Struggling to make an impact

Hampered by bureaucracy, politics and inept policies, critics claim that the international Roll Back Malaria (RBM) partnership is failing, and is a long way off its goal of halving malaria deaths by 2010. Few of the 44 African countries that signed up to its main goals, including providing immediate access to treatment for 60% of patients by 2005, have followed up with increased resources.

Allan Schapira, RBM coordinator at the World Health Organization (WHO), disputes that the programme is off-course, arguing that it will take years for the impact of current initiatives to become apparent. “There’s no basis for the contention that deaths from malaria have gone up,” he says, adding that tracking trends in malaria-specific deaths over short periods is difficult. What is clear, however, is that no data show substantial drops in deaths in sub-Saharan Africa, where most cases occur.

RBM was launched in 1998 by the WHO, the World Bank, the United Nations Development Programme and UNICEF, and is now supported by 90 countries. It has raised the disease’s international profile, says Roger Bate of the American Enterprise Institute for Public Policy Research, a Washington-based think-tank. “Unfortunately, I think that’s kind of where the good news ends,” he says. “If RBM were a government, it would be voted out of office.”

In 2002, an external evaluation panel concluded that RBM was failing at regional and national levels, and was too isolated from local health policies (see Nature 419, 422; 2002). It also found the World Bank’s commitment to be ambivalent. “We are committed to doing a lot more, to doing much better,” says Oluosji Adeyi, communicable-diseases coordinator at the bank.

RBM has since been reorganized to make it more accountable to malarial countries, and to have a tighter focus on fewer countries. “We need a properly funded, science-based strategy to evaluate the use of both existing and future malaria control tools,” concludes that RBM was failing at regional and national levels, and was too isolated from local health policies (see Nature 419, 422; 2002). It also found the World Bank’s commitment to be ambivalent. “We are committed to doing a lot more, to doing much better,” says Oluosji Adeyi, communicable-diseases coordinator at the bank.

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