Improving the Control of Malaria While Instituting Alternatives to DDT
Passed by the WFPHA General Assembly - 1999

The World Federation of Public Health Associations,

Recognizing that malaria causes morbidity in 300-500 million and mortality in 1.5 - 2.7 million people annually, particularly in sub-Saharan Africa;

Understanding that malaria is both an effect of and a contributor to extreme poverty in many parts of the developing world, with estimated direct and indirect economic costs of US$2 billion a year;

Observing that the most successful malaria control programs are integrated public health programs which include vector control, public education, early detection and treatment of disease, and community involvement in disease surveillance and elimination of vector habitat and breeding sites;

Realizing that DDT has been the primary pesticide used against malaria-carrying mosquitoes for decades because of its effectiveness at killing insects and, at the same time, contaminating water, soil, fish, wildlife, and people around the world because of its persistence and bio-accumulative properties;

Understanding that DDT and its metabolites such as DDE, are fat-soluble and store in the adipose tissue of humans and animals and are showing up in virtually every breast milk sample tested including samples as distant from each other as the Arctic, Mexico, and KwaZulu, South Africa and creating a hazard for the developmentally vulnerable offspring;

Recognizing that DDT is linked to endocrine disruption and neuro-developmental effects, especially in animal and worker studies;

Affirming that effective and affordable substitutes for DDT in malaria vector control should be researched and instituted in order to provide a less toxic alternative with concern for the full public health implications of the replacement;

Understanding that synthetic pyrethroid impregnated bed-nets have been shown to be successful in reducing mortality and morbidity in diverse localities, including Thailand, China, and Africa and costs have become competitive with DDT in many instances;
Finally, noting that DDT is one of the POPS targeted for control and, if possible, elimination by UNEP, WHO, and the Intergovernmental Negotiating Committee while observing that preliminary WHO numbers indicate 17 countries currently using DDT and only three producing DDT;

Realizing that research has been under-funded on all aspects of malaria control;

Observing that despite the seemingly contradictory goals of DDT elimination and the World Health Organization's Rollback Malaria Campaign, the international Persistent Organic Pollutants treaty negotiations can act together to strengthen the goals of both;

1. Calls upon governments and aid organizations to commit to improving malarial risk management while moving away from the use of DDT;

2. Encourages the continued assessment of the efficacy, cost, and acceptability of varying vector control methodologies and integrated public health and education programs; and

3. Calls upon governments and pharmaceutical companies to place a high priority for resources on the development of improved and affordable chemoprophylaxis and vaccines.