



# EXCITING, CHALLENGING, FRIGHTENING TIMES: GLOBAL HEALTH, DEVELOPMENT AND THE STUFF OF INNOVATION

Mark Dybul

2016 Harold Mitchell Development Policy Lecture



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**DEVELOPMENT**  
POLICY CENTRE



## **2016 Harold Mitchell Development Policy Lecture**

### **Exciting, challenging, frightening times: global health, development and the stuff of innovation**

Dr Mark Dybul

Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria

### **Abstract**

This is the 2016 Annual Harold Mitchell Development Policy Lecture, delivered by Dr Mark Dybul on February 29, 2016. The Annual Harold Mitchell Development Policy Lecture, of which this is the fourth, was created to provide a forum at which the most pressing development issues can be addressed by the best minds and most influential practitioners of our time. All Harold Mitchell Development Policy Lectures are available from [devpolicy.anu.edu.au](http://devpolicy.anu.edu.au), under 'Publications'.

Dr Mark Dybul is the Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. He has worked on HIV and public health for more than 25 years as a clinician, scientist, teacher and administrator. Dr Dybul was a founding architect and driving force in the formation of the President's Emergency Plan for AIDS Relief (PEPFAR). After serving as Chief Medical Officer, Assistant, Deputy and Acting Director, he was appointed as its leader in 2006, becoming US Global AIDS Coordinator until 2009. He commenced his four-year term as Executive Director of the Global Fund in January 2013. A graduate of Georgetown Medical School, Dr Dybul has written extensively in scientific and policy literature and also has received several Honorary Degrees and awards.

## Introduction

It's a great honour to be here, and I'd also like to begin by paying respects to elders past and present, of this great country. It's a great honour to be the Harold Mitchell speaker this year. Although we've just met, I have actually read about him, because there aren't a lot of philanthropists in this part of the world, and it's nice to meet one.

And actually, like the philanthropists I know best, Bill and Melinda Gates, what impresses me the most about what Harold Mitchell has done is that he funds ideas. Whether in the arts or the Development Policy Centre, it's about ideas. And understanding that ideas drive the world and drive positive change in the world, and how ideas then translate into action. The Development Policy Centre is an example of that.

It's great to be here with our colleagues from the Australian government, and the people of Australia who drive the ideas, but who also drive change and action. It's also a great pleasure to be here with US Ambassador John Berry and Professor Janice Reed, now Chair of Pacific Friends of The Global Fund, as well as Bill Bowtell, Executive Director of Pacific Friends, and Lady Roslyn Morauta from Papua New Guinea, who is a driving force of many things in PNG and around the world.

I do want to thank the people and government of Australia for their support of the Global Fund, because their support is not just with money but also with ideas. We really do view Australia's ideas and policy in this region as the driving force in this region because you know it best and are here.

## A development revolution

That's important to us because the Global Fund to Fight AIDS, Tuberculosis and Malaria was actually created as a fantastic idea. It was an idea that grew out of a radical change; revolution is not too strong of a word to describe the change in how we now look at development.

Delving into the history of development is a dangerous thing to do in a university, so I'm going to encapsulate a very 'Cliffs Notes' version of development, but the origins of development are not particularly savoury. It essentially grew out of colonialism. There was no interest in other parts of the world until colonies existed, and the healthcare and the education system, and everything in those settings were basically built for colonies. Missionary zeal was a piece of that, and that's basically how we functioned for over 100 years in development, until World War I.



World War I began to change things, not in this part of the world or the developing world necessarily, but most visibly in Europe. It was actually the post-World War I response, particularly around feeding people, that helped change in some sense the way people thought about development, not the way we think of it today, but how one country would actually act in a more humanitarian way in another country that wasn't related to something like colonialism. It was very self-interested as well, as actually a lot of good development is.

We then entered a period where development was largely driven by the Cold War. It was about winning friends – paying friends, actually. That's not why people were in development – certainly people who worked in development didn't come from that perspective – but that's where the money came from. Post-colonial guilt also drove a lot of the concern and engagement in development.

