

Stephen O'Brien MP
3 June 2014

Jonathan: If you wouldn't mind just briefly introducing yourself.

Stephen: Okay. My name is Stephen O'Brien. I am the Member of Parliament. I am a conservative Member of Parliament in the United Kingdom for a north of England seat. I have been a Member of Parliament for nearly 15 years, coming in a by election having been a manufacturing industrialist in global public company in building materials and before that a lawyer.

In the most recent coalition government in the United Kingdom from 2010, for two and a half years, I was a development minister in the Department for International Development, particularly with responsibility geographically for Africa but thematically for public health, tropical disease, for education, for water and sanitation and other developmental objectives.

I then became the Prime Minister's envoy to the Sahel, which is that area just below the Sahara in northernmost Africa following the connection between emerging insecurity potentially for export into the West with an absence of governments and massive humanitarian and development need and the nexus of those three came together.

And for over 30 years, I have been as a personal interest engaged in the control of malaria whereas my visits here to Papua New Guinea and Australia has been in relation to my role as the global advocate for the Rollback Malaria partnership, which is a partnership of principal UN agencies and WHO that's trying to have a coordinated global approach to reversing this totally avoidable and treatable scourge of mankind.

Jonathan: And so, if you wouldn't mind discussing what is the Rollback Malaria partnership. When was it established? And what is exactly the role beyond advocacy of your type of position?

Stephen: The Rollback Malaria partnership is a partnership of various UN agencies and the WHO, which has come together now for well over 10 years. Maybe quite a lot longer, which is the principal uniting and coordinating mechanism globally to try and get a universal approach to how do we get on top of this totally avoidable and treatable disease.

It is a disease of poverty. It is a disease of the tropics. The amount of malaria which kills primarily under-fives and pregnant mothers is carried by the Anopheles mosquito and the Plasmodium parasite. Of course, in the Asia Pacific region or in the Indo Pacific, including the east coast of Africa for instance, this has been prevalent for the whole of mankind's existence.

In most recent years, there have been remarkable strides in both seeking to eliminate the disease altogether but then just maintaining a control on the vector born disease and the high transmission areas.

We have got a number of countries in the Asia Pacific region now with high growth rates who are either still endemic countries or going the last mile to rid their

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populations of being subjected to this terrible disease, which holds back economic development, holds back confidence of the people and is something which with political leadership and with sustained political will and with a partnership of resources as well as the phenomenal technical capacity and political leadership that Australia in this region has been able to show and will show in the future is increasingly an opportunity and a prize which we as a generation can grasp.

Jonathan: I would like to come back to Australia in a second, but before we focus down on the region, let's just talk a bit more about the Rollback Malaria partnership. What do you see as the different between the Rollback Malaria partnership and other organizations, such as the Global Fund?

Stephen: The Rollback Malaria partnership is ultimately the ability to have a plan. There is a global plan which is being refreshed which has a clarity of approach where we know that the interventions which work and will work first time, meaning people can have a confidence that if they get behind this campaign, they are going to have real impact. And that of course, is what sustains the political will not least of the richer nations in the world being able to consider through their aid and development programs both international agencies but increasingly now also other partners, such as the private sector, to say we can really invest behind increasing public health to keep our employees, to keep these communities, to enable them from being disease prone and making sure that economies can develop without the terrible fear that they get interruption from disease.

And it also will have in due course an effect on population growth, which in itself where you have high levels of disease, inevitably you have high birth rates. As parents come to realize that they can have a greater assurance that their children will live beyond infancy, then the birth-rate will naturally come down, and that within itself will be another public good without the consequences of having to go through anything which might seem like enforcement.

So this is a really tremendous campaign which Rollback Malaria is particularly focused on. The great thing about the Global Fund has been the convening power of the Western nations with the ability to finance to set up effectively a mechanism whereby at scale we can treat this world killer in a way which is going to have the necessary catalytic effect and will attract others to be able to support it.

And then, through the country coordinating mechanisms, some of which work brilliantly, some of which need further improvement, selections are made as to how best to campaign and tailor the campaigns to local conditions to get on top of this scourge.

Jonathan: And so just to play a bit of a devil's advocate here, what do you say to those that argue that it is a distraction to focus on a specific disease such as malaria and polio is another example? That the health system strengthening rather than specific health intervention is the key issue in all diseases.

