Negative Brief: Malaria

By Jonathan Helton

***Resolved: The United States federal government should substantially reform its foreign aid.***

More funding for the battle against malaria is a potentially powerful case topic. The NEG strategy centers on the links in the second DA; win those and you can win the round. You emphasize the fact that the AFF plan is a unilateral effort to fight malaria – a noble goal with some drawbacks. Those drawbacks exist because the U.S. is not able to fight the disease alone. Both local and global knowledge will be required to fight it correctly. If the AFF argues that international funding is down, turn it for your DA link.

The drawbacks are highlighted with solvency arguments. Insecticide and antibiotic resistance both plague our ability to fight malaria. Without coordination, the AFF has the chance to make the current problems worse without solving the core problem. Black markets and resistance could increase.

Negative: Malaria 3

INHERENCY 3

1. Winning the battle 3

807% funding increase 3

SQ Solving: Malaria declining since 2010 3

SOLVENCY 3

1. Billions more required 3

Need between $90 -$120 billion to solve 3

2. Drug resistance 4

2014 – AQ (Amodiaquine)/SP (Sulfadoxine-Pyrimethamine) resistance 4

2016 – DP (dihydroartemisinin-piperaquine) resistance 4

2017 – ACT resistance 5

2017 – Overall resistance spreading, even to latest drugs 5

3. Mosquito resistance 5

Insecticide resistance 5

61 countries experienced resistance 5

More study needed: We don’t have enough knowledge to fight resistance 6

4. Flawed net benefits 6

Only 27.5% Insecticide-treated bed net (ITN) use 6

Adaptive biting defeats bed nets’ effectiveness 6

DISADVANTAGES 7

1. Aid makes things worse – negative net benefits 7

Aid – including malaria help – wrecks poor countries’ social, economic and political development 7

2. Antibiotic resistance 7

Link: Global response needed 7

Link: Lack of local knowledge 8

Link: New integrated agenda needed to fight resistance 8

Impact: Resistance breeds resistance 8

Impact: Resistance retards progress 8

Historical precedent – pyrimethamine 9

3. Black market 9

2011 – 2.5 million dollars-worth stolen 9

2011 – 30 million treatments stolen 9

2012 – 12 storehouses raided 9

2013 – 83 cases in Uganda 10

2013 – 15-20% stolen 10

2017 – arrests 10

Impact: Undermines stable society 11

Impact: Corruption retards local health efforts 11

Impact: Infected antibiotics, ineffective treatment, and more malaria resistance 11

Works Cited 12

Negative: Malaria

INHERENCY

1. Winning the battle

807% funding increase

Curt Tarnoff and Marian L. Lawson 2018 (Tarnoff: Specialist in Foreign Affairs. Lawson: Specialist in Foreign Assistance Policy. Both with Congressional Research Service) 25 April 2018 “Foreign Aid: An Introduction to U.S. Programs and Policy” <https://fas.org/sgp/crs/row/R40213.pdf>

One of the most striking changes in the distribution of economic aid resources in recent years has been the sharp growth in funding for health programs, especially in the area of HIV/AIDS and other infectious diseases. In 2004, the Bush Administration launched a five-year Global AIDS Initiative, the President’s Emergency Plan for AIDS Relief (PEPFAR), with the goal of treating 2 million HIV-infected individuals and caring for 10 million infected people and AIDS orphans; the program was reauthorized in 2008 (P.L. 110-293) to support prevention and treatment of HIV/AIDS, malaria, and tuberculosis. Encompassing all health programs, a Global Health Initiative introduced by President Obama in 2009 promised further expenditures in this sector. Overall, health funding increased 807% in real terms between FY2001 and FY2016.

SQ Solving: Malaria declining since 2010

The President’s Malaria Initiative, Eleventh Annual Report to Congress, April 2017 (The Eleventh Annual Report of the U.S. President’s Malaria Initiative is dedicated to the staff of host governments, international and local partners, and all U.S. Government staff who have contributed to the achievements) <https://rw.usembassy.gov/wp-content/uploads/sites/147/2017/04/2017-pmi-eleventh-annual-report.pdf>

Nevertheless, the 2016 WHO World Malaria Report estimates that overall malaria incidence decreased by 21 percent globally between 2010 and 2015, and the proportion of the population at risk in sub-Saharan Africa who are infected with malaria parasites is estimated to have declined to 13 percent in 2015.