So it's not terribly surprising that, if you go back 15 years ago, before the revolution in how we looked at development, if you asked anyone in the world what was happening in nutrition or education or health, the answer would be, "We are spending x amount of money." It wasn't, "We are achieving, we are supporting, we are partnering with..." It was, "We are spending x amount of money." The norm was an extraordinarily paternalistic view, largely built on two impulses: one, to feel better about yourself for what you've done to countries and people in your colonial past; and two, to make people feel good about you as part of the Cold War. Therefore it wasn't particularly surprising that the powers that be weren't overly interested in how the money was being spent, what results you were getting for the money that was being spent. The impulse for the spending, although not the doing, was fundamentally different.

And then 2000 came. And while it was building up over time, 2000 was an extraordinary watershed in the history of development. For those of you who have an interest in this area, which I assume is most people in the room, I highly recommend you read something called the Monterrey Consensus.

The Monterrey Consensus is about four pages. For those of you who work in international diplomacy, you know how rare that is. It is a few paragraphs that laid out founding new principles, a fundamentally new philosophical approach to development.

Those principles were, first, country ownership: moving past the paternalism to support and build countries, to view them as partners, not as a paternalistic colony or a paternalistic entity, but as a true partner – in fact the leading partner that we were all to support.

The second was a results base, and I can't tell you how different it was 15 years ago. No one was talking about results, about what was the money achieving. No one. In fact, when we created the President's Emergency Fund for AIDS Relief (PEPFAR), we created specific goals. President Bush set very specific goals. We were roundly criticised by the development community for doing something like setting goals. People said, "It's complicated. We just need to spend money and we'll get some results, but you can't set a goal." Now everyone talks about results-based development. That was literally 15 years ago. So that results base was absolutely essential and actually very much related to country ownership.

A third principle was all sectors needed to be involved, that development does not actually happen government to government. It happens people to people. And so you need the private sector. You need the faith sector and civil society in all its forms. You need people engaged. You need everyone engaged, because development is about human beings. It's not only about governments necessarily.

The fourth fundamental principle was good governance. Now, we all tend to jump to corruption when we talk about good governance, but there's a lot in between good governance and corruption. It's actually about accountability and transparency, and good decision-making with accountability and transparency. And so that key principle of good governance, which again didn't exist previously. In fact, no one cared about governance, development was driven by those impulses I described previously.

These four principles guided what is nothing short of a revolution in development. Another key factor of the Monterrey Consensus was the belief that economic growth and development was a key underpinning factor in overall development, and that we needed to recognise the importance of economic growth and development to achieve basic development goals.

That was pretty heady stuff, and it's been followed by multiple documents since then: the Paris Declaration, the Accra Accord, Busan, and most recently, Financing for Development. So we went from four to five pages, and what we tend to do in the world we live in, to about 500 pages. But it's basically the same principles, the same driving principles. It now just has taken the philosophy, the ideas, and tried to push on how we put them into action.

The Global Fund, like Gavi – which as many of you know works on financing vaccines, and Australia also is a huge supporter of Gavi – was actually created out of this revolution in development. In structure and in function, we were created to respond to that change, that philosophical shift, that country ownership, results-



based, good governance and all sectors being involved. And that's why we are public-private partnerships. We're not part of the UN – although we love the UN, they're great technical partners and we work with them – we are a public-private partnership that was intended to respond to that new philosophical approach.

In terms of the Global Fund, this approach has worked pretty well. Since the Global Fund was created in 2002, the programs we support – and I'm very clear that it is not the Global Fund, it is not us in Geneva, it is the people and the programs that we support – have saved 17 million lives. 17 million lives. That's extraordinary. And we do it in a global way. There's a lot of disease around the world, and particularly HIV, tuberculosis (TB) and malaria, there's a heavy burden of these diseases in Africa. But it's not just Africa. Actually, the Indo-Pacific region is hugely important, and it is a region that can end malaria, can end tuberculosis and can actually end HIV, probably before most other regions in the world. And so we stay global.

And this is a really important number: for every dollar Australia has put into the Global Fund, we put \$20 back into the Indo-Pacific region. That's a pretty good return on investment, I think. Mr Mitchell, as a businessman, would agree. 20 to 1 is not so bad.

So the Global Fund actually has done rather well globally, and it's done rather well in this region. But the interesting thing is the change in the world that Mr Mitchell actually began to talk about in his remarks before the lecture, because we went on in a very similar pattern in development for decades – you could argue, actually, over a century – and then it all changed in 2000.

