



ABOUT HEALTH – let's show we mean business

An event co-hosted by GAVI Alliance and IBLF

Chandos House, London, 30th March 2009

Malaria Session Organised by MMV 'Managing Malaria: Can Business Skills Support the Success Story?'

Summary Report

The event co-hosted by the International Business Leaders' Forum (IBLF) and GAVI Alliance '*About Health – Lets show we mean business*' was a unique opportunity for business leaders to meet with their counterparts in leading health organizations. Together, the leaders shared ideas on how business and health organizations, notably Product Development Partnerships (PDPs) can collaborate to improve both health outcomes and the business environment - a common interest to all stakeholders.

The invitation-only meeting was attended by over 80 participants from a wide range of constituencies, including the business community, health organizations, PDPs, international donors and academia.

The meeting opened with a keynote speech by the UK Secretary of State for International Development, followed by four interventions from high-level participants experienced in business, health and partnership. These areas were represented by Dame Graça Machel, former Minister of Education of Mozambique, Dr Jane Nelson, Co-Chair of the UNDP, 'Growing Inclusive Markets Initiative', Mr Mo Ibrahim, founder of Celtel, and Dr Julian Lob-Levyt, CEO of the GAVI Alliance.

The afternoon comprised four parallel sessions, dedicated to the themes of malaria, women's health, new technologies and nutrition. These sessions offered participants the opportunity to explore concrete new ideas for partnership in specific thematic areas.

The malaria session was organised by Medicines for Malaria Venture (MMV). Andrew Jack, pharmaceuticals specialist of the Financial Times moderated the session. Catherine Hodgkin, Director of Development Policy & Practice at the Royal Tropical Institute (KIT, Amsterdam) served as rapporteur. The session was organized by Renia Coghlan of MMV.

The session heard three case studies of successful collaborations. These comprised, first, the ExxonMobil investments in malaria advocacy, presented by Dr Steven Phillips and, second, the Tanzanian Essential Health Impact Project (TEHIP) project, presented by Dr Graham Reid. The third example of MMV, a PDP, which has recently launched a new product created through partnership, was presented by Mr George Jagoe.

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The objectives of the malaria session were to identify broad areas in which business skills could contribute to the success story that is malaria control in the 21st century. This contribution might be via financing malaria support, but may also involve the sharing of core business skills required by the malaria community. These core business skills are utilised in many different fields, and might include optimising service delivery, communications, supply chain management and data monitoring.

Presenters agreed that one of the major contributions open to businesses was their expertise in 'business re-engineering', that is, the ability to analyse and improve implementation practises in order to increase efficiency and measurement of outcomes.

The following four key questions were put to participants:

1. What strategies can be shared to improve the delivery of goods in resource poor settings?
2. How can we improve information gathering/management in data-limited environments? How do businesses function in data-limited environments?
3. What is the single most important business skill that participants can bring to the malaria world, and how can we develop cross-sector partnerships to ensure a win-win skill transfer?
4. What challenges do businesses face in the delivery of products to developing (malaria-endemic) countries? How do they deal with these challenges?

Several critical issues were highlighted during the course of the discussions, including:

- Businesses have a core set of skills relevant to the malaria community and are keen to share these
- Many businesses are interested in becoming more active, but do not know how to start the process. They require guidance from health focused colleagues
- A data-driven evidence-based approach (through market intelligence) is critical for measuring progress
- Appropriate incentives must be put in place to motivate all parties for success
- The meeting is a turning point in helping cross the bridge between sectors seeking to collaborate, and should become a regular opportunity for dialogue



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Recommendations and Next Steps

- Organize further fora in which partners can explore practical collaborations
- Promote a performance-oriented-management approach in malaria interventions
- Develop appropriate incentives (financial and other) that are goal oriented
- Contribute logistical expertise, service delivery mechanisms and capacity building
- Support innovation – R&D/drug development, but also with market-oriented approaches to service delivery and core business
- Contribute ideas about client/customer orientation – ideas about what customers want, market research and service quality
- Understanding core business focus, support business re-engineering

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Presentation Synopses

Mr Andrew Jack, Pharmaceuticals Specialist with the Financial Times opened the session by welcoming participants and eliciting information on the expectations of the round table. Most people recognised the changing dynamics in the malaria field at present and sought to understand how they can collaborate further, initially by understanding the current situation.

