporations with significant supply chains, should initiate malaria awareness, prevention, and treatment programs with supply chain workers. Since small and medium enterprises (SME) are estimated to employ 50 percent to 75 percent of formal economy workers in Africa and account for much of the continent's supply chains, large companies must ensure that malaria interventions are available to these workers.⁷

Companies have made significant headway in their response to malaria by developing comprehensive approaches that link their strategies to the communities in which they operate.



Select Collaboration Initiatives for Treatment Access

GBC has identified several initiatives that demonstrate how collaborative partnerships leverage company and organization core competencies to realize combined and coordinated malaria synergies. Specifically, these initiatives illustrate how the private sector can work together to finance the development of new malarial drugs, share resources and ideas, and leverage existing infrastructures to build a global access strategy.

The GBC is committed to mobilizing businesses to collaborate efficiently and effectively in these important partnerships. If your company is interested in exploring engagement opportunities, please contact Jimmy Lee at GBC (jlee@businessfightsaids.org).

These initiatives highlight examples addressing the medicinal treatment of malaria, but comprehensive vector control is another much needed focus.

Novartis and Medicine for Malaria Venture Collaboration—Pediatric Coartem®

African children are the most likely to die from malaria, which kills at a rate of one child every 30 seconds. Despite availability of effective adult-dose ACTs, there is an urgent need for a pediatric, fixed-dose ACT for infants and children. ACTs are currently administered to infants and children by crushing tablets that are designed for adults. Two innovative collaborations between GBC member companies and NGOs aim to address this critical gap and revolutionize malaria treatment for this neglected population.

A Novartis and Medicine for Malaria Venture (MMV) partnership is creating a pediatric formulation of Coartem®, which was the first fixed-dose ACT. Since 2001, Novartis has been providing Coartem® at cost to the public sector in malaria-endemic countries; in 2006, the company delivered 62 million Coartem® treatments to 31 countries. MMV and Novartis have committed to ensuring that infants and children will also be able to benefit from this important treatment. This pediatric formulation, which will be sold at cost to public institutions and NGOs in endemic

countries, will be cherry-flavored to mask the bitter taste that often impedes medical compliance. In rolling out this dispersible tablet, it will be critical to ensure wide availability to those who need it. As demonstrated by ExxonMobil, the business sector can play an important role in increasing access.

As one of the few corporations that are funding such product development partnerships, ExxonMobil has helped finance the development of pediatric Coartem® and will now actively participate with MMV and Novartis in the formulation of a global access strategy for the Africa-wide rollout, which is expected in 2008. ExxonMobil is also committed to help facilitate pediatric drug access throughout Africa, placing particular emphasis in those African countries where it has an operational footprint.

Sanofi-aventis and Drugs for Neglected Diseases Initiative

Earlier this year, sanofi-aventis and the non-profit Drugs for Neglected Diseases Initiative (DNDi) announced that Artesunate-Amodiaquine Winthrop® (ASAQ) will be available throughout sub-Saharan Africa. ASAQ is a fixed-dose ACT that represents the first drug developed by the FACT (Fixed-dose, Artemisinin-based Combination Therapy) partners, managed by DNDi in partnership with sanofi-aventis. This important new drug will be provided at cost to the poorest patients. Sanofi-aventis and DNDi have committed to making ASAQ affordable to the poor, with a full treatment cost of less than US\$0.50 for children under 5 and a cost of less than US\$1.00 for older children and adults in public sector health facilities. Moreover, ASAQ has been adapted to patient needs of all ages, with three of the four formulations specifically designed for infants, toddlers, and children. These three formulations will require only one pill a day, greatly simplifying the treatment process.

This strategy will mitigate any risks of over-and-under dosage while being more affordable to patients who previously could not afford to purchase fixed-dose ACTs. This

formulation will be easier to prescribe and will be simple to store and distribute.

How Business Should Be Involved in Scaling-up These Initiatives

Companies operating in affected regions should consider approaches to facilitate access to and availability of life-saving ACTs. Following ExxonMobil's example, companies could make fixed-dose ACTs a core intervention in their workplace programs and could ensure that pediatric formulations are available to the employees' families. Malaria can kill within 24 hours after the onset of symptoms, making it critical that patients have prompt access to diagnosis and treatment. These basic steps will save lives, increase worker productivity and morale, and help build sustainable local economies.

