

AGROCHEMICALS ASSOCIATION OF KENYA STATEMENT

ON DDT, MOSQUITOES, AND MALARIA CONTROL

Reading from those clamouring to reintroduce DDT, the layman could be excused to believe that there is no other insecticide, which could kill mosquitoes except DDT. This of course is far from the truth. The truth is that any insecticide worth its name can knockoff a mosquito. The ten million dollar question is: at what cost? Cost here is not confined to the direct cost, which is calculated as price, the rate of use and application expenses. This cost must also include the effects of the chemical to human life and the environment in general.

The banning of DDT was as a result of scientific evidence of conclusive bioaccumulation (due to long periods of degradation in the environment, evidence of above 20years in soil and water) Todate no authority has come up with evidence to prove otherwise. It means that to reintroduce DDT, we must accept bioaccumulation as an appropriate price to pay in the control of mosquitoes. In addition, this will be contrary to the spirit of global plan of action agreed upon at the recently concluded forum on Strategic Approach to International Chemical Management (SAICM-Dubai) for which Kenya is a signatory requiring countries to ensure that re-introduction of chemicals such as DDT that lead to significant effects on human health and the environment be avoided.

Moreover, Kenya has an over 50 billion shilling export market of fruits, flowers and vegetables to a market with zero tolerance on DDT residues. Use of DDT to control mosquitoes will inevitably result to the transfer of the chemical (remember it does not breakdown) to these crops through water and other media. In addition, fish will come into contact with DDT in water. Detection of the chemical in export produce will kill these two industries overnight.

There are many registered insecticides (about 30 products) which kill mosquitoes, some with even better bioefficacy activity against mosquitoes than DDT. These insecticides which are already available in Kenya do not have the side effects associated with DDT. In addition, it has been shown that some mosquitoes have developed resistance to DDT in some places while some of the alternatives which include natural pyrethrum based products cannot easily develop resistance. We do not have to re-introduce trouble to deal with mosquitoes.

There can never be an effective malaria control without an integrated package covering all stages of the vector (mosquito) and the disease. Our current program appear to suggest that insecticide treated nets (ITN) and malaria drugs are the panacea. The truth is that ITNs can at most protect people 50% of the time they are exposed to mosquito bites. They are vulnerable the rest of the time. And to lay emphasis on treatment after infection is leaving it too late. Intervention at this stage is very costly in all aspects.

Kenya should take the responsibility and the initiative to properly address the malaria problem without succumbing to the dictates of the donors. A bona fide donor is perfectly aware that ITNs and drugs require the support of **larvae** and **adult** mosquito control to be effective. The donor also knows that there are registered alternative insecticides (about 40 products) which control mosquito larvae and adults. If they do not know, we should not shy from letting them know. We should also be bold enough to set in place a Kenyan Malaria Control Program and ask donors to fit in instead of trying to fit into donor programs each with its own vested interests.

Intervention areas for malaria control therefore are

1. You control the population of mosquitoes by denying them breeding places and using larvicides where the breeding place (stagnant water) has other uses and cannot therefore be destroyed.
2. You apply the use of the newly introduced mosquito magnet machines that attract and kill mosquitoes, clearing an area of up to 1.5 acres thus minimising contact both in and around your premises (houses, schools, hospitals, hotels, institutions etc.).
3. You support this by space spray of acceptable insecticides both outside and inside houses, and
4. You use ITNs to keep off any surviving adults. Should one get infected inspite of all these measures, then
5. You administer drugs.

If such integrated procedures are followed, there is no reason why the incidence of malaria cannot be reduced drastically, and this at a fraction of the cost of the enormous amount of money (donor money) ostensibly being expended against malaria. For, the cost of intervention escalates rapidly as you move from one intervention stage to another in the order of MOSQUITO LARVAE CONTROL, ADULT MOSQUITO CONTROL, ITNs, and MALARIA DRUGS.

Kenya should say a loud NO THANK YOU to whoever is trying to donate DDT to us and boldly come up with a logical malaria control program with or without Donors but where donors fit into our program instead of us fitting into their programs. If only one third of the money spent on malaria drugs was applied correctly in a properly thought out malaria control program, it would achieve ten times what the current disintegrated programs are achieving.

But whatever you do, keep DDT out of our environment

MR. GITAU MACHARIA
CHAIRMAN, AGROCHEMICALS ASSOCIATION OF KENYA
P.O. BOX 13809
00800 WESTLANDS
NAIROBI

TELEPHONE: 0722 736146
0734 447777