

Testimony to the Subcommittee on Africa, Global Health, and Human Rights

Mark A. Green

Congressman and Ambassador (ret.)

Senior Director, U.S. Global Leadership Coalition

Mr. Chairman, Ranking Member Payne, and distinguished members of the Subcommittee: Thank you for this opportunity to talk with you about an under-publicized success story—a success in American development policy, but more importantly, a success for poverty relief and the human condition in Sub-Saharan Africa. Let me respectfully commend you for holding this hearing at this moment in time because the final chapters in this story have yet to be written and lawmakers such as yourselves, who obviously care deeply about Africa, will be among those with “pen in hand.”

In terms of my own background on the subject, I myself suffered from malaria when I served as a teacher in Kenya in the mid-1980s. From those days to the days when I served on this Subcommittee; from the days when I oversaw the President’s Malaria Initiative in Tanzania as Ambassador to my work with Malaria No More and now with the U.S. Global Leadership Coalition (USGLC), I have come to believe that remarkable progress has been made in battling malaria, and that America’s leadership in the cause serves our national interests on the world stage.

As you know, Malaria has been with us for centuries, and it has claimed millions of lives. There have been times when the world has scored important victories – eliminating the killer disease from places like the U.S. and Europe. There have been times when it seemed that victory was in sight in some of the hardest-hit regions of the world only to fall short.

But, members of the Subcommittee, the good news is that this time the fight is different. Armed with strong leadership in the United States and nations equipped with exciting new technologies, unprecedented faith partnerships, and historic pledges of financial resources, the world is making real and sustainable progress. We have saved millions of lives and helped provide new hope to generations of children and families who might otherwise have fallen victim to this scourge as generations past have done.

Most importantly, a new generation of strong African leaders is rising to take on the malaria challenge. While it’s true that Africa can’t conquer malaria alone, it’s just as true that the killer disease can’t be defeated unless Africans lead the way. And they are.

At the 2009 United Nations General Assembly, 14 African heads of state and government joined together to rededicate themselves to the goal of ending malaria deaths by 2015. They launched a new coalition called the African Leaders Malaria Alliance, or ALMA.

Just two years later, ALMA has grown to 41 heads of state and government, including membership by the African Union itself. It’s provided an invaluable forum for leaders to share ideas and best practices, and to collaborate on common challenges. In just its first year of existence, ALMA tackled important issues like securing universal access to artemisinin-based combination therapy to prevent drug resistance; removing taxes and tariffs on essential anti-malaria products; increasing local production of high-quality, safe, and effective anti-malaria interventions; and the banning of mono-therapies.

But, as I said earlier, it isn’t just strong leadership that’s making the difference. More than ever before, this time our public health experts are armed with effective new tools and technologies.

Just as with man’s struggle against killers like smallpox and polio, our scientists have labored long and hard in pursuit of a vaccine against malaria. Researchers can now

report historic progress: the first ever, large-scale Phase 3 trial of a malaria vaccine is underway in Africa.

Some of the most exciting developments in our drive to end malaria deaths come not from *new* technology, but from new uses of existing technology. Take the example of the “simple” mobile phone.

Mobile phones are commonplace in Sub-Saharan Africa. Now, thanks to innovative, ingenious leaders in both the public and private sector, they’ve become amazing logistical and analytical tools to address global health challenges. Perhaps one of the best examples is the Malaria Early Epidemic Detection System – better known as MEEDs. The islands of Zanzibar, part of Tanzania, have almost eliminated malaria from their shores. To help them cross the finish line of totally ending malaria’s grip, a tool called MEEDs was created. In collaboration with the CDC and the Zanzibar Malaria Control Program, MEEDs was developed to detect the early stages of an epidemic within two weeks of onset by measuring weekly changes in frequency and incidence rates of laboratory-diagnosed malaria cases at health facilities in Zanzibar.

