Guilty of 'malpractice'

By Richard Tren/ Roger Bate
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As President Bush's speechwriters work on his State of the Union address, they should note a claim made Friday in the British medical journal the Lancet, that medical malpractice is occurring in the supply of useless malaria drugs to Africa. The authors, a who's who of the malaria research world, point the finger at the World Health Organization and the Global Fund for AIDS, TB and Malaria (GFATM), for this deadly policy failure.

In 1998, the WHO said it would halve malaria deaths by 2010. Today, halfway through the allotted time, malaria deaths are increasing globally. The WHO recently blamed energy policies and climate change for the increase, but its own policy failures are responsible. Furthermore, the GFATM has been spending more money buying ineffective drugs to treat malaria patients in Africa than on effective drugs.

AIDS activists and Democrats, who attack Mr. Bush for his miserly funding of these agencies for the treatment of AIDS, should acknowledge that the Bush administration is right to retain control of its aid, since it is far from certain the Geneva-based multilateral health agencies can be trusted.

For many decades, malaria patients around the world could rely upon chloroquine to cure them of the parasitic disease. When this drug began to fail during the 1970s, sulphadoxine-pyrimethamine (SP) took its place, but that, too, began to fail as the parasite developed resistance to it. The most effective drug at the moment, Artemesinin, is based on an ancient Chinese herbal remedy: an extract of the sweet wormwood plant. When used in combination with other drugs (Artemesinin Combination Therapies or ACT), it not only clears parasites from blood faster, but also greatly reduces the chances that drug resistance will develop.

Like all new patented drugs, Artemesinin-based therapies are more expensive than both chloroquine and SP (both off patent), mostly because the process of extracting the active ingredient from the plant is very costly. The unit cost of chloroquine is around $0.13. SP is around $0.14, while ACTs cost anywhere between $1 and $3.

Cost should not be an insurmountable problem for African countries, as the whole idea behind the GFATM was that it would provide funding for the expensive drugs that these countries could not afford. Yet, according to the Lancet study, in the two most recent funding rounds, the GFATM has spent more on chloroquine and SP (a total of $38.5 million), while ACTs only received $16.1 million. Because of the price differences, this means that around 10 times more people are being treated with failing drugs than with the drugs that actually work.

For some countries -- such as Senegal and Kenya, where the treatment failure rates can be as high as 50 percent -- the GFATM's funding decisions are deadly. Not only will people die because of the useless drugs, but the ongoing prescription of these medicines means that drug resistance will be exacerbated and spread to other areas.

Far from providing guidance on this matter, the WHO has been sanctioning the use of these ineffectual drugs. WHO country representatives in Uganda and Ethiopia reviewed GFATM funding proposals and supported them, despite the fact that the Lancet study points
to "obvious errors of scientific and medical judgement."

South Africa is in a fortunate position, since the government can afford to fund its malaria control entirely from the national fiscus. This means that it has been able to introduce ACTs in both KwaZulu Natal and Mpumalanga Provinces. The result is falling malaria rates, which are now near an all-time low.

The authors of the Lancet paper call for, among other things, clarity on malaria treatment guidelines from the WHO and a "green-light committee" made up of malaria experts who can critically assess funding proposals and ensure that effective drugs are delivered.

The growing scandal over funding for malaria treatment should be setting off alarm bells in Washington. The WHO and GFATM seem loathe to buy patented drugs, whether for malaria control or AIDS. But buying off-patent drugs that don't work is unacceptable.

Mr. Bush has promised significant amounts of money for HIV/AIDS, some of which will go to the GFATM. Yet, if the GFATM cannot get it right over malaria drugs, one wonders if it can sustain decent AIDS treatment. Thousands of African children are dying needlessly from malaria because of negligent policies; African health ministers and President Bush should take the health bureaucrats in Geneva to task over this.

*Richard Tren is a director of the South African health advocacy group Africa Fighting Malaria. Roger Bate is a visiting fellow at the American Enterprise Institute. Their paper on South Africa's control of malaria will be published next month by the Cato Institute.*