



Outbreaks, Politics, and Perspectives. Stop 1: Geneva

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ON THE ROAD

Outbreaks, Politics, and Perspectives. Stop 1: Geneva.

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Figure 1: One of many tunnels

As we all face the global health COVID-19 pandemic and I launch a new collective research project to explore the social experiences of confinement in France, Italy, and the USA, I find myself thinking back to fieldwork that I did in 2015-2016 about malaria eradication. In this previous multi-sited work, I investigated how a material object (artemisinin-based combination therapy) was used to represent, create, and challenge social and political relationships. As COVID-19 highlights, health and illness are situated within these relations. Conceptions of risk, as well as ideas about how to prevent disease and mitigate harm, make the fissures and fusions of society visible.



Figure 2: MMV offices, and more

Artemisinin-based combination therapy (ACT), a Chinese invention, has been recommended by the World Health Organization (WHO) since 2001 for the treatment of malaria. These pills are now sold and consumed throughout malaria endemic areas of sub-Saharan Africa and elsewhere. The medication is produced by pharmaceutical manufacturers in many countries, including China, India, and several European countries. In 2015, Tu Youyou, one of the scientists involved in the discovery of ACT under Mao Zedong's malaria program in the '70s, received a Nobel Prize for her work.

From 2012 to 2014, in partnership with Artepharm Pharmaceuticals, the Chinese government led an intervention to eliminate malaria from the Comoros that was met with much critique by WHO and others. This program, FEMSE (fast elimination of malaria by source eradication), was based on the mass distribution of ACT medication to everyone living in or entering the country. After two years, the program had provoked much controversy and reduced malaria prevalence in the country to very close to zero.

To explore the social and political effects of this intervention, its historical traces, and the history of the medication itself, I conducted ethnographic research in Switzerland, China, and the Comoros, a small country is comprised of three islands in the

Indian Ocean off the coast of Tanzania. Inspired by scholars such as Karl Marx and Arjun Appadurai, I considered the commodity circulated by this intervention as both representing and disguising social relationships.

I use the present photo essay to reflect upon the first phase of this fieldwork: a month-long trip to Geneva, Switzerland in 2015. I chose to visit Geneva because of its role as a global health hub, and birthplace of the many recommendations, guidelines, and funding that shape the landscape of malaria control and treatment in sub-Saharan Africa.

I began my trip to Geneva from Marseille, France, where I was living and working at the time. Although I had traveled to Geneva many times before, this trip was different. Due to a problem with the train tracks between Lyon and Geneva, all passengers disembarked at the train station in Lyon where we waited for several hours for the busses to be arranged that would take us the rest of the way. The bus trip from Lyon to Geneva seemed to take place in an underground labyrinth, foreshadowing the research trajectory that was to come.

My first morning in Geneva, I visited the Medicines for Malaria Venture (MMV) offices, located at the Movenpick Complex, a large building that housed many businesses, including a hotel and casino complex. Finding the complex was easy but locating the MMV offices within this maze of unrelated commerce was more difficult. I wandered through the long hallways and passed a gym, two restaurants, the office of the Thai representative to the World Health Organization (WHO), and the Mali consulate before finally finding the office where I intended to conduct interviews.

The primary goal of the interviews that I conducted with the agency's staff was to find out more about China's role in producing and distributing ACTs in sub-Saharan Africa. I knew that many international funding sources required organizations to follow WHO's prequalified list of brands, which only included one Chinese company. I was particularly interested in this topic, because Artequick, the medication produced by Artepharm, and used in the FEMSE program in the Comoros, was not on this list.

My interlocuter Peter spoke about Chinese ACT brands, such as Duo-Cotecxin (made by Holly Pharmaceuticals) that had sought prequalification multiple times and were rejected. "This was either because of impurities or other reasons" he stated, "no one knows except WHO."



Figure 3: ACTs not approved by WHO, but still found on the market

Another employee, Kader, emphasized the point that different countries in Africa have different malaria treatment landscapes. He described how Indian companies are now the big players in ACTs, citing companies like IPCA, Cipla, and Ajanta. “It is not neutral”, he said, these medicines are used to “negotiate political and economic relationships.”

Kader explained that, in Nigeria for example, the majority of antimalarials are found in the private sector, rather than the public system. He described how other countries are the opposite, like the Democratic Republic of Congo, where most malaria medication enters through the public health system. Peter highlighted WHO’s role as simply providing recommendations, not controlling the circulation of ACTs. “Just because an ACT is not on WHO’s list, does not mean that they are not found on the private markets of sub-Saharan African countries, or even sometimes in public hospitals. Like any other commodity, these objects circulate based upon need and value” he told me.