Stephen: I have got two answers to that. When it comes to malaria and this is not just because I happen to believe passionately this is a disease which we have as a generation a

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real opportunity for the first time to get ahead of the parasite and to get ahead of the vectors, the mosquito, for the first time in mankind's history. There is a moral case to this, but not everybody is going to agree with that.

So therefore, if you do agree with the moral component, great, we are getting on with it. If not, then it has by far one of the greatest proofs of a deliverable impact, so if you bought money and resource in, great expertise, commitment, and sustained political will, you will get saved lives and improving lives out at the other end. That is a public good which is worth going for. But it is easy to say it, but I become more and more convinced.

But if you get it right for malaria, you get it right for health systems and health systems strengthening locally, even tailored, because you need to be able to distribute at a universal level nets. These are commodities which take up quite a lot of space, particularly in the hard to reach rural poor with no infrastructure. Just having returned from Papua New Guinea where there are simply no roads to get to these remote communities, where you have got medicine distributors who have had no practice of being able to take a blood slide to be able to check whether or not malaria is present, where they are being to be trained up. When you get it right for malaria, you will leave a legacy anyway of a health system and strengthened health system. It is very easy to say we will put a health system in.

So you go to Port Moresby and you talk to the capital, and then you wonder why there isn't a health system to these villages we were looking at around Morrow and beyond in the southern highlands. And imposing a system on a country which hasn't got the infrastructure in place is always going to be difficult, and of course it is prey to diversion of funds and for other priorities and even for the worst thing which attacks trust, which is corruption.

And so, attacking the elephant in the room means it is much better to deliver the results and for that to leave a legacy of a system onto which you can graft other aspects of other provision or even access for other basic services whether it is water and sanitation and hygiene or whether it is getting and making sure girls get a primary education and then stay in school because you build toilets. That tends to be one of the greatest encouragements for girls to stay beyond menstruation at school, and therefore they get a secondary education.

So these are really important impacts. And if you measure it on impacts and achievable impacts and who best delivers those, that is a better way to do it. But the alternative way of looking at the same question is to say it is fine whether you are a development specialist, a think tank, whether you are somebody who is a technically very proficient NGO deliverer on the ground or even whether you are a public servant in a local endemic country's health system, whatever its pluses and minuses.

At the end of the day, this requires sustained political will. It is most easy to find in democracies, but whatever stage of the politics, people like me who are elected by people as it happens in my case in the north of England, they have no instance of malaria. They are ceding taxpayer pounds in our case to try and make sure that there is a real opportunity for them to make a big difference.

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When you have got an electorate to face, you have to justify the use of their money and what you are doing in their name. And the one thing that you can say about malaria control whether it is in the Asian Pacific, in the Tropics that relate to that area of the world or in Sub-Saharan Africa or even in Central and Southern America, you know that because of the huge amount of expertise and experience that the ability to save lives and to produce a result in malaria control is going to be a genuine use of taxpayers' money that has achievable impact.

So it is actually making sure that you have that connection, that traceability and that transparency of the use of public money. But what's now also taking place is a recognition that however much at scale donor agencies, and by that we mean the department of Foreign Affairs, Development and Trade in Australia or the Department of International Development in the United Kingdom, whenever they make a contribution to global programs in whatever form, they can't do it all.

It has to be through partnerships, of course with other nations sharing the burden, particularly with emerging and I would often argue emerged economies not least here in the Asia Pacific region but also with some commitment, some political will that comes from the endemic countries that there is an ownership at a political level that we are going to deliver on malaria for our people.

So if you are going to do that, that's a promise which a politician is going to be on a hook to deliver, so marshalling the resources to be able to do that to make sure there is complete integrity in terms of the use of the money and to make sure that the measure of the impact is measured so that we can report it so we can report it so we can proud of what we achieved. That's going to be really vital, and that I think is the best answer to the question why malaria. And if you were just to do it on health system strengthening or simply providing an education system, I think it is easier perhaps to imagine that if you were to set up an education system, you weren't building schools and providing textbooks and training teachers out in the hard to reach areas, you would have an education system but without any children able to attend anything.

So it is exactly the same in the health services. You need to get it out into the hard to reach communities, and then you can reverse engineer a system on top of that in countries which have got very little infrastructures for it and haven't yet got enough revenues being generated into their tax system to support it themselves.

