

**Written Testimony on behalf of Africa Fighting Malaria by Roger Bate,¹ Richard
Tren² and Philip Coticelli³
House Subcommittee on Africa and Global Health
Wednesday 25th April 2007
Room 2172 of the Rayburn House Office Building.**

Dear Mr. Chairman:

Thank you for inviting Africa Fighting Malaria to submit written testimony to this most valuable hearing. Africa Fighting Malaria is a health advocacy group based in South Africa and the US. We monitor the activities of aid agencies and health groups in Africa, and in other parts of the world, and advise those interested in policies to combat malaria and other diseases.

A Time for Progress

The past 18 months have been an exciting time for those interested in malaria control. President Bush's announcement of the President's Malaria Initiative in June 2005 brought not only increased political attention to the disease, but a significant increase in financial resources. In 2006 the newly appointed head of the World Health Organization's (WHO) Global Malaria Program, Dr Arata Kochi issued new malaria treatment guidelines, the first in 20 years. In September 2006, Dr Kochi issued new policy guidelines on Indoor Residual Spraying, which recognized that this important intervention has been overlooked and should have a more prominent role in malaria control. In addition to these changes, there has been a surge in interest in malaria from the public and a significant increase in the number of private and faith-based initiatives that contribute to malaria control.

Africa Fighting Malaria strongly welcomes all these initiatives and the increased partnerships in malaria control that could benefit disease control significantly. However we would caution against unbridled optimism. As we point out in three papers that we are issuing in connection with Africa Malaria Day, there is ample scope for improvement among both donor agencies and UN organizations.

We have given summaries of these papers below along with links to the publications.

Most donor agencies have pledged to meet the Millennium Development Goals, one of which is to “[h]alt and begin to reverse the incidence of malaria and other major diseases” by 2015. Many donors and UN agencies supported the Roll Back Malaria Partnership's goal of halving the “burden of malaria” by 2010, starting in 1998. Unfortunately few donors or UN agencies put any significant effort into measuring baseline malaria prevalence and efforts to monitor progress towards that goal over time have been both scant and inadequate. With no starting point and no means of knowing

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whether progress was being made, the targets were illogical and the promises made by donor agencies were pointless, if not insulting to the millions of people at risk from malaria.

Make Goals Meaningful and Measurable

In our working paper, “*Africa Malaria Day 2007: Time for a Check Up*” AFM Director Dr Roger Bate and research assistant Kathryn Boateng expose the pointlessness of target setting in malaria control and point out the damage that such targets can do. Bate and Boateng conclude:

“As fund-raising efforts and urgent press statements are prepared for yet another Africa Malaria Day, we are confronted by certain harsh realities. After all this time, tracking the progress of the UN Millennium Declaration's efforts towards its MDGs and the effectiveness of measures taken still remains elusive. Has the existence of the MDGs changed pre-existing trends in performance? Currently, one can only guess. Blind donor support for the MDG malaria initiative, which still shows no scientifically-measurable progress towards significant malaria control after a seven year life-span, is thus both irresponsible and wasteful. Only USAID's PMI is tracking whether its specific interventions are lowering malaria incidence and death, and the data they generate while useful, will not suffice to establish whether an MDG target has been hit for a particular country. Those whose lives depend on western aid, currently fixated on the MDGs, have not been well served and deserve better. Donors must remember that it is highly risky to continually throw funds toward any organization without serious consideration of its effectiveness or to continue to support and promote a target that is not being measured properly.

It is time for groups such as the GFATM and the PMI to seriously reconsider their support for the malaria MDGs. These groups and other donors need to decide whether they are serious about measurement and the goals of the MDGs or not. If donors are serious they will have to fund the collection of detailed and coordinated information regarding malaria death rates. On the other hand, donors could, and probably should, abandon the MDGs and simply be more honest with the international community about what is measurable and achievable and then promote their success stories. But staff at donor agencies are undoubtedly concerned that their political and financial backers will not appreciate such honesty in a field that thrives on obfuscation and good intentions.

Those seriously working towards actual achievement of the MDGs must work harder to better address the challenges of on-ground realities and inadequate data. Otherwise, come 2015, Africa's malaria woes could still be featured prominently on the global development radar and the MDGs would be referred to, if at all, as yet another well-intentioned target leading to another unsuccessful development effort. By then, the GFATM and the PMI may have continued to do good work but could have lost their credibility and support because of aid fatigue due to MDG failure.”

How Donors are Doing: Do We Know?

In a related paper, Africa Fighting Malaria has published its *Malaria –Donor Scorecard*. With the increased political attention and funding available for malaria control, there are more initiatives and programs than ever before. AFM is curious to know what the major OECD bi-lateral donor agencies are doing for malaria control, how their policies relate to the WHO guidelines and what the agencies are doing to improve monitoring and evaluation so that we can assess whether their spending affects malaria cases and deaths. For these reasons we approached the OECD and 23 of the OECD bi-lateral donors.

AFM believes that without increased openness and transparency among the donor agencies, progress against malaria will be frustrated. Unless malaria scientists, the advocacy community and perhaps most importantly, those at risk from malaria, know what bi-lateral donors are doing, it will be very difficult to critically assess their programs and contribute positively to their efforts. For the reasons explained above in our MDG paper, we feel that it is incumbent on the donor community to improve monitoring and evaluation so that we know the effect of spending on malaria rates; for far too long donors have measured successes according to commodities procured. Private companies cannot declare their pre-tax profits as the sum of expenditure on inputs. In the same way, donors should not be permitted to declare successes in malaria control in terms of commodities procured. Donors can and should measure progress in malaria control according to changes in the disease burden, such as morbidity and mortality data and/or parasite prevalence surveys.

