

[Ob.Gyn. News  
Home](#)[Back Issue Archive](#)[Search](#)[User  
Pref](#)[Help](#)[Logout](#)[Table of  
Contents](#)[Drug  
Links](#)[<<  
Article](#)[>>  
Article](#)

# Ob.Gyn. News

*The Leading Independent Newspaper for the Obstetrician/Gynecologist*

May 1 2004 • Volume 39 • Number 9

## Opinion

*Guest Editorial*

### Third World Disease

**Jeffrey D. Sachs, Ph.D.**



*DR. JEFFREY D. SACHS is Director of the Earth Institute at Columbia University, New York.*

As part of our work on expanding health care in Africa, my wife and I were invited to visit Queen Elizabeth's Central Hospital in Malawi. It is one of the most amazing places in the world for me. I will never forget it.

On one side of the hall was an outpatient clinic for 400 or so AIDS patients who could afford the \$1 a day for antiretroviral medicines. These patients were doing quite well, since the clinical response to these AIDS drugs is excellent.

Literally across the hall was the "Medical Ward"—an ironic misnomer because there were almost no medicines there. A sign on the wall said "Occupancy 160 beds." That day, there were around 450 people in the ward, all of them dying, mostly from AIDS.

Have you ever seen three dying strangers assigned to one bed, other than in a picture of a concentration camp? I had not. I never imagined that in this day and age there would be hospitals where two dying AIDS patients—strangers—would be head to foot in a bed, while a third patient would be put under the bed, either directly on the ground or on a piece of cardboard.

The same doctor treated both the clinic and the ward patients, but there were no drugs for the second group because these patients didn't have the \$1 a day for the medicines. That's not surprising; in Malawi, the per capita annual income is \$200, so \$1 a day translates to a maintenance cost that is almost twice the average annual income.

This is but one example of the life-and-death difference a few dollars can make. Another example is in East Africa, where thousands of children die each day because they don't get effective drugs to treat malaria—for

around \$1 per treatment with the new and effective artemisinin-based combination therapies (ACTs).

We spend a lot of time on sophisticated theories about why these children aren't getting the treatments they need, but the fact is, international donors simply don't provide the very modest levels of financial resources that could make all the difference. It would cost the nations of the developed world about \$3 billion to finance a major reduction in malaria morbidity and mortality. That's what the U.S. government spends in less than a month on military operations in Iraq. A major antimalaria effort could save 1-2 million lives each year, maybe even more.

How much are developed countries spending on malaria now? Precise numbers aren't easy to come by, but recent estimates suggest that it's about \$200 million a year for malaria control and perhaps another \$100 million per year on research and development. And sure enough, Africans aren't getting what they need to prevent and treat malaria: bed nets impregnated with insecticide and effective drugs to prevent and fight the infection.

The bed net story is as amazing as the problem of ineffective medicines.

Impoverished Africans living in rural areas don't get lifesaving bed nets because the United States, the United Kingdom, and other donor governments choose to sell the bed nets at a discount rather than distributing them for free. The bed nets cost perhaps \$5 to produce and ship, and social marketing projects try to sell the nets for around \$2 or \$3. But impoverished people don't have \$2 or \$3.

Moreover, bed nets work most effectively when the whole village is using them, because each bed net protects not only the immediate user but also—through a mass action effect—the neighbors. (When a mosquito alights on a net, it picks up insecticide that may kill the insect before it can bite anybody else.) We ought to have Peace Corps volunteers and church missionaries going to villages and giving away these life-saving nets. But because donor agencies insist on “cost recovery,” the nets never leave the warehouse.

Why should we tackle these problems?

One answer is that we're talking about real people. There was a time when saying that millions of people could be saved was enough to spur our nation to action. I'm not sure why that answer seems not to be enough any more, yet I can't imagine the need for any more of an answer.

Some say that if we save all these lives, there will just be a population explosion. But unattended disease actually leads to faster population growth, a paradox that's explained by the fact that when child mortality rates are high, parents compensate by having many more children.

We in the developed world have become so callous about the lives of the poor that we have unknowingly put our own lives at terrible risk. Letting fulminating infectious disease continue on a continent is not a good idea. We can imagine a disease spreading from Africa around the world, like AIDS. We can imagine other diseases also emerging from a continent full of unintended public health emergencies.

Think also about what life is like on a continent with 20 million AIDS orphans growing up in poverty and despair. Such an environment is a good breeding ground for terrorists, gunrunners, and drug traffickers.

The United States and other developed nations have started to spend hundreds of millions of dollars for security operations in Africa without addressing the underlying reasons for Africa's economic and public health crises.

We don't think that Africa's disease crisis is our business, and that's plain wrong.

Africa's needless and tragic deaths are diminishing our humanity every day. It's ironic, because these problems are utterly solvable.

Solving them wouldn't just give meaning to our own lives, but it would also help with security and economic problems, and save us money and troubles in so many ways.

[Copyright © 2004 by International Medical News Group, an Elsevier company. Click for restrictions.](#)