### Connectivity and changing global dynamics

That was awfully exciting stuff. That was heady stuff. We are actually now in a period, just 15 years later, of an entirely different change because of the changing dynamic in the world. And it's based in changes in geopolitics and in power centres, and this region is certainly at the epicentre of that as power is shifting back to where it was centuries ago, millennia ago actually, back to the East.

But it is also based in something Mr Mitchell mentioned, which is gross inequity and growing inequity, despite economic growth and despite efforts in development, and – not unrelated probably – instability as a consequence of this great change and flux in where we are.

It's also driven in part by an interconnectedness that we have not had before, and that interconnectedness exists in cyberspace, but it also exists person to person. People are very mobile. There's enormous migration in the world today, and we can

put up whatever walls or barriers we want, but that migration is going to continue because of the change and the movement of ideas and the movement that is possible because of connectivity in the world today.

And that's not just related to refugees. We do and will see refugees, but it's actually the patterns of our life. It's the patterns of our world. It's the patterns of mobility, of ideas, but also of people. And all of that causes great insecurity. We as human beings are not particularly predisposed to massive change all at once, of massive flux in the world.

Scientists can be pretty excited about that, but as people we get very anxious about it. And that's true for nations, and nation-states in the post-Westphalia era, but it's also true of the individual people that make up those nations. And that's why I picked the title of this lecture, because it's a very exciting time, really the most exciting time in the history of development, I think. And that's saying a lot, because it was pretty exciting 15 years ago. It's an extremely challenging time, but it's a little frightening because of this massive flux. And that is usually the stuff of innovation. Innovation is a lot easier when everything's in motion. It's harder when things are stable.

There are two basic paths, and for those of us who spend some time reading history, it's clear that we've gone down the wrong path too many times. In the periods of flux, in the periods of general instability, personal instability, national instability, and global instability, the path we have often gone down is isolationism and turning inward.

It has been wrong and caused massive harm every time it's been done. It'd be wonderful if we learned from history just once. Or, you can go down the other path, which is innovation, connectivity, ideas. And using those ideas to lead to action to change the world.

### **Integration and the Sustainable Development Goals**

For all the problems in the world, we have an extraordinary opportunity, an extraordinary moment where we could innovate. Gerard Manley Hopkins is a poet not many people know, but he is one of my favourites, and he was writing a little bit about this when he said, "And for all this, nature is never spent; There lives a dearest freshness deep down things."

And that "dearest freshness deep down things" is actually expressed in the Sustainable Development Goals (SDGs) that the world adopted not too long ago in

New York, because the SDGs are different, to some extent, from the Millennium Development Goals (MDGs). They're different in two fundamental ways.

One is that they call on us to shift from a focus on individual issues – not just HIV or TB, or immunizations, or issues such as education, nutrition, whatever the issue in development is. The SDGs call on us to move from just focusing on issues in isolation to focusing on people. Because people need multiple things. They don't just need health. They don't just need education. They need everything in order to be the person of equal opportunity they can and should be.

That's the second key part of the SDGs: the massive focus on equity, on equal opportunity, on the most vulnerable and marginalised in our populations, to overcome the inequity that we are experiencing in the world. And for the first time, the SDGs that we adopted are not just for low- and middle-income countries. They are for all countries, including high-income countries. So that focus on a person is actually fundamentally a focus on equity and equal opportunity.

One of those SDGs that is essential for us to achieve in order to overcome inequality and inequity, is ending the HIV, TB and malaria epidemics, which is a part of the SDGs. Because of the massive investment of the last 15 years, we are on the right side of the tipping point in all three of these diseases. The epidemics are in retreat. We're seeing declines in new infections and we're seeing a massive increase in care and treatment which, because they're infectious diseases, contribute in a significant way to declining new infections. And that's hugely exciting.

But the thing about infectious diseases is you actually have to end them, because if you don't they'll come right back. That's the nature of infection; they'll often come back, as they are in this region, in the form of drug-resistant versions of those epidemics. Those are very dangerous because we don't always have the science, we don't always have the technology, and we definitely don't have the money to overcome resurgent epidemics. If we stay on the right side of the tipping point, if we get to the end of these epidemics, it will allow us to focus on other things.

