

## **Joint NGO statement to IFCS Forum V on WHO's Irresponsible and Unfounded Promotion of DDT for Malaria Control**

**September 25, 2006**

On behalf of a broad coalition of public health and environmental experts, including Pesticide Action Network International, members of the International POPs Elimination Network, the International Society for Doctors for the Environment and my own organization, Physicians for Social Responsibility-Kenya, I would like to call the attention of the distinguished delegates to our collective outrage at the recent press statement by the World Health Organization promoting widespread use of DDT for malaria control and giving DDT a "clean bill of health."

Malaria is a disease of poverty, and we all know that malaria control requires long term strategies that address conditions of poverty. Malaria kills 800,000 young children every year in Africa alone, and it is unconscionable that the international community has not mobilized the political will and resources needed to address this deadly disease. As malaria experts well know from the experience in the 1950's and 60's, total reliance on the use of DDT is not the solution. We strongly support the Stockholm Convention's call for elimination of DDT, allowing short term use of this persistent and bioaccumulative pesticide in the few countries that demonstrate need for it, while the international community mobilizes the resources to help these countries put safer and more effective alternatives in place. The 129 parties to the Stockholm Convention have also endorsed this approach, and WHO has previously made public commitments to help countries reduce their reliance on DDT in support of the Convention. As all countries who have succeeded in the eradication of this deadly disease will attest, integrated pest management with clear government policy, financing, and effective community organization are the keys to their success.

Decades of scientific evidence clearly show that DDT is not harmless to humans. Human reproductive disorders associated with DDT are well documented, including undescended testes and poor sperm quality. One recent study found clear neurological effects—including developmental delays—among babies and toddlers exposed to DDT in the womb. Studies have also linked exposure to reduced breastmilk production among nursing women, and researchers have found that human exposure to the DDT breakdown product, DDE, can increase risks of premature delivery and reduced infant birth weights. Studies have also linked exposure to increased risk of breast cancer, and the International Agency for Research on Cancer lists DDT as a possible human carcinogen.

Researchers in Mexico and South Africa found elevated levels of DDT in the blood of people living where DDT was used to control malaria, and breastfed children in those areas received more DDT than the amount considered "safe" by WHO and FAO. Evidence also shows that long-lasting residues from DDT house spraying seep into nearby waterways, creating additional pathways of exposure. For example, elevated DDT levels have been found in cow's milk in areas where DDT indoor spraying is used. In many countries, the risk of diversion for illegal use of DDT in agriculture is high, and

new DDT use adds to exposure from old stockpiles of DDT that are not properly contained or controlled. FAO estimates there are more than 100,000 tons of obsolete pesticide stockpiles in Africa, mostly older chemicals such as DDT.

Communities facing the scourge of malaria should not be forced to also face the significant long term health risks posed by exposure to DDT. As an international community we must mobilize resources to put community-based solutions in place – such as those already proven effective in countries like Mexico and Vietnam – that involve both short term protections against malaria and longer term solutions to the conditions of poverty that breed this dangerous disease. Increasing DDT use for malaria control also increases the burden on the communities in India where DDT is produced. People of the Eloor-Edayar region are already protesting the poisoning of families from the DDT factory there, and increased DDT production in this and other communities is unacceptable.

WHO's irresponsible public announcement puts children and families at risk and directly undermines the Stockholm Convention. Their September 15<sup>th</sup> press statement has already led to a policy change and the adoption of DDT use for malaria control in my own country, Kenya. WHO's public statement was not based on any internal reassessment of DDT risk or any actual policy change – WHO's malaria control efforts already included indoor residual spraying and allowed DDT use in limited cases in accordance with the Stockholm Convention. We understand that the agency's chief malaria expert resigned last week prior to the WHO's misleading public promotion of DDT use.

Our broad coalition of public interest groups from around the world is calling on WHO reverse their new emphasis on DDT highlighted in the September 15th announcement from the Roll Back Malaria program. We call on you as responsible members of the international community – and particularly those government delegations who are parties of the Stockholm Convention – to join us in holding the appropriate WHO officials accountable for their impulsive action, apparently based on calculations for political gain rather than sound public health policy based on scientific evidence.

Given the inconsistencies between the announcement and WHO's own internal policies, we are also calling for a thorough investigation of the internal process which led WHO to publicly promote the widespread use of this chemical that has been slated for global elimination. We are eager to work with WHO and others to promote safe and effective malaria control solutions that protect children and families around the world. Thank you.

Dr. Paul Saoko, Executive Director  
Physicians for Social Responsibility- Kenya

***On behalf of***

Pesticide Action Network International  
International POPs Elimination Network  
International Society of Doctors for the Environment