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**ACTION PLAN FOR THE REDUCTION OF RELIANCE
ON DDT IN DISEASE VECTOR CONTROL,
INCLUDING THE REPORT OF AN EXPERT CONSULTATION ON THE
IMPLEMENTATION OF WHA50.13, WITH REFERENCE TO THE REDUCTION IN
RELIANCE ON DDT OF VECTOR CONTROL PROGRAMMES**



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FOREWORD

On 22 May 2001 the Stockholm Convention on Persistent Organic Pollutants was signed. Depending on the expedience of ratification by governments of the signatory Member States, the Convention is to take effect in the coming three to five years.

Concerning DDT, one of the twelve POPs chemicals included in this Convention, Annex B, part II reads, *inter alia*, that

- The production and use of DDT shall be eliminated except for Parties [to the Conference] that have notified the Secretariat of their intention to produce and/or use it.
- Each Party that produces and/or uses DDT shall restrict such production and/or use for disease vector control in accordance with the World Health Organization recommendations and guidelines on the use of DDT and when locally safe, effective and affordable alternatives are not available to the Party in question.
- Commencing at its first meeting, and at least every three years thereafter, the Conference of the Parties shall, in consultation with the World Health Organization; evaluate the continued need for DDT for disease vector control on the basis of available scientific, technical, environmental and economic information [...].

The text of the Convention thus recognises the urgent and immediate needs of a number of Member States to maintain their reliance on DDT for indoor residual spraying to control insect vectors of particularly malaria, for current lack of effective and/or affordable alternatives. It also recognises the need to accelerate research and development of safe and effective alternatives to DDT with a view to improving Member States' vector control programmes on the medium term, through the adoption and use of such alternatives. And it recognises, lastly, the need to work towards a longer-term goal of reducing reliance of vector control programmes on pesticides in general and DDT in particular (in line with World Health Assembly Resolution 50.13) to safeguard ecosystem and human health alike from the insidious effects of POPs pesticides.

The DDT Action Plan of the World Health Organization, presented in this document, can now be implemented to its full extent, in the spirit of the POPs Convention. The Action Plan emerged from an expert consultation held in 1999 when the POPs negotiations were in full swing. Some activity areas, related to the advocacy and information dissemination role of WHO during the negotiations, have been duly implemented, but for most areas, action will now start, in the wake of the signing ceremony in Stockholm. The technical support provided by the members of the WHO Intercluster Working Group on DDT and the resources provided by the Roll Back Malaria Secretariat towards the completion of the report of the 1999 meeting are gratefully acknowledged.

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ACTION PLAN FOR THE REDUCTION OF RELIANCE ON DDT IN DISEASE VECTOR CONTROL.

INTRODUCTION

At the first meeting of the Intergovernmental Negotiating Committee (INC) for an international legally binding instrument for implementing international action on certain Persistent Organic Pollutants (POPs), the World Health Organization, mandated by World Health Assembly Resolution WHA50.13 (annex 1), proposed the development of an Action Plan to support its Member States in making informed decisions concerning the effect on disease transmission of a reduction and/or elimination of DDT, under a future POPs Convention. Such a WHO Action Plan would aim to increase public health staff awareness of the INC process. Ultimately, the Action Plan would assist Member States in their efforts to reduce their reliance on DDT use for public health purposes without jeopardizing the level of protection offered by their vector control programmes.

The Action Plan for the Reduction of Reliance on DDT in Disease Vector Control presented in this document emerged from an expert consultation held from 16 to 18 June 1999 at WHO, Geneva (see Annex 2 for the report of the consultation).

Three strategic *principles* have served as the basis for developing and formulating the Action Plan. They are: **involvement of countries concerned**, **early identification of funding mechanisms** and **advocacy**.

The most recent recommendations concerning DDT use for indoor residual spraying against malaria vectors date back to 1993. They list well-defined conditions and a number of precautions (WHO, TRS 857, 1995). DDT is also used at times for the control of kala-azar (visceral leishmaniasis), plague and tick-borne encephalitis, but is not formally recommended by WHO for these purposes. In malaria control, it is used in routine spraying operations, for prevention of disease transmission and in epidemic situations. Some countries reserve the right to maintain stockpiles of DDT for emergencies.

Preliminary data show that at least 24 countries use DDT for vector control. Yet, there is a great deal of variability in the intensity of its use. There is also a disparity between the geographical distribution of DDT use for malaria control and the areas of the world where the malaria burden weighs the heaviest.

The use of adulticides, including DDT, for indoor residual house spraying to control vectors is just one of several possible components of integrated vector management (IVM). In turn, IVM is just one component of integrated disease management. The strategy for the prevention and control of vector-borne disease places vector control in

the context of disease management and aims to seek tailor-made, flexible solutions to local malaria problems. In addition to its main objective of reducing disease transmission risks, another major goal of IVM is to reduce the use of insecticides whenever possible. It promotes decision-making criteria and management procedures that ensure the best local mix of *alternatives* at a given place and time.

For the purpose of this Action Plan, alternatives are defined as:

- alternative **products** for chemical and biological control.
- alternative **methods** of vector control such as environmental management and personal protection and
- alternative **strategies** that are based on scientifically sound criteria, cost-effectiveness analysis, and a delivery system compatible with current trends in health sector reform, including decentralization of health services, intersectoral action at the local level and subsidiarity in decision-making.

The concept of integrated vector management (IVM) as a sub-component of disease management will provide the decision-making framework for vector control in the future, including decisions on the use of DDT or other adulticides. This management approach has been highly successful in agriculture in the sustainable control of pests and in the reduction of reliance on insecticides.

The three main *instruments* for achieving the goals of the Action Plan are:

- **Integral research and capacity-building** to enable countries to introduce sustainable vector control alternatives based on a reduced reliance on insecticides including DDT,
- **Country-specific exemptions** in accordance with the procedures laid down in Annex B, part II of the Stockholm Convention, and
- Appropriate and timely **financial support and technical cooperation** for the implementation of the Action Plan.

It is recognised that there are several countries that continue to rely on DDT for public health purposes and that these countries should be allowed to do so until safe, effective and affordable alternatives are available and operational.

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