It is essential that ACTs such as Coartem® and ASAQ be made more affordable and accessible. In recent decades, drugs such as chloroquine have become increasingly ineffective because of drug resistance. In fact, chloroquine resistance is assumed to have reached over 90 percent in many parts of Africa and poses a serious threat to public health. Although Novartis and sanofi-aventis have committed to providing ACTs at cost, it is still too expensive for many, and this cost remains prohibitive, especially for the rural poor. ACTs must become more widely available through public providers and through private channels where most people seek malaria treatment. Effective ACT treatments must be accessible within hours for adults and, even more important, children.

Global ACT Buyer Subsidy

Another example of an innovative collaboration that can make a significant impact is an emerging global ACT buyer subsidy. The subsidy's goal is to make ACTs more affordable and more accessible. Its implementation currently proceeds under the guidance of an RBM Task Force. The project is managed by the World Bank with support from Dalberg Global Development Advisors and is funded by a grant from the Bill & Melinda Gates Foundation.

This subsidy works by enabling qualified first-line buyers (those who purchase directly from the manufacturer) to access ACTs at a low per-treatment cost. The facility managing the process will set eligibility criteria, establish ACT co-payment, and negotiate the best price with manufacturers. It is anticipated that this subsidy will allow

buyers to obtain the drug at approximately US\$0.20, compared to the approximately US\$1.00 that these sectors currently pay for ACTs.

ACT usage is projected to increase from 100 million to 360 million courses of treatment over the course of three to five years. Much of the increase will occur within the private sector, where the majority of developing world patients obtain anti-malarials. Today, most donor funding—including Global Fund funding—is typically used for public sector procurement. Unfortunately, the most vulnerable populations do not have easy and rapid access to these public health facilities. Preliminary estimates project that the subsidy would require funding of approximately US\$250 to US\$300 million per year, and may include allocations for monitoring and evaluation, operational research, and supporting interventions.

How Business Should Be Involved in the ACT Buyer Subsidy

There are concrete entry points for companies who desire to be involved in this important effort, which could radically improve access to effective ACTs and help save lives across Africa. Financial institutions can use their unique capabilities to process the financial transactions in the procurement and payment of ACTs. International banks can use their core competencies: Standard Chartered Bank partners with the Global Fund⁸ and Goldman Sachs partners with the International Finance Facility for Immunisation (IFFIm) to facilitate progress.⁹

Business can help launch the ACT subsidy through advocacy and leadership. The RBM Task Force and Board, which plays the lead role in mobilizing political and financial support for the subsidy, welcomes business assistance. Business has a unique and influential voice in many key policy decisions, including funding for public health initiatives. This call to advocacy should be attractive to many corporations with operations in endemic countries because making ACTs more affordable and available will save lives and result in healthier workers, communities, and economies.



GBC Strategic Priorities in the Corporate Response to Malaria

GBC is committed to expanding the corporate response to malaria, complementing existing work, and proactively addressing significant gaps.

GBC's Strategic Priority

Catalyze innovative collaborations. GBC's strategic focus is to catalyze innovative collaborations addressing key gaps in the current malaria response, including treatment access, awareness, and coordination among stakeholders. As illustrated in the section on treatment access collaboration, GBC will motivate business to engage in regional or global efforts that bring concrete and measurable action to unique ideas and collaboration opportunities. These highly impactful initiatives will be both private private and public private collaborations that link global thinking to local action.

GBC will generate innovative concepts for private sector engagement, work with partners (think tanks, NGOs, government, multilaterals) on strengthening existing concepts, convene stakeholders, and act as a cross-sector bridge, and develop roadmaps for GBC members to implement activities. These initiatives will be results-based collaborations in which impact will be measured through monitoring and evaluation. GBC will develop these collaborations in alignment with member company needs, and in response to critical gaps in the malaria response. GBC will also actively facilitate member company leadership driving the initiatives.

Other Focus Areas

GBC will complement its strategic focus through several activities:

Advising member companies. Using its Business Action Methodology (BAM)[™], GBC will advise member companies in the design and development of malaria workplace and community programs, as well as mobilize opportunities for business to use its unique skills and

leadership to fight malaria. BAM is a process based on a business-management model for the design and implementation of a company response to HIV/AIDS, tuberculosis and malaria. By collaborating with GBC experts, BAM results in a strategic, goal-oriented action plan, tailor-made to an individual company's characteristics and core competencies.

Highlighting and sharing best practices. Just as GBC has documented, highlighted, and shared best business HIV/AIDS practices, we will raise similar awareness about private sector malaria work. In addition, GBC has recently recognized an outstanding company for its malaria response by awarding its first Award for Business Excellence in Malaria to Marathon Oil Corporation. This annual award will complement a series of technical workshops and policy forums that GBC will convene to share best practices and catalyze existing and new stakeholders, leading to concrete action and measurable results.

