

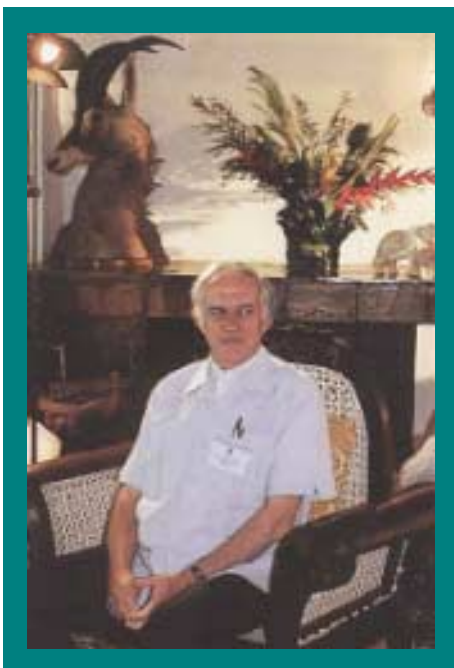
Malaria

AND INFECTIOUS DISEASES IN AFRICA
PALUDISME ET MALADIES INFECTIEUSES EN AFRIQUE

STATEMENT BY HON.
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AT THE CLOSING SESSION OF THE
3rd PANAFRICAN MALARIA CONFERENCE
NAIROBI, JUNE 1998



Thank you Mr. Acting Chairman,

I have three growing children and it is our practice in the evening to read stories from children's books. One story I read to them the other day, was about "*Alice in Wonderland*". And as you know she kept getting short and taller, short and taller all the way through the book. At one point she found herself exactly three inches high, and was walking through long grass and found herself face to face with a caterpillar sitting on a mushroom. She engaged the caterpillar in a conversation and they had some very strange things to say to each other. At the end of the conversation the caterpillar said, "well, I should think it is time for you to go now, because you don't want to stay here forever". So Alice said, "Well which way

should I go?". And the caterpillar said," well it depends where you want to get to, of course". So Alice said, "well, I really don't mind where I get to". So, the caterpillar said "well, it doesn't matter which way you go to then, does it?" and I think that illustrates our problem with the management of situations in Africa, like malaria. We want to go somewhere, but we don't really mind where we go, as long as we get from the point we are at. I think this conference is very useful in trying to crystallize our approach to malaria, to make some sort of cohesive, conceptual arrangement whereby, we can focus our activities onto the commitment which we have at last got. I believe from the global community that, malaria and its consequences to Africa is a moral disgrace which is no longer tolerable in civilized society. Malaria has at last become a political issue and I will repeat some of my advice earlier in this symposium that we should take hold of the political arm, worse or whatever it may be, and lead it in the correct direction so that we can challenge malaria finally for good.

First of all, we've to recognise the differences between our continent and other regions in the world where malaria occurs. The stark difference between South East Asia and Africa where the case fatality rates are so much more severe in our case as compared to those in South East Asia. This syndrome of neglect of the needs of the South especially of Africa is the combination of the decolonization process which occurred subsequent to the 2nd World War which involved the economically powerful countries, and I think we can illustrate the relative importance in the minds of those who have the power to act definitively by contrasting the reaction of the North to 20 cases of new version Jacob-Creutzfeldt syndrome or subacute spongiform encephelopathy disease (BSE) and the amount of money, time and expertise which were spent on looking into that issue versus millions of children we've lost in Africa to a disease which is preventable and treatable and manageable with resources which are already available.

I suppose it is the quotation of Joseph Stalin who, when his daughter died, wept bitterly

and wouldn't be consoled for nearly a week. When his commanders came to him and said "Mr. Stalin, your daughter has died; but there are thousands of people dying everyday in this war with Germany". Stalin's response was "One death is a tragedy, a thousand is a statistic" and therefore a million is even more of a statistic. And we have to translate that statistic into realistic political conviction to the consciences of those who are not medically involved, and the consciences of those who have the ability to put their shoulder to the wheel. We heard a depressing paper this morning and I was very glad to have heard it because it confirmed my worst fears, and that is there is virtually no investment in anti-malaria drug development in the commercial sector of the pharmaceutical ethical organisations, probably less than \$ 30 million every year. So in that respect, while we are faced with the spectre of drug resistance to try the trusted and cheap anti-malarials, we've nothing to put in their place. That should make us all move with utmost of urgency with the arms, the abilities, the methods, that we have already. Of course the group which will benefit from new drugs is the poor, and they cannot afford to buy them so there is very little point if your philosophy is to look after your shareholders rather than the stakeholders. There is very little point in developing a drug for the poor! Dr. Wellcome must be turning in his grave.

