

COBURN Amendment # 2704: Accountability in the World Bank Malaria Program

Purpose: To prohibit the U.S. contribution to the World Bank's International Development Association (IDA) from being used for malaria prevention or control and to ensure that World Bank malaria-related financing is subject to maximum transparency and accountability.

Why the amendment is necessary: The U.S. should no longer subsidize the World Bank's failing and redundant malaria control programs and instead redirect support for the Bank's core competencies such as building healthcare infrastructure.

What the amendment does:

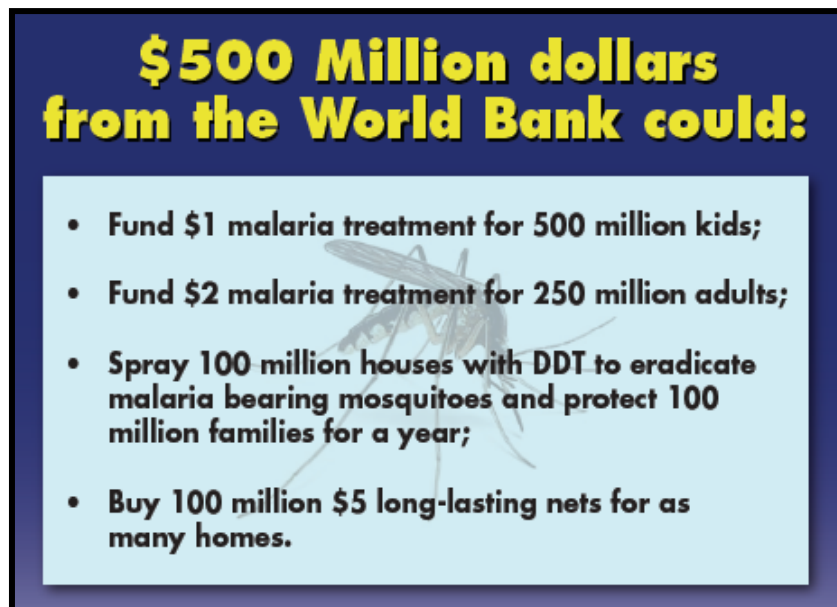
Coburn amendment 2704 would prohibit the U.S. contribution to the World Bank's International Development Association (IDA) from being used for malaria prevention or control.

The Bank has a spotty record of keeping its word about malaria spending. The Bank promised \$500M some years ago then two years ago, admitted it failed to keep that pledge, and then re-promised anew another \$500M.

Malaria scientists and advocates have identified serious flaws in Bank-funded malaria programs (in India, Eritrea, and elsewhere) with respect to drugs purchased (obsolete drugs) and prevention interventions used (no spraying, inadequate net coverage).

Malaria is now the leading killer of children and pregnant women in Africa, sickening somewhere around 500 million people each year, and killing nearly 2 million. This means that malaria kills about as many people as AIDS or tuberculosis each year (TB caused 1.7 million deaths in 2004, and in 2005 AIDS claimed the lives of 2.8 million, according to the World Health Organization)—diseases that are much harder and more expensive to both prevent and treat.

There is simply no excuse for the World Bank to fund programs that can't demonstrate results. Even worse, there's even less excuse for the Bank to not report how it spends its money.



**\$500 Million dollars
from the World Bank could:**

- Fund \$1 malaria treatment for 500 million kids;
- Fund \$2 malaria treatment for 250 million adults;
- Spray 100 million houses with DDT to eradicate malaria bearing mosquitoes and protect 100 million families for a year;
- Buy 100 million \$5 long-lasting nets for as many homes.

8 reasons why accountability in the World Bank's malaria program cannot be delayed:

- 1) Americans are funding a disproportionate share of the World Bank account that funds the malaria programs:** In its last donation to the World Bank's International Development Association (the IDA is Bank's lending and grant making facility), the U.S. pledged \$2.85 billion to be split into three payments of \$950 million for fiscal years 2006, 2007, and 2008. With a \$9 trillion national deficit and the average American citizen is liable for covering about \$29,771.00 of the deficit, it's a bad deal for taxpayers to have no idea what they are getting for their money, and it's a tragic scenario for the hundreds of thousands of men, women and children who are sickened each year from malaria in Africa.
- 2) The Bank has been accused of medical malpractice and financial irregularities in the malaria program that has likely lead to the death of many thousands of defenseless and vulnerable women and children from malaria.**

In April of last year, a team of prominent scientists and public health experts published a paper in *The Lancet* – a prominent British medical journal - detailing many alarming failings of the World Bank's malaria control program.

