

genomics revolution also accrue to developing countries and that ethical, legal and social implications are taken into account," said Dr Tikki Pang, Director of WHO's Research Policy and Cooperation department.

A resolution on genomics and world health adopted during the Fifty-seventh World Health Assembly, 17–22 May 2004, called upon WHO Member States to facilitate greater collaboration among the private sector, the scientific community, civil society, and other relevant stakeholders, particularly within the United Nations, in order to mobilize "more resources for genomics research targeted at the health needs of developing countries." ■

Luisa Massarani, *Rio de Janeiro*

Rwandan genocide survivors in need of HIV treatment

Thousands of women who were sexually assaulted and infected with HIV during the 1994 genocide in Rwanda do not have access to treatment, said the Survivors' Fund (SURF), a UK-based non-profit organization which launched a campaign on 20 April calling for the provision of affordable antiretroviral treatment for women infected with HIV during the conflict which claimed at least 800 000 lives.

"These women were left impoverished after their husbands, fathers and brothers were murdered," said Mary Kayetisi Bluitt, Director of SURF, a non-profit group based in London, aiming to address the needs of women and children who survived the Rwandan massacre. "They are still suffering from trauma and have few resources, and only a handful can afford the anti-retroviral drugs that could improve and prolong their lives," said Bluitt, who lost 50 members of her family during the massacres.

"It [the genocide] is still claiming victims who contracted HIV as a result of sexual violence," said Colette Delhot, Regional Adviser for Gender and Women's Health at WHO's Regional Office for Africa in Brazzaville, Congo. No one knows precisely how many women became infected during the assault, which was marked by a rash of gang rapes.

Only one organization, the Rwandan Association of Genocide Widows (AVEGA-AGAHOZO), based in the

Remera area of Kigala, has published survey results. The non-profit group, which consists of 25 000 widows, estimates two-thirds of its members are now HIV-positive as a result of being raped during the 1994 conflict. "There is little doubt the numbers are actually higher, however, because many women hesitate to come forward. They ask themselves, 'Why should I get tested and find out I carry the disease? I can't get treatment anyway,'" said Bluitt. The group also estimates that of five million women living in Rwanda, half are widows who lost their families during the 1994 conflict.

According to non-profit groups like the Rwandan Association of Genocide Widows (AVEGA-AGAHOZO) and SURE, international groups and charities working in Rwanda have failed to devote sufficient attention to the genocide widows.

Delhot agrees that the Rwandan women deserve special treatment. "These women lost everything because of the genocide and are struggling to survive. We have to fight to get them access to basic health care. It is a human rights and war reparations issue, not just a health issue," she said.

The UK's Department for International Development announced in mid-April a donation of GBP 200 000 towards the cost of providing antiretroviral treatment for witnesses of the genocide suffering from AIDS.

The International Criminal Tribunal for Rwanda, currently under way in Arusha, United Republic of Tanzania, is prosecuting some five dozen cases against the alleged ringleaders of the slaughter, which targeted the country's minority Tutsis and politically moderate Hutus. The 100 day-long assault, executed by Hutu extremists in April 2004, followed the death of Rwanda's Hutu President Juvenal Habyarimana after his aeroplane was hit by a missile. ■

Judith Mandelbaum-Schmid, *Zurich*

New international convention allows use of DDT for malaria control

Malaria-endemic countries can continue using dichlorodiphenyltrichloroethane (DDT) to help control malaria due to an exemption clause in a convention banning the controversial substance. The Stockholm Convention on Persis-

tent Organic Pollutants which came into force on 17 May, following its ratification by 50 states, outlawed the use of 12 industrial chemicals — dubbed the "Dirty Dozen," — including DDT.

The exemption clause allows malaria-endemic nations to use DDT strictly for indoor residual wall spraying (IRS): a measure which contributed to slashing the number of malaria cases in South Africa from 64 622 in 2000 to 8016 last year.

"Malaria is now at its lowest level in ten years," said Rajendra Maharaj, a specialist scientist working with South Africa's national malaria control programme. "We attribute that to DDT."

Under pressure from environmentalists, South Africa suspended DDT for IRS in 1996 after five decades of use and switched to another class of insecticide known as pyrethroids. But the 1999–2000 malaria epidemic in KwaZulu-Natal and neighbouring provinces prompted the government to revert to DDT for prevention and to introduce artemisinin-based combination therapy for treatment.

Other African nations, such as Eritrea, Ethiopia and Swaziland have continually used DDT for IRS in certain areas. China and India — the main supplier of the insecticide — are two other countries currently using DDT focally. Some other countries in eastern and southern Africa are considering the introduction of DDT as part of their malaria control operations in epidemic-prone areas. The United Nations Environment Programme estimates that about 25 countries will use DDT under exemptions from the DDT pesticide ban.

Recognizing the role of DDT in disease vector control, WHO helped lobby for the exemption provisions during negotiations on the content of the Stockholm convention in 2000. Allan Schapira of WHO's Roll Back Malaria department said that IRS is often more rapidly effective in controlling epidemics than insecticide-treated bed nets. However, "insecticide-treated bednets remain the recommended method in settings of intense, ongoing transmission where it is at least as effective and usually much more acceptable by the populations," said Schapira.

Junaid M. Seedat, Managing Director of the international non-profit organization, Massive Effort Campaign, which campaigns to raise awareness of developing country diseases, said WHO