SOLVENCY

1. Billions more required

Need between $90 -$120 billion to solve

Catherine Cheney 2017 (Senior Reporter for Devex. She covers the West Coast of the U.S., focusing on the role of technology and innovation in achieving the Sustainable Development Goals; bachelor’s and master’s degrees from Yale University, worked as a web producer for POLITICO and reporter for World Politics Review.) 24 July 2017 “Making the case for malaria eradication in a tight budgetary environment” <https://www.devex.com/news/making-the-case-for-malaria-eradication-in-a-tight-budgetary-environment-90596>

Gates and Ray Chambers, the United Nations secretary-general’s special envoy for health in Agenda 2030 and for malaria, released a report called “[Aspiration to Action](http://endmalaria2040.org/),” which lays out a vision for malaria eradication by 2040. They estimated that between $90 and $120 billion would be needed for the effort, which would save 11 million lives, and unlock an estimated $2 trillion in economic benefits from productivity gains and health savings. And they said eradication can only happen if malaria funding doubles between 2015 and 2025.

2. Drug resistance

2014 – AQ (Amodiaquine)/SP (Sulfadoxine-Pyrimethamine) resistance

Anyirékun Fabrice Somé, Issaka Zongo, Yves-Daniel Compaoré, Souleymane Sakandé, François Nosten, Jean-Bosco Ouédraogo, and Philip J. Rosenthal 2014 (Somé, Zongo and Ouédraogo: Institut de Recherche en Sciences de la Santé, Bobo-Dioulasso, Burkina Faso. Ouédraogo and Sakandé: Centre Muraz, Bobo-Dioulasso, Burkina Faso. Nosten: Shoklo Malaria Research Unit, Mahidol-Oxford Tropical Medicine Research Unit, Faculty of Tropical Medicine, Mahidol University, Mae Sod, Thailand. Centre for Tropical Medicine, Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom Rosenthal: Department of Medicine, University of California, San Francisco, California, USA) July 2014“Selection of Drug Resistance-Mediating Plasmodium falciparum Genetic Polymorphisms by Seasonal Malaria Chemoprevention in Burkina Faso” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4068591/> (brackets added)

SMC is a promising strategy for malaria control in West Africa, and the use of monthly AQ/SP in at-risk children during the malaria transmission season is now endorsed by the WHO for the Sahel subregion of Africa. In the trial that provided samples for this study, administration of SMC as 3 monthly treatments to children in Burkina Faso offered protective efficacies against malaria of 83% for AQ/SP and 77% for DP (Zongo, unpublished). However, there is concern that regular use of AQ/SP or DP will select for parasite polymorphisms that mediate resistance to these regimens. To evaluate how readily key polymorphisms were selected, we compared genotypes of parasites collected at enrollment and 1 month after the third monthly SMC dose. We found that, after SMC [seasonal malaria chemoprevention], parasites from children who received monthly AQ/SP treatment had selection of multiple SNPs [single nucleotide polymorphisms] associated with resistance to both AQ and SP. In contrast, selection was not seen in parasites from children who received monthly DP. Thus, DP offered an efficacious alternative to AQ/SP for SMC, and it had the important advantage of not selecting for known resistance determinants.

2016 – DP (dihydroartemisinin-piperaquine) resistance

Nancy C. Sambol, Jordan W. Tappero, Emmanuel Arinaitwe, and Sunil Parikh 2016 (Sambol: Department of Bioengineering and Therapeutic Sciences, University of California San Francisco, San Francisco, California, United States of America. Tappero: Centers for Global Health, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, United States of America. Arinaitwe: Makerere University School of Medicine, Kampala, Uganda. Parikh: Yale School of Public Health, New Haven, Connecticut, United States of America) 16 May 2016 “Rethinking Dosing Regimen Selection of Piperaquine for Malaria Chemoprevention: A Simulation Study” <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0154623>

Over the past decade, the landscape of malaria therapy has undergone a dramatic shift to the use of artemisinin-based combination therapies (ACTs) as first-line treatment for uncomplicated *Plasmodium falciparum* malaria. These drug regimens have proven to be highly effective, and their use has previously been restricted to the treatment of acute disease. While the short-acting artemisinin “backbone” rapidly reduces parasite burden, a longer-acting partner drug, such as piperaquine (PQ), serves to eliminate residual parasites and reduce the probability that resistance will emerge. Dihydroartemisinin-piperaquine (DHA-PQ; DP), the newest of the World Health Organizations (WHO) first-line recommended regimens for treatment, has been highly efficacious, although recent studies have already demonstrated the emergence of resistance to DHA and PQ in Southeast Asia.