The story was so troubling that it was picked up by the mainstream media as well, including the *New York Times*, the *Wall Street Journal*, *Reuters* and the UK's *Guardian*.

The authors of the *Lancet* article accused the World Bank of the following in past and current malaria prevention and control programs:

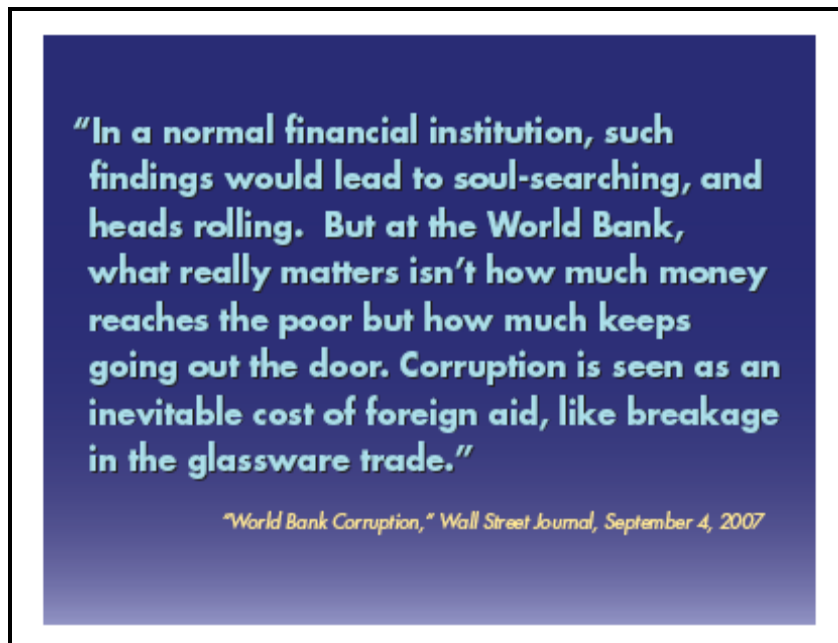
- **Lack of transparency** – no one knows how, where and on what the Bank spends malaria funds (allegations of mismanagement and non-delivery of promised funds as well);
- **Support of obsolete drugs** in the face of massive drug resistance rates;
- **Support of failing bed net marketing schemes** instead of large-scale free distribution; and,
- **Stigmatizing and refusing to fund indoor residual spraying** (IRS), including with DDT when appropriate.

- 3) The Bank itself cites the Malaria program as a prime suspect for fraud:** The Bank's own interior investigative unit, the Department of Institutional Integrity, has listed the malaria program at the top of the list of four Bank health projects liable for fraud in a highly controversial report that was inadvertently leaked to the public earlier this week:

"Other Bank health projects are tainted by, or at risk of, collusion, fraud and corruption. First, INT [Department of Institutional Integrity] obtained evidence of fraud and/or corruption in at least four other health projects totaling US\$478 million in Bank financing: the Malaria Control Project, Uttar Pradesh Health Systems Development Project, Tuberculosis Control Project, and Orissa Health Systems Development Product..."¹

¹ "Report of Investigation into Reproductive and Child Health I Project—India, World Bank Department of Institutional Integrity, November 23, 2005

As the editors of the article “World Bank Corruption”² (released this week in the *Wall Street Journal*) noted:



4) The World Bank is full of empty promises: In response to these criticisms, the Bank is now operating a sham of a web site.

Following the public criticism of the Bank's malaria program, the Bank recently put together a "matrix" to report its malaria spending and correlating results; the Bank bragged about this new "Malaria Indicator Template" and created a new webpage dedicated to the matrix.

The American Enterprise Institute has criticized this matrix:³

"It seems that with the World Bank's malaria control program, the attitude of senior management (that other agencies are failing to combat malaria so the Bank must fill the void) has been infused into their malaria matrix, and little thought has been given to comparative advantage. Key agencies are no longer failing and the Bank should change.