Jonathan: So just moving right along, as you have mentioned already, the fight against malaria in the last decade has seen huge successes, particularly across Africa. I mean what, and I think you have touched on a few of these, the reasons behind the success already, but what do you attribute this success to over the last decade?

Stephen: I think it has come from a remarkable number of things coming together, but there has always been incredible amount of expertise in understanding the disease, malaria, ever since it was really understand over 100 years ago. So a combination of scientists, of practical deliverers, of a rising amount of interest in competence in the third sector in the NGOs, but I think it is fair to claim that both at an international coordinated level be it through the Global Fund or through prioritizing public health

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interventions in MDGs up to 2015 and already the secretary general of the UN, Ban Ki-moon, has declared that malaria will be included in the post 2015 successor to the MDGs. These are big, public goods which can be achieved.

We know how to deliver them. It is just a question of marshalling and coordinating the means to do so, which will only be sustained if there is the political will sustains. But that said, there has been needed to be a new refreshed effort to get this will behind it both in endemic countries where too often it is just seen part of the course of life or death, whereas we need to know this is something which local leaders are prepared to say we really sign up to this, we can deliver for our people. This is doable. We are going to go out and we are going to make sure we can do it.

So in Africa, we have got the African Leaders Malaria Alliance, which is making progressing and they benchmark each other. And nobody wants to be bottom of the lead table. We have more recently started something called the Asia Pacific. It is called APLMA, Asia Pacific Leaders Malaria Alliance. This is something which is really going to help galvanize leadership around the Asia Pacific but you have got much more variable geography in terms of distances and economic progress so this will require even greater coordination but equally you have fantastic opportunities in the very near neighbourhood of northern Australia, which in itself has a climate which is perfectly capable of receiving again if you like or having a resurgence of malaria if we do not maintain very high degrees both of surveillance, which is fine, considering phenomenal world class expertise coming out of James Cook University, but equally grasping opportunities for island nations like the Solomon Islands, like Vanuatu and even half an island, which is what Papua New Guinea is, of really being able to get containment, control mechanisms which are sustainable.

And I am very pleased that in the UK, where of course any malaria we suffer is imported from people who have not taken the precautions when they have been on holiday is that we have set up in the House of Commons an all-party parliamentary group on malaria back in 2004, ten years ago, which has since expanded to include tropical diseases, very often the ones that don't necessarily kill, perhaps only debilitate, so equally with profound debilitating economic impact on communities of people who want to get on these new emerging economies.

And what's very exciting is over the period of time, certainly in the House of Commons, I had no budget. I simply had a very good place for people to come and meet and on a monthly basis, providing people were prepared to come and give us evidence and we could produce really authoritative reports and good products of authoritative understanding of what is malaria, what can you do about it, how much would it cost, where will the funding come from, how can we measure it, how can we sustain it. That has been a contributor, no question, to what has been a galvanizing, convening effect, and it is estimated that about 75 million pounds.

I can't convert them into dollars quickly enough, was being spent on malaria control worldwide in 2003, 4. It is now over two billion pounds, so clearly the world has woken up. The Department for International Development in the UK is producing about a half billion pounds a year on malaria alone from their own control as part of its overall ring fence 9.7% of GNI expenditure, which amounts to something north of

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10 billion pounds a year, something we are very proud of. And that is being used to really high impact effect by being part of bringing down malaria.

And where is the result? What helps my constituents believe this is worthwhile? Why can I look them in the eye and really explain that we are doing great things in their name and they are indeed proud of it and therefore sustaining that level of support? The deaths from malaria last year came down from 1 million to 662,000. That is a result you can get behind and you can back and you can develop and you can multiply.

And now increasingly, we can do that in partnership with both the great foundations like the Bill and Melinda Gates Foundation who gained usually behind the motivational inspiration for seeking to eliminate malaria in their lifetimes, and to the many donor bodies around the world now coupling more and more with private sector.

Jonathan: Just coming back to your point that you said you are currently refreshing the plan for the Rollback Malaria program, would you mind just running through what the plan is and what exactly will help this plan in reducing malaria further in the five years?

Stephen: The reason that the plan is important is it makes an attempt to establish roughly what are the financial and other skill resources required to be able to really and try and get on top of the vector and on top of the parasitemia that is causing deaths from malaria and for people suffering from malaria. And of course, there is going to be wide margins of estimation, but let's assume for a second that it is going to cost about five billion per annum to really get on top of malaria.