****2017 – ACT resistance****

**KING ABDULLAH UNIVERSITY OF SCIENCE & TECHNOLOGY 2017 (King Abdullah University of Science & Technology (KAUST) is a private, international graduate-level institution located on the Red Sea.) 22 February 2017 “First detection of an artemisinin-resistant malaria parasite contracted in Africa”** <https://www.eurekalert.org/pub_releases/2017-02/kauo-fdo022217.php>

**The first known case of artemisinin-resistance in Africa has been identified: a finding of great significance for efforts in global malaria control and drug resistance monitoring. A large international team that included KAUST scientists identified the African origin of drug-resistant malaria parasites detected in a Chinese patient, who had travelled from Equatorial Guinea to China. Artemisinin-based combination therapy (ACT) is the first-line recommended malaria treatment and comprises artemisinin andd another antimalarial drug. Normally ACT clears the parasites from the blood within three days; however, recently, strains of the malaria-causing agent, Plasmodium falciparum, in Southeast Asia have become relatively tolerant to artemisinin. The resistance is partial and the majority of patients can be cured, albeit with a considerable delay. But, malariologists, including experts from the World Health Organization, fear that P. falciparum might eventually develop complete resistance to artemisinin, as it has to other antimalarials.**

2017 – Overall resistance spreading, even to latest drugs

Andrew Githeko PhD 2017 (medical entomologist trained at the Liverpool School of Tropical Medicine. He has been working on malaria for the last 28 years and has focused on the ecology of the vectors and the disease; established a Climate and Human Health Research) 20 April 2017 “Africa’s anti-malaria efforts face a new hurdle - drug and insecticide resistance” <https://theconversation.com/africas-anti-malaria-efforts-face-a-new-hurdle-drug-and-insecticide-resistance-76047>

**The problem of drug resistant malaria is growing in Africa. The first case of resistance to the latest drug regimen was recorded in**[Equatorial Guinea](https://www.eurekalert.org/pub_releases/2017-02/kauo-fdo022217.php)**two months ago. What does this mean?** There have been several more [reports](http://www.bbc.com/news/health-38796337) of drug resistance on the continent. Cases have cropped up in [Angola, Liberia, Uganda and Equatorial Guinea](http://www.who.int/malaria/publications/world-malaria-report-2015/wmr2015-profiles.pdf). These show that there are serious challenges facing malaria treatment in Africa.

3. Mosquito resistance

Insecticide resistance

Kate Kelland 2017 (Reuters, the news and media division of Thomson Reuters, is the world’s largest international multimedia news provider reaching more than one billion people every day) 29 November 2017 “Insecticide resistance spreads in Africa, threatens malaria progress” <https://www.reuters.com/article/us-health-malaria-resistance/insecticide-resistance-spreads-in-africa-threatens-malaria-progress-idUSKBN1DT2UT>

The largest genetic study of mosquitoes has found their ability to resist insecticides is evolving rapidly and spreading across Africa, putting millions of people at higher risk of contracting malaria. British scientists who led the work said mosquitoes’ growing resistance to control tools such as insecticide-treated bed nets and insecticide spraying, which have helped cut malaria cases since 2000, now threatens “to derail malaria control” in Africa.

61 countries experienced resistance

World Health Organization 2017 (WHO's primary role is to direct international health within the United Nations' system and to lead partners in global health responses.) 7 November 2017 “Insecticide resistance” <http://www.who.int/malaria/areas/vector_control/insecticide_resistance/en/>

Resistance is known to affect all major malaria vector species and all four recommended classes of insecticides. Since 2010, a total of 61 countries have reported resistance to at least one class of insecticide, with a 50 of those countries reporting resistance to 2 or more classes. However, our understanding of the extent of the problem is incomplete, because:   
- many countries do not carry out adequate routine monitoring for insecticide resistance in local vectors; and  
- monitoring data are often not reported in a timely manner.

