



SECOND REGIONAL CONFERENCE ON MALARIA ERADICATION

ADDIS ABABA, 16 - 21 NOVEMBER 1959

EM/TE-Tech.2/50

20 November 1959
ENGLISH ONLY

WHO'S INTERNATIONAL POLICY ON MALARIA ERADICATION

by

DR. CARLOS A. ALVARADO, M.D.
Director, Division of Malaria Eradication
WHO Headquarters, Geneva

WHO's policy in malaria eradication is orientated along four main lines:

1. Stimulation
2. Promotion
3. Co-ordination
4. Assistance

"Stimulation" and "promotion" need to be done by stages. In the first, the emphasis is on making governments as well as the public fully aware of the importance, the feasibility and the value of malaria eradication as well as the menace of vector resistance. Today, when all the world is conscious of the philosophy of malaria eradication and practically every country has some form of eradication project, the emphasis is towards strengthening the quality of operations. It is now well-known that the objective of malaria eradication is not the reduction of the number of malaria cases, but the complete elimination of the disease through the total interruption of transmission. This can only be achieved by the thoroughness of the operations. The present policy of WHO in the promotional field, therefore, is to stress the quality of operations, to concentrate on the assessment of results and to present a picture of eradication achievements which is truly accurate and comprehensive. It is our hope then that in the future, in the displays presented at any conference, there will no more appear the time-worn photographs which invariably show a squad of spraymen in various attitudes and costume and with the malariologist in elegant posture talking to the natives of the area. These pictures had emotional appeal in former times, but in the contemporary context they are obsolete. It is preferable that graphs and charts be produced which will show the proper statistical data on total coverage and whether interruption of transmission has been achieved and if not, why not, and also what remedial measures have been administered.

The item of "co-ordination" is a separate subject on the agenda and is best dealt with at the appropriate time.

"Assistance" is given for pilot projects, pre-eradication surveys and eradication programmes. