MALARIA & POVERTY IN AFRICA

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Foreword

Malaria has persisted in Africa for decades despite national and multilateral efforts to control the disease. The disease has severely retarded economic and social development in the region. According to some estimates, malaria-prone regions have per capita incomes several times lower than malaria-free countries.

The chapters in this volume analyze the nexus between poverty and malaria, with a focus on policies that can be implemented at different levels of society to fight the disease. The book begins with an explanation of the nature of the poverty and malaria relationships, and identifies approaches to meeting the many challenges posed by the epidemic. The volume is an outcome of a collaborative research project on malaria and poverty in Africa sponsored by the African Economic Research Consortium (AERC).

The African Economic Research Consortium strengthens local capacity for conducting independent, rigorous inquiry into problems facing the management of the economies in sub-Saharan Africa via learning by doing, and supports postgraduate training in economics through collaborative masters and PhD programs. It is the foremost institution in the promotion of policy-relevant research on poverty in Africa.

The research findings reported in this volume should be highly valuable in the design of programs to fight malaria and poverty in Africa and elsewhere. I strongly recommend this book to anyone interested in understanding the connections between poverty and malaria, as well as the policies that can be implemented to control malaria and encourage growth and development in Sub-Saharan Africa.

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Preface

Malaria is a serious health and economic problem in Africa, afflicting more than half of the continent’s population. The disease kills nearly one million children in Sub-Saharan Africa each year, with several million more in their prime working age unable to perform to their potential due to regular bouts of malaria. It has severely retarded economic development in many countries in the region, with poverty and isolation being some of its most visible consequences. Although HIV/AIDS, tuberculosis, and nutritional deficiencies also pose major development problems on the continent, the challenges presented by malaria are of a different kind, because the disease is widespread, persistent, and grossly underestimated by the general population. The importance of malaria, along with HIV/AIDS and other diseases in the development agenda, is now recognized in Goal 6 of the Millennium Development Goals (MDGs).

Unlike HIV/AIDS, malaria is currently without stigma, despite its deadly nature, and ordinary citizens believe that its cure is widely available and accessible, a belief that was to some extent warranted before malaria became resistant to chloroquine. The new anti-malarial drugs, the Artemisinin-based Combination Therapies (ACTs), are not as widely available as the previous first-line drugs. And the cost of their recommended dosage for a bout of malaria is more than twice the international poverty line of $1.00 per day, so that the dose is not affordable by the vast majority of the African population. An annual subsidy of US $300–500 million, has recently been recommended to the international community by the Institute of Medicine of the USA National Academies of Science (Kenneth Arrow, Hellen Gelband and Claire Panosian, 2004, Saving Lives, Buying Time: Economics of Malaria Drugs in an Age of Resistance, National Academies Press, Washington, D.C), to help bring down the prices of ACTs to the prevailing level of the cost of chloroquine dosage. If implemented, the subsidy would make the new drugs widely affordable. Even so, their
usage in remote villages and in urban slums in Africa could severely be limited by inefficient drug distribution systems, as well as by ineffective health care-seeking behaviors of the population.

Attempts to control malaria in Africa have encountered several major difficulties. First, information has been lacking on the magnitudes of the economic and social burdens of the disease, information that is needed to motivate policy makers to design and implement control programs. Second, little information has been available about the economic behavior of households in seeking treatment for malaria or in finding ways to avoid the disease. Thus, incentives for encouraging households to engage in malaria control strategies could not be properly designed or implemented. Third, in many African countries, little is known about drug distribution systems in private or public sectors through which malaria control products and services are delivered to populations. Consequently, information for reforming these systems to make them more effective has been lacking.

The chapters in this volume are designed to help rectify the above situations. The book begins with an explanation of the nature of the poverty and malaria problem, and identifies possible approaches to meeting the challenge. The approaches are based on country case studies designed to reflect the various sub-regions of the African sub-continent. The remainder of the volume provides important information for designing specific malaria control programs, and for reforming national drug distribution systems.

We are grateful to the authors of the chapters for effectively contributing to this volume, and to the African Economic Research Consortium (AERC) secretariat for the very valuable financial and logistical support. We thank Prof. Erik Thorbecke for conceptualizing the poverty project, under whose auspices this work was carried out and for successfully launching the project jointly with Prof. Ali G. Ali.

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