More study needed: We don’t have enough knowledge to fight resistance

18 researchers writing in The American Journal of Tropical Medicine and Hygiene 2015 (established in 1921, published monthly by the American Society of Tropical Medicine and Hygiene. It is among the top-ranked tropical medicine journals in the world. Authors: Robert Cooper, Guiyun Yan, Angel Rosas, Miriam Palomino, Martin J. Donnelly, Henry D. Mawejje, Alex Eapen, Jacqui Montgomery, Mamadou B. Coulibaly, John C. Beier, and Ashwani Kumar.) 2 September 2015 “Insecticide Resistance in Areas under Investigation by the International Centers of Excellence for Malaria Research: A Challenge for Malaria Control and Elimination” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4574276/>

Scale-up of the main vector control interventions, residual insecticides sprayed on walls or structures and/or impregnated in bed nets, together with prompt diagnosis and effective treatment, have led to a global reduction in malaria transmission. However, resistance in vectors to almost all classes of insecticides, particularly to the synthetic pyrethroids, is posing a challenge to the recent trend of declining malaria. Ten International Centers of Excellence for Malaria Research (ICEMR) located in the most malaria-endemic regions of the world are currently addressing insecticide resistance in the main vector populations, which not only threaten hope for elimination in malaria-endemic countries but also may lead to reversal where notable reductions in malaria have been documented. This communication illustrates the current status of insecticide resistance with a focus on the countries where activities are ongoing for 9 out of the 10 ICEMRs. Most of the primary malaria vectors in the ICEMR countries exhibit insecticide resistance, albeit of varying magnitude, and spanning all mechanisms of resistance. New alternatives to the insecticides currently available are still to be fully developed for deployment. Integrated vector management principles need to be better understood and encouraged, and viable insecticide resistance management strategies need to be developed and implemented.

4. Flawed net benefits

Only 27.5% Insecticide-treated bed net (ITN) use

Utibe Effiong, Lauretta Ovadje and [Andrew Maynard](https://theconversation.com/profiles/andrew-maynard-128048) 2015 (Effiong: Writer-in-Residence, Risk Science Center, University of Michigan. Ovadje: Postdoctoral research fellow, University of Michigan. Maynard: Director, Risk Science Center, University of Michigan) “Fighting malaria is going to take more than just nets” 11 February 2015 [ITN = Insecticide-treated bed net] <https://theconversation.com/fighting-malaria-is-going-to-take-more-than-just-nets-37162>

In another study, Best Ordinioha, a public health scientist, [noted](http://dx.doi.org/10.4103/1596-3519.96879) that even though most people hung their ITNs over their beds or sleeping mats, only 27.5% of those beds were occupied on the night before the survey. Reasons why included hot nighttime temperatures, low mosquito activity, forgetfulness, tiredness, and disruption of normal sleeping arrangements. Those who did not put up their nets at all had similar excuses. They also pointed to lack of a place to hang the nets, fear of chemical exposure, and the strong smell of the ITNs.

Adaptive biting defeats bed nets’ effectiveness

Dr. Andrew Githeko 2017 (medical entomologist trained at the Liverpool School of Tropical Medicine. He has been working on malaria for the last 28 years and has focused on the ecology of the vectors and the disease. In recent years he has focused on the effects of climate and environmental change on malaria in the Western Kenya Highlands.) 20 April 2017 “Africa’s anti-malaria efforts face a new hurdle - drug and insecticide resistance” <https://theconversation.com/africas-anti-malaria-efforts-face-a-new-hurdle-drug-and-insecticide-resistance-76047>

Before the widespread use of treated bednets, only 5% of mosquitoes were biting humans between [6pm and 9pm](https://www.ncbi.nlm.nih.gov/pubmed/26209103) before people went to bed. Since bednets have been introduced, up to 15% of mosquitoes bite people before they go to bed, increasing the risk of infection.