All in all this matrix exposes more problems than it provides answers. It took a lot of talented statisticians and economists much work to even put together this rather paltry list of malaria data, and one wonders if this effort can be sustained at the Bank given other priorities...With the Bank probably biting off a lot more than it can chew and apparently not cooperating well with the WHO, and not accepting its comparative advantage, reductions in malaria, the goals of RBM are not very likely.

On the website⁴, the Bank states:

² "World Bank Corruption," Wall Street Journal, Editorial, September 4, 2007, available online at: http://online.wsj.com/article/SB118887034282116520.html?mod=opinion_main_review_and_outlooks

³ "World Bank Matrix: An analysis for Africa Fighting Malaria", by Dr. Roger Bate, AEI Resident Fellow, October 31, 2006, available on the web at: http://www.aei.org/publications/pubID.25074/pub_detail.asp

“In addition to increasing the financial resources for malaria control, all partners, including the World Bank, agree that there is a need to significantly strengthen monitoring and evaluation in malaria control in order to track progress and assess impact.”

Yet, when you click on each of the links provided to access an Excel chart of the matrix, a PDF of the matrix, or a description of the matrix, this is what you get—empty charts and empty promises:

5) Lack of expertise in disease control—the World Bank should reconsider an appropriately focused and strategic role for World Bank intervention.

Disease control is not now and never has been the World Bank’s expertise—and it *shows*. Rather, building health infrastructure is more in line with Bank capacity—and this infrastructure is desperately needed. Refocusing the Bank on its core competency would be a win for the Bank and a win for the world.

Experts have argued that the Bank “is often an inefficient “fifth wheel,” duplicating or even competing with agencies having a greater core competence for disease control.⁵

⁴ Available on the web at:
<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRBOOPRO/0..contentMDK:21301984~pagePK:64168445~piPK:64168309~theSitePK:2128617.00.html>
⁵ The World Bank and Disease Control: A Bad Combination, by Roger Bate, May 4, 2006, available on line at:
<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRHEANUTPOP/0..contentMDK:20905156~pagePK:34004173~piPK:34003707~theSitePK:717020.00.html>

Other donors are more suited to run disease control programs – they have the technical experts on staff and their mission and structure is designed for disease control.

U.S. bilateral programs on global AIDS and malaria, as well as the Global Fund to Fight HIV/AIDS, TB and Malaria are good examples. The Bank should leave the disease control to disease control experts and, as health care infrastructure experts; they should focus on healthcare infrastructure.

The disease control programs have often bemoaned the desperate need for better healthcare infrastructure.

According to Laurie Garrett, Senior Fellow for Global Health at the Council on Foreign Relations and the author of *Betrayal of Trust: The Collapse of Global Public Health*,

“The health world is fast approaching a fork in the road...Which outcome will emerge depends on whether it is possible to expand the developing world's local talent pool of health workers, restore and improve crumbling national and global health infrastructures, and devise effective local and international systems for disease prevention and treatment.

In the current framework, such as it is, improving global health means putting nations on the dole -- a \$20 billion annual charity program. But that must change. Donors and those working on the ground must figure out how to build not only effective local health infrastructures but also local industries, franchises, and other profit centers that can sustain and thrive from increased health-related spending. For the day will come in every country when the charity eases off and programs collapse, and unless workable local institutions have already been established, little will remain to show for all of the current frenzied activity.”⁶

Indeed, the “Shakow report”—an expert study commissioned jointly by the Bank and the Global Fund to analyze their relative roles in HIV/AIDS programs —noted that the Bank should take the lead in health system strengthening.⁷

6) The World Bank remains the world’s largest multilateral aid organization that refuses to follow sound science in malaria prevention and control:

Significant policy changes in malaria prevention and control have taken place around the world, but, unlike every other donor, the Bank has failed to reform.

Perhaps due to the Bank’s lack of core competency in disease control, the Bank has not followed the rest of the donor community in adopting urgent policy reforms in malaria prevention and control over the past four years. This failure would be more understandable in 2003 since at that time many in the public health world took this same flawed approach.

⁶ “The Challenge of Global Health,” by Laurie Garrett, from *Foreign Affairs*, January/February 2007

⁷ See pages 6 and 9 of the report by Alex Shakow, “Global Fund and World Bank HIV/AIDS Programs: A Comparative Advantage Study,” prepared for the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank HIV/AIDS Program, available at <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/GFWBReportFinalVersion.pdf>

However, in the past three years, massive reforms, public scandals and five Congressional hearings have dramatically changed the malaria landscape. Every other major donor has publicly renounced the failing malaria control tactics World Bank staff support, and has taken concrete, measurable steps to reverse them.