Given the important and far-reaching reforms made to the USAID's malaria control programs, we were able to benchmark other donor agencies against USAID. Few donors match up to USAID's responsiveness to our requests for information and none are as transparent with regard to explaining how, when and where taxpayers' money is being used in malaria control. In addition, USAID appears to be one of the few donor agencies that is taking monitoring and evaluation seriously, although even in this category there is room for improvement. Unfortunately more than half of the donor agencies studiously ignored our repeated requests for information which therefore earned them an automatic failure as one of our primary goals in this project was to measure openness and transparency.

We conclude that “[w]ithout improved transparency and better monitoring of outcomes, AFM fears that the latest round of political focus on malaria will fade, along with much-needed funding. Unless donor agencies become far more explicit about how they spend their taxpayers' money in malaria control a unique opportunity truly to control malaria as a serious public health threat will be lost.

Reforms to the OECD system of collecting data on bilateral donor commitments to public health programs are urgent and necessary. We find that the information collected by the OECD on bilateral healthcare funding is out of date, incomplete and possibly inaccurate. Improving this system with better and more timely reporting of data from the donor agencies themselves would be an obvious step in the right direction and would improve transparency.”

Critical Importance of Evaluating Net Effectiveness

Our final paper “WHOPES and Its Impact on Long-lasting Insecticidal Treated Net Availability” written by Philip Coticelli deals with the World Health Organization’s Pesticide Evaluation Scheme (WHOPES) and the market for long lasting insecticide treated nets (LNs). In 2004 the WHO and other Roll Back Malaria partners called for a scale up in the production of LNs. Most malarial countries do not have sufficient regulatory capacity to perform the tests that would determine whether or not a net marketed as an LN is actually an LN. In addition, these countries do not have sufficient testing facilities to determine whether the insecticides are safe for humans and effective against the *Anopheles* mosquitoes. For these reasons, most countries require that an LLN has passed WHOPES Phase II tests and is given interim approval before they will allow the nets to be marketed in their country or procured by a development partner for free distribution.

The call for increased production capacity for LNs was heeded by several private companies, however only two companies, Sumitomo which markets Olyset, and Vestergaard-Frandsen which markets Permanet, have been given either full approval (Olyset) or interim approval (Permanet) from WHOPES. Several companies have waited more than two years to be given approval by WHOPES even though scientific studies have been conducted confirming that some of these nets are safe and effective and can indeed be classified as LNs.

WHOPES is, in effect, acting as a barrier to entry for new LN manufacturers and has created a duopoly for Sumitomo and Vestergaard-Frandsen S.A. AFM firmly believes that the people at risk from malaria will benefit from increased competition that will increase the range of options available to them and will bring down prices, as competition inevitably does.

AFM finds it troubling that one of the LN duopolists, Vestergaard-Frandsen uses its position and power to undermine other non-LN anti-malaria interventions. For instance, Mr Mikkel Vestergaard-Frandsen, owner and founder of Vestergaard-Frandsen S.A. has been a vocal critic of indoor residual spraying and the use of DDT in malaria control, even though there is strong scientific evidence to confirm that this method of malaria control is highly effective. Given the clear commercial incentives that Mr Vestergaard-Frandsen has in ensuring that any non-LLN intervention is undermined, AFM hopes and trusts that his efforts to undermine IRS will be dismissed.

Coticelli concludes “... For all its commendable efforts, WHOPES has been inconsistent and has unintentionally acted as a barrier to market entry. Its reviews and recommendations are valuable, but they should incorporate a wider body of data and fast-track promising technologies. No new products will receive interim recommendation before January 2008, so RBM donors should decide now which ones qualify based on available data and let them compete for public contracts. UNICEF supply agreements should be a guide. Its factory and product evaluations could serve a formal regulatory

role for new and existing LNs in countries lacking regulatory capacity. Donors must make outcomes as much a priority as inputs. For years they have invested public funds on nets without rigorously monitoring results or measuring the impact on malaria cases and related deaths. Strengthening epidemiological surveillance will help all concerned to understand which nets work best.”

Conclusion

Mr. Chairman, Africa Fighting Malaria has long been involved in malaria advocacy and firmly believes that the prospects for malaria control are brighter now than they have been for many decades. We thank you for your leadership and for holding this hearing and we urge you and all of Congress to maintain its interest in this disease and to take an active role in oversight. If the United States does not maintain its leadership in malaria control, we fear that efforts to control the disease will wane and any ground gained will be lost.

AFM hopes that your committee will take the concerns that we raise in our three papers seriously and will use its position to effect much needed reforms in these areas.

Thank you again for the opportunity of submitting written testimony.

Links to AFM Research Papers

Philip Coticelli “WHOPES and Its Impact on Long-lasting Insecticidal Treated Net Availability” Africa Fighting Malaria, Washington DC, April 25, 2007

www.fightingmalaria.org/pdfs/AFM_WHOPES_LLN.pdf

Africa Fighting Malaria “Malaria-Donor Scorecard” Africa Fighting Malaria, Washington DC, April 25, 2007

www.fightingmalaria.org/pdfs/AFM_Scorecard_report.pdf

Malaria-Donor Scorecard Summary:

www.fightingmalaria.org/pdfs/afm_scorecard.pdf

Roger Bate & Kathryn Boateng “Africa Malaria Day 200&: Time for a Check Up” Africa Fighting Malaria, Washington DC, April 23, 2007

www.fightingmalaria.org/pdfs/MDG_AFM_final.pdf