Many of the people in this room, the young people in this room, have never lived in a world without HIV. It's pretty extraordinary, to think that the generation today has never lived in a world without HIV, but we are the generation that can actually end the epidemic. We have the science to do that. Malaria and TB have been around for literally all of recorded medical history. They have been around for millennia. We are the generation that can end two diseases that have been around for millennia, and we know that we can, because Australia has done it. The only cases of malaria and TB that occur in Australia, for the most part, are imported cases, just like in the United

States, just like most of Europe. But if we don't actually get them to the end, when they come back they will be in a drug-resistant version, and unfortunately you are seeing some of that. And that relates to health security.

But before I get to health security, I want to really shout out what your country is doing on malaria elimination, because this is a region that can eliminate it. And the Prime Minister and Foreign Minister are focused on something called APLMA, the Asia Pacific Leaders Malaria Alliance. APLMA is a regional effort to come together as a region and end malaria in this region, and it is very possible. And just to emphasise the health security piece, the area of the world where we see drug resistance to malaria is also in this region, in the Mekong Delta. The only way to overcome that resistance is elimination.

It's great that Australia is leading this effort, and the Global Fund is here with that 20 to 1 return on investment, to make a difference. But when you think about health security a little bit more broadly, it is mosquitoes that cause malaria, cause dengue, and cause Zika. So when you put an insecticide-treated bednet out, or you use indoor residual insecticide spray and you kill mosquitoes, you do service to malaria, dengue, Zika, and lots of other mosquito-borne diseases. So that's part of the integration that we're called to do in the SDGs, to look more broadly than at individual diseases and individual issues, and instead to look at how we deal with health, and build a health system that can respond not only to individual diseases, but to other epidemics as well.

### Grabbing hold of innovation

In order to achieve all that, in order to stay on the right side of the tipping point, in order to achieve the end of these epidemics, in order to take advantage of the massive flux in the world and grab hold of it, the key is innovation. And that's another thing that this country and this government, and governments throughout the world actually, have focused on: innovation.

How do we innovate? How do we take ideas and put them into action so that we can be a better world, a more perfect world, so that we can truly understand the dearest freshness deep down things? For those of you who read the *Australian Financial Review*, Jenny Hewett wrote a great piece today on the Global Fund that outlines some of the areas of innovation we're engaged in. I just want to mention a couple of them, because we're hyper-excited about them, and they all relate to those new principles, the revolutionary ideas of 2000, where the principles are still valid, but how we implement them needs to change.

The first actually relates to that idea of engaging all sectors, of not just being government to government, but to really look to see in a given location, for an individual person in their community, who is best suited to deliver services.

For great examples, all you have to do is go up to Papua New Guinea. The Oil Search Foundation is doing fantastic work implementing HIV programs because they can get up to remote parts of PNG, like Tari. They can actually put accountability and sustainability plans into place, and they're doing a really fantastic job.

But so is World Vision and Save the Children, and the Rotary Club, which has done quite an excellent job in driving malaria rates down in Papua New Guinea despite all the challenges that are there. And so when we work with DFAT and the Australians on how we work in a place like Papua New Guinea, we look at who is the most innovative best partner to deliver the services to the person at the site.

A second key area relates to some of the key areas of the health system that, when poorly executed, can not only result in increased HIV, TB and malaria, but actually impede all health. When we've done analyses of these – and we've done pretty good work, we've hired a lot of people from the private sector to help us and we follow cash flow and we follow results, and we follow discrepancies in disbursements compared to projected disbursements – what we've found and learned is that procurement and supply chain are two of the single biggest impediments to effective health systems.

Healthcare workers are key, financial management is key, but the procurement and supply chain are often the stumbling blocks. Moreover, they're huge stumbling blocks to equity, because you'll often get services, drugs, and commodities into the capital cities, but it's very hard to get them out to the remote areas. So building those procurement and supply systems is hugely important.

We also need to be able to do better with the money we have and buy as much as we possibly can with the money that we have. So we brought private sector pooled procurement. What pooled procurement means is the area under the curve. You can sell something, one thing for \$100 or you can sell 100 things for a \$1, and your area under the curve in terms of revenue is the same. So by having more procurement, more buying power, you can actually negotiate reduced rates. So over the last two years, we have systematically done that. We've taken the middle people out of the way and negotiated with other large procurers.

In the case of malaria bednets, for example, the Global Fund makes up about 50 per cent of external procurement for bednets. But if you add UNICEF and the US government, and the UK government, then you get 85 to 90 per cent. We come

together and negotiate with companies, with the volume that can reduce price. As a result, in the last two years we have reduced the price of long-lasting insecticide-treated bednets that kill the mosquitoes that cause malaria, dengue and Zika by almost 40 per cent. 40 per cent in two years.

