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## Commentary

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# 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!



Fiona Kobusingye-Boynes

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.

*Fiona Kobusingye-Boynes is coordinator of the Congress of Racial Equality's Uganda office. A farmer and businesswoman, she is a tireless advocate for human life, human rights and effective malaria programs. She can be contacted at fiokob@yahoo.com.*

## Who's Stopping DDT From Saving Lives?

by Marjorie Mazel Hecht

As malaria continues to kill one child every 30 seconds in sub-Saharan Africa, and 500 people per day in Uganda alone, officials in the European Union have threatened to ban agricultural imports from Uganda if the country begins to spray the indoor walls of houses with DDT to combat the mosquito-borne disease. Indoor spraying with DDT is by far the most effective preventive against malaria. Ironically, some of these EU officials might not be alive today, if their parents and grandparents, soldiers and civilians, had not been dusted with DDT to kill the lice that spread deadly typhus, during and after World War II. The pre-World War II generation was not so fortunate. Without the benefit of DDT, typhus killed 3 million people, and sickened 20-30 million more just after the World War I.

Malaria is Africa's biggest killer. Ninety percent of the world's 1-2 million malaria deaths per year are in Africa, and most of those are women and young children. Another 500 million people suffer a malaria attack every year, enduring suffering and debilitation. Yet, the major funders of anti-malaria campaigns, such as the World Bank, spend nothing for DDT or pesticide spraying. (See accompanying op ed by Ugandan activist Fiona Kobusingye-Boynes.)

Until this year, the same was true of the U.S. Agency

for International Development's anti-malaria program, the World Health Organization anti-malaria program, and that of various other United Nations organizations. But after Congressional hearings in 2004 and 2005, and persistent lobbying from Africa Fighting Malaria, the Congress of Racial Equality, malaria scientists, and others, in December 2005, the USAID reversed a 34-year U.S. policy of not funding any program involving DDT use or pesticide spraying in Africa.

USAID spokesmen also insisted, in response to criticism, that the agency never had any official ban against DDT use. This is not true. After the 1972 U.S. ban on DDT, USAID policy was not to fund any development projects using a pesticide that was banned in the United States.

In 1986, Secretary of State George Shultz reinforced this policy in a telegram to all embassies stating: "The U.S. cannot, repeat cannot, participate in programs using any of the following: (1) lindane, (2) BHC, (3) DDT, or (4) dieldrin." As entomologist and DDT champion J. Gordon Edwards noted in his article "DDT: A Case Study in Scientific Fraud," published in the *Journal of American Physicians and Surgeons* (Fall 2004), "Millions of poor natives in tropical countries died as a result, from starvation or from malaria and other insect-transmitted diseases. The term 'genocide' is used in other contexts to describe such numbers of casualties."

Entomologist Donald Roberts, Professor of Tropical Public Health at the Uniformed Services University of the Health Sciences, in his testimony to the Senate Committee on Foreign Relations in October 2004, reported that when Vietnam ran out of DDT for its spraying program, the USAID, international organizations, and foreign donors refused to fund the purchase of DDT.

The truth here is not just USAID's non-funding for DDT: Of the \$80 million in the USAID budget for malaria control in 2004, 80 percent went to "consultants" and 5 percent to purchase of bed nets.<sup>1</sup> Nothing was spent for pesticide purchase, or malaria medications! The World Bank record is similarly abysmal, as an article in the British medical journal *The Lancet* documents. Millions of dollars, and none that purchases pesticides<sup>2</sup>

Another critical factor in the return of malaria is the policy of the World Health Organizations and other agencies to insist on decentralizing the aid, and eliminating national public health infrastructure programs, such as that in Vietnam. Roberts reports that this destructive action followed a World Health Assembly resolution in 1985, which called on countries "to decentralize their malaria control programs by moving malaria control into primary health care systems."

1. Roger Bate and Benjamin Schwab report on USAID funding in "The Blind Hydra: USAID Fails to Control Malaria," published by the American Enterprise Institute, April 22, 2005.

2. Amir Attaran et al., "The World Bank: False Financial and Statistical Accounts and Medical Malpractice in Malaria Treatment," *The Lancet*, April 25, 2006