



**United Nations  
Environment  
Programme**



Distr.  
GENERAL

UNEP/POPS/INC.3/INF/15  
3 September 1999

ENGLISH ONLY

INTERGOVERNMENTAL NEGOTIATING COMMITTEE FOR AN  
INTERNATIONAL LEGALLY BINDING INSTRUMENT  
FOR IMPLEMENTING INTERNATIONAL ACTION ON  
CERTAIN PERSISTENT ORGANIC POLLUTANTS

Third session

Geneva, 6-11 September 1999

Item 2 (c) of the provisional agenda\*

REVIEW OF ONGOING INTERNATIONAL ACTIVITIES RELATING  
TO THE WORK OF THE COMMITTEE

Progress report on the development of the World Health Organization action  
plan for the reduction of reliance on DDT use for public health purposes

Note by the secretariat

The secretariat has the honour to transmit to the Intergovernmental Negotiating Committee, in the annex to the present note, information provided by the secretariat of the World Health Organization (WHO). The information is circulated as submitted by the secretariat of WHO and has not been formally edited.

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\* UNEP/POPS/INC.3/1.

## Annex

### PROGRESS REPORT ON THE DEVELOPMENT OF A WHO ACTION PLAN FOR THE REDUCTION OF RELIANCE OF DDT USE FOR PUBLIC HEALTH PURPOSES

#### *Securing the Promotion and Protection of Human Health*

From 16 to 18 June 1999, the World Health Organization convened an Expert Consultation in Geneva to develop the framework and components of an Action Plan aimed at the reduction of DDT use for public health purposes. The development of such a WHO Action Plan was mandated by World Health Assembly Resolution WHA50.13, reported on at INC-1. WHO intends to use the Action Plan as a framework for technical assistance to its Member States and an instrument in support of the intergovernmental negotiations on the reduction and/or elimination of DDT use for public health purposes, ensuring that public health concerns are fully considered and no opportunities are lost to maximize the public health benefits that may be derived from the transition from DDT to alternatives for vector control.

At the Consultation, a number of issues was discussed that are relevant in view of a possible reduction and/or elimination of DDT in countries where it is still used for the control of insect vectors of diseases, in particular malaria. Based on this review, the experts defined the key components of a WHO Action Plan that aims to assist Member States in making informed decisions about the reduction and/or elimination of DDT under a future POPs Convention, considering the effects this may have on the burden of malaria and other vector-borne diseases.

#### **ISSUES**

Three strategic principles served as the basis for the development of the WHO Action Plan:

- *Involvement of all countries still using DDT for vector control.* Actions to be taken for the reduction and/or elimination of DDT should be defined in accordance with the needs, capabilities and experiences of these countries.
- *Early identification of funding mechanisms.* The main reason for countries to continue DDT use for vector control is that it is, or is perceived to be, the most cost-effective chemical vector control intervention. An indication of funding mechanisms to secure technical support and capacity building allowing for a sustainable transition away from DDT is therefore essential.
- *The need for advocacy.* In order to ensure that all stakeholders in the debate on DDT in the context of the POPs negotiations are conscious of the issues and consequences, there is a need for advocacy at various levels.

The Expert Consultation recognized that there are several countries that continue to use DDT for public health purposes and coincided with the recommendation of the 20<sup>th</sup> WHO Expert Committee on Malaria (October 1998) that these countries should be allowed to continue to do so until alternatives that guarantee at least the same level of public health protection are available and operational.

*Alternatives*, in the context of the WHO Action Plan, are defined as use of alternative *products* or *organisms* for chemical and biological control, alternative *methods* for the application of chemical and biological control, environmental management and personal protection, and alternative *strategies*, i.e. integrated vector management based on scientifically sound criteria, cost-effectiveness analyses and delivery systems compatible with current trends in health sector reform.

Integrated Vector Management (IVM) is a component of integrated disease management as proposed by the WHO Global Malaria Strategy adopted in Amsterdam in 1992. IVM delivers tailor-made, flexible solutions to local malaria problems, while reducing the use of insecticides whenever possible. IVM is based on clear decision-making criteria and management procedures that ensure the best local mix of alternative products and methods at any given time. It requires partnerships with other public sectors, with the private sector and with civil society, and it is therefore compatible with the basic

principles of WHO's Roll Back Malaria initiative. An effective transition in Member States from reliance on DDT to an IVM strategy is in line with the two requirements formulated by the Intergovernmental Forum on Chemical Safety: (1) the intergovernmental negotiations will aim at the reduction and/or elimination of DDT, and (2) any reduction and/or elimination of DDT must be at no cost to public health.