DISADVANTAGES

1. Aid makes things worse – negative net benefits

Aid – including malaria help – wrecks poor countries’ social, economic and political development

Sonia Shah 2009 (Sonia Shah is a science journalist and the author of PANDEMIC: Tracking Contagion from Cholera to Ebola and Beyond) 17 March 2009 “Why Africa Doesn’t Want Foreign Aid” <https://www.thenation.com/article/why-africa-doesnt-want-foreign-aid/>

In a provocative new book, Zambian economist Dambisa Moyo argues that foreign aid in Africa, one of the most haloed sacred cows of the liberal establishment, has been an “unmitigated political, economic and humanitarian disaster,” an idea that “seemed so right” but is in fact “so wrong” that, like asbestos or the Hummer, it should be phased out entirely within the next decade. Local communities, propped up with aid-fueled schools and clinics, are no longer required to build mutual trust to create social institutions. Small businesses selling socially useful commodities–food, clothing, mosquito nets–are cruelly shuttered out of business by avalanches of well-intentioned donations. The effect is anti-democratic, destabilizing, soul-crushingly “malignant,” Moyo writes, and “exceptionally corrosive” to government accountability, civil society and the prospects for economic development.

2. Antibiotic resistance

Link: Global response needed

The AFF can’t fiat that other countries step up their donations. The U.S. is going at this alone.

Margaret A. Phillips, Jeremy N. Burrows, Christine Manyando, Rob Hooft van Huijsduijnen, Wesley C. Van Voorhis & Timothy N. C. Wells 2017 (Burrows: Department of Biochemistry, University of Texas Southwestern Medical Center at Dallas. Burrows, Huijsduijnen, and Wells: Medicines for Malaria Venture, Geneva, Switzerland. Manyando: Tropical Diseases Research Centre, Ndola, Zambia. Van Voorhis: University of Washington, Department of Medicine, Division of Allergy and Infectious Diseases, Center for Emerging and Re-emerging Infectious Diseases, Seattle, Washington, USA. Source: Focusing on the needs of scientists, Nature (founded in 1869) is the leading weekly, international scientific journal) 3 August 2017 “Malaria” <https://www.nature.com/articles/nrdp201750>

Malaria is caused in humans by five species of single-celled eukaryotic *Plasmodium* parasites (mainly *Plasmodium falciparum* and *Plasmodium vivax*) that are transmitted by the bite of *Anopheles* spp. mosquitoes. Malaria remains one of the most serious infectious diseases; it threatens nearly half of the world's population and led to hundreds of thousands of deaths in 2015, predominantly among children in Africa. Malaria is managed through a combination of vector control approaches (such as insecticide spraying and the use of insecticide-treated bed nets) and drugs for both treatment and prevention. The widespread use of artemisinin-based combination therapies has contributed to substantial declines in the number of malaria-related deaths; however, the emergence of drug resistance threatens to reverse this progress. Advances in our understanding of the underlying molecular basis of pathogenesis have fuelled the development of new diagnostics, drugs and insecticides. Several new combination therapies are in clinical development that have efficacy against drug-resistant parasites and the potential to be used in single-dose regimens to improve compliance. This ambitious programme to eliminate malaria also includes new approaches that could yield malaria vaccines or novel vector control strategies. However, despite these achievements, a well-coordinated global effort on multiple fronts is needed if malaria elimination is to be achieved.

Link: Lack of local knowledge

Moosa Elayah 2016 (Contemporary Arab Affairs is the international quarterly journal of the Centre for Arab Unity Studies. It is a multidisciplinary peer-reviewed journal that publishes high-quality and original research from and on the Arab region.) 13 January 2016 “Lack of foreign aid effectiveness in developing countries between a hammer and an anvil” <https://www.tandfonline.com/doi/full/10.1080/17550912.2015.1124519>

This situation of a knowledge shortage in the framework of foreign aid has resulted in negative consequences for both donors and recipients. The orientations of foreign experts and administrators in the design and management of the development projects has easily become biased towards their countries of origin. It may also even be that these orientations were derived from other recipient countries in which they had previously worked. Moreover, a number of these experts cannot be aware of the various development methods that should be applied in countries that are different from their own, simply because of a lack of knowledge, inadequate time to become acquainted with the local environment, the real level of need and the extent of problems in recipient countries (Elayah [2014](https://www.tandfonline.com/doi/full/10.1080/17550912.2015.1124519)).