And we know as the deaths come down, very desirable of course, that in itself is always going to be a political challenge because inevitably we, as politicians, who are the custodians of our constituents, taxpayer funds, they are going to say if the job is done, let's move onto something else. But of course, the only way you stay on top of malaria is to continue to refresh and distribute nets, to continue to have [Artemether] and combination therapy as the first line of treatments, continuing to have rapid diagnostic tests, which means that we have skilled workers right out in the remote areas as I have just seen in Papua New Guinea on the back of a visit through a private company called Oil Search, which has enabled us to really see high class malaria control and prevention measures because they are training with small assets such as little kiosks, these wonderful nominated workers in the very remote villages to be able to take a blood sample, prepare a slide for microscopic examination, check whether it is malaria.

If it is malaria, get the first line of treatment in. If there is not, then don't use an anti-malarial because you don't want to increase the amount of resistance which the mosquito with its reproductive cycle so rapidly is able to generate. We then can treat it with the normal things for fever. So that's why the plan is very carefully made up both geographically and thematically looking at the disease burden, looking how you make sure you get the sufficient resource, helping to underpin why the Global Fund can have a sufficient amount of money drawn to it by the international donors

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who can then with confidence know where it is best applied and on what conditions and with measurability, accountability and transparency, where equally as economies grow and they are no longer really in receipt of donor funds, where the private sector, the general economy is able to support it that we encourage them to use their revenues to seed into their health programs to do a sufficient amount for malaria control to maintain the curve of improvement.

That in itself is all part of the plan, and you can have both a shrinking map. Imagine you can get it out of islands and so forth, but going the last mile is always really hard and the unit cost is very high.

But ultimately, you are looking to get malaria out of the blood of human species so that you don't have the source of infection, mosquitos, stinging beings. Only we get malaria, but they need hot mammalian blood for their reproductive cycle so that's why the human species is the one that's vulnerable to this disease. And that's how we can make sure that there is a real opportunity to get to an end goal, which is a malaria free world.

Jonathan: You already touched on Papua New Guinea and some of the interesting work that they are doing there, especially in the private sector partnerships with oil companies. As you said, Oil Search are training these people within certain regions of Papua New Guinea to be first line treaters for malaria. From your limited time in Papua New Guinea, what do you think else needs to be done differently there to in such a unique context to see notable gains in reducing malaria?

Stephen: Something we did when we came as a team of ministers to the Department for International Development in the UK was to recognize that it was long overdue that we had to be completely relaxed and comfortable in the development space of attracting and working with in partnerships the private sector. Profit is a good word. To some people, it has been a difficult word. And we just had to get rid of all that nonsense.

And so what was really impressive about Papua New Guinea, in a place where you have got such amazingly difficult challenges in geography, in remote communities, in language barriers, in lack of understanding, because Oil Search, a full-blooded private sector needing a return on its high risk capital to get the hydrocarbons out to market but with a predictability that once they do there is a price. Therefore, there is an amount which can be seeded not just to protect their own employees, which would be good corporate and social responsibility, but because it is the right model.

They have a public clinic. They are building the roads. They are connecting communities. They have got the MSKs, which they use small little medicines distributors who are able to operate the malaria control program in their local communities, and as malaria comes down, then there is less income from that. They have added to the ability then also have a little pharmacy so the incomes are maintained.

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So you are also seeding a private sector, cash rather than subsistence based economy into very rural communities. There has been no public health system in Papua New Guinea that has even touched the size of any of this. And whilst there might have been at times an attempt or wish to do it through the capital such as Port Moresby, as it hasn't happened, that in itself is cause for concern even for [indiscernible 00:25:18] donors to feel it is worth pursuing. And therefore, harnessing what the private sector do so well, which is to say we will do this but by God it will get to a result and we are not going to fafe around worrying about the architecture of it, the beginning end or whether politicians are very much front and centre of it. The politicians will need to be there with the political will to make it happen, but in the end you need really high class delivery.

So in Africa, a charity which I used to chair with the Malaria Consortium has become one of the best deliverers of getting nets and treatments out into the remote parts of Africa. But it requires a combination of really high class private sector, really good NGOs. Both the Rotarians in Papua New Guinea through the net distribution and PSI through their advocacy have been very good, Oil Search being part of that program. And going forward, the Global Fund has got to be underpinning many of these ways of doing it, tailored to each country.