Five issues make up the framework for the WHO Action Plan: country needs assessments, safe management of DDT stockpiles, institutional research networks, monitoring and advocacy. The time frame for activities contained in the WHO Action Plan has been defined as follows:

- Immediate action: end point February 2000, in time for outputs to feed into INC-4
- Intermediate action: end point just prior to a future POPs Convention taking effect through ratification by a sufficient number of governments
- Long-term action: on-going technical cooperation with the group of interested parties to the Convention.

## THE ACTION PLAN

Goals	<p>to enable WHO Member States to make informed decisions about a reduction and/or elimination of DDT, under a future POPs Convention, considering the effects on the burden and transmission of vector-borne diseases</p> <p>to mobilize and establish effective partnerships which facilitate the assessment of country needs, safe management of DDT stockpiles, institutional research networks, monitoring and advocacy</p> <p>to provide guidance and technical assistance to WHO Member States on the development, design, implementation and evaluation of alternatives to the use of DDT for indoor residual spraying for disease prevention and control.</p>
Objectives	<p>for each of the five issues covered by the WHO Action Plan, objectives have been defined, as follows:</p> <p><i>Country needs assessments</i></p> <ol style="list-style-type: none"><li>1. to provide a framework for needs assessment in countries for the transition towards reduced reliance on insecticides while maintaining and, if possible, improving effective control</li><li>2. to ensure that health concerns are mainstreamed in the POPs negotiations in order to prevent any negative health impact as a result of the reduction and/or elimination of DDT and to use opportunities to their maximum benefit to strengthen vector control efforts in the process of reducing reliance on pesticides</li><li>3. to provide incentives and leverage funds for strengthening the capacity of governments to promote, utilise and evaluate alternatives for vector control</li></ol> <p><i>Safe management of DDT stockpiles</i></p> <ol style="list-style-type: none"><li>1. to prevent damage to the environment and minimise risk to human health</li><li>2. to set criteria for decision making on options to use, reformulate and repack, or to dispose of DDT stocks</li><li>3. to establish a reliable and verifiable management process that clearly defines the responsibility for stockpile management</li></ol> <p><i>Institutional Research Network</i></p> <ol style="list-style-type: none"><li>1. to develop joint projects between agriculture and health research centres on the development of Integrated Vector Management</li></ol>

2. to further test and/or implement sustainable, environmentally safe and cost-effective alternative strategies to the use of DDT for vector control

#### *Monitoring*

1. to assist Member States in the programming, monitoring and reporting of information on the following DDT-related subjects: human exposure to DDT, public health outcomes of DDT reduction, production, storage and usage of DDT, efficacy and appropriateness of DDT in areas where it continues to be used, and, efficacy and appropriateness of alternatives to DDT, including Integrated Vector Management

#### *Advocacy*

1. to provide background information on the POPs negotiations, on the DDT issue and on feasible alternatives available to the health sector to allow governments to make balanced and informed decisions in preparation for INC meetings
2. to ensure that the health sector's views are represented in the INC process.

### **NEXT STEPS**

The goals, objectives and areas of activities identified by the Expert Consultation will be elaborated by the WHO Secretariat into a proposed workplan with prioritized actions and a realistic schedule. Based on the recommendations by the experts and in consultation with all WHO Departments (through the Inter-cluster Working Group on DDT) and Regional Offices concerned, activities will be prioritized. Resources needed for their implementation and expected outputs will be defined. This will complete the WHO Action Plan which is scheduled for publication by October 1999.

Simultaneously, resource mobilization will be started for the areas of activities earmarked by the Expert Consultation for immediate action (i.e. resulting in outputs by February 2000). As the Action Plan is not part of WHO's approved Programme and Budget for the periods 1998/1999 and 2000/2001, external support will be required for its implementation.

The organization of one or more consultations for countries still relying on DDT for routine spraying operations tops the list of priority action. Such consultations should assist in completing the inventory of current DDT use, assist Member States in defining their specific needs should a transition from DDT to alternatives be required, strengthen the dialogue between the public health and environment sectors at the national level and, ultimately, assist governments in the formulation of national action plans addressing the reduction and/or elimination of DDT. The advocacy purposes of such consultations will be complemented by other activities targeting senior officials in ministries of health to strengthen their role in the national INC debate.

At INC-4 the World Health Organization expects to be able to report on the outcome of the immediate action as well as on the status of resource mobilization for the implementation of intermediate and long-term components of the Action Plan.

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