GBC will also continue to convene forums so that corporations working with governments and NGOs can cooperate on existing malaria intervention projects, encourage the creation of new partnerships, share best practices, and promote understanding and action in the fight against malaria.

Mapping. GBC will also work with key stakeholders to develop a comprehensive database of private sector malaria activities in sub-Saharan Africa, beginning with two to three key countries. Collaboration with global and local stakeholders will result in database expansion. The database will be a critical resource for businesses that have an operational footprint in this region, giving companies a comprehensive view of the various stakeholders (business, donors, NGOs, governments, multilaterals) and helping these companies most effectively design a malaria response. This work will be complemented by further policy and advocacy forums continuing to focus on the global landscape and

the most meaningful business role in responding to the epidemic.

Supporting Country Coordinating Mechanisms. As the official focal point of the Private Sector Delegation to the Global Fund, GBC will continue to strengthen private sector involvement in CCMs, which are country-level management boards that submit funding proposals and oversee grant implementation. GBC will expand member company involvement in CCMs to increase cross-sector collaboration and leverage the expertise and skills of the business sector for proposal submission and funded program implementation.

Strengthening National Business Coalitions. GBC is committed to actively strengthening already established NBCs. As previously stated, these coalitions have primarily been focused on HIV/AIDS. GBC will work with individual coalitions in endemic areas to integrate malaria issues into their mandates. GBC's National Connections initiative is a new program that supports NBCs associated with effective public private partnerships and a proven track record as a good implementing partner at the country level. The National Connections program benefits NBCs through GBC's advocacy, products, services, and network of 220 leading companies from around the world, creating positive synergies and closer alignment

between global and national efforts. As part of our malaria efforts, GBC seeks to foster integration of issues regarding malaria into current workplace programs and policies and effectively buttress and improve the scale and quality of private sector programs in addressing HIV/AIDS, tuberculosis, and malaria. For more specific questions and information about GBC's National Connections program, please email Julie Cege at GBC (jcege@businessfightsaids.org).

Through its Business Action Methodology (BAM), GBC will advise member companies in the design and development of workplace and community programs, as well as mobilize opportunities for business to use its unique skills and leadership to fight malaria.

Leading the Business Response

GBC is confident that many lives will be improved—and saved—through innovative and collaborative business action. By demonstrating a clear case for business involvement, catalyzing action for specific opportunities, sharing best practices, and delivering measurable results, GBC will work with other stakeholders to combat the malaria epidemic, which hinders economies, disables workforces, and kills the most vulnerable populations.

We commend the work of our committed member companies and the dedication of the major stakeholders in the malaria response, many of whom were present at the Private Sector Malaria Forum. GBC looks forward to accelerating business engagement in partnership with other important stakeholders.

¹ Roll Back Malaria, *The World Malaria Report 2005*.

² All Party Parliamentary Group (APPMG), *Financing Mechanisms for Malaria*, March 2007.

³ Malaria R&D Alliance, *Malaria Research & Development: An Assessment of Global Investment*, November 2005.

⁴ Ibid.

⁵ Dr. Kamini Mendis, World Health Organization, May 2007.

⁶ GBC members involved in this PPP include Abbott Laboratories, Anglo American, BD (Becton, Dickinson and Co.), Chevron Corporation, The Coca-Cola Company, Johnson & Johnson, National Basketball Association, The Noel Group, Premier Medical Corporation, Qindao Double Butterfly Group Company, Tata Iron & Steel Company Ltd., Total, and Vestergaard-Frandsen.

⁷ OECD Development, *Financing SMEs*, 2004.

⁸ For more information: <http://www.businessfightsaids.org/site/pp.asp?c=gwKXJfNVJtF&b=1813803>

⁹ For more information: http://www2.goldmansachs.com/our_firm/our_culture/corporate_citizenship/supporting_immunization/index.html

About GBC

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is an alliance of 220 international companies leading the business fight against HIV/AIDS, TB and malaria. GBC works to leverage the private sector's unique skills and expertise in the global response – including developing comprehensive workplace policies; supporting community programs; utilizing core competencies; facilitating leadership and advocacy by business leaders; and brokering public-private partnerships. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains offices in New York, Paris, Johannesburg, Beijing, Geneva, Nairobi, Moscow, and Kyiv.

www.businessfightsaids.org / www.businessfightstb.org / www.businessfightsmalaria.org

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To learn more about the firm, visit the Booz Allen Web site at www.boozallen.com. To learn more about the best ideas in business, visit www.strategy-business.com, the Web site for strategy+business, a quarterly journal sponsored by Booz Allen.



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