That is breathtaking. That is taking ideas and implementing them. That is taking best practice and implementing it. That is taking advantage of all sectors, and the knowhow in all sectors, to the best advantage where appropriate. We're now engaged in trying to do the same thing on supply chain, because supply chain is key to getting those commodities out to the most remote areas in a sustainable way.

One approach that we pioneered in Africa, with the Gates Foundation, was to work with Coca-Cola. Because the insight was, you can go to any village in Africa, and I can assure you, you will find Coca-Cola. You might find an empty formulary at the health clinic, but you will find Coca-Cola.

Now the initial thing people think is, "Oh, throw that stuff on the trucks and it will get out there." That's a really bad idea, and it's not sustainable. What we did is take the expertise of Coca-Cola and embed them in the Ministry of Health, to sit with their supply chain people and build a supply chain for the country, for the national healthcare system.

We did it first in Tanzania, and the President of Tanzania says, without qualification, that without that program they would not have been able to turn their supply chain around. Because of the success in that program, we're taking it to nine other countries in Africa, and we're working now to see if it's possible to do the same in Indonesia and Papua New Guinea.

### **Financing: the middle-income challenge**

The common thread in these types of innovations is that they involve pulling from the sectors that can do the best job. There's some things the public sector is fantastic at, including pushing for equity. There are some things pieces of the private sector are fantastic at. There are some things that segments of the faith sector are fantastic at.

The idea is to take the best ideas from wherever they are and turn them into action. That leads to long-term sustainability. That leads to the ability to transition from external support, which is necessary for a time, to a country to be able to stand up and stand on its own, in health and in development.

We've done a lot of work on this. We call it the development continuum, the pathway of a country from a challenging operating environment to a self-sustaining state. It's not a one-way path. Countries move up and then they have either a natural disaster, or a political disaster, and they can slide back. But you need to keep pushing, and understand where a country is and what the pieces are that are necessary for it to grow, for it to be self-sustaining, and a piece of that is finance. As countries grow their economies, they don't necessarily invest it in equity, and so just looking at gross national income and saying, "Well, we won't invest there because they have a high gross national income" is too simplistic.

Right now, today, the majority of poor people in the world live in middle-income countries, 70 per cent. The majority of people with HIV, TB, malaria, and non-communicable diseases, live in middle-income countries. So if we're right about the Sustainable Development Goals, if we're right on the focus on the person, if we're right on equity, how can we *not* engage in middle-income countries?

But how *do* we engage in middle-income countries? What is the appropriate role of an external financier when a country actually has revenue? One of the ways we can do that is to stimulate countries to move from grants to loans, to actually take responsibility to do something that's somewhat complicated; what you would call a buydown.

For example, in Indonesia, we grant about 100 million dollars per year, thanks to the generosity of the people of Australia and other donors. Given current interest rates, they can do somewhere in the neighbourhood of 20 times that and use our grant to pay the interest so that over time they can build their own capacity to pay for that. So that 100 million per year can turn into the money that they need to control their epidemics and build a health system. So we can do innovative approaches to finance for sustainability.

You have to be careful on how you do this, and you can't do it the next day. It takes time and planning, and that's where real development, where that partnership, comes in. That's where that shift from paternalism to partnership occurs, going country by country and then person by person, looking for who has the ideas and who can turn those ideas into reality.

### Equity and gender equality

The last thing I want to mention, and this is hugely important, gets back to that equity piece. It's something Michael Kirby and I wrote about in 2014, actually: the uniqueness of HIV and tuberculosis.



Zika, and most infectious diseases, are by their nature great equalizers. They are terribly non-discriminatory. It doesn't matter if you are rich or poor, in the old days royal or not, if you came into contact with an infectious disease, you were as likely as your neighbour (depending on nutritional status and other factors) to get sick and to die, or to just get sick and possibly recover.

By contrast, HIV and TB are remarkably discriminatory diseases. They prey on the most vulnerable and marginalised, and they are driven by discrimination. They are driven by inequity and inequality. That's true in the LGBTI community, it's true in prisoners and migratory populations, and it's true in sex workers and people who inject drugs. And the rates of infection are very high.

