



April 25, 2008

Henrietta H. Fore, Administrator, USAID
U.S. Agency for International Development
Ronald Reagan Building
Washington, D.C. 20523-1000

Dear Administrator Fore,

In recognition of World Malaria Day on April 25, we the undersigned environmental health organizations and public health experts from Africa and the U.S. would like to express our appreciation for the broad reach of the President's Malaria Initiative and the resources the U.S. Agency for International Development (USAID) has mobilized to combat the global scourge of malaria. Our organizations are deeply concerned about the public health tragedy and development burden that malaria represents for Africa and other regions, and strongly believe malaria programs should be both effective and sustainable.

We are therefore concerned that USAID's increased funding for malaria includes a significant shift in emphasis toward an emphasis on indoor residual spraying (IRS). While acknowledging that IRS can be appropriate for malaria control in certain specific local contexts, we strongly urge USAID to avoid creating undue reliance on this chemical-intensive tool.

We are particularly concerned about the shift of support from some proven strategies of malaria control to spraying with the organochlorine insecticide DDT, an approach that has been promoted aggressively in recent years by some political advocates. We find this extremely worrisome due to the many scientific studies documenting the risk of long-term human health impacts associated with DDT exposure. Increased reliance on DDT for malaria control puts African children at risk of significant neurodevelopmental delays, and families at risk of higher miscarriage rates, poor sperm quality and other fertility problems.

Our organizations fully support the approach to DDT outlined in the Stockholm Convention, which allows use only for malaria vector control in accordance with WHO guidelines, in countries where no locally safe, effective and affordable alternatives are

currently available. The Convention emphasizes attention to alternatives that will allow for ultimate elimination of DDT. We would appreciate a clarification by the Agency regarding the following:

⇒ What percentage of USAID's budget for malaria control supports IRS, and how has that percentage changed in the past three years?

⇒ What percentage of the Agency's IRS budget is used to support spraying of DDT?

⇒ What is the Agency's plan for reducing reliance on DDT as a malaria control measure, as required under the Stockholm Convention?

We call on USAID to direct its funding toward safe, effective and locally appropriate approaches to controlling malaria. Community participation is key to sustainable and low cost malaria prevention programs. Components of USAID's own malaria control program, such as Integrated Vector Management, distributing insecticide treated bednets, ACT therapies and malaria treatment, are among such positive approaches and we urge the Agency to increase its support for these program components. Reliance on DDT is not necessarily the most effective strategy to fight malaria.

Several country examples highlight the effectiveness of community-based, integrated malaria control programs.

⇒ Vietnam reduced malaria deaths by 97% and malaria cases by 59% when it switched in 1991 from trying to eradicate malaria using DDT to a DDT-free malaria control program involving early diagnosis, distribution of drugs and mosquito nets along with widespread health education organized with village leaders.

⇒ A program in central Kenya is focusing on reducing malaria by working with the community to improve water management and sanitation, clean up cities, use biological controls, and distribute mosquito nets in affected areas.

⇒ Mexico shifted away from DDT use with an integrated approach that combined early detection of malaria cases and prompt medical treatment, community participation in notification of malaria cases, cleaning of sites where mosquitoes breed, and low-volume chemical control with pyrethroid and other less toxic pesticides as part of a resistance management strategy.

We ask USAID to set an example for a 21st century approach to malaria control that saves lives and protects future generations from harm.

We look forward to your response and would be interested in meeting with Agency officials to discuss long-term plans regarding IRS funding and how the Agency plans to help partner

countries in Africa reduce their reliance on DDT. Please respond directly to Henry René Diouf and Medha Chandra at the addresses listed below.

Sincerely,

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Kent R. Hill, Assistant Administrator for the Bureau for Global Health, USAID
Admiral R. Timothy Ziemer, President's Malaria Initiative
Rep. Nita M. Lowey, Chair, House Appropriations Subcommittee on State, Foreign Operations, and Related Programs
Rep. Frank R. Wolf, Ranking Member, House Appropriations Subcommittee on State, Foreign Operations, and Related Programs
Rep. Donald Payne, Chair, House Subcommittee on Africa and Global Health
Rep. Christopher H. Smith, Ranking Member, House Subcommittee on Africa and Global Health
Sen. Patrick J. Leahy, Chair, Senate Subcommittee on State, Foreign Operations, and Related Programs
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