And in the Asian Pacific, Papua New Guinea is one of the hard nuts to crack. Solomon Islands needs a lot more work on it, but it is an island. It should be possible. Vanuatu the same. And it is very important that working hand in glove with an emerged country like Indonesia, China, that these are partnerships which are both to do with the private sector and with other countries so we share the burden to a good, common, public, world goal.

Jonathan: Now, from PNG to here in Canberra, you have already mentioned the Asia Pacific Leaders Malaria Alliance, and Australia has already highlighted that it plans on playing a key role in that alliance. What are your main objectives in coming here to Cambria on this trip? And what more do you think Australia can be doing? And what more do you want to see Australia be doing in the space of malaria?

Stephen: I am having an amazing series of meetings both with the parliament and with the Department of Foreign Affairs, Development and Trade here in Cambria. I am seriously encouraged by the commitment to getting really great development out there for really high impact for a sense of focus on its geographic leadership responsibilities around the Indo Pacific region broadly. And on the great expertise and technical capacity that Australia has to offer enable to make sure that the right interventions are designed and delivered.

I think that the APLMA, the Asia Pacific Leaders Malaria Alliance, is a very good initiative. It needs now to really motor, to get moving on that. I think it does need the strong buy in. I am really pleased to see that the commitment to trying to get the private sector as a true partner in all these things is very much front and centre. And setting in the context of growth, whilst that has had in the past. For some people involved in NGOs and even development, and I found this when I arrived at the Department for International Development in the UK which I had been in opposition as a conservative politician for 11 years.

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There was a tendency for some not to really worry about growth and wealth creation came from, but unless you have got the funds, the means, there is no way you can then start using it for public goods to achieve high impact. And so, I am really pleased to see the levels of commitment here in Australia to the programs going forward but also getting this in the new modern design of a partnership. And we have been through exactly the same thing in the UK where DIFID was in danger of being a grand NGO moored offshore Westminster instead of being a full-blooded department of state very comfortable with its position within influence and soft power where you are really talking the drivers of instability, which tend to be poverty, tend to be terrible, avoidable ill health, tend to be the absence of getting girls and particularly but generally children into school, the absence of clean water, sanitation and the availability of hygiene practices, of making sure that with the ability to have small cash transfers so you can start little enterprises and start being able to provide for your families.

All that is absolutely part of influencing, so in my other roles, the Prime Minister's, the UK Prime Minister's envoy to this very, very troubled part of north and west Africa called the Sahel, where we have a lot of problems in Mali over the recent months, that was an absolute conjunction of where you had massive humanitarian need, rapid population explosion in an area which has got some of the world's least resources to support it, with huge developmental issues, whether it is severe acute malnutrition or access to water, but coupled with bad governance and a sense of disengagement and absence of accountability for a half of a country the size of France.

Coupled with that and the infiltration of those who would seek to convert very poor people into Jihad and to use that as a launch pad for their terrorist bad activities against the Western interests. So the whole future of development and in many ways it may be more acute in that part of Africa in relation to the southern parts of Europe than it is perhaps here in the Asia Pacific region.

But we should not doubt for a moment that there is always the opportunity for those of the worse possible intent to come and exploit the greatest amount of poverty, or where there are corrupt practices so that you get an elite who don't allow any of the resources to reach to the broader populations. So it seems to me that we have got to recognize that the right way of going forward is to be all of us much more comfortable that development and security, stability and good governance all hang together. It is like having a three legged stool. If you take one leg away, the stool falls down.

And so security, governance and development, they go together. And by looking at all three, there can only be one direction of an improvement in the conditions of people and all of us in politics, whatever the broad public perception of politicians may be, all of us in politics are driven and motivated by one thing. And that is to make a difference for the better. And so on the global scale is against purely our domestic scale and constituents, but we are sent to our national parliaments in order to also project our policies internationally.

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This is one of the great prizes for our generation is if we can get on top of malaria control, we deliver a phenomenal amount of multiplier benign effects which will be something which our generation can really hold our head up high and be pleased that as a result of the coordination of Rollback Malaria, the convening of the sufficiency of funds through the Global Fund, through the technical competence and academic prowess of leaders such as Australia, United Kingdom, America, and others, we are able to deliver a result and an impact which we can all share in the success.

Jonathan: Fantastic. Thanks very much for your time today.

Stephen: My pleasure.

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