

International Society of Doctors for the Environment

Linking Human Health and the Environment



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On 25 of April World Malaria Day will be marked across the globe. The theme will be "*Time to deliver zero malaria, invest, innovate, implement*". The World Health Organization has aptly chosen to focus on the unreached populations of the Western Pacific region where 70% of malaria deaths are as a result of Plasmodium falciparum infections. Delivering zero malaria death is feasible given the recent tools that have been added to the anti-malaria campaign arsenal. The targeted regional approach can achieve much but requires the goodwill of nations to pool resources to enable the deployment of tools to combat this deadly disease that has afflicted sections of the globe for many centuries.

According to WHO there were, an estimated 241 million cases of malaria globally. An estimated 627,000 people died of malaria—most were young children in sub-Saharan Africa. This represents about 14 million more cases in 2020 compared to 2019 and 69 000 more deaths. Approximately two-thirds of these additional deaths (47 000) were linked to disruptions in the provision of malaria prevention, diagnosis and treatment at the height of the COVID-19 pandemic. Sub-Saharan Africa continues to carry the heaviest malaria burden, accounting for about 95% of all malaria cases and 96% of all deaths in 2020. About 80% of deaths in the region are among children under 5 years of age. The pandemic therefore significantly reversed the progress against malaria. The tragic phenomenon of the COVID-19 pandemic must not create panic leading to measures that would invite chemicals listed in the Stockholm Convention on Persistent Organic Pollutants. The spirit and goals of the Convention must be maintained and sustained because continued use of those chemicals will increase the global chemical burden and ultimately the increase in non-communicable diseases which have also reached pandemic levels. Parties and non-parties may revert to widespread use of DDT citing the increase in malaria morbidity and mortality.

We note with concern the slow progress made towards reduction of DDT use on both disease control and (illegally) in agriculture especially in Africa. A recent review of data on global production of DDT showed a 32% decline over the reporting period, from 5144 to 3491 metric tons of active ingredient per annum. Similarly, global use of DDT, for control of malaria and leishmaniasis, showed a 30% decline over the period 2001–2014, from 5388 metric tons p.a. to 3,772 metric tons per annum. In some countries, DDT is used in response to the development of resistance in malaria vectors against pyrethroid and carbamate insecticides. Some other countries have stopped using DDT, in compliance to the Convention, or in response to DDT resistance in malaria vectors. Progress has been made in establishing or amending national legal measures on DDT, with the majority of countries reportedly having measures in place that prohibit, or restrict, the production, import, export and use of DDT. Limitations in achieving the objectives of the Stockholm Convention with regard to DDT include major shortcomings in periodic reporting by Parties to the Stockholm Convention, and deficiencies in reporting to the DDT Register.

We welcome the development of malaria vaccines in the fight to control and possibly eradicate malaria. The World Health Organization (WHO) in October 2021 recommended widespread use of the RTS,S/AS01 (RTS,S) malaria vaccine among children in sub-Saharan Africa and in other regions with moderate to high *P. falciparum* malaria transmission. The

recommendation based on results from pilot programme in Ghana, Kenya and Malawi that enrolled more than 900,000 has resulted in Ghana and Nigeria incorporating vaccines in to their malaria control programmes. We share the optimism that other malaria vaccine candidates (including R21/Matrix-M) will be introduced as new novel weapons to deliver the “zero malaria” initiative. We are further encouraged that Pfizer-BioNTech (the COVID-19 vaccine maker), aims to develop a malaria vaccine using mRNA technology. We therefore urge the donor community to avail resources to roll out malaria vaccines while also sponsoring more research and development to further develop and improve on the vaccine efficacy. These efforts while commendable should not be implemented as stand-alone programmes but should be integrated in to the overall strategy of Integrated Disease Management (IDM). WHO and partners should provide technical and financial assistance to developing countries where malaria is endemic to accelerate the uptake of malaria vaccines.

The World Health Organization intends to focus on raising awareness about the need to “implement” the tools and strategies available today to reach those who continue to be unreached across the Western Pacific. There is need to integrate this strategy into Integrated Disease Management (IDM) which is a sustainable approach to malaria control and which includes an appropriate mix of disease management elements such as public education campaigns, case detection and treatment, vaccines, and Integrated Vector Management (IVM). We have noted that implementation of IVM leads to improved public health, pollution prevention, conservation of biodiversity and may trigger self-sustaining ecological processes that are beneficial to the biota.

We urge the WHO to scale-up research and development of new medicines for effective reduction of clinical malaria case-loads while also call upon UNEP to facilitate and support and, step-up the activities of the Global Alliance for the Development and Deployment of Alternatives to DDT for Disease Vector Control.

We have previously and variously advocated that tackling malaria requires public health programs (with a range of tools) that involve and work in partnership with communities. Malaria control requires not just tools like bed nets and vaccines, but an overall public health strategy that does not rely on only technological solutions but focuses on systemic factors (social, environmental, political and economic) underpinning the sustaining and propagation of the disease. We continue to emphasize that malaria control requires a well-funded, wide-

ranging institutionalized public health system as the context within which malaria control happens.



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