In *Lifeblood*, TIME’s Africa Bureau Chief, Alex Perry, chronicles billionaire-turned-philanthropist Raymond Chambers’ efforts in tackling the burden of malaria in Africa, as he pioneered a campaign that saved countless lives and revolutionised the provision of foreign aid in a global context. In a feat of rarely encountered success, the campaign, initiated in 2006, rallied the support of numerous highly influential individuals, corporations and organisations, and saw the distribution of 289 million mosquito nets in 7 of the African continent's countries most severely affected by the illness.

Perry outlines the strengths of the campaign – drawn from the unsophisticated yet highly effective solution of net distribution, and the application of business acumen to aid provision. Aptly labelled 'the business of caring', Chambers' approach to aid provision was centred on effective management and the amalgamation of business and aid in a three-pronged model co-ordinating political leadership, investors and the media. This effectively galvanised the efforts of traditional funders and aid organisations in accordance with the United Nations (UN) Millennium Development Goals, and saw Chambers' subsequent appointment as the first UN Special Envoy for Malaria.

Where previous efforts had failed, Chambers' approach succeeded with the valuable recognition of the need to address the malaria-poverty cycle: malaria breeds poverty, which in turn precipitates the spread of the illness. In a continent already crippled by famine and AIDS, the cost of malaria in Africa amounts to 30 - 40 billion USD per annum. With this in mind and his insight into the corruption and mismanagement of foreign aid plaguing Third-World development, Chambers took the initiative to make one of the oldest and hardest challenges in medicine a concern for the business sector.

The book begins with a startling portrayal of 'the most malarious place on earth' – Apac, Uganda – where 'the reality is that African babies are dying so that Western babies can wear organic'. Here, legal action taken by organic cotton farmers supplying First-World clothing labels halted insecticide spraying which had previously cut malaria incidence by one-half. The book comes full circle, concluding with an account of the author's return to the malaria 'epicentre' after the campaign. Testimony to the success of Chambers' efforts, Perry finds that the campaign has breathed life back into the village with profound changes.

Perry’s reporter slant on the tale is refreshing – albeit utopian at times – and is entwined with fascinating morsels on the evolutionary, historical, scientific and political contexts of malaria; from its discovery to how it shaped the course of colonisation. The author eloquently contrasts the horror of the disease with the triumphs in the struggle against it. *Lifeblood* is a captivating read for medical professionals and non-professionals alike, and is valuable to anyone concerned with healthcare development.

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