The U.N.'s World Health Organization, in the past 2 years, has issued stunning new guidance on almost every aspect of malaria control and treatment. The WHO itself has said that the Bank is out of compliance with their guidance.

- 7) The Bank has refused to move towards accountability and transparency in the malaria program:** Allegations of mismanagement and non-delivery of promised funds in past malaria programs have led to a breakdown in trust and a lack of confidence in the Bank's disease control efforts, malaria in particular.

Since the April 2006 publishing of the *Lancet* article critiquing the World Bank's malaria program, the **Bank has consistently refused Congressional requests for bi-partisan, bi-cameral oversight for over a year.**

In the months since April 2006 the Federal Financial Management Subcommittee has worked to obtain a response from the World Bank in the form of bi-cameral, bi-partisan briefings to give the Bank a chance to counter allegations of medical malpractice and financial mismanagement brought to light in the *Lancet* article. The World Bank has never adequately addressed serious allegations brought against the Bank, has consistently refused to agree to a bi-partisan, bi-cameral Congressional staff briefing on the Hill. New allegations raised in the press only confirm the suspicions that the malaria program, among others, is liable to fraud.

- 8) Bringing transparency to the World Bank (and to American taxpayers as a result) has long been a bi-partisan concern:** the current chairman of the Senate State, Foreign Operations Appropriations Committee, Senator Patrick Leahy, during a review of the World Bank's IDA replenishment request in 1993, warned the World Bank President of Congress's "waning tolerance for a public institution supported with public funds that denies the public access to relevant information."⁸

Claims vs. Facts

Claim: The Bank should engage on the most important health issues facing its borrower countries, since those diseases have such an impact on development and productivity.

Fact: Over and over again, both internal and external reports commissioned to look at World Bank effectiveness have pointed out that the World Bank should stop diluting its resources by traipsing from one specific disease control project du jour to the next—for the reason that the Bank does not have either the resources or the expertise to make a measurable impact in these types of projects. Instead, the reports highlight the fact that the Bank *does* have considerable—and valuable—expertise in health systems building, and that is where focusing efforts can really make a difference by improving the mechanism for delivery of health care on the ground where systems of care are lacking.

⁸ Page 186, *Blacked Out: Government Secrecy in the Information Age*, by Alasdair Roberts, Cambridge University Press, 2006

Quotes:

“The Global Fund and the World Bank increasingly seem to finance the same types of goods and activities in the same countries, without any clear sense of their respective comparative advantages or complementarity with the other. Continued progress on a clearer division of labor between the two will require careful review of each organization’s comparative advantages (e.g., the demand-driven, performance-based approach of the Global Fund and the longer time-horizon and experience in infrastructure and health-systems development of the World Bank financing.)”

--Source: Global Task Team Final Report, June 14, 2005, UNAIDS (this report precipitated the Shakow Report, “Comparative Advantage Study of the Global Fund: World Bank HIV/AIDS Programs,” January 19, 2006)

“An Action Plan for the World Bank

The broad-based capabilities that are essential to assisting interested countries to strengthen their overall health systems is a clear example of the Bank’s comparative advantage, but it has not thus far been fully developed and adequately exploited...The World Bank should give higher priority to systems work, particularly in and for Africa’s poorest countries...This focus on health systems strengthening would not preclude a continuing role for the Bank in programs and projects to help reduce morbidity and mortality from HIV/AIDS and malaria. As resources are limited, however, in countries where both the Global Fund and World Bank are active, the lead responsibility for health systems should be with the Bank, and for prevention and treatment with the Global Fund.”

--Source: Page 9 of the report by Alex Shakow, “Global Fund and World Bank HIV/AIDS Programs: A Comparative Advantage Study,” prepared for the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank⁹

Claim: The Bank supports governments and health ministries broadly as part of its malaria programs and can’t therefore force those ministries to track spending and effectiveness down to the dollar.

Fact: You can’t manage what you can’t measure. If the Bank can’t figure out what it’s getting for its investment, it needs to get out of the business.

