

Africa Needs DDT: World Bank at Fault

by Fiona Kobusingye-Boynes

I have been struck down by malaria dozens of times. The vomiting, high fevers, dehydration, headaches, joint pain, and disorientation were beyond belief.

If doctors hadn't helped me even when I couldn't pay, I would have been dead long ago—like my son, two sisters, and three nephews, all victims of this vicious disease. Like the husbands and children of women who work with me, making beautiful purses to earn money for malaria medicines. Like 50 of the 500 orphan children who attended the school that my husband and I help sponsor—all dead in a single year!



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It is an unspeakable tragedy.

Malaria infects 400 million Africans every year, leaving them unable to work, attend school, cultivate fields, care for their families or build our nations. It costs Uganda over \$700 million annually in lost productivity, millions of hours spent caring for sick children and parents, countless potential Einsteins, Beethovens, and Martin Luther Kings.

We could end this suffering and death, if we use every available weapon—not just insecticide-treated bednets, but insecticides, too, especially DDT. Unfortunately, too many politicians, environmental activists, and bureaucrats promote programs that don't work and tell Africans they can't use DDT, which keeps deadly anopheles mosquitoes out of our homes for six months or more, with just one spraying on their inside walls.

Thankfully, President Bush, and the U.S. Congress and Agency for International Development have begun spending more money, and using DDT and other insecticides in Uganda, Tanzania, and Angola. Other agencies are also revising their policies and programs. But one is dragging its feet.

World Bank Makes False Claims

Six years ago, the World Bank promised to spend \$300-500 million on malaria control in Africa. However, according to a study in *The Lancet*, the Bank has bungled the job.

The malaria experts who conducted the study said that the Bank actually spent perhaps \$100 million worldwide, cut the number of recipient countries in half, and claimed progress where there was none. By counting eight months as a year, the Bank made it look like its programs had suddenly slashed malaria cases by 60% in Brazil. Refusing to provide evidence to support claims that are sharply contradicted by other data, it also said that Bank programs had dramatically reduced India's malaria deaths in just one year.

It refuses to spend Bank money on DDT in Eritrea, where thousands die from malaria every year, even though this chemical has reduced malaria by 75% in at least four African countries. The Bank bought 100 million doses of chloroquine for use in India, where this drug fails to work 15-45% of the time and children die as a result. Just imagine the malpractice charges and criminal indictments that would result if doctors did something like that in the United States.

World Bank staff then argued that chloroquine is 10-20 times cheaper than Artemisia-based combination drugs—when even Bank documents specifically acknowledge that artemisinin-based drugs are the only first-line anti-malarial drugs appropriate for widespread use that still work against chloroquine-resistant malaria parasites.

The study also states that the Bank eliminated its entire malaria staff, but says it now has three full-time professionals working on malaria—for all of sub-Saharan Africa! This is completely inadequate and does nothing to alter the incompetent policies that continue to sicken and kill Africans.

Another study found that indoor spraying with DDT slashed malaria rates by nearly 75% in just a few years in Madagascar's highlands. Indoor DDT spraying, combined with insecticide-treated curtains had similar results elsewhere in the country. Despite this life-saving success, the World Bank and Roll Back Malaria have pressured Madagascar to progressively phase out DDT and replace it with an "environmentally friendly" insecticide, even though no chemical has yet been found that is nearly as effective as DDT. I can only conclude that, in their minds, environmental considerations and international criticism about DDT take precedence over African lives.

Against all this and more damning evidence, the Bank's response to *Lancet* asserts that its approach is driven by results. Just imagine what would happen to doctors and corporate CEOs who got such results!

The Bank's *Lancet* response did get one thing right. It said that, compared to the Global Fund for the Prevention of Malaria, Tuberculosis, and HIV/AIDS, the Bank has a comparative advantage in development economics, financing capacity building, and implementation support.

Put another way, the Global Fund is more competent than the Bank in disease control, and more transparent about its funding and results. It has superior staff, policies, programs, and therapies. And it gives grants, which are attractive to African countries already saddled with debt—instead of loans

like the Bank does. Instead of pretending to be a disease expert, the Bank should focus on its comparative advantages. It should build new hospitals and clinics, get them electricity and clean water, support Global Fund malaria programs, and provide stipends for doctors and nurses, to keep them from leaving Africa for countries where salaries are higher, and obstacles less overwhelming. Let the Global Fund handle malaria control.

World Bank president Paul Wolfowitz has an opportunity to change this dismal situation, end the Bank's shamefully defective malaria programs, refocus it to what it does best, improve health-care delivery, and save lives.

I'm not a doctor or politician. I'm just an African woman with a dream: that we finally end a disease that is wiping out the future of Africa—our precious children. I truly hope Mr. Wolfowitz will rise to the occasion.

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