



# 'The Fever': Questioning Malaria Management as a Colonial Legacy

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Malaria is the oldest disease of humankind. It is known to have killed more people than all other diseases and wars on Earth combined together and it is probably the one single disease with the most dollars in its belly, when it comes to research and development funding. Still, malaria parasites are killing almost 500,000 people, mostly children, each and every year in sub-Saharan Africa.

## Malaria Facts

- In 2018, there were an estimated 228 million cases of malaria worldwide.
- The estimated number of malaria deaths stood at 405,000 in 2018, according to the World Health Organization (WHO).
- Most malaria cases in 2018 were in the World Health Organization (WHO) African Region (213 million or 93%), followed by the WHO South-East Asia Region with 3.4% of the cases and the WHO Eastern Mediterranean Region with 2.1%.
- Children aged under 5 years are the most vulnerable group affected by malaria; in 2018, they accounted for 67% (272,000) of all malaria deaths worldwide.
- The WHO African Region carries a disproportionately high share of the global malaria burden. In 2018, the region was home to 93% of malaria cases and 94% of malaria deaths.
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Source: WHO

But it took COVID-19 to put the world on hold. With malaria it is business as usual, except that it is even worse,

due to COVID-19. Deaths are expected to double because of the lockdown in African countries. Black lives apparently don't matter.

Now imagine there was an herb that could defeat the malaria parasite and save a thousand lives per day, every day? One you could grow in your backyard, which costs next to nothing, and could be easily available for everybody in need?

I personally experienced malaria prophylaxis with Artemisia tea or Sweet Annie, an ancient Chinese malaria remedy, while shooting my doc *Sneaker Stories* in Ghana in 2004. For three weeks our whole team took the herb that I had brought from Vienna – indeed, nobody got sick, including my then one year old daughter. It seemed too simple to be true.

During a trip to Saigon for my brother's wedding a few years later, I found an interesting account in my tourist guide book on how the Vietnamese probably had won their last war, precisely because of the sturdy plant from the mugwort family. Mao Zedong and the Americans had been locked in an intense arms race for a new drug since malaria parasites had become resistant against Chloroquine. In Vietnam, soldiers had been dying off on both sides alarmingly, and Ho Chi Minh asked Mao for new drugs instead of weapons. In 1972, Chinese pharmacist Tu Youyou extracted the active ingredient artemisinin from *Artemisia*.

After successful clinical trials, clearly proving the potency of the drug, China offered it to the WHO in 1982 as a solution for the African regions, where malaria had been killing children by the millions. The offer was declined. Tu Youyou won the Nobel Medicine Prize for her discovery over 40 years later. 'If profit was the reason for the deaths of so many malaria patients, I find that not only immoral but truly inhuman', the Chinese scientist says in our interview. But her recognition has not really changed the medical route, despite Artemisinin Combination Therapies (ACTs) being today's most effective malaria treatment since their implementation.

How on earth was something like that possible? 30 million people might have died between 1972 and the first

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Artemisinin combination therapies (ACT's) produced by WHO approved drug makers, due to drug failure, while a new drug was within reach, and actually available?

This was the research question, and the starting point for our documentary 'The Fever'. We found co-producers and generous funding from Austrian, Swiss and German government film funds and public TV stations (ORF, ARD, SRF). With a budget of 1.2 million Euros we started our intensive research in 2014 all over the world, together with Weina Zhao, a sinologist and filmmaker from Vienna and many others. Since the start, many scientists and malaria experts have accompanied our work all along.

At the beginning we were rather interested in the history of malaria, and particularly the connections between tropical medicine and wars of conquest. Would the colonization of Africa have been possible at all without quinine? While European soldiers and missionaries died like flies, local residents were mostly immune from the age of five. Was the parasite in the end an important protection against intruders?

In the biblical time required to complete our documentary, we have interviewed over 150 experts at Swiss and American conferences on tropical medicine, at science institutes ranging from the Johns Hopkins to the London School of Hygiene and Tropical Medicine (LSHTM), from the Walter Reed Army Institute to the Oxford University, from Bangkok to Basel, from Guangzhou all the way to Kerala, from Nairobi to Kampala. A long competent journey talking about colonialism, structural adjustment programmes and philanthrocapitalism; about mosquitos and parasites, rice fields, agriculture and deforestation; about traditional Chinese and traditional African medicine and the power of women healers. A unique embroidery of accounts diving into public health, tropical medicine, entomology, pharmacology, history and medical anthropology; listening to many mothers, nurses, community health workers, medical doctors, chemists, herbalists and healers, farmers, insect biologists. And also sociologists, activists, journalists, historians, politicians and even philanthropists.

