African heads of state promise action against malaria

Gavin Yamey *BMJ*

A pledge to halve Africa's malaria deaths by 2010 was signed by more than 50 of the continent's heads of state last week. The declaration was made at an international summit on malaria, in Abuja, Nigeria, hosted jointly by the World Health Organization (WHO) and the country's president, Olusegun Obasanjo.

The disease causes at least one million deaths worldwide each year, of which 90% are in sub-Saharan Africa. The summit coincided with the launch of the WHO's Roll-Back Malaria project in Africa.

Opening the summit, Tim Menakaya, Nigeria's health minister, said: "Malaria keeps societies poor, undermines development, and reduces the incomes of families who are already the poorest in the world. Every family in Africa pays a malaria tax." Previous efforts to eradicate malaria in Africa, he said, have been "fragmented and uncoordinated."

The main focus of the new control programme will be bed nets that have been treated with insecticide. A recent Cochrane review found that children who slept under treated bed nets were half as likely to develop malaria as controls. David Alnwick, chief of health for Unicef, said: "It is scandalous that 700 000 children died last year from malaria when a $4 (£2.50) bednet could have saved them."

The WHO wants a 30-fold increase in the availability of nets in the next five years. It also wants every family at risk of malaria to have immediate access to cheap and effective antimalarial combination therapy, and every pregnant woman in high risk areas to receive drug treatment.

The organisation believes that the pharmaceutical industry is willing to lower the price of antimalarial drugs. David Nabarro, project manager for Roll-Back Malaria, said: "Negotiating with industry is now possible." But non-governmental agencies believe that the industry's stronghold over drug patents prevents poor countries from affording essential medicines (22 January, p 207).

Malarial control requires annual donations of $1bn (£0.6bn) from industrialised countries (29 April, p 1161). But Jeffrey Sachs, director of the Centre for International Development in Harvard, told the summit that donations alone will be insufficient unless there is immediate debt cancellation.

"It is a shame," Professor Sachs said, "that the [International Monetary Fund] has asked Nigeria this year for $1.6bn in debt service [repayment]. This is five times more than Nigeria's health budget. These are funds needed to save lives." Only the Canadian government made a firm promise in Abuja to cancel debt, although Britain's Department for International Development stated the need to "speed up" debt cancellation.

The World Bank claims that it donates $150m a year to African malarial projects, and it has pledged a further $300-500m annually. Professor Sachs was sceptical about their claims: "The $150m is not in programmes I have seen, and there are no standalone [malaria] programmes in Africa. The $300-500m is promising, and we will now have to monitor them."

Responding to these criticisms, Ok Pannenborg of the World Bank said: "There are 100 World Bank operations around Africa. The $150m is money they can use, but whether they do is another matter." □

Details of the WHO's Roll-Back Malaria campaign are at www.rbm.who.int/.

Research does not reflect global disease burden

Jason O'Neale Roach *BMJ*

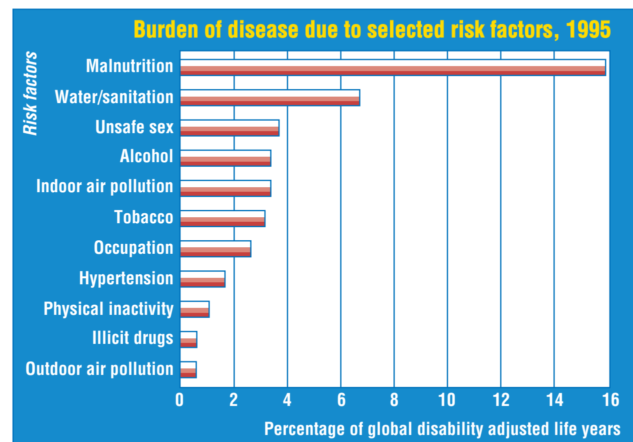
Less than 10% of the world's health research budget is spent on conditions that account for 90% of global disease, a report from an international research foundation claims this week. The Global Forum for Health Research has called for a reallocation of the estimated $56bn (£35bn) spent annually on health research by the public and private sectors to improve global health.

"The world's two biggest killer diseases—pneumonia and diarrhoeal disease—illustrate the extreme mismatch between the disease burden and the funding of research and development," said Professor Adetokunbo Lucas, the forum's chairman. "Although these two killers represent about 11% of the total global burden of disease, only about a fifth of 1% of health research funding is spent on them."

Individual countries tend to give priority to their own health research needs, he added, as they are unaware of the magnitude of problems beyond their borders and the impact of these problems on their own country. Many factors interact to make such information vital, such as increasing travel, re-emerging diseases, and the development of antimicrobial resistance.

The driving force behind the creation of the forum's main initiatives is the need for multiple agencies and partners to generate new funding for priority diseases. For example, the Medicines for Malaria Venture aims to register one new antimalarial drug every five years. As a result of joint undertakings by the public and private sectors this initiative has generated $13.7m since November 1999.

The World Health Organization has ranked the contributions of selected risk factors to the global disease burden. It has used the concept of a disability adjusted life year (DALY) as an indicator of the burden of disease, combining time lost due to premature death and time lost to disability. Malnutrition, poor water and sanitation, and unsafe sex are the biggest contributors to the global disease burden.



Research by the WHO shows that malnutrition and poor water quality and sanitation contribute most to global ill health

Some organisations have already pledged long term support—for example, the Gates Foundation has committed itself to spending several million dollars for at least five years. One of the major financiers of the Global Forum is the World Bank, which contributes a fifth of the core budget, as well as extra funds for specific initiatives. The initiative is also supported by the World Health Organization, the Rockefeller Foundation, and the governments of Canada, the Netherlands, Norway, Sweden, and Switzerland.

An annual forum for discussion is an essential part of the strategy and this year will take place at the international conference on health research for development in Bangkok in October. A forum in Geneva is planned for 2001. This will allow interested groups to discuss past achievements and future actions in trying to close the "10/90" gap. □

The 10/90 Report on Health Research 2000 can be accessed on the web at www.globalforumhealth.org.