Treating the vulnerable in conflict zones should be the main priority

**THE BATTLE PLAN** The Mentor Initiative has a very different approach to malaria. Instead of concentrating on what it sees as ‘quick-win’ areas, it aims to help the hardest to reach and the most vulnerable caught up in civil strife.

Aiming to eradicate malaria is a noble aim but it will be impossible if there is not a major shift in the attitude among governments and the health organisations they support, warns Richard Allan, Founder and Director of the Mentor Initiative.

It was set up because he noticed that although a lot of encouraging work was taking place in some African counties, the same could not be said of trouble spots.

Governments are understandably wary of passing over money that will be spent on regions wrecked by civil war or run by despots but, to Allan, that makes it all the more necessary to offer aid.

Richard Allan
Director, the Mentor Initiative

“‘The majority of work aimed at reducing or even eradicating malaria has so far picked the lowest hanging fruit,’ he says. ‘The money has gone in to stable countries with good infrastructure where you can get a lot of proverbial bang for your buck relatively quickly. So we’ve seen encouraging results from programmes in countries such as Zanzibar, Senegal, Ethiopia and parts of Kenya. The trouble is there are still countries where help is desperately needed but the funding isn’t there because of conflict, greed and corruption. We’re active in places like Chad, the Central African Republic and South Sudan, countries with protracted conflict where international donors have little or no confidence in governments, and often for good reason.

“The tragedy, though, is it’s only the people at the very top who are like this in these countries. The vast majority of the population are just like you and I. They don’t want to live in the middle of a civil war or suffer the appalling impact of conflict and displacement. It makes it all the more necessary for us to be out there helping these people.”
“We’re talking about places where people are very vulnerable and desperate for help but governments are either not providing it at all, or are just not able to meet the needs alone,” he says. “At any one time up to 60 per cent of children in the population can be sick. We’re talking about children that are liable to contract malaria four, five or more times per year, so if we can cut that down to just two we’ve done a great job.

“It’s very challenging, though, because governments don’t provide the level of aid needed to really bring malaria under control, and many aid agencies are concentrating on the more straightforward regions, yet you have huge populations isolated by conflict, or displaced and living in temporary camps or just sleeping out in the bush.

“So we go in where some others won’t and work with other NGOs and some UN agencies to deliver a coordinated relief effort to the best extent possible. We know Oxfam and a few others are the guys to work with on improving water, and partners like Medicine San Frontières, IMC, Medair, IRC and others provide the basic emergency medical services and have the doctors on the ground. So we work together, delivering a complete package of aid as possible, to those who need it the most.”