Other agencies have managed to overcome some of these same problems. Over the past several years, malaria scientists, policy experts and activists have criticized both the World Health Organization (WHO) and the Global Fund to Fight AIDS, TB and Malaria (GFATM) for the procurement and provision of ineffective malaria treatments, and these failures to adopt proven prevention programs. Though these agencies resisted criticisms and reform at first, major changes have since taken place.

USAID was intractable for over a year. It took four Congressional hearings before the agency could even produce an accounting for how malaria funds had been spent. Less than one percent was spent on medicine, and less than 8 percent was spent on any direct services and commodities at all (such as bed-

⁹ Available online at

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/3757981103037153392/GFWBReportFinalVersion.pdf>

nets or drugs). The vast majority of the money was going to conferences, so-called “technical assistance” and “capacity-building,” “assessments” and overhead and administration.

Once this transparency finally exposed the truth about program, USAID officials quickly moved toward reform, and USAID now publishes detailed information on a public website with detailed funding and progress/outcomes information.

Claim: The Bank has made improvements in transparency and has published its funding on its web site.

Fact: in response to Sen. Coburn’s pressing for accountability from the World Bank, the Bank produced a “matrix” that has since been soundly critiqued by experts as a failure of a tool to measure success in the reduction of malaria.

Following critiques of its malaria program, some months ago the World Bank put together a “matrix” to measure its malaria spending and correlating results. In actuality, not only has the *content* of matrix been criticized as an ineffective measurement tool¹⁰ but the World Bank’s website attempt at transparency contains nothing but empty promises.

On the website¹¹, titled “A Focus on Results through effective Monitoring and Evaluation under the Booster Program for Malaria Control in Africa,” [see *chart with picture of website*], the bank states:

“In addition to increasing the financial resources for malaria control, all partners, including the World Bank, agree that there is a need to significantly strengthen monitoring and evaluation in malaria control in order to track progress and assess impact.”

Yet, when you click on each of the links provided to access an Excel chart of the matrix, a PDF of the matrix, or a description of the matrix, this is what you get—empty charts and empty promises.

Claim: The Bank has always been happy to brief Congress on its programs, but Congress has been difficult to accommodate.

Fact: The Bank has refused to come to the Hill to brief bi-partisan, bi-cameral staff for well over a year. In fact, after President Wolfowitz committed personally to Dr. Coburn that the Bank would be fully transparent about spending and would fix policy problems, the Bank has instead cut off all contact and refused to reform. A year and a half following the original critiques of the World Bank in peer-reviewed scientific journals, suspicions of financial mismanagement and fraud in the malaria program are only being confirmed, as the recent editorial in the *Wall Street Journal*, “World Bank Corruption” illustrates.¹²

¹⁰ Available on the web at: http://www.aei.org/publications/pubID.25074/pub_detail.asp

¹¹ Available on the web at: <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTAFRBOOPRO/0,,contentMDK:21301984~pagePK:64168445~piPK:64168309~theSitePK:2128617,00.html>

¹² “World Bank Corruption,” *Wall Street Journal*, Editorial, September 4, 2007, available online at: http://online.wsj.com/article/SB118887034282116520.html?mod=opinion_main_review_and_outlooks

Claim: The U.S. is only one donor of many to the Bank – it's not fair for Congress to micromanage its contribution to the Bank.

Fact: The U.S. is the largest contributor to the World Bank's International Development Association (the IDA is Bank's lending and grant making facility). If the Bank considers the American people's request for transparency too burdensome, the Bank can refuse American money.

The American people have many options when considering what organizations they should support to combat malaria. Why should they fund an organization that can't show how it spends the taxpayers' money – much less what that money is achieving?

Claim: Department of Treasury should address this problem rather than Congress.

Fact: If a key complaint is that the Bank doesn't have enough disease control expertise to manage its malaria programs, then the Department of Treasury has even less. As such, Treasury simply can't provide any real oversight for American taxpayers' contribution to the Bank. That problem is likely to result in ANY disease program at the Bank failing. However, that's a larger problem that only transparency can begin to identify.

Despite repeated requests and attempts, and some good faith efforts on the part of Treasury staff, Treasury was simply unable to get the Bank to the Hill to brief Congressional staff on malaria programs. If Treasury can't set up a meeting on malaria, there's little chance that the Department can get the Bank to report on those programs better.

Claim: Mistakes have been made in the past with Bank malaria programs, but those have been acknowledged and improvements made.