A public-private partnership with Selcom Wireless facilitates the data transmission from health facilities via SMS messages on cell phones and the delivery of weekly updates to the Zanzibar Malaria Control Program as well as other Ministry of Health officials. One example of their success is a MEEDs detection of an increase in malaria infections in Bumbwini. Zanzibar Malaria Control officials responded with a multi-faceted intervention including indoor residual spraying, delivery of long-lasting insecticide treated mosquito nets and provision of anti-malarial treatment. Community mobilization was set in place within one week.

Leadership needed in the fight against malaria is also coming from communities of faith. Nowhere in the world are faith networks more important or more influential than in Africa. Faith institutions – Christian and Muslim in particular – are able to reach towns and villages that often seem cut off because of limited infrastructure. And the messages that faith leaders express often carry more weight with believers than anything that health or political officials can say.

With one quarter of the world’s malaria deaths occurring in Nigeria, a coalition of interfaith groups, international organizations and Nigerian health officials are working hard to deliver malaria interventions across the country. The Sultan of Sokoto, the most powerful Islamic leader who represents 70 million Muslims, and the Catholic Archbishop of Abuja, his counterpart among Christians, launched an effort to train 300,000 imams, priests, pastors and ministers to carry the malaria prevention message to villages throughout Nigeria. I don’t have to tell you how important this unity between Christian and Muslim’s in fighting malaria impacts not only the health and well being of Nigerians – but what it means for U.S. national security.

The truth of the matter is that in order for this dramatic success to continue and to meet the goals of stopping deaths from this preventable disease by 2015, there must be the necessary financial resources. Funding gaps clearly remain, but this time is different because the financial tools to defeat malaria are within reach.

In 2002, world leaders created the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund now funds two-thirds of the world’s malaria projects. Launched in 2005, the President’s Malaria Initiative has increased funding from \$30 million to \$618 million in just a few short years. This incredible investment of resources

has enabled a rapid scale-up of proven malaria interventions, such as insecticide-treated nets and rapid diagnostic tests. While you obviously have tough choices to make in setting spending priorities, and development funding is part of that, malaria tools are proven. Their success is measurable, verifiable, and predictable. We know these tools work. We know how to conquer malaria—a disease that has killed many millions over the years.

The story is remarkable: in the last five years deaths from malaria have fallen by over 20% and malaria cases have dropped by 50% in over 40 countries worldwide. This translates into the lives saved of three quarters of a million children.

There are always challenges, and fighting malaria is not exempt. However, I am continually impressed by efforts to find innovative solutions to fighting malaria. In Tanzania, the government wanted to find a way to increase their scope of delivery of medical supplies by their supply chain to all 5,000 of their health centers in an effort to reach more of their population. However, Tanzania needed some help to develop the expertise necessary to create more effective supply chains. Smartly, the Global Fund turned to the private sector and they have now started a public private partnership pilot project together with an American organization that knows a thing or two about developing effective supply chains – Coca-Cola. Coca-Cola in partnership with the Global Fund is piloting a project to provide technical assistance to individuals in Tanzania to develop stronger, more effective and extensive supply chains. Better delivery to more places means we can fight malaria more aggressively. Truly remarkable.

So as we look to the future, it's with a great sense of hope. We've come a long way in this fight. One of my proudest achievements when I served in Congress and had the honor of sitting on this Subcommittee was our bipartisan work creating the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act.

I would argue that the commitment we made in the Lantos-Hyde legislation was and still is in our national interest. It helps us to continue to show the world who we are and what we stand for. The great news as we meet here today is that we have an opportunity to finish the job.

Thank you again for indulging me with the chance to testify today – it's nice to be on this side of the dais!

United States House of Representatives
Committee on Foreign Affairs

"TRUTH IN TESTIMONY" DISCLOSURE FORM

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee require the disclosure of the following information. A copy of this form should be attached to your written testimony and will be made publicly available in electronic format, per House Rules.

1. Name: Mark A. Green	2. Organization or organizations you are representing: Unpaid Consultant
3. Date of Committee hearing: Monday, December 5, 2011	
4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Have any of the organizations you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008 related to the subject on which you have been invited to testify? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. If you answered yes to either item 4 or 5, please list the source and amount of each grant or contract, and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.	
7. Signature: 	

Please attach a copy of this form to your written testimony.