



2 October 2006

Re: WHO to reverse the irresponsible promotion of the toxic pesticide DDT, and actively seek and promote malaria control solutions targeting the real causes of malaria

Pesticide Action Network International—a global coalition of more than six hundred non-governmental organizations from Africa, Asia, the Pacific, Europe, Latin America, the Caribbean and North America—strongly condemns the recent WHO announcement of its so-called “new” approach to malaria control with DDT as its centerpiece.

We would like to draw your attention to our statement opposing the WHO announcement, delivered to the Intergovernmental Forum on Chemical Safety at Budapest, Hungary, September 25-29, and subscribed by a global coalition of health and toxics experts. We strongly urge that WHO reverse this irresponsible promotion of the antiquated and toxic pesticide DDT, and actively seek and promote malaria control solutions targeting the real causes of malaria, which is a disease of poverty and underdevelopment.

We are outraged by WHO’s statement giving indoor DDT spraying a “clean bill of health.” This statement is completely contrary to the best available scientific evidence regarding the impacts of DDT on human health. DDT is well recognized and characterized as a persistent, bioaccumulative, toxic pesticide, a proven endocrine disruptor and a suspected carcinogen. Recent studies have demonstrated clear links of DDT to Parkinson’s disease and neurological effects including developmental delays among babies and toddlers exposed to DDT in the womb. While we would expect the WHO press release to be based on a thorough scientific re-analysis of DDT, no evidence of this was provided to our knowledge, and as a result the statement appears to have been issued to pre-empt and undermine this new scientific evidence by ignoring it so blatantly.

Mexico, Vietnam and many other countries have successfully controlled malaria without using this Persistent Organic Pollutant, listed for phase out under the Stockholm Convention. This Convention, which has been adopted by 129 countries thus far, explicitly recognizes short-term needs for DDT use for vector control purposes in some countries. WHO’s aggressive and unfortunate promotion of DDT also directly undermines the goals of this widely supported international treaty.

We urge you to place human health above politics, to propagate proven non-DDT alternatives to malaria control and to elevate the latest scientific evidence above the misinformation campaign portraying DDT as a “silver bullet” for eradicating malaria.

As a WHO Executive Board member, we call you to maintain the highest scientific and ethical standards when dealing with human health. We are very disappointed that such irresponsible statements propagating a dangerous toxic pesticide like DDT could be distributed in your name. We call on you to comment on claims that there has been no reassessment of DDT risk and no official revision of WHO's policy and urge you to retract the WHO statement promoting DDT and giving it a "clean bill of health", and to promote real, sustainable solutions to the scourge of malaria.

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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 15th 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 Saoke, 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

Global Coalition of Health and Toxics Experts Demand Retraction of WHO Announcement on DDT Spraying

Public interest groups call on hundreds of government officials to investigate misleading “clean bill of health” claim

Budapest – A broad coalition of health and toxics experts from every continent called on the World Health Organization to issue an immediate and high profile retraction of their recent announcement that DDT has a “clean bill of health” for spraying inside people’s homes to control malaria.

“It is criminal that WHO should make a politically-motivated announcement like this under the guise of protecting the health of children in Africa,” said Dr. Paul Saoke, Director of Physicians for Social Responsibility in Kenya. “We need real solutions to malaria in Africa, not a return to widespread reliance on a failed silver bullet that risks the health of communities already battling this deadly disease.”

WHO’s September 15th press statement described a “new” approach to malaria control with DDT at the centerpiece of an aggressive effort to eradicate the disease. Sources inside the agency, however, report that there has been no reassessment of DDT risk and no official revision of WHO’s policy, which already allowed minimal use of DDT in accordance with the global Stockholm Convention. One of WHO’s chief malaria experts, Dr. Allan Schapira, resigned abruptly prior to the announcement promoting DDT use by the controversial new head of WHO’s global malaria program, Dr. Arata Kochi.

“DDT harms human health and is not the best way to control malaria,” says Henry Diouf of Pesticide Action Network Africa. “Malaria is a disease of poverty, and addressing poverty is the long term solution. In the short term, safer and more effective approaches like bed nets, rapid identification and treatment of malaria cases and local education about mosquito control are what is needed in Africa – not more DDT.”

In their announcement before government officials at the Intergovernmental Forum on Chemical Safety in Budapest, Hungary, Pesticide Action Network International, the International POPs Elimination Network and the International Society of Doctors for the Environment emphasized their support for the Stockholm Convention’s approach to DDT. The global toxics treaty, which has been adopted by 129 countries, calls for a phaseout of DDT but allows short term use in some countries while safer and more effective alternatives are put in place.

“Why has WHO suddenly decided to undermine an important global treaty?” asks Dr. Mariann Lloyd-Smith, co-chair of the International POPs Elimination Network and Director of the Australian National Toxics Network. “The agency’s job is to help countries control malaria and reduce their reliance on DDT. Since there is no new evidence supporting increased use of DDT, we can only assume WHO’s leadership is listening to the DDT advocates in the U.S.”

Dr. Kochi's announcement has strong support from the Bush Administration, which recently changed the policy of the US Agency for International Development to increase reliance on DDT in its malaria programs. Bush Administration supporter Senator Tom Coburn was quoted in WHO's press statement, which was released from Washington DC rather than WHO headquarters in Geneva. "The recent shift in US policy reflects a concerted DDT promotion campaign by a handful of aggressive advocates," says Kristin Schafer, Program Coordinator for Pesticide Action Network North America. "This effort is supported by conservative organizations and think tanks with funding from the U.S. pesticide industry, including Monsanto."

Decades of scientific evidence counter the claims of the DDT promoters that its use for malaria control is harmless. Human reproductive disorders associated with DDT are well documented, including undescended testes and poor sperm quality, premature delivery and reduced infant birth weights and reduced breastmilk production. One recent study found clear neurological effects—including developmental delays—among babies and toddlers exposed to DDT in the womb. 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. 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.

More effective and safer approaches to malaria control are now being used in many countries. For example, Vietnam reduced malaria deaths by 97% and malaria cases by 59% when they switched in 1991 from trying to eradicate malaria using DDT to a DDT-free malaria control program involving distribution of drugs and mosquito nets along with widespread health education organized with village leaders. Mexico phased out DDT use in 2000 and implemented a successful integrated and community-based approach.

"The international community must listen to the voices of people directly affected by DDT, whether in India where DDT is produced or African countries where its use is being promoted," says Jayakumar Chelaton, Director of Thanal. Chelaton works with the Eloor-Edayar communities that are calling for clean up of contamination caused by the DDT production facility there. "We join in demanding that WHO reverse this irresponsible promotion of DDT, and we urge the international community to investigate how politics managed to trump science and common sense at WHO."

Available for interviews:

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“We reached a consensus on the adverse health effects of DDT in the course of negotiating the Stockholm Convention,” says medical toxicologist Romeo Quijano, professor at the College of Medicine of the University of Philippines in Manila and President of Pesticide Action Network Philippines. “WHO’s announcement undermines this consensus, and goes against the agency’s mandate to be at the forefront of protecting health and the environment worldwide.”