Fact: The first \$500M malaria push was a flop and the Bank was embarrassed. The second \$500M "booster" program can't demonstrate effectiveness, is being criticized in the scientific literature, and operates in total secrecy. Will the Bank have to admit failure again and promise another \$500M in a couple years? How long should Congress let this go on before taking action?

World Bank criticized over anti-malaria efforts

By Patricia Reaney

Reuters

April 24, 2006

LONDON (Reuters) - Public health experts criticized the World Bank on Tuesday for failing to tackle malaria in hard-hit countries while millions of children have died.

They said the bank, which has an annual budget of \$20 billion, has concealed the amount of money it spends to fight the illness, funded ineffective treatment, reduced its expert staff and published false statistics about its efforts.

Professor Amir Attaran of the Institute of Population Health at the University of Ottawa in Canada and his colleagues said the World Bank's program for controlling malaria in 2005-2010 was inadequate to reverse its history of neglect for malaria.

"They have made decisions which have killed a very large number of children throughout the world," Attaran said in an interview.

"The reality is that the Bank got it dreadfully wrong on malaria in a number of ways," he said.

Suprotik Basu, public health specialist on the bank's malaria team, rejected the accusation, saying developing countries were insisting that the World Bank stay engaged in the fight against malaria.

"Any insinuation that the bank's support for malaria control in Africa or worldwide has been responsible for the deaths of children is misleading and grotesquely incorrect," he said.

Malaria, a parasitic disease transmitted by mosquitoes, kills more than a million people a year, mostly young children in Africa.

Attaran and his colleagues described the Bank's technical expertise as insufficient and said it was institutionally unsuited to deliver excellence on malaria.

"We summarize the evidence, show that the Bank possesses demonstrably little experience in malaria, and argue that the Bank should relinquish its funding to other agencies better placed to control the disease," Attaran said in a report published online by The Lancet medical journal.

In response to the criticism, World Bank officials said in the online report that it was dedicated to alleviating the suffering of the 500 million people who are afflicted with malaria each year.

But it said that, despite successes in malaria control in parts of Brazil, Eritrea, India and Vietnam, "the overall efforts by the Bank in malaria control were understaffed and underfunded".

Jean-Louis Sarbib, of the World Bank, said it was not easy, or even possible sometimes, to determine how much input from a donor has gone into specific activities to control malaria.

He added that \$500 million in new commitments for malaria control in Africa and south Asia are expected in 2006-2008.

"World Bank Group President Paul Wolfowitz has put the full weight of his leadership behind the Bank's renewed commitment to malaria, with a strong emphasis on results," Sarbib said.

But the public health experts called for the Bank to allocate \$1 billion to other organizations such as the Global Fund for AIDS, Tuberculosis and Malaria which has a better track record.

"They simply need to get out of the disease control business," Attaran said.

Catching Malaria

Wall Street Journal – Editorial

April 25, 2006

Catching Malaria

Page A18

Today is Africa Malaria Day, which is intended to raise public awareness of a disease that each year kills more than a million pregnant women and children under five. We suspect many readers are plenty "aware" of this health travesty already. The good news is that private individuals have begun to attack the disease after years of official aid and policy failure.

In his new book, "The White Man's Burden," economist William Easterly says medicine that would halve the number of malaria deaths world-wide costs just 12 cents a dose; a bed net that wards off malarial mosquitoes costs \$4; and "preventing five million child deaths over the next 10 years would cost just \$3 for each new mother." But despite spending \$2.3 trillion on foreign aid in the past half century, the West hasn't managed to get 12-cent medicines and \$4 bed nets to poor people.

A big part of the blame can be laid to bureaucratic incompetence at international aid agencies such as the World Bank. Eight years ago the Bank launched an ambitious campaign to halve malaria deaths by 2010. Yet according to Amir Attaran of the University of Ottawa, malaria cases have actually risen in recent years as the Bank has reneged on promises and wasted money on ineffective medicines.

"In the past five years," writes Mr. Attaran in the British medical journal the Lancet, "the Bank has failed to uphold a pledge to increase funding for malaria control in Africa, has claimed success in its malaria programs by promulgating false epidemiological statistics, and has approved clinically obsolete treatments for a potentially deadly form of malaria."