Link: New integrated agenda needed to fight resistance

Janet Midega 2017 (scientist at the KEMRI-Wellcome Trust Research Program in Kilifi, Kenya, a research associate at the University of Oxford's Center for Genomics and Global Health, and a 2017 Aspen New Voices Fellow.) 8 December 2017 “"Supermalaria" Is on the Way” <https://blogs.scientificamerican.com/observations/supermalaria-is-on-the-way/>

The rapid spread of resistant parasites is fueled by *Anopheles* mosquitoes (when they bite humans parasites are passed between different hosts) and the rise in globalization with the increase in air travel across continents. The current frontline tools for malaria control—including treatment using artemisinin combination therapy, sleeping under insecticide-treated nets (ITNs) and indoor residual spraying (IRS)—are effective, but the persistence of malaria transmission points to gaps in current practice. Closing these gaps requires a deliberate effort to sustain and improve the gains made and, I would argue, for the establishment of an agenda that promotes a more integrated approach to malaria control.

Impact: Resistance breeds resistance

Kathleen McLaughlin 2014 (She is a journalist who writes about science, culture and politics all over the world, including her home state of Montana.) 5 June 2014 “New wave of drug-resistant malaria threatens millions” <https://www.theguardian.com/society/2014/jun/05/new-wave-drug-resistant-malaria-burma>

"The thing about resistance to anything – drugs, antibacterials – is that it rises exponentially," said Nick White, a professor with the [Oxford Tropical Medicine Research Programme](http://www.tropicalmedicine.ox.ac.uk/home) who works with Nosten on this issue. "There's a long period where it doesn't appear to be rising – and then it's rising."

Impact: Resistance retards progress

Kathleen McLaughlin 2014 (She is a journalist who writes about science, culture and politics all over the world, including her home state of Montana.) 5 June 2014 “New wave of drug-resistant malaria threatens millions” <https://www.theguardian.com/society/2014/jun/05/new-wave-drug-resistant-malaria-burma>

The march of drug-resistant malaria westward has begun. Cases are cropping up further west in Burma, and may have entered Bangladesh. If that's the case, and history repeats itself, this dangerous and potentially deadly parasite could move further west into India, then drop south to Africa. It has happened twice before with the world's best malaria drugs and researchers such as Nosten fear a third wave is under way, negating a frontline treatment for a killer of millions, with nothing new on the shelf to take its place.

Historical precedent – pyrimethamine

Amy Maxmen 2013 (freelance science journalist in New York City. Nature (founded in 1869) is the leading weekly, international scientific journal) 13 November 2013 “Malaria: A race against resistance” <https://www.nature.com/news/malaria-a-race-against-resistance-1.14155>

Previous attempts at large-scale malaria chemoprevention offer lessons on what not to do. In the 1950s, David Clyde, a malaria researcher with the British Colonial Medical Service, administered the drug pyrimethamine to villagers in Tanzania. At the time, pyrimethamine had a strong track record of clearing the parasite. But with any drug, there is a slim chance that some strains of parasite will be resistant and will survive to infect others — a chance that increases when many people take the medicine in an area where the parasites are abundant and circulate year-round. Clyde's experiment drove this concept home: malaria rates dropped at first, but after five months, 37% of infections in the village no longer responded to the drug. Eight years later, pyrimethamine resistance had spread: up to 40% of infections within 25 kilometres of the original intervention site were unresponsive.

3. Black market

2011 – 2.5 million dollars-worth stolen

Associated Press 2011 (The Associated Press is a U.S.-based not-for-profit news agency headquartered in New York City) 20 April 2011 “Anti-malaria drugs worth millions of dollars stolen from global health charity” <https://www.theguardian.com/society/2011/apr/20/malaria-drugs-stolen-africa>

A global health fund believes millions of dollars' worth of its donated malaria drugs have been stolen in recent years. In internal documents leaked to the Associated Press, officials from the Global Fund to Fight Aids, Tuberculosis and Malaria – backed by big names including the singer Bono and Bill Gates, chairman of Microsoft, and hailed as an alternative to UN bureaucracy – identified 13 countries, mostly in Africa, where drugs have gone missing. Spokesman Jon Liden confirmed the fund suspects malaria drugs worth $2.5m were stolen, mainly from 2009 to 2011. He said investigations were under way to determine how much was stolen elsewhere. "We take this very seriously and we will do what it takes to protect our investment," he said.

