

**OUR CAMPAIGN TO PREVENT A BAN OF DDT  
FOR MALARIA CONTROL HAS BEEN SUCCESSFUL!**

**Thanks to all!**

Further important progress is now being carried out by the [Africa Fighting Malaria Organization](#) - sign their "Kill Malarial Mosquitoes Now" declaration.

Dear Colleagues

At the end of this long and successful campaign, the Malaria Foundation International (MFI) and the Malaria Project (MP), led by Amir Attaran, would like to both thank and congratulate you and the many parties for valuable assistance that helped to successfully obtain an exemption for DDT at the INC 5 POP's negotiations recently in South Africa.

In particular, we thank the over 400 doctors and scientists from 63 countries, who lent strong support last year when this issue was first brought to the attention of the scientific community. It was due only to this strong support of yourselves, voiced together with others in the public health community, that DDT was not slated for elimination along with the 11 other chemicals on the treaty.

This outcome will save many lives, and it also demonstrates the power of coherent advocacy in achieving public health goals, which is a critical function served by the Malaria Foundation International.

In March 1999, the MFI and the MP wrote an open letter to treaty delegates arguing against a DDT ban without replacement. We thank the following [SIGNATORIES](#) for their support.

**READ THE LETTER THAT WAS PRESENTED TO THE DELEGATES**

[English](#) [English \(pdf\)](#) [French](#) [French \(pdf\)](#)

Background information on why the MFI has supported an eventual but not immediate ban of DDT:

In certain situations [see [KwaZulu-Natal](#) and [Ethiopia](#)] there are few effective or affordable alternatives. This puts hundreds of thousands of lives at risk from malaria - in countries where DDT is used to spray homes to block transmission of malaria.

Malaria and leishmaniasis are diseases that are in resurgence in many parts of the world. Diminished control efforts are, at least in part, responsible for this resurgence (Roberts et al. 1997, Roberts et al. 2000, Baird 2000).

The MFI has supported an eventual (not immediate) ban, with the proviso that an effective and affordable replacement is found before DDT is banned.

DDT is one tool of many in the malaria control worker's toolbox. The reason that it is being discussed at this site is that, unlike other tools, there is an imminent danger of it being taken away. This puts not just health, but lives, at stake. The MFI wants to see *all* possible tools for malaria control be readily available, because malaria is a serious, resurgent problem with drug resistance and increasing numbers of illnesses and deaths.

1. Baird, J.K. 2000. Resurgent malaria at the millennium: control strategies in crisis. *Drugs*. 59(4):719-743. [Abstract](#).
2. Roberts, D.R., L.L. Laughlin, P. Hsueh, and L. Legters. 1997. [DDT, global strategies, and a malaria control crisis in South America](#). *Emerg. Infect. Dis.* 3:295-302.
3. Roberts, D.R., S.Manguin, and J. Mouchet. 2000. [DDT house spraying and re-emerging malaria](#). *Lancet*. 356: 330-332.

Further details about the negotiations:

At 7:28 am on Sunday, 10 December 2000, the delegates in Johannesburg, South Africa, approved a treaty allowing for the continued use of DDT in disease vector control as the United Nations Environment Program concluded the fifth and FINAL round of negotiations on a treaty to ban persistent organic pollutants. The official mandate of the treaty was to "reduce and/or eliminate" twelve POPs, of which DDT was one. This led groups such as Greenpeace, World Wildlife Fund, Physicians for Social Responsibility and over 300 other environmental organizations to advocate for a total DDT ban, starting as early as 2007 in some cases. Although the open letter you signed made considerable progress in persuading these environmental groups to change their views, it was only the diplomats and delegates of 120 countries at the Johannesburg negotiations who could take the final decision. I am delighted to report to you that they decided that DDT is a unique case, and whereas the other eleven POPs dealt with by the treaty are on a list to be "prohibited or eliminated" (Annex A of the treaty), DDT alone is on a list to be merely "restricted" ([Annex B](#)), with the primary restriction being that DDT use in agriculture is hereby eliminated. The future public health uses of DDT are safeguarded by a "DDT exemption" written into the treaty. That exemption:

- (1) restricts DDT use and production to disease vector control only (not agriculture);
  - (2) requires countries using DDT to follow WHO guidelines for disease vector control;
  - (3) requires countries to notify WHO if they use DDT;
  - (4) requires rich countries to pay the "agreed incremental costs" of more expensive alternatives to DDT (this is located elsewhere in the treaty); and
  - (5) encourages rich countries to support research and development of alternatives to DDT; and
- having said this, what the treaty does NOT require is equally important:

- (1) it does NOT require a country to notify WHO before it sprays DDT, so in an epidemic a country may spray first and report to WHO later;
- (2) it does NOT require a country to obtain WHO's approval at any time;
- (3) it does NOT require poor countries to bear the added cost of alternatives to DDT;
- (4) it does NOT set a deadline by which countries must stop using or producing DDT; and
- (5) it does NOT restrict DDT use to malaria control, but allows for controlling any vector-borne disease.

The outcome of the treaty is arguably better than the status quo going into the negotiations over two years ago. For the first time, there is now an insecticide which is restricted to vector control only, meaning that the selection of resistant mosquitoes will be slower than before.

Also, there is a clear procedure that endemic countries may follow to use DDT, and having done so, they have the RIGHT at international law to use DDT, without pressure from the developed countries or international institutions who have in the past threatened them against doing so.

Finally, it provides a legal understanding that rich countries should do more to research and develop alternative control measures for malaria, with the goal of "decreasing the human and economic burden of disease". This will, we hope, translate into additional funds for malaria research and control. The provisional text of the DDT exemption ([Annex B](#)) may be read here.

Respectfully submitted by Dr. Amir Attaran