But it wasn't until we began our research activity in East Africa, with the support of political scientist Abdullah Salisu, that we realized what our film must be about: the silent half a million African children still dying from malaria, year after year, every single day, every minute. A gigantic blind spot detected all over, across western media. Why? And what for? Who on earth may want to profit out of all these deaths, moreover from a treatable disease? And who can tell these victims' story? Their point of view, on this blindness?

'There is only one solution', Abdullah said in deep despair on the airplane back to Austria, 'Everybody out of Africa. Millions will probably die, but it can't go on like this'. Indeed, what we had seen in clinics, villages and homes in Tanzania, Kenya and Uganda was shocking: outdated drugs,

resistant parasites, failing health services, dying children and desperate parents who had to decide whether to spend their last money on food or medicine.

But we had also found something else. Dedicated, energetic, knowledgeable people who were ready to do something about the deadly situation. We met our protagonists on this first trip and immediately knew that we wanted them to be right at the center of the story, of the film. People like Rehema Namyalo, a farmer, herbalist and single mother who runs a small clinic where she treats her patients with *Artemisia annua* and teaches them how to grow the plant themselves and use it for malaria protection. The World Health Organization (WHO) still recommends banning the use of this medicinal herb. 'They can't charge taxes on herbal medicine, that's why they import medicines like Coartem', Rehema explains a system she understands only too well. In one scene she walks to the local money lender to get a loan for her bed.

People like Dr. Richard Mukabana, an insect biologist at the University of Nairobi, who is sick and tired of being employed as a 'field worker' for western high-tech science institutes, instead of focusing on implementing local solutions for vector control, like *Bacillus Thuringiensis israelensis* (BTI). He also studies the role of community health work to bringing down the endemic numbers near Lake Victoria. As a scientist, he thinks in complex relations. 'There is always somebody ready to make a profit from this disease somewhere. It's usually not the ones with the disease'.

People like Dr. Patrick Ogwang, a pharmacologist who proved with standard scientific methods that *Artemisia* tea works for malaria prevention—even with Artemisinin, the one ingredient nobody questions, routinely removed from the tea. However, he is irremediably confronted with a rubber wall of indifference, when not outright denial. He has finally taken a critical position on the dominant role of the pharmaceutical industry and on the ever increasing profits companies gain from the standardly imposed management of malaria. A far-embracing strategy that rules inside the WHO, under their control by now. 'Do they want another 30 million people to die before they can admit that *Artemisia* works?'

After some thinking, we decided to leave out the usual suspects. Those who always have their saying and visibility on the so called 'poverty related diseases'. A very small bunch of people. Western scientists, sociologists, philanthrocapitalists.... and the *heroic* filmmakers surviving in the 'heart of darkness'.

Yes, we left them out, too. You still see the same iteration of old postcolonial patterns and narratives in a huge number of documentary films, where Africa is used only as a backdrop. With a complex subject like malaria, the temptation was to concentrate on all the scandalous global interrelationships. This is what the public opinions in the global



North are used to watching. But the people impacted by malaria would once again act as victims and, even worse, as statistics. It is absurd that 90% of the research money stays in North America and Europe when 90% of real cases of the disease are located in sub-Saharan Africa. Those affected by the disease are systematically rendered voiceless and too often forced to do without the medicine they need. It was important to us that our protagonists, who have to live their whole lives with the malaria parasites, were presented as self-reliant actors who want to and are very able to fight the malaria fever for themselves.

When we presented this decision with a rough cut to our co-producers and funders in Germany and Switzerland, we ran into an invisible but unbreakable wall. 'If there is no white person by minute 33, we will lose the German audience', some said. 'Where is the objectivity? Where are the scientists?', our co-producers cried out. 'Rehema is talking about a perceived reality. Where are the real facts?', the German TV-editor argued, and said she won't air the film. 'If we show this film, Novartis will sue us', the Swiss TV-editor announced. And dropped out. All these very prestigious public broadcasting corporations had funded our film with taxpayers money. Nobody though was in a position to question their decisions then, and the film was dropped altogether.