Mr Jack noted the opportunities open to businesses at this point. He emphasised that this meeting has a unique approach, bringing together the different partners in the same room. The morning panellists indicated that there is a desire among the business community to become involved, but perhaps little understanding of how to go about this.

Dr Stephen Phillips, Medical Director, Global Issues and Projects at ExxonMobil, opened with an overview of this changing malaria landscape. He noted that we currently face the best opportunity for progress in malaria control that has existed in the past 50 years, with new opportunities for funding, new technologies and new political will to fight malaria. This is an opportunity for all, and notably for businesses, which must contribute. Business involvement is premised not only on health or moral imperatives, but as it is indeed a business imperative – by contributing to the fight against malaria, businesses increase their opportunity to improve their financial 'bottom line'. He highlighted the references made by Mr Mo Ibrahim and others that Africa currently represents a total market of 900 million people and although many of these currently have little buying power, this situation is not pre-determined. With improved economic growth, African populations will eventually turn into producers and consumers of goods and services.

Dr Phillips noted that the political and financial situation has changed significantly. There have been many high-level political statements of support to achieve malaria control in the past few years – this includes statements from donor governments as well as commitment from endemic countries and regional groupings. The support from donor governments has also translated into new funding opportunities – funding has increased from around US\$50m in 2000 to over US\$1,2bn in 2008.

However, one of the most significant changes in recent times has been the involvement of the business community, including high-profile individuals, such as Peter Chernin of NewsCorp, Ray Chambers, currently UN Special Envoy for Malaria and of course the top management of ExxonMobil.

Business contributes a new culture and mindset for malaria. This includes a focus on measurement of results, investment decisions and accountability. Businesses contribute innovation in finance and supply. Dr Phillips noted that the major contribution that he believes the business community can bring to the malaria field is the concept of 'business process re-engineering': how can organizations improve their ability to do their core business better?

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Developing this theme of why businesses should get involved in the malaria field, Dr Phillips noted that there is a need now to move beyond cooperation and harmonization to the concept of true collaboration. The business strength is to view such thinking through a situational analysis approach. The focus is on health systems, which considers the problem holistically, benefiting different opportunities as they arise. Dr Phillips noted that specific implementation programmes are not generally a business priority or responsibility.

ExxonMobil has been involved with a number of successful PDPs in the past years. Dr Phillips sees these as having a unique positioning, between traditional humanitarian organizations and more standard commercial organizations. The key questions in this regard are: how best to identify the correct incentives to bind people into this area? How can we expand best practice, build on core competence and back this up with the appropriate contractual situations? Dr Phillips noted that MMV is one of the best examples of PDPs ever; it brings together the expertise of the best scientists, research and the pharmaceutical industry.

Suggestions:

- Identify specific opportunities open to companies
- Understanding incentives of importance to different organizations

Graham Reid, IDRC¹, was lead implementer of the Tanzanian TEHIP project

Dr Reid noted that the Tanzanian Essential Health Impact Project (TEHIP) is a classic example of the excellence of partnerships. Expanding on this point, Dr Reid outlined the results of TEHIP, which can provide lessons to those in the room, notably companies interested in becoming involved in the malaria field.

TEHIP was established as a CAD\$20m pilot to field test the 1993 World Health Report on improving health systems. The Ministry of Health in Tanzania identified an opportunity to explore new ideas around the implications of decentralization for health impact and the project introduced an R&D approach by bringing together researchers and health practitioners who could not only contribute to the thinking, but also introduce improvements and innovations as the work unfolded.

The focus of the TEHIP intervention was to stimulate Department of Health planning and priority setting, as well as to identify and deal with bottle necks in service delivery.

The TEHIP project was implemented initially in two districts. It offered information and new tools to district health management teams to implement new improved planning and implementation plans for the delivery of prioritized health services. In addition, up to CAD\$2.0/capita/year was offered to districts to scale-up service delivery or interventions – the only criteria was that it should be cost effective and address a local health priority.

