In a dramatic call to action in April, United Nations secretary-general Ban Ki-moon—backed by the African Union, the World Health Organization, UNICEF, the Gates Foundation, ExxonMobil, the World Bank, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among other key international organizations and businesses—set a timetable for comprehensive malaria control in Africa by the end of 2010. Secretary-General Ban has thrown down the gauntlet: there is no reason why a million or more children should die every year of a largely preventable and wholly treatable disease.

The operational objective is to ensure that crucial interventions are taken continent-wide and at the appropriate scale with in the next two and a half years. As I described in this space in October 2007, the package of technical control measures is now settled. There should be restriction of the mosquito vector (especially through the use of insecticide-treated bed nets and indoor spraying of insecticides); timely treatment of every clinical case with effective medicines; preventive treatment for pregnant women; and trained community health workers who will link clinicians and communities in rural areas. In view of the lives to be saved and the economic benefits of reining in the disease, the total cost of around $3 billion a year is one of the world’s great bargains.

The main challenge will therefore be organizational rather than conceptual or scientific. Many skeptics doubt that this kind of program can work, much less on an accelerated timetable. The international system is a conglomeration of overlapping public and private institutions without clear mandates, ease of coordination or a single “conductor” to harmonize activities. Many of these institutions are sporadically funded. The recipient governments are not always noted for their transparency, efficiency and accountability, to say the least.

Yet the chances for success are also strong. Many African leaders have long been committed to this fight. The U.N. secretary-general and the office of his special envoy on malaria represent a clear point of leadership. The Global Fund to Fight AIDS, Tuberculosis and Malaria serves as a dominant funding organization. Happily, the U.S. government is committed to its own sizable contribution, which will likely grow in view of robust congressional support. Finally, the Roll Back Malaria Partnership has had years of experience in bringing the multitude of “partner institutions” under one roof.

The needed technologies are relatively straightforward and much easier to use than those, for example, for controlling the HIV/AIDS pandemic. Bed nets and antimalaria medicines could be deployed rapidly to good effect. We may also take heart in the success of an immunization campaign in reducing the number of deaths from measles in Africa by more than 90 percent since the year 2000. Other recent triumphs include the control of polio, leprosy and guinea worm.

Still, the timing will be very tight and will require an unprecedented degree of coordination among financing, training, monitoring and logistics. Each sub-Saharan country will need to adopt, vet, fund and monitor a scaled-up antimalaria plan very quickly. The major global manufacturers of commodities such as bed nets, antimalaria drugs and diagnostics will have to raise production to hundreds of millions of units. Tens or hundreds of thousands of community health workers will need weeks of training.

The stakes are exceedingly high. Not just millions of lives but also the very capacity of the world to take on big and crucial goals is at stake. In the case of malaria, we can restore health and unleash massive economic gain, but only if countless agencies, dozens of countries and hundreds of millions of individuals can effectively take a shared action. Success will enable us to consider similarly urgent challenges in food production, water management, biodiversity conservation and climate control, to name but four crucial areas. The consequences of failure, on the other hand, would be almost too painful to behold. The countdown to 2010 has begun.

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