The only institutions standing by our editorial decision was the Austrian Film Funds and ORF. It took seven years of work, and mobilization of private loans for us to finish the film, in the end. And we managed. The documentary premiered at the Leipzig DOK Festival in 2019. The audience understood and loved our film, and even the important Kongolese Artemisia researcher Jerome Munyangi came from his exile in Paris to join our Q&A. The news about the documentary has spread since then, and the film was featured in film festivals all over the world, i.e. the Internazionale in Rome, in Human Rights Film Festivals from Oslo and Prague to Turkey, Brazil and Taiwan, at festivals in Mexico, Spain, Canada and was supposed to show at a festival in Guangzhou, where it unfortunately was withdrawn due to 'sensitive content'.

Our red carpet premiere in Vienna had been scheduled for World Malaria Day 2020 - with all the protagonists from East Africa. Unfortunately, COVID-19 hit the planet and proved us very clearly that we need a new path to deal with our bodies and our health, with our solidarity, with our communities - and our film. Indeed, our documentary speaks about malaria, but to a large extent it speaks about COVID-19, too.

Last September we were finally able to do a premiere and cinematic release in Austria and the reaction from the media and the audience was sheer overwhelming. It clearly showed us how timely and right we had been with our decision to enable people to speak and argue for themselves and their local solutions.

It is our next goal to accompany the film on an advocacy tour to malaria ridden countries, together with Artemisia seedlings and ad hoc workshops. It is going to be a tough challenge. And maybe even a dangerous one.

Because the WHO and the pharmaceutical industry are not moving away from their scientifically never proven argument, that the Artemisinin in the tea made from *Artemisia annua* causes resistance in the malaria parasite, and they stubbornly reject any proposal to even engage into a scientific conversation about this issue. No scientific evidence has ever been produced that herbal preparations with over 240 ingredients can cause resistance in any parasite. On the contrary, growing resistance of the parasites to ACTs have been documented in Southeast Asia first and now in African countries. The body of evidence based studies produced by accredited scientists—from the Medicine Nobel Laureate Tu Youyou to David Sullivan (Johns Hopkins University)—conclude that resistance is caused by the Artemisinin in the ACTs themselves. While this research work remains neglected or obscured, the WHO insists on banning *Artemisia annua* and does not support further studies of the matter.

Only recently, faced with the COVID-19 crisis in Africa AFRO, the WHO African Regional Office, issued a statement in May 2020 declaring that 'Medicinal plants such as *Artemisia annua* are being considered as possible treatments for COVID-19 and should be tested for efficacy and adverse side effects'. The WHO never gave malaria research that opportunity. It is strange, isn't it? COVID-19 affects the Global North, it looks a disease that really matters.....

In the meantime, our movie is under mounting attacks. The hasty and confused text of a petition now signed by 160 malaria researchers, tropical medicine institutes, doctors, lobbyists and pharmaceutical corporations has reached Austrian ORF, which has committed to broadcasting 'The Fever'. Unethical, manipulative and immoral, close to conspiracy theorists, that is what they call us in a petition to the Austrian Broadcasting Corporation. It seems like we have put a finger in a deep wound. But the ORF journalists are on our side, they are very fond of this film. While we want the documentary to be a tool to open a scientific debate, the petition demands the public broadcasting corporation outright censorship of a project that they have contributed funding. The jury of the Turkish film festival BIFED recently honored our work with the first prize in the competition among 15 outstanding documentaries: "The Fever portrays with craftsmanship and excellent filmmaking skills a pressing and relevant issue that affects and kills hundreds of thousands of women, men and children every year."

Now we urgently want to get our film out in the many malaria ridden countries. We need to. We have started an NGO to this end and are planning the first 30 screenings in Uganda in local languages in March 2021, COVID-19 allowing. If you want to contribute to this campaign, using



a documentary film as a powerful political tool for change, you can find all the information on our website <http://www.fightthefever.org>.



‘We have saved many lives’, Rehema Namyalo says with a big smile. (Photo: pooldoks).

‘The Fever’ is an outstanding film (...) makes comprehensible, why people flee and how relentlessly Western

colonization has carved itself into life on the African continent. *Sächsische Zeitung*.

‘Artemisia (...) may be the kind of indigenous, affordable solution to malaria that Africa needs’. *Süddeutsche Zeitung*.

*The Fever is a dense, exciting teaching piece. Falter The Fever is an emotional film about a terrible disease and the continuation of a monstrous colonial story. Radio FM4 A documentary thriller that exposes global players in the business of a fatal fever. Kronenzeitung Already a personal film of the year. Kleine Zeitung An almost unbearable, at least indispensable film. Radio ORF Ö1.*

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