¹ International Development Research Centre



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The first problem faced by the districts was a need to identify and understand the actual issues faced locally and the priority each should be afforded. This problem occurred partly due to a lack of experience in planning. The previously centralized approach led to a lack of key skills among the district health professionals especially in terms of planning. Local decision makers replicated the centralized processes, but were weak with regard to understanding the need to prioritize based on local information and demands.

In addition, the initial review highlighted a serious gap in the data available to managers with which to prioritize their annual health plans. The weakness of data implied a limitation on the relevance of its analysis, thus impacting on the ability to prioritize. District medical officers only had at that time approximately US\$6-8/capita/year – leaving no room for either planning or implementation mistakes. In order to address this data gap, the team established a DSS² site that could start to gather basic data on demographics (births, deaths, emigration and immigration). In addition to this, all deaths were followed up with a “verbal autopsy” that assigned each death with a cause. This provides a sound and accurate evidence base to start highlighting priorities.

In addition to building local capacity, the intervention strengthened the concept of providing a package of services integrated to address childhood illnesses (the 'IMCI' concept). The major outcome of TEHIP – a 40% reduction in deaths in under 5-year-olds in 5 years – highlights the positive impact of tools introduced in this pilot for district planning and the importance of going to scale nationwide. Improved planning, budgeting and service delivery has major implications for an environment in which real 'access' to treatment may decrease from a starting point of high therapeutic efficacy (e.g levels of 95%) to only a level of 36% of population effectiveness, based upon measurement of health worker efficiency, diagnosis, availability of drugs and patient compliance – taking into account the many steps in the chain which affect access to high-quality treatment.

As a result of this work and others, there is a heightened appreciation and clear opportunities for Tanzania and similar countries to better steer their progress towards the Millennium Development Goals (MGDs). With good information, success can be achievable even before the 2015 target year. This is possible if the whole health system increasingly works better and focuses its planning on the delivery of health interventions to address the key health priorities in totality, as opposed to a list of priority diseases.

Finally, Dr Reid concluded that opportunities for partnership are immense at this level of health system strengthening. Business skills, management skills and know how can make a big difference in improving logistics, structuring decision making, handling data and in advocacy.

² Demographic Surveillance Site



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Suggestions:

- Explore opportunities for regular data gathering and strengthening evidence
- Organizations should focus on sharing their core strengths
- A health systems approach opens up new areas for partnership

Mr George Jagoe, Executive Vice-President Global Access, MMV

Mr Jagoe provided an overview of MMV as a successful PDP focusing on the discovery, development and delivery of high-quality antimalarial medicines, notably artemisinin combination therapies (ACTs). MMV was established in 1999 to address the gap in R&D for new antimalarials. It was clear at that time that the world faced a growing threat with the resistance to existing medicines, but no investment in the development of new classes of drugs. At low efficacy rates, taking medicines becomes a gamble with no guarantee of cure. This is unacceptable in public health terms.

MMV has proven the effectiveness of the PDP model by launching the first product of its pipeline, a new dispersible, child-friendly version of Coartem[®] with its pharmaceutical partner Novartis. It had become clear that the creation of an external partnership would significantly support Novartis' ability to develop a line extension of an existing, highly successful drug, but one which was not entirely adapted to the main patient population (children under 5 years of age). MMV understood the need from a market perspective in Africa. It understood the importance of quality R&D, and it had strong project management skills. Thus, collaboration between MMV and Novartis in this area had all the opportunities and hallmarks for a successful partnership. Coartem[®] Dispersible is now the first MMV-sponsored product from the pipeline and the first child-friendly ACT developed to the standards of stringent regulatory authority approval.

Mr Jagoe went on to note that MMV has since recognised a further gap in achieving health impact: developing new drugs is not enough, the drugs must also reach those in need. This requires all those present to address many challenges of the access gap;

- The evidence base for measuring success. This existing in scientific development, and must be further strengthened in access. Without an understanding of how products perform in the market, how they achieve health impact, we cannot measure how far we have come in addressing the health burden.
- Improving performance in both the public and private sectors: this is fundamentally a problem of distribution. The malaria community needs to better understand how to move medicines through the supply chain.
- Understand and implement incentives to stimulate best practice and empowerment.
- Address the affordability gap of ACTs relative to chloroquine, through a range of new initiatives including the Affordable Medicines Facility, malaria (AMFm) and others.

Mr Jagoe noted that the malaria community can benefit from a wide range of expertise and opportunities in collaboration with businesses. MMV is proof that collaboration across different sectors provides a result which is greater than the sum of the parts. This meeting is an exciting forum through which to reach out to business colleagues to share ideas and identify new ideas.



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Suggestions:

- Support market intelligence, data management and a culture of impact measurement
- Support supply chain management
- Support business re-engineering
- Provide financial contributions to MMV and other PDPs
- Invest in technology developments such as rapid diagnostic tests
- Collaborate in the drug development process with expertise or financial investment

Discussion

The three presentations provided an excellent overview of:

- Conditions required for successful partnership
- Reasons for business to get involved
- How to create the right kind of incentives

The case studies highlight not only that partnership can result in concrete successes, as highlighted by the child mortality reduction in Tanzania, but also that business skills could be of great value to such programmes, by combining much needed management skills with limited additional resources. This combination has also proven successful at MMV, resulting in the development and launch of new high-quality ACT.

At present, there is a significant opportunity to be seized to create new partnerships. These include contribution of:

- Financial resources; even with the financial crisis there is an increasing amount of money to combat and control diseases and a commitment to achieve the MDGS
- Political but also business leader direct support, as champions of malaria control
- Tools and interventions for further development and scaling-up
- Increasing the body of evidence about what works and better country level data to guide implementation and measure success

The session explored the nature of partnerships and noted that there are no blue prints, but there are many examples and some ideas about what constitutes good practice. Similarly, the session noted that partnerships evolve and it is important to realize this evolution as it occurs. While frameworks are required to guide collaboration, these should not be set in stone. The best partnerships will be governed by strong partnership agreements and governance structures, which provide all parties with an understanding of roles and responsibilities.

Some partnerships will flourish and others will falter or fail. It is important to monitor and evaluate such progress, and to recognize success where it exists – or change course where necessary. Finally partnerships were recognized to be diverse and need to reflect the diversity of actors and contexts in which they develop. Participants recognized the need to “let 100 partnerships bloom, at all levels of health interventions”.

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Finally, participants placed a very significant emphasis on the importance of developing a strong evidence base and sharing best practice. This was seen as one role in which IBLF and others could contribute. This could be done, in part, by partnership technologies. The absence of strong data, for example, in understanding the antimalarials market into which new products will be launched, was seen as a limiting factor, and must be urgently addressed. Similarly, a strong evidence base is required to support monitoring and evaluation of interventions – and guide decision making.

Participants noted that all of the above will work best in an environment that is well regulated and transparent. They recommended that the public sector in malaria-endemic countries focus on its core responsibility of creating a strong regulatory and policy framework. The public sector does not have to manage and deliver all aspects of health, but without a strong policy framework and enforced regulation, it is difficult for strong, transparent partnerships such as the PDPs to flourish.

Participants noted with satisfaction that success breeds success, and the malaria story today is clearly a story of success. This can be further reinforced by designing appropriate incentives to create sustainability, and tackling perverse incentives which reduce it.

There was a shared feeling of urgency to seize the opportunities which are clearly open to all, and to contribute to achieving common goals.