On one of the walls of the MMV offices, there was a bulletin board with many boxes of ACT that had not been approved by WHO but had been found to be in wide circulation in high malaria-prevalence countries. They seemed to be displayed as an example of malaria treatment gone wrong. Toward the middle of the top



Figure 4: Lobby of the Global Fund

right quadrant of the board, I identified a box of Artequick, the medication used by the FEMSE program in the Comoros that I would come to know very well in my next two research sites.

I was again surprised by the location of the Global Fund to Fight AIDS Tuberculosis and Malaria's offices, which were located in the same building as private sector businesses. Specifically, they were situated between the offices of Bacardi and Polo Ralph Lauren. Again, I guided my conversation toward China's role in the production of antimalarial medication.

Latif, my interlocutor at the Global Fund, explained that all ACT producers still rely on China as the source of the raw product used in the medication. However, he suggested that the production and circulation of these medications are complex: "There are lots of opinions, from the farmers to the users," he told me. I took notes rapidly in my field notebook as Latif rattled off the acronyms of the main "players" in malaria treatment: UNDP, RBM, UNITAID, TGF, PMI, UNICEF... I found myself a bit overwhelmed by this alphabet soup network that controlled how malaria treatment made its way to the people who need it.

Latif seemed to be concerned about emphasizing the fairness with which the Global Fund works, "We require tenders, transparency, fair competition. Procurement practices must be rigorous and



Figure 5: Road to the World Health Organization

organized. Chinese, Indian, Brazilian, doesn't matter. What matters is if they are prequalified. But we would like to support innovative companies, like those in Africa." However, at the time, no companies in Africa had made it through the pre-qualification process, and Global Fund's procurements were dominated by Indian and multi-national European firms like Sanofi and Novartis.

On my way down the long road that leads to the entrance of the WHO headquarters, I saw a man protesting, alone, but with several large signs and a metal wagon. He told me that he belongs to an organization that has been protesting WHO since 2007 every single working day from 8am until 6pm.

One of the main issues that the group has issue with is the agreement between WHO and the International Atomic Energy Agency (IAEA) which the agency from speaking freely about nuclear impacts like those caused by the nuclear accidents in Fukushima or Chernobyl. He hands me a flyer that presents quantitative data related to the Chernobyl accident that he claims WHO is hiding. "We demand that WHO acts according to the terms of its constitution and does so with total independence from the IAEA" he tells me, turning slightly pink with urgency. He also highlights the need for the agency to study the health effects of low-level radiation.

**Figure 6:** WHO smallpox sculpture**Figure 7:** Sculpture detail

As we continue our conversation, this protestor asks what brings me to the WHO. When I tell him about the interviews and observations that I have planned, he warns me that the agency is “in the pocket of big pharma.” Considering myself warned, I continue walking down the side of the road until I reach the enormous WHO headquarters.

The main building of the WHO headquarters had a cluster of three sculpted figures that, from the back, appeared to be looking up at it with adoration. When I reached the front of the sculptures, I saw a fourth figure, a healthcare worker, kneeling near the arm of a child to deliver an injection. These figures were strangely roped off because of repairs to the sidewalk nearby. The installation of this sculpture by the main entrance of the agency seemed important. The WHO is very proud of the work that it led, resulting in the global eradication of smallpox in 1977. To date, this is the agency’s most significant accomplishment. Although WHO and other institutions have been involved in malaria control efforts since the agency’s inception, the goal of malaria eradication is still far from being met.

In an email exchange with the doctor that lead the FEMSE program in the Comoros, I learned that the Chinese government’s approach was fundamentally different than WHO’s malaria control strategy. “They try to get rid of the vector, but it always comes back” he told me, “we are going straight for the source to target the parasite.” The interviews that I conducted at the WHO showed that the agency disagreed with the FEMSE approach because of the risk of side effects as well as the intervention’s potential to provoke drug resistance. However, Laura, who works in the WHO malaria program echoed the popular beliefs that I found when speaking to those not working in the sector when she stated that sometimes “the global

health agenda is being used to favorize an industrial agenda.” She went on to analyze the “Chinese” approach to public health:

The attitude is very practical. To meet a need. They pass through a bilateral approach that goes beyond international organizations. It allows them to reinforce their own networks. There are barriers that cause global repositioning of malaria treatment. The requirements of local governments, or things that are more slippery: dossiers that sit on desks for a long time without being opened, etc...These are not things that are decided with formal discussions around a table.

After I completed my interviews in Geneva, I returned to Marseille to prepare for my research in China, where I met with the team that lead the malaria elimination intervention in the Comoros, observed the circulation of pharmaceuticals, and conducted interviews with individuals involved in ACT production.

Contributor Biography

Kelley Sams is contributing faculty at Walden University and an affiliated researcher at the *Laboratoire Population Environnement Développement* (LPED), France. She is an applied medical anthropologist whose research uses visual methods and ethnography. Her current work examines social experiences related to COVID-19 in France, Italy, and the USA.