2011 – 30 million treatments stolen

Roger Bate 2011 (He is a resident scholar at the American Enterprise Institute specializing in international health policy.) 11 January 2011 “Africa’s Epidemic of Disappearing Medicine” <https://foreignpolicy.com/2011/01/11/africas-epidemic-of-disappearing-medicine/>

Sadly, Togo is not alone. Every year, perhaps as many as 30 million donated malaria treatments are stolen, similarly diverted from their intended, needy recipients into the hands of profit-driven distributors. What’s most incredible about this, however, is that most of those treatments come from one of the world’s most respected public-health donors, the Global Fund to Fight AIDS, Tuberculosis and Malaria. Next week, the body will finally hold a [meeting](http://www.theglobalfund.org/en/pressreleases/?pr=pr_101210) devoted to drawing up a plan to stop the theft. “Theft of medicines is a problem that affects all institutions investing in health services, and we must clamp down on it,” said Michel Kazatchkine, the Global Fund’s executive director. In the same December 2010 news release, he asked for help: “[N]o single institution can act on its own. We can only solve this challenge if we all work together.” But that plea amounts to too little, too late. The Global Fund has always had the power to oversee the distribution of its funds, but it has chronically failed to act on that responsibility

2012 – 12 storehouses raided

*Roger Bate 2012 (He is a resident scholar at the American Enterprise Institute) 3 October 2012 “WHY WE SHOULD KEEP FUNDING THE PRESIDENT’S MALARIA INITIATIVE”* <http://dailycaller.com/2012/10/03/why-we-should-keep-funding-the-presidents-malaria-initiative/>

The Global Fund professes to fight corruption, and it certainly doesn’t condone it, but it has refused to abandon government distributors, even those found guilty of gross negligence and theft. From documents I’ve seen, at least 12 Central Medical Stores in African nations have engaged in corrupt activities with donor-funded drugs — and the vast majority of them were purchased by the Global Fund. In total, about $100 million worth of HIV and malaria drugs have gone missing.

2013 – 83 cases in Uganda

Sasha Chavkin 2013 (A reporter for the International Consortium of Investigative Journalists) 5 September 2013 “Uganda's deadly breeding ground for malaria: Mosquitoes and corruption” <https://www.pri.org/stories/2013-09-05/ugandas-deadly-breeding-ground-malaria-mosquitoes-and-corruption>

In 2005, the Global Fund to Fight AIDS, Tuberculosis, and Malaria suspended more than $200 million in health grants to Uganda due to concerns about misappropriation. In 2007, former health minister Jim Muhwezi and two of his deputies were arrested for theft of child health funds but were acquitted nearly five years later when the case against them was dropped. Last year, three more health officials were arrested for allegedly misusing a $51 million Global Fund grant for malaria. An anticorruption task force has brought more than 83 cases alleging misappropriation of drugs.

2013 – 15-20% stolen

Benoît Faucon, Nicholas Bariyo and Jeanne Whalen 2013 (journalists) WALL STREET JOURNAL 11 November 2013 “Thieves Hijacking Malaria Drugs in Africa” <https://www.wsj.com/articles/thieves-hijacking-malaria-drugs-in-africa-1384216610>

Angola's health minister, Jose Van-Dunem, says that "maybe 15%" of donated malaria drugs are stolen annually. According to a person familiar with the U.S. investigation, more than 20% of donor-funded Coartem in Africa may be diverted each year—with a street value of about $60 million.

Info on Coartem:

Benoît Faucon, Nicholas Bariyo and Jeanne Whalen 2013 (The Wall Street Journal is a U.S. business-focused, English-language international daily newspaper based in New York City) 11 November 2013 “Thieves Hijacking Malaria Drugs in Africa” <https://www.wsj.com/articles/thieves-hijacking-malaria-drugs-in-africa-1384216610>

Both programs spend a sizable part of their funds on distribution of Coartem, a malaria drug provided on a nonprofit basis by its manufacturer, Swiss pharmaceutical company [Novartis](http://quotes.wsj.com/NOVN.VX) AG . Coartem is one of the most widely used malaria drugs in Africa, with cure rates exceeding 90% in many clinical trials.