Recommendations: How Business Skills can Support the Malaria Success Story

- Organise further fora in which partners can explore practical collaborations
- Promote a performance-oriented management approach in malaria interventions based on strong data collection and analysis
- Develop appropriate incentives (financial and other) that are goal oriented
- Contribute logistical expertise, service delivery mechanisms and capacity building
- Support innovation – R&D/drug development, but also with market-oriented approaches to service delivery and core business
- Contribute ideas about client/customer orientation – ideas about what customers want, market research and service quality
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Barber	Rachael	Head of Global Community Investment	Barclays
Baxter	Graham	Director, Responsible Business Solutions	IBLF
Bryce	Gavin	Consultant	IAVI
Casamitjana	Núria	Professor & Deputy Director	CRESIB
Cochrane	James	Member, Board of Directors	MMV
Coghlan	Renia	Assoc Director Global Access	MMV
Donnelly	Rob	Vice President Health	Royal Dutch Shell
Dykes	Susan	Coordinator	APPMG Secretariat
Elias	Chris	President and CEO	PATH
Flynn	Adam		Sumitomo Chemicals
Fumio	Nishioka		Sumitomo Chemicals
Godsall	Jay	VP Enterprise Development	Fio
Gutteridge	Win	Chairman, Expert Scientific Advisory Committee	MMV
Hentschel	Chris	President and CEO	MMV
Hodgkin	Catherine	Director	Royal Tropical Institute
Hodgson	David	Executive Partner	Accenture
Jack	Andrew	FT Health Correspondent	Financial Times
Jagoe	George	Executive Vice-President, Global Access	MMV
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Nelson	Jane	Co-Chair, Growing Inclusive Markets Initiative	UNDP
Pender	Jon	Director, Government Affairs	GlaxoSmithKline
Phillips	Steven	Medical Director, Global Issues and Projects	Exxon Mobil Corporation
Reid	Graham	IDRC/TEHIP Project Manager	IDRC
Swidler	Alisa	Trustee	Louise & Arde Bulova Fund
Watty	Marie-Odile	Head of the health and social protection division	Agence Française de Développement
Wilcox	Allen	President	VillageReach
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SPEAKERS BIOGRAPHIES

Moderator: Andrew Jack, Financial Times

Andrew Jack has been as a journalist for the Financial Times since 1990. He currently writes about health and pharmaceuticals, based in London. He was the paper's Moscow correspondent and then bureau chief in 1998-2004, and previously Paris correspondent, financial correspondent, general reporter and corporate reporter.

He is author most recently of Inside Putin's Russia (Granta, London 2005; Oxford University Press, New York, 2005; All, Bucharest, 2007) and The French Exception (Profile, London 2001; Editions Odile Jacob, Paris 2000).

He was awarded a Kaiser Family Foundation mini-fellowship in global health reporting in 2008. He has also received the Grand prix de l'association des anciens élèves du centre des hautes études d'assurances, the ACCA accountancy journalist of the year award, and was a member of an FT team winning the British press awards.

A geography graduate from St Catharine's College, Cambridge, he was the Joseph Hodges Choate Memorial Fellow at Harvard University, a New York City Government Urban Fellow, and worked as a consultant and freelance journalist. He is a trustee of Pushkin House, a London-based centre for Russian culture.

He has written articles for medical journals including the BMJ and the Lancet, and specialist reports on the French Insurance Industry, Audit Committees, Networking and Work Shadowing; as well as chapters in books on Russia, ethics and financial reporting.

Rapporteur: Catherine Hodgkin, KIT (Royal Tropical Institute, Amsterdam)

Catherine Hodgkin is the director of KIT Development Policy & Practice, a multidisciplinary team of 60 professional staff carrying out research, training and advisory work in the area of sustainable economic development, social development and health. As a private not-for-profit organisation KIT has a long history of working in partnership with both public and private actors and is currently developing a number of innovative pro-poor business models.

Catherine has played an important role in a number of complex evaluations carried out over the last years and is currently she is Chair of the Oversight Committee of the 10 year evaluation of UNAIDS. She is also a member of the Dutch Platform for Global Health Systems Research and a member of the supervisory Board of AIDS Foundation East West and Health Action International. Before taking up her current position she worked for 15 years in the area of international public health specializing in rational use of and access to essential medicines and consumer and patients rights.



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Speakers

Steven Phillips, ExxonMobil

Dr. Steven C. Phillips is the Medical Director, Global Issues and Projects, Exxon Mobil Corporation, where his responsibilities include overseeing the Corporation's "outside-the-fenceline" community and public health programs throughout its global operations. In this capacity, he has worked closely with governments, NGO's, U.N. agencies, multilateral, faith-based, and community organizations, and the private sector in fostering "public-private partnerships" as a development platform to address urgent global health priorities.

