

Getting Practical in Controlling Malaria

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Many international assistance programs fail because they are badly designed and/or too complicated. The result is that the poor don't get the help they need, and taxpayers in rich countries lose confidence in the use of their aid funds.

A case in point has been malaria control. If rich countries adopt simpler and more practical strategies to help Africa fight malaria, they can save millions of Africans while building enthusiastic support among their citizens.

Malaria is a killer disease transmitted by a specific species of mosquitoes. It depends on warm temperatures, and thus is largely a tropical malady. Africa turns out to be especially unlucky, because it has a combination of high temperatures and the mosquitos that are likely to transmit the disease. As a result, Africa accounts for 90% of all malaria deaths in the world – including roughly two million children per year.

Yet even in Africa, Malaria is largely preventable and completely treatable at low cost. Up until now, there has been far too little malaria control. Prevention is best accomplished by modern anti-malaria bed nets, which are treated with insecticide. These nets cover people while they sleep, and repel or kill the mosquitoes, which tend to bite during the night. The nets reduce the number of bites, and the amount of illness, but they do not eliminate them. If people get bitten despite the nets, they require treatment within a few hours of the onset of symptoms.

There are two major obstacles to solving the malaria problem. First, Africa's poor cannot afford insecticide-treated bed nets and the correct medicines. Many end up taking cheap medicines that are not effective because the malaria parasite has developed resistance to them. Second, African villagers lack access to cars or trucks, so they have to walk several miles to reach a clinic. An infected child is often dead or comatose by the time a mother reaches a clinic.

If rich-country governments thought practically about malaria and recognized that it is a full-scale emergency, they could support simple and practical solutions: bed nets and timely access to medicine. Rich countries would buy bed nets from companies that produce them and work with African governments to distribute them free of charge to every African household. And they would work with African governments to ensure that the correct medicines are available for quick use within each village.

There are one billion people living in rich donor countries, and the total cost of comprehensive malaria control in Africa – giving bed nets at no cost to all Africans, and providing the right medicines within every village – is around \$2.5 billion per year, or just \$2.50 per citizen of the rich countries.

But the rich countries have instead adopted failed strategies. Rather than giving away bed nets, rich-country organizations like the United States Agency for International Development try to sell them to the extreme poor, albeit at heavily discounted prices. This policy reflects a shortsighted ambition to promote markets rather than the direct and over-riding goals of saving lives and removing

bottlenecks to long-term economic development. The tragic result has been extremely low use of nets throughout most of Africa, since impoverished people lack the purchasing power to buy nets.

Second, donor governments have failed to promote simple ways to ensure the availability of medicines in villages across the continent. Rather than shipping medicines to each country on the basis of estimated needs, donor agencies have set up a complicated purchasing system that has led to years of delay in getting medicines to the villages.

The pharmaceutical industry, led by Novartis, has been way ahead of donor agencies. Novartis has agreed to make these medicines available at the cost of production. But, despite Novartis's large production capacity, donor agencies have failed to order, buy, and ship the medicines in the required amounts.

Malaria control now faces a period of increasing urgency, as well as renewed hope. Malaria is spreading, and new scientific evidence indicates that people infected with HIV are more likely to transmit it to others when they are also infected with malaria. But there is also a growing realization that malaria is a disaster that must be addressed. US President George W. Bush has launched an important new initiative to help 15 African countries to control malaria, and hosted an unprecedented White House summit in December to rally private-sector support.

Similarly, the Chinese government, the World Bank, and the Islamic Development Bank have recently announced plans to scale up their contributions to the fight against malaria. A major new citizens' initiative called Malaria No More is raising private funds to distribute anti-malaria nets.

People across Africa have shown that they are ready to mobilize their efforts if we offer practical means to help them. The world's safety, including the safety of people living in rich countries, depends on the global community's ability to prove that it will come to the aid of all who are in desperate need. Aid can work wonders if it is practical and directed to those in need. Malaria control can demonstrate this world-saving lesson once again.

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