2017 – arrests

Judicial Watch 2017 (conservative, non-partisan educational foundation, promotes transparency, accountability and integrity in government, politics and the law.) 3 March 2017 “U.S.-Funded Malaria Drugs Still Being Sold on the Black Market in Africa” <https://www.judicialwatch.org/blog/2017/03/u-s-funded-malaria-drugs-still-sold-black-market-africa/>

Pervasive fraud and corruption are the norm in such free-wheeling government programs and this one is no exception. Earlier this year the USAID Inspector General announced that eight people were arrested in Guinea for illicit sale of antimalarial drugs provided by Uncle Sam. The arrests came after weeks of joint investigative work by the USAID watchdog and the Guinean National Gendarmerie to secure evidence of theft, diversion and resale of U.S. government-funded antimalarial commodities, according to a [statement](https://oig.usaid.gov/sites/default/files/pressrelease_01192017_guinea_arrest.pdf%20http:/oig.usaid.gov/) issued by the USAID IG. The watchdog says it opened its investigation based on reports from U.S. government staff that USAID-funded commodities, typically made available at no cost, were being unlawfully sold in marketplaces throughout Guinea’s capital city of Conakry. Profiting illicitly from health programs is especially egregious, said USAID Inspector General Ann Calvaresi Barr, who added that the life-saving drugs aren’t going to Guineans who need them most. Information on the malaria hotlines is included in the statement, which describes the initiative as a method for African citizens to oppose theft and counterfeiting of antimalarial commodities.

Impact: Undermines stable society

David M. Luna 2017 (Senior Director for National Security and Diplomacy Anti-Crime Programs, Bureau of International Narcotics and Law Enforcement Affairs) 12 May 2017 “Trans-Africa Security: Combating Illicit Trafficking and Organized Crime in Africa” <https://www.state.gov/j/inl/rls/rm/2017/270858.htm>

A convergence of actors is further paving the corridor of illicit trafficking and crime-terror continuum across Africa – including North Africa – as criminal insurgencies are becoming players themselves in illicit markets and using the proceeds to finance their terror campaigns, secure their training camps, establish safe havens, and export violence to other regions. Violent extremist and terrorist groups draw on public anger towards corruption as a means to radicalize, recruit new members, and deepen sectarian division.

Impact: Corruption retards local health efforts

Naman K. Shah 2013 (Univ. of North Carolina School of Medicine, published in the Journal of Public Health Policy) January 2013 “Corporate philanthropy and conflicts of interest in public health: ExxonMobil, Equatorial Guinea, and malaria” <https://www.jstor.org/stable/43287949?seq=1#metadata_info_tab_contents>

Equatorial Guinea, the most prosperous country in Africa, still bears a large malaria burden. With massive wealth from oil reserves, and nearly half its population living in island ecotypes favourable for malaria control, only poor governance can explain continued parasite burden. By financially backing the country's dictator and other officials through illicit payments, the oil company ExxonMobil contributed to the state's failure. Now ExxonMobil, having helped perpetuate malaria in Equatorial Guinea, gives money to non-governmental organizations, charitable foundations, and universities to advocate for and undertake malaria work. How, and on what terms, can public health engage with such an actor? We discuss challenges in the identification and management of conflicts of interest in public health activities. We reviewed the business and foundation activities of ExxonMobil and surveyed organizations that received ExxonMobil money about their conflict of interest policies. Reforms in Exxon-Mobil's business practices, as well as its charitable structure, and reforms in the way public health groups screen and manage conflicts of interest are needed to ensure that any relationship ultimately improves the health of citizens.

Impact: Infected antibiotics, ineffective treatment, and more malaria resistance

Benoît Faucon, Nicholas Bariyo and Jeanne Whalen 2013 (The Wall Street Journal is a U.S. business-focused, English-language international daily newspaper based in New York City) 11 November 2013 “Thieves Hijacking Malaria Drugs in Africa” <https://www.wsj.com/articles/thieves-hijacking-malaria-drugs-in-africa-1384216610>

The theft has potential consequences beyond the crime itself. Stolen drugs that are transported or stored in poor conditions could go bad and become ineffective without users knowing it, putting their treatment at risk. In the long run, the availability of degraded, ineffective Coartem also raises risks that the parasite causing malaria could genetically mutate and grow resistant to the drug, says Dr. Koen Vanormelingen, the representative of the United Nations Children's Fund in Angola.

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