Q & A with Roger Bate and Richard Tren:

Two Public Health Experts on the Persistent Problem of Malaria in the Developing World and Developed Nations' Response

Roger Bate

CEI recently interviewed Dr. Roger Bate and Richard Tren, co-founders of African Fighting Malaria (AFM), a not-for-profit health advocacy group based in South Africa and in the United States. Founded in 2000, AFM conducts research on the political economy of diseases and disease control in developing countries. They are also co-authors of the CEI monograph When Politics Kills: Malaria and the DDT Story*. Dr. Bate is currently a visiting fellow at the American Enterprise Institute. He holds a Ph.D. from Cambridge University. Richard Tren is AFM's Director. He has written extensively on malaria and health development policy. They answered some questions jointly.*

CEI: Although malaria affects millions in the developing world, few people in industrialized countries are aware of its devastating impact. How did you become aware of this scourge? And what prompted you to start Africa Fighting Malaria?

Roget Bate: I was conducting research on water in South Africa in the late 1990s when an explosion of malaria occurred. It became apparent that ceasing the use of DDT in 1996 was the cause. Since there was a strong movement to ban DDT worldwide, and given South Africa's experience, I thought it was essential that some group stood up for DDT, and hence Africa Fighting Malaria (AFM) was born.

Richard Tren: Even though I grew up in Johannesburg, South Africa, which is free of malaria, any trip to the bush meant having to take malaria pills. And I had always heard about the disease from my parents and grandparents. In 1997, when I moved back to South Africa after having lived in the UK for around 10 years, the country was in the grip of a major malaria epidemic, and for me it stopped being a disease that my grandparents may have suffered from. It was a disease that was killing hundreds of young, vital people only a few hours' drive from my home.

I had been writing about environmental policy and was becoming increasingly frustrated with the Western environmentalist agenda and its effects on Africa. When I heard about the attempts of Western countries and green groups to ban DDT while thousands were suffering from malaria I became almost speechless with anger. Roger and I started this NGO and I think have been very successful in fighting back attempts to stop the use of the chemical.

It is revolting that the people wanting to ban DDT pretend that they somehow have people's best interest at heart and are acting for the greater good. Green groups, governments, and donor agencies have assumed the moral high ground and yet their actions kill. They kill people who are too young to read or write. They kill people who just want to go to school, get a good job, and perhaps build a bright future, but cannot build that future because powerful, well-funded groups based in safe, healthy countries with plenty of food and electricity won't let them. The people behind these groups should be utterly ashamed of themselves; they romanticize the poverty, filth, and ill health in Africa, while stopping public health officials from using DDT to give children a safer, healthier future.

Richard Tren

CEI: Besides killing or incapacitating millions of people annually, what other effects does malaria have on developing nations?

AFM: Malaria has played a significant role in thwarting development in the poorest countries. Both the short- and long-term development effects of malaria are significant, because so many people are severely affected by the disease. In some areas, malaria sufferers occupy almost one third of all the hospital beds, and one malarial bout can put a person down for almost two weeks. The recovery time, coupled with malaria's frequent occurrence during the harvest season in Africa, has a devastating effect on economic growth. For example, one study showed that families sickened by malaria are only able to clear 40 percent of the amount of land that healthy families clear for crops. Moreover, Jeffrey Sachs, the Director of the Earth Institute at Columbia University, estimates that over a 15-year period malaria alone reduces a country's gross national product by 20 percent.

CEI: Researchers regard DDT as an

effective weapon against malaria, but many international aid agencies refuse to fund its use. Why are these aid agencies so reluctant to use this chemical?

AFM: The vast majority of 60 years of evidence agrees with the opinion of the National Academy of Sciences: "[T]here is still no clinical or epidemiological evidence of damage to man from approved uses of DDT."

Donor agencies, under pressure to conform to Western environmental standards, are reluctant to fund any indoor residual spraying—which kills insects long after the insecticide's application—and are particularly unwilling to fund the use of DDT in malaria control. The Swedish International Donor Agency (SIDA) claims that it cannot fund the use of DDT in poor countries because it is banned in Sweden, but SIDA fails to take into account the different risks that Africans face. If malaria killed between one and two million Europeans every year and DDT was one of the few effective weapons against the disease, one could be sure that most European governments would sanction its use—as indeed they did when malaria was a problem in Europe. The argument that Africans shouldn't use technology because the West finds that technology unacceptable simply dresses up a callous disregard for human life in politically correct egalitarian camouflage.

CEI: Recently, a group of researchers, writing in the British medical journal *The Lancet,* accused the World Health Organization (WHO) and the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) of medical malpractice for providing developing nations with ineffective medicines. Are these authors correct in their assertions?

AFM: In some countries the drugs are ineffective in over 80 percent of cases, and on average maybe over 25 percent, which is a significant failure of both GFATM and WHO. Their defense is that it takes time to change front-line treatments since training, educational materials, and supplies have to be made. The WHO claims it may take five years to change from the ineffective drugs to the newer, more effective Artemisinin Combination Therapies, but it should be possible to do it faster than that. Indeed, I have seen it done in a matter of days in some locations. The reality is that both WHO and GFATM dropped the ball, paying more attention to AIDS and funding matters.

CEI: Could you explain the intent of the Persistent Organic Pollutants (POPs) Convention? How has it compounded the effects of malaria?

AFM: Persistent Organic Pollutants are designated by the United Nations Environment Program (UNEP) to be "chemical substances that persist in the environment, bioaccumulate through the food web, and pose a risk of causing adverse effects to human health and the environment." The Stockholm Convention on Persistent Organic Pollutants centers on the elimination of 12 POPs, one of which is DDT.

DDT is considered a persistent organic pollutant, although, as it is used to prevent malaria, it poses little environmental risk in that use. The Convention initially intended to phase out the use of DDT by 2007, but due to the timely intervention of some public health organizations and some countries, the Convention now permits the use of DDT for controlling disease-bearing vectors.

The Convention stipulates that DDT may only be used in accordance with WHO recommendations and guidelines and only when "safe, effective, and affordable alternatives are not available to the Party in question." However, the desirability of this statement becomes obvious when one considers the nature of mosquito control.

Insecticides such as the carbamates, synthetic pyrethroids, and DDT are effective in indoor residual spraying. However, mosquitoes are becoming resistant to synthetic pyrethroids, and carbamates are expensive, twice as much as synthetic pyrethroids and four times as much as DDT.

If the price of carbamates were to drop dramatically, malaria control programs in poor countries would have a safe and affordable alternative to DDT, but they would also have only one reliable insecticide for malaria control. This would be highly risky. Good pest management practice requires the rotation of insecticides. Until the invention of more effective techniques or pesticides, malaria control programs would probably still need to use DDT in order to manage insecticide resistance.

Under the terms of the treaty, parties to the Convention (The Conference of Parties or COP) will gather every three years to determine whether to keep or to withdraw this exemption. Given the success that environmentalist lobby groups have had in swaying opinion at COP negotiations and the poor representation that most malarial countries have, it is conceivable that the COP could rescind the exemption even though public health programs would still need DDT. At the final negotiations of the text of the Stockholm Convention in Johannesburg 2000, there were approximately twice as many environmentalist delegates as there were representatives from all sub-Saharan African countries. It was environmental groups like the World Wildlife Fund that pushed for the outright ban, even though they now try to deny it.

In all, while the Stockholm Convention recognizes the ongoing need for DDT in public health programs, it will most likely severely undermine public health efforts, removing decision making from health experts and scientists in developing countries and burdening poor countries' governments with excessive reporting and bureaucratic requirements.

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