On World Malaria Day, recognizing its grim toll

By ACSH Staff — April 25, 2013

Today marks the 7th annual celebration — no, that’s not exactly the best word — the 7th annual official recognition, via World Malaria Day, of the horrendous toll taken by the mosquito-borne infection: Malaria.

Historically, malaria has been so severe and widespread as to determine the fates of entire civilizations. A little-known fact is that malaria remained a scourge in our own nation up until 1950; in fact, the CDC’s predecessor was established in Atlanta (rather than Washington and environs) to oversee the struggle against, and final elimination here, of that disease, which in its final decades was essentially confined to the Southeast.

While the number of people lost to malaria still boggles the mind, the fact is that the consciousness-raising attributable to World Malaria Day (among other public health educational campaigns) and the donations towards controlling it from the wealthier nations inspired thereby have had a major effect. Up until a decade ago, reliable estimates put the death toll worldwide from malaria at 1 million or more each year. Over the past 10 years, each year has seen a significant decline in that figure, such that more recent estimates have come in at around 600,000 lost. That represents one dead child every minute, or around 2,000 killed each day.

Those dead are mainly infants and children under five; pregnant women are also more vulnerable to the lethal complications of the disease. The large majority occur in sub-Saharan Africa. But even these staggering statistics don’t come close to conveying the true devastation wreaked by malaria: well over 300 million people become ill with the severe shaking chills and fever characteristic of the infection each year, sapping their vitality and draining work days of desperately poor families.

The financial support emanating from multiple sources, especially the U.S. government and promoted by President George W. Bush (and carried on by President Obama), supports the distribution of insecticide-treated bednets, rapid diagnostic tests, effective artemisinin-combined therapy, fighting counterfeit medication, and removing the standing water sites where mosquitoes breed. Research studies are ongoing in the thus-far frustrating attempt to develop a vaccine against the plasmodium that causes malaria. Such funding also supports, in 27 African countries, the once- or twice-yearly use of DDT in the form of indoor residual spraying.

DDT kills mosquitoes, although not as well as it did 60 years ago. But it also irritates them and repels them, so the small amount sprayed inside homes effectively reduces the transmission of the malarial microbe substantially. The banning of DDT, based upon political anti-chemical bureaucrats and environmentalists inspired by Carson’s Silent Spring who ran our EPA in 1972, helped to impede the malaria control program led by the UN’s WHO. Fear, hatred and mythology
about DDT, whose insect-killing properties discovered by Dr. Paul Mueller won him the Nobel Prize in 1948, persist as strongly as ever among the highly organized and vocal activist fringe to this day.

Some optimistic public health workers believe the toll of malaria can be dramatically reduced within the next few years. Whether that’s realistic or not remains to be seen, but now is not the time to relax. History has proven that relaxation of focused efforts on all fronts leads inevitably to resurgence of the disease. The richer countries and foundations, including the Bill and Melinda Gates Foundation, must continue to provide support to these efforts, in fact redouble them, to get the number of preventable deaths substantially lower. ACSH staff heard many speeches calling for this very approach while attending Roll Back Malaria’s fundraising luncheon at the UN last week.

Let’s hope the spirited talk there, and elsewhere, will be followed through and the trend of declining numbers of people sickened and killed by malaria will continue worldwide.

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