There is a very close comparison of the attitude towards malaria in Africa to the attitude towards AIDS in the United States in the early 1980's. Just as in Africa, the target population is thought to be of no importance, economically and politically. In the USA, AIDS was thought to be a disease of a community which people didn't want to know about, the homosexuals; and therefore development of strategies to control as it was then called GRID were delayed by political deceleration. The tragedy is even deeper however. All anti-malarials except perhaps those with the sulfones started as a result of chemists analysing herbal treatments used by indigenous communities which were subjected to malaria and virtually all of these originated in the developing countries.

We have to reclaim the right to get that treatment to our people by whatsoever means may be at our disposal, because the alternative is too horrible to contemplate. Polemical traps such as Rachel Carson's *Silent Spring* have significant fallout problems for Africa, because we can now no longer use a persistent anti-vector stratagem which had proved its worth over the years and in fact was instrumental in controlling malaria in South America. We now have to go to very expensive, bio-degradeable and therefore non-persistent pyrethroids and synthetics. We've forgotten about a lot of the lessons our forefathers learnt. It used to be the practise to go and look in places where people suffering from malaria came from so as to identify the source of the infection. We've forgotten that public health initiative. We now concentrate on case management. We've forgotten about larviciding during the off-season, so that we can prevent at least the last batch of larvae material. We've forgotten about finding the over-wintering sites in those areas where there is seasonal variation. We haven't even decided what is the best time of the year to put in environmental measures. We've forgotten that Musolini among the other bad things that he did, did one very good thing, and that was to drain the swamps of the river Tiber thereby eliminating malaria from Italy, and in fact the FAO building is now sited where the very last swamp of the Tiber once was. And that was the last malaria infested area in continental Europe. We've forgotten about barrier methods, very simple things. We can catch that bug that keeps on eating our roses and cabbages, make a mixture out of it and rub it on our skins. It does not make us at-tractive to our girlfriends, but it makes us even less attractive to the girl mosquitoes. We've forgotten about simple measures which cost nothing or very little, like covering ourselves during the hours of darkness, without impregnated materials. These used to work very effectively, coupled with a few screens. We've forgotten that *arabiensis* actually prefers cows to human beings and our forefathers used to ensure that the cattle

stay near to their homestead so the mosquitoes bit them, not the family.

No we are going for trips and WTO agreements, which will make sure that all the economic benefits, that comes from the development of the new strategies, which involve new formulations, will be patented and will be closed to Africa forever. It may not be well known that the USA has been progressively reducing the amount of proportion of its GDP which it applies to aid to developing countries. Last year it gave only 0.08% of GDP as set against the advised rate from the UN of 0.7%, practically 1/10 of GDR And that was down from 0.12% in 1996. It turns out to be something less than 6 billion US\$ that include supply of arms to suffering countries like Eritrea. If in fact, they had given the same proportion as the largest donor which is Denmark, the amount would have been 81 billion dollars and that is only 1% of GDP, and I don't believe that we have our balance budget the US AID would notice that little mosquito bite. In fact, internationally led by the philosophy of the United States, that we must all pull our socks up, even though we cannot afford to buy them to pull them up.

Total aid internationally has dropped from \$55.4 billion in 1996 to 47 billion in 1997. A drop of 13%. The cost to Africa, the economic cost to Africa of malaria alone in 1995 has been assessed by the World Bank was 1.6 billion US\$ and we're talking just about malaria. These are the challenges that we're to be facing and we cannot say that because we are in research, because we're in medical practice, because we're in pharmaceutical industry, that we can shut our eyes to these inequities, these unfairnesses, these problems which are going to cost not only us but also the very people in the north who are imposing those constraints upon us, very significantly in terms of development and quality of life in the next millennium.

I thank you.