The Bank responds that under its new president, Paul Wolfowitz, there's a "renewed commitment to malaria, with a strong emphasis on results." But Mr. Attaran argues that the war on malaria would be better served if the Bank were to "revert to its core competence as a financier -- a bank -- and deposit the pledged commitments . . . into a dedicated fund for the exclusive use of other, more technically competent and transparent agencies." In an interview last week, he said the Bank's expertise is providing capital, not public health programs, which are best left to groups like the World Health Organization and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

While this turf battle plays out, the private sector has taken matters into its own hands. George Ayittey of the Free Africa Foundation recently joined with hedge fund manager Lance Laifer and other investors to create "malaria-free zones" in Ghana, Nigeria, Kenya and Tanzania. "We held a fund raiser last September and by December -- two and a half months -- we had one village [Yawkoko, Ghana] up and running" with insecticide-treated bed nets and antimalarial drugs, says Mr. Ayittey. "We've been able to avoid the bureaucracy and move very, very quickly." By December, a second malaria-free zone was established in Nigeria, and a third village in Kenya followed last month. "We now have other private citizens in America interested in adopting villages," says Mr. Ayittey.

Such efforts are born of frustration. And while they're admirable, the sad reality is that large-scale progress isn't likely to happen until global health groups get their act together. As the largest donor nation to these international agencies, the U.S. has the ability to initiate the necessary reforms. As for the World Bank, perhaps it should turn over its entire malaria operations to Mr. Ayittey.

World Bank accused of deception over malaria funding

Campaign leader is unfit for task, say doctors; Death toll prevention claims 'unfounded'

By Sarah Boseley, health editor
The Guardian

April 25, 2006

The World Bank, a leader in the global effort to control malaria, has been accused of deception and medical malpractice by a group of public health doctors for failing to carry out its funding promises and wrongly claiming its programmes have been successful at cutting the death toll from the disease.

The serious charges are levelled by Amir Attaran, a professor at the Institute of Population Health and faculty of law of Ottawa University, and colleagues from around the world. Writing in an online publication for the Lancet medical journal, they say the World Bank is unfit to lead global efforts to control the disease, which kills around 1 million people a year - most of them small children.

They argue that the World Bank has not delivered the \$300m-\$500m (£168m-£280m) funding it promised to Africa when it launched the ambitious global Roll Back Malaria campaign in 1998, which was intended to halve malaria deaths this decade. They add that it has not been open about the amounts it is spending on malaria and that it has wasted money and endangered lives by allowing countries to buy malarial drugs that no longer work.

In a response, also published online, the Bank acknowledges that it should have done more in the past but says its current programmes are well-funded, well-staffed and delivering results.

Professor Attaran and colleagues say the new plan "is inadequate to reverse the Bank's troubling history of neglect for malaria". The Bank at first refused to disclose how much it had spent on malaria in each country, say the authors, but eventually published accounts in April 2005 showing that in the previous five years it had committed \$100m-\$150m to malaria programmes. It had also spent non-earmarked funds on malaria it says are "difficult to quantify", says the article.

"The most disturbing fact, however, is that the Bank actually does not know, and at best guesses, how much money it spends or loans for malaria," say the authors. "No commercial high-street bank could keep such imprecise accounts for its clients without running a serious risk of civil or criminal illegality."

In 1998 the Bank had seven staff dedicated to malaria. By 2002 it had none. "Without even a single worker, the malaria programme could do little ... we cannot know what lay behind the downsizing of the Bank's malaria team and whether the reduction in staff is explained by careless management or an intention to renege on the funds pledged to Africa. Regardless, funds stalled just as Africa's malaria cases rose sharply, destroying several million children's lives and deepening the poverty the Bank had promised to ameliorate," they write.

The Bank says malaria cases in Brazil dropped by 60% between 1989 and 1996 as a result of its programmes there. Prof Attaran and colleagues say the figure was 23%. The Bank claimed malaria deaths in three Indian states, Gujarat, Maharashtra and Rajasthan, dropped by 58%, 98% and 79% between 2002 and 2003. The authors obtained statistics from India's directorate of national vector-borne diseases control programme. In that year, "far from malaria cases declining in the three states the Bank names, actually the numbers rose sharply in all of them", they write.

The Bank, they conclude, "remains unfit for any operational role whatsoever in malaria control". They call for its role to be passed to other agencies, principally the Global Fund to fight Aids, Tuberculosis and Malaria.

