

Relief South Africans Found For Malaria Is Spelled DDT

BY ROGER BATE
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Malaria kills an African child every 30 seconds. Jocchonia Gumede, who lives near the South African border with Mozambique, has lost six relatives to the disease.

"It's terrible. You keep shaking and you vomit continuously," he said. "You can't eat, and have no energy. You feel like you are going to die. Many do die."

The World Health Organization estimates that between 1 million and 2 million Africans, mostly children, die from malaria every year.

South Africa, however, has fewer malaria deaths than any other sub-Saharan country. Prior to 1996, only about 50 people died due to the disease each year. That was because South Africa had greatly reduced its malaria burden by using the widely reviled insecticide DDT.

Then, in 1996, the South African government switched from DDT to a newer and less persistent insecticide, partly in response to green concerns about DDT. By 2000, South Africa's malaria deaths had climbed to about 450 a year. In one province, KwaZulu Natal, infections jumped from 8,000 to 42,000.

Lesson Learned

As a result, South Africa reversed itself, reintroduced the use of DDT and introduced a new drug Coartem, a leading Artemisinin Combination Therapy (ACT). Coartem replaced Chloroquine (CQ) and Sulphadoxine-Pyrimethamine (SP) as a first-line treatment for malaria because the two were becoming increasingly ineffective.

The new strategy cut malaria cases and deaths by a remarkable 93% in two years. DDT spraying reduced the caseload to such an extent that all malaria patients could be treated with Coartem, even though Coartem was more costly than CQ or SP.

South Africa's government succeeded because it can independently underwrite its entire malaria control program and didn't have to kow-

tow to international aid groups. Unfortunately, other sub-Saharan nations are not as rich and thus must rely on help from international aid and health agencies. Those agencies ignore South Africa's experience because they fear they will receive bad press if they endorse DDT.

It's true DDT accumulates in the environment when used in massive amounts for farming, but not when used in small quantities for disease control. DDT dissipates in the environment slowly, but consistently.

In addition, according to Dr. Amir Attaran, a malaria expert with the Royal Institute of International Affairs, after 60 years of human exposure to DDT "there has never been a replicated study published in a peer-reviewed journal showing harm to human health from DDT."

Most of this was known in 1972 when the American judge presiding over a scientific hearing on DDT ruled that DDT should not be banned. William Ruckelshaus, then head of the U.S. Environmental Protection Agency, wanted to establish credibility for his new agency and overturned that ruling.

These days, it's become clear that spraying DDT on the inside walls of houses is a highly effective method of malaria control. For African countries, many of which spend less than \$10 per year per person on health, it's important that DDT is cheap.

But international political pressure against the use of DDT is undermining its use.

The Stockholm Convention on Persistent Organic Pollutants restricts DDT production, trade and use, making it more expensive. This forces poor countries to use more costly and frequently less effective alternatives, compromising domestic disease control programs.

Worse still, USAID and other aid agencies have pressured countries not to use DDT, implicitly tying the ban on DDT to international malaria aid.

Success stories of any kind are rare in much of Africa. When they occur, they should be emulated elsewhere. But aid agencies continue to refuse

to condone the use of DDT. They also fail actively to promote the use of Coartem and other ACTs. Instead, the agencies push the use of bed nets and cheaper drugs like CQ and SP, which let the aid agencies treat many more patients.

Unfortunately, the resistance of malaria to those drugs is growing. CQ and SP work only 25% of the time and then only in some countries. As a result of increasing drug resistance, children in aid-dependent countries such as Mozambique and Tanzania die in far greater numbers than need be.

Sick In Baghdad

The ban on DDT use also affects our troops in Iraq. The U.S. government will not allow DDT use in that country where mosquitoes carry the "Baghdad Boil," a debilitating disease that has infected a confirmed 600 troops. The number estimated to be infected is in the thousands. Iraqi officials have begged for the pesticide, saying its careful use in limited areas would reduce infections, but U.S. authorities insist it cannot be used.

Ideology, environmental or otherwise, should have no place in the determination of malaria control strategies. Developing nations need to be able to use any technologies and medications appropriate to their levels of development. The anti-DDT mind-set of international aid agencies shuts off vital options for poor countries, keeping them poor and unhealthy. Wrong thinking about DDT is killing Africans by the thousands — about 10 died in the time in took to read this column.

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