But today Foreign Minister Julie Bishop launched something hugely important in this country, one of the few countries to have one: a national strategy on gender equity. Because the reality is that the HIV epidemic, whether it's in Papua New Guinea or in southern Africa, is being driven by gender inequality.

We are at huge risk of losing control of the HIV epidemic because of gender inequality, because of basic discrimination, because of how women are treated. Thirty per cent of women in some of these countries, up to 50 per cent have their first sexual encounter through violence or abuse, which is a pattern that is repeated. Women are not only second-class citizens; in some countries they are non-citizens. Their birth isn't even recorded. They are that insignificant. And that inequality is driving the HIV epidemic.

Let me give you a scary number. The rate of HIV among 15 to 24 year olds in some parts of Africa is 6 to 8 per cent per year. That's incidence, that's not prevalence. 6 to 8 per cent. 5 to 10 times more than young boys because of that gender inequality. Even if we reduce the rate of new infections in that group by 30-40 per cent, the epidemic would still increase because the size of the population is growing at the same rate, and therefore the size of the pool entering risk is also increasing.

So if we don't get control of gender equality, we will lose the battle against HIV. Despite all the investments we've made, all the progress we have made, we will lose control of the epidemic. But what's really exciting is that it's not just HIV. We actually can't achieve any of the SDGs, not one of them, if we don't have a more gender-equal world. It doesn't actually belong as a separate goal. It is the underlying goal that will allow us to achieve all of the SDGs.

Relative to linking areas, we're very active now – including with Julia Gillard, who's now at the Global Partnership for Education – in linking education and health for adolescent girls and young women. Because the data show from Botswana, for

example, that for each year that a girl stays in secondary school, her risk of HIV drops by 12 per cent. In a study in Malawi, a girl that stayed in secondary school had a 60 per cent reduction in risk of HIV.

So we, an HIV organization, are now investing in innovative ideas, taking those ideas to provide incentives to keep girls in school. What else happens if a girl stays in school? She's much less likely to be a child bride. She's much less likely to become pregnant early. She's much more likely to have a smaller family. She's much more likely to have an income, and when a woman has money – and for all of us men, this is to our great shame – when a woman has money in the countries where we work, she'll spend about 80 per cent of it to feed, educate and provide healthcare to her child. We men will spend about 30 per cent.

### Becoming the world we want to be

So if you invest in health and education, you turn the world. You turn the world into a gender-equal world. You turn the world into a world that will achieve the development potential we were intended to achieve. We will achieve the Sustainable Development Goals.

And what's exciting about that challenge and frightening growth in population of young people, is that it's also our salvation. The Romans had a great saying: "There's hope in death." Meaning that those of us with the bad ideas will eventually die and the next generation will take over.

That normally takes several generations. But because of the massive growth rate in the youth, if we can get to it now, if we can flip this syndrome of gender inequality, it can change in just ten to fifteen years. It can change in a generation. We can have the world we need to have, to attack inequality.

And so it is an exciting time. It's a challenging time. It's a frightening time. But it really is the stuff of innovation, and if we stick to the ideas, if we take the ideas and put them into action, if we stick to those principles, that philosophical shift that occurred in 2000, and implement in better and smarter ways, we will be the world we want to be.

Martin Luther King had a lovely saying – many of them actually. "The arc of history bends towards justice." It's up to us how quickly that bends. It's up to us how quickly we overcome inequality. It's up to us, if we will take the ideas that will allow us to not just bend that curve but to have it come to the equal, more perfect world we want to be. It's up to us. It's our decision. Thank all of you for your ideas and your action. If we do it all together, we'll get there.



# DEVELOPMENT POLICY CENTRE

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The Development Policy Centre (Devpolicy) is a think tank for aid and development serving Australia, the region, and the global development community. We undertake independent research and promote practical initiatives to improve the effectiveness of Australian aid, to support the development of Papua New Guinea and the Pacific island region, and to contribute to better global development policy.

We were established in September 2010 and are based at Crawford School of Public Policy in the College of Asia and the Pacific at The Australian National University.

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*Harold Mitchell AC is the founder of Mitchell & Partners and the former Executive Chairman of Aegis Media Pacific. In December 2000, he launched the Harold Mitchell Foundation. Among other initiatives, the Harold Mitchell Foundation generously supports the Development Policy Centre's research and public engagement on issues of Australian aid effectiveness, the Pacific and PNG, and global development policy.*

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