

Toothless drugs do Africa no favours

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IT IS bad enough that the World Health Organisation (WHO), the US Agency for International Development, the World Bank and every other aid or development agency will not let DDT be bought with their funds to fight malarial mosquitoes.

Now it appears that it is not just political correctness over insecticides that these groups adhere to, but also bad drug practice: the WHO and Global Fund are supplying useless drugs to African nations. This must stop.

To stop malaria one can either kill the mosquito, which carries the disease, or kill the parasite that causes it. Bed nets, DDT and other insecticides perform the first function, drugs the second.

However, bed nets with holes in them or failed insecticides (those insects resist) do not protect humans from being bitten by mosquitoes. New nets and better insecticides must be applied. Also, there are drug-resisting parasites and when resistance grows significant such drugs must be dropped and alternatives found.

Insecticide and drug resistance is a natural perpetual problem. Like Sisyphus's mythical chore in Hades rolling a rock to the top of a hill only to watch it fall down again and repeating the process for eternity biological resistance will always be with us.

There are two ways to overcome it. The easiest is rotating the insecticides or drugs you already have. DDT is an old insecticide and one not used in some locations for a long time; it thus has lower resistance than newer insecticides which mosquitoes have grown used to. As it takes genetic effort for a mosquito to maintain resistance to an insecticide, natural selection will deselect that resistance when the mosquito no longer systematically faces that threat. So just rotating the insecticides or drugs will help.

The second, and only longterm, solution ultimately is to develop new drugs or insecticides, always keeping one step ahead of the bugs and parasites that attack us.

For malarial parasite control that means making new drugs. A recent development has been artemisinin-based drugs, which, so far, have virtually zero parasite resistance. Like all new drugs they are more costly, often because of patents, to provide the developer a profit.

Malaria drug researchers are outraged that the Global Fund for AIDS, Tuberculosis and Malaria, with WHO advice, has been buying the old antimalarial chloroquine, which costs \$0,1 a dose, but is largely ineffective in Africa because of widespread resistance. Chloroquine was an amazing drug, used effectively for more than 50 years, but it is time it was retired, at least for a decade or so, since resistance to it is more than 80% in some locations. Malaria specialists are dismayed

artemisinin drugs are not being deployed, although they cost 10 times as much to produce.

They claim lives are being lost needlessly. In other words it is better to treat fewer people properly than many badly.

It seems the WHO and Global Fund are ducking the blame by pointing fingers at each other and ultimately the health departments of the wretchedly poor countries they are meant to be helping. Dr Vinand Nantulya, senior adviser to Global Fund head Dr Richard Feacham, said: "When the fund buys chloroquine it is because a country has asked for it. We would like artemisinin-based combination therapies to be made available to all. That is the best treatment. But we don't tell nations what to use. We leave it to WHO to guide the process in terms of technical support. We're a financing mechanism."

Dr Allan Schapira, WHO Roll Back Malaria's co-ordinator, claimed it would be better if countries asked the fund to back artemisinin-based treatments. He also said at least the combination therapies using chloroquine they were asking for were better than chloroquine alone.

In short, WHO's Roll Back Malaria should be more strongly advising countries to use artemisinin, and the fund should be providing these drugs, but apparently the poor countries are asking for the wrong drugs and it's mainly their fault. But according to Doctors Without Borders, there is widespread confusion on which drugs WHO is recommending in Africa. It originally promoted artemisinin-based drugs in 2001, but given the cost is now back-peddalling.

Ultimately, all aid or health agencies are falling down on the job. Prof Bob Snow of the Kenyan Medical Research Institute says the fund is doing a poor job at peer-reviewing proposals from developing nations, and the WHO is not providing technical leadership nations deserve.

Meanwhile, in the time it has taken you to read this far, at least five children in Africa have died from malaria, a preventable and curable disease. Only SA, which is using DDT and artemisinin-based drug therapy, has malaria firmly under control, and it does not get aid agency funds as it is fortunately rich enough to fund its own programmes.

The rest of Africa had better adopt western democratic institutions and get rich quick, because those sent to help them are failing them.

Dr Bate is a director of health advocacy group Africa Fighting Malaria.