Jean-Louis Sarbib and colleagues, for the World Bank, say it is difficult to be specific about the sums spent on malaria, some of which will have gone to improve healthcare systems, the training of staff and the provision of drugs for a variety of diseases, not just one. They reject accusations the Bank

has funded chloroquine for areas of India where it no longer works because of resistance that has built up in the parasite which causes the disease.

Mr Sarbib and colleagues say the World Bank is dedicated to fighting malaria. "Paul Wolfowitz has put the full weight of his leadership behind the Bank's renewed commitment to malaria," they say.

But the Lancet points out that "malaria was absent from Wolfowitz's policy speech on April 11 ... instead, he emphasised reducing corruption in recipient governments by increasing the Bank's department of integrity staff from 53 to 65". If the Bank is serious about results, the journal says, it needs to focus on the Abuja 2000 target of halving mortality by 2010.

Parasite facts

- Malaria is caused by a parasite passed by an infected female Anopheles mosquito. There are four species of parasite, of which the two most common are Plasmodium falciparum and Plasmodium vivax.
- Symptoms include extreme exhaustion with high fever, sweating, shaking chills and anaemia.
- Patients need treatment within 24 hours to avoid risk of severe disease, which has a high fatality rate.
- Resistance to commonly used drugs has grown rapidly. The new hope is the artemisinin compounds, derived from a Chinese herb.

World Bank Failed in Fight Against Malaria, Health Experts Say

By Celia Dugger
The New York Times

April 25, 2006

The World Bank failed to follow through on its pledges to spend up to \$500 million to combat malaria, let its staff working on the disease shrink to zero, used false statistical data to claim success and wasted money on ineffective medicines, according to a group of public health experts writing in the British medical journal *The Lancet*.

The experts, in an article to be published online today, argue that the bank should relinquish the money it has to fight malaria, which kills an African child every 30 seconds, and instead let the Global Fund to Fight AIDS, Tuberculosis and Malaria distribute the bank's malaria funds.

The World Bank conceded in a written reply to the article that its malaria programs were understaffed and underfinanced, but denied using false statistics or paying for obsolete medicines. It said that in the past year it had revitalized its malaria program.

Bank officials said in an interview on Monday that the number of staff members working on malaria had grown from none to more than 40 in the past year, while \$62 million in new spending had recently been approved, an amount expected to rise to \$190 million by June. The Global Fund does not have staff on the ground in Africa to monitor how the money is spent, while the World Bank does, bank officials said in their written reply.

"The story captures a lot of the bank's shortcomings from a year ago," Suprotik Basu, a public health specialist in the bank's malaria program, said yesterday. "But now we've had a year of progress."

In 1998, when the bank began the Roll Back Malaria campaign, it promised to spend \$300 million to \$500 million to help halve the number of malaria deaths in a decade. More than a million people die of malaria each year, mostly African children.

But just four years after its commitment, the number of bank staff working on malaria fell to zero from seven, a fact Mr. Basu acknowledged. Bank employees, sensing the lack of commitment, left the program and were not replaced, he said.

The bank's own estimates of its spending since 1998 have ranged from \$100 million to \$450 million, according to Amir Attaran, a biologist and constitutional lawyer at the University of Ottawa who is the article's lead author. He and his co-authors found it disturbing that the bank did not know how much it had given or lent for malaria programs.

"That the bank's management tolerates such vague accounting when serving its clients, the African states to whom it pledged an increase in malaria control funds, is extraordinary," they wrote.

In its reply, the bank said it and other donors often provided money as general support to public health services, making it difficult to track how much of the bank's money went to malaria. Under its new president, Paul D. Wolfowitz, the bank has instituted a new system for closely monitoring spending, Mr. Basu said.

The authors also accused the bank of medical malpractice for spending about \$1.8 million to buy more than 100 million tablets of chloroquine for India, even though a deadly species of the malaria parasite had developed a resistance to the medicine at levels that exceeded the acceptable failure rate of 15 percent set by the World Health Organization.

The bank replied that about half the confirmed cases of malaria in India were caused by a different malaria parasite that generally responded to chloroquine, which it said was one-tenth to one-twentieth cheaper than combination drug therapies.

"On the basis of available information, India stood to get good value for money by spending scarce resources wisely in accordance with local realities," bank officials wrote.