Dr. Phillips currently serves on the Boards of malaria NO MORE™, Net Impact, and the World Economic Forum's Global Health Advisory Board. He serves as an advisor to the United Nations Special Envoy for Malaria. He is a member of the Harvard School of Public Health's Leadership Council and the advisory panels of Medicines for Malaria Ventures, the UCSF Global Health Group, Episcopal Relief and Development's "NetsforLife" Initiative, the World Bank Malaria Booster Program, the Strategic Advisory Group of the Global Business Coalition on HIV/AIDS, TB and Malaria, and the World Health Organization Special Programme for Research and Training in Tropical Diseases (TDR) Strategic Alliances Advisory Group. He is also a Private Sector Advisory Board representative to the Global Fund for AIDS, TB and Malaria.

Dr. Phillips received his B.S. and M.D. degrees from Stanford University. He did his post-graduate training in internal medicine at the University of California San Francisco, received a Master of Public Health from UCLA, and is Board Certified in Internal Medicine and Occupational Medicine. Dr. Phillips is a member of the American College of Physicians and a Fellow of the American College of Epidemiology.

Prior to joining Exxon, Dr. Phillips served in the U.S. Public Health Service, assigned to the Epidemic Intelligence Service of the Centers for Disease Control in Atlanta.

Graham Reid, IDRC

Graham Reid has been with IDRC since 1994 as a senior health program specialist, based first for 2 years in Ottawa where he helped conceptualize and design the Ecosystem Approaches to Human Health Program Initiative. In late 1996, he moved to Dar es Salaam, Tanzania as project manager for the Tanzania Essential Health Interventions Project (TEHIP), collaboration between the Tanzanian Ministry of Health and IDRC. This long term project from 1997-2004 helped to guide the reform and decentralization of the health sector in Tanzania and has led to innovative new tools and strategies for maximizing the health benefits of targeted investment into strengthening health systems. Since that time, he has assisted the Tanzanian Ministry of Health to develop an exit strategy for this work which has led to national scaling up of the TEHIP Tools as well as initiating additional funding to allow Tanzania to move ahead from its child mortality reduction successes into improved health service delivery to tackle maternal & neonatal mortality.

He has also been engaged on a long term basis on efforts to institutionalize knowledge transfer functions in East Africa at both the regional and country levels in order to promote the use of health research information and evidence into the policy-making arena. He is well acquainted with both the Kenyan and Malawian Health Research Capacity Strengthening (HRCS) initiatives for creating improved national prioritization, coordination, funding and use of health research since he was the overall manager for the significant planning processes which took place in each country.



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Along with a degree in zoology/ecology from Aberdeen University, he has a master's degree and PhD in parasitology and vector-borne diseases from the London School of Hygiene and Tropical Medicine, University of London. He undertook a postdoctoral at the University of Edinburgh on tropical veterinary parasitology before moving to lecture first at the Ahmadu Bello University in Northern Nigeria followed by the University of Nairobi. Also in Kenya, he spent 8 years building up a new department of parasitology and immunology within the National Museums of Kenya before moving to Uganda to manage a USAID-funded forest conservation and management project in south-west Uganda. He is currently based at the IDRC-ESARO office in Nairobi

George Jagoe, Medicines for Malaria Venture

George Jagoe is Executive Vice President, Global Access at MMV. He brings over 15 years experience working in pharmaceutical and healthcare system management and consulting, country-level programming in Africa, and Latin American microfinance development. Before joining MMV, he led the specialty care sales and marketing unit in AstraZeneca Spain.

Prior to that, he was the first country director for the Clinton Foundation's HIV/AIDS Initiative in Mozambique, where he partnered with national and international stakeholders to help introduce antiretroviral treatment into the national health system. He has also worked with Aetna International's healthcare division and Kaiser Permanente in California. Starting with his work in microfinance in the early 1990s up through his current work ensuring access to life-saving medications in developing countries, George is a firm believer in the power of the private sector to support social goods -- whether in healthcare or grassroots economic development -- in collaboration with public sector counterparts.

Session Organiser

Renia Coghlan, Medicines for Malaria Venture

Renia brings experience in access, delivery, market analysis and policy influencing for medicines and medical technologies in the pharmaceutical industry and WHO. She has 15 years of international health policy experience, with the public and private sectors, NGOs and WHO. In addition to running Regional Offices, she has experience in Headquarters positions as well as significant experience in Africa. She has led MMV's work in market intelligence, focusing on understanding the antimalarials market in Africa. She holds degrees in International Politics, Business Administration and Public Health.

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