



WHO Affirms Commitments to DDT Reduction in Malaria Control Dakar, May 3, 2007

During the Third Conference of Parties to the Stockholm Convention this week in Dakar Senegal, Director of the World Health Organization Office on Public Health and Environment Dr Maria Neira stated categorically that WHO strongly supports the Stockholm Convention, and is committed to reducing reliance on DDT in malaria control.

Addressing a large audience of delegates at the WHO/UNEP event “Reducing Reliance on DDT While Strengthening Malaria Control,” Dr. Neira affirmed the WHO goal to reduce use of DDT and eventually eliminate it, in accordance with the Stockholm Convention. She stressed that this has been the case since the Convention came into existence, and the WHO position on DDT has not changed since then.

Dr. Neira also confirmed the agency’s awareness of negative health effects associated with DDT, and that WHO is “very much concerned with health consequences [resulting from] use of DDT.” She said that “WHO is committed to making sure alternatives [to DDT] are soon available” and ensuring that member states comply and report on their use of DDT.

WHO and UNEP announced that since the signing of the Stockholm Convention, use of DDT has doubled. Many countries still apply the chemical with a blanket spray, rather than selectively as required by WHO guidelines, due to the severe lack of financial and technical resources in many countries with malaria problems.

WHO made it clear that it needs significant financial help from all countries in order to tackle malaria using an integrated vector management program, and to reduce use of DDT. The need to invest in capacity building was stressed multiple times during the presentation; when a delegate from Germany mentioned financing of 10 million euro, he was invited by WHO to increase this amount to 50 million euros.

A UNEP speaker emphasized that Integrated Vector Management should be the centrepiece of efforts to reduce DDT, with the use of other pesticides as a last option in cases where non-chemical controls are not sufficient. Dr Lucien Manga of WHO African Regional office said WHO has a clear policy of using Integrated Vector Management programs to control malaria, and that this approach combines engagement with local communities; knowledge of the local factors that influence disease transmission; and use of a range of interventions that in combination “need to demonstrate the effectiveness of alternatives in their own country.”

WHO spokespersons also stressed the need for a “global business plan to develop new alternatives” and “to strengthen collaboration south to south.”

The workshop also heard from Dr. Enrique Loyola of the Pan American Health Organization about a malaria control project in Mexico that greatly reduced malaria without using DDT,

achieving a 30% reduction at the village level, and a 50% reduction at the national level. Methods included public education, planting trees with mosquito repellent properties near homes and clearing away vegetation that might harbour mosquitoes, plastering homes with mosquito-repelling calcium hydroxide (lime), personal hygiene measures, cleaning canals and removing algae that serves as a mosquito refuge, and use of larvicides such as Bt (*Bacillus thuringiensis*). Mexico no longer uses DDT for vector control, and is now seeking to reduce use of other chemicals in vector management.

In discussions after the presentation, Dr Basu of Hindustan Industries of India, the manufacturer of DDT used in vector control in Africa, stated that there has never been a single death or accident from DDT, and nobody has ever been harmed by it—"so let DDT continue." His remarks were greeted with disbelief from the crowded room.

Dr. Neira countered that "WHO is concerned about health effects associated with DDT" and "very much concerned with health consequences from use of DDT".

Dr Neira responded that the misperception of WHO's position was based on one press release, and that the event in Dakar represented the current position of WHO regarding DDT used for malaria control and its commitment to the goals of the Stockholm Convention.

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