

His Excellency, Yoweri Kaguta Museveni,
President of the Republic of Uganda,
State House Nakasero
P.O. Box 24594,
Kampala, Uganda

Your Excellency,

July 24, 2009

We the undersigned organizations and individuals are writing to express our deep concern for the malaria problem in Uganda and to urge the government of Uganda to utilize the safest and most effective solutions for malaria control in Uganda. However the use of dichlorodiphenyltrichloroethane (DDT) in indoor residual spraying programs- as is being done in some districts in Uganda including Oyam and Apac- is not such a solution.

Exposure to DDT in even small quantities can have long-term negative health impacts for humans, as has been proven by many scientific studies worldwide. DDT accumulates in high concentrations in the food chain where it persists in fatty tissues of animals and humans. DDT is associated with a number of chronic illnesses and medical conditions in humans like undescended testes, penile deformities, poor sperm quality in males, premature delivery and reduced infant birth weight, miscarriages, reduced breast milk production, developmental delays in babies exposed to DDT in the womb, elevated risk of some cancers. If DDT spraying was the only or the best anti-malarial intervention, then it would be worth trading these health impacts for those of malaria. But thankfully this is a tradeoff that Uganda does not need to make, as effective and affordable alternatives to DDT exist.

The International community also reflects this awareness of DDT health impacts and the need to move away towards safer solutions for malaria control. On 6 May 2009, The United Nations Environment Programme (UNEP) and the World Health Organization (WHO), in partnership with the Global Environment Facility, announced a rejuvenated international effort to combat malaria with an incremental reduction of reliance on DDT. The new projects follow a successful demonstration of alternatives to DDT in Mexico and Central America. Here pesticide-free techniques and management regimes have helped cut cases of malaria by over 60 per cent. The success of the five year long pilot indicates that sustainable alternatives to DDT are emerging as cost effective solutions that may be applicable regionally and globally. The Integrated Vector Management (IVM) strategy promoted by the WHO provides the framework to include these measures in combinations of interventions adapted to differing local circumstances. The initiatives come amid long-standing and growing concern over the use of DDT and evidence that in many countries there is increasing mosquito resistance to the pesticide.

The Stockholm Convention on Persistent Organic Pollutants, of which Uganda is a Party, states that IRS with DDT should be in accordance with WHO guidelines. WHO guidelines state that governments should "Take all necessary steps to ensure effective implementation of IRS interventions, including selecting the appropriate insecticide,

spraying where and when necessary and sustaining a high level of coverage, and to prevent unauthorized or un-recommended use of public health insecticides." The document states that appropriate insecticides for malaria control are ones which mosquitoes are not resistant to. Hence the Ugandan government should provide evidence that they have been and continue to monitor mosquito populations for susceptibility to DDT and other insecticides.

In the view of the health impacts of DDT, the growing resistance to DDT among mosquito populations, the increasing International awareness of the need to move away from DDT towards safer alternatives that exist, as well as loopholes that have been reported by some observers in the DDT IRS operations in Uganda, we are writing in support of the stand taken by Uganda Network on Toxics Free Malaria Control (UNETMAC) against the Ugandan government's indoor residual spraying with DDT.

We support UNETMAC's assertions that:

- DDT indoor residual spraying (IRS) is harmful to human health and the environment and DDT IRS is not the right option to control malaria in Uganda.
- Indoor residual application of DDT may have little impact especially where the malaria vector tends to rest and bite outdoors and does not enter houses. DDT effectiveness may also be reduced by cross-resistance. It has reportedly not been demonstrated sufficiently by the government that Uganda has developed an adequate pesticide resistance management strategy and therefore, this makes the use of DDT IRS counter productive.
- Countries using DDT are recommended by WHO to conduct appropriate research for promoting and developing viable and safe alternative chemical and non-chemical products, methods and strategies that present less risk to human health and the environment, and are also suitable for disease control within the particular context of each country. Uganda should conduct such research; and adapt to the Ugandan context existing, proven methods for sustainable, least toxic malaria control from community-based, integrated malaria control programs from Mexico, Vietnam and Central Kenya.
- While transitioning away from DDT IRS, the Ugandan government should ensure that any DDT IRS that is done in the interim is done strictly as per the guidelines of the WHO and conforms to all requirements including those of community sensitization as well as protection of workers and the community.
- The use of DDT IRS will not only affect negatively the health of Ugandans and the environment but it will also negatively affect Uganda's economy as evidenced by warnings from agricultural export buyers from Japan, European Union (EU) and United States of America (USA).
- Illegal diversion of DDT to agriculture should be very strictly controlled, though UNETMAC has evidence that that such diversion as well as dumping of unused DDT from IRS operations is taking pace in Ugandan IRS operations as seen in Ayam and Opac districts.
- It is assumed that DDT IRS is cheaper compared to other alternatives, however the operational costs for DDT IRS application in a widely dispersed and isolated

population such as in Uganda makes it not as cost-effective as many other options for malaria control. This cost is further exaggerated by the need to have trained technicians, legal and institutional framework, as well as specialized equipments for transportation, storage and disposal of DDT. In highly endemic areas, the distribution of LLINs has been shown to be much more cost-effective than IRS.

We urge the Ugandan government to expeditiously confront the country's malaria problem with the safest, most sustainable, and effective malaria control solutions such as community based Integrated Vector Management. There is no shortage of superior alternative strategies. Ugandans deserve the best malaria control available.

Your Sincerely,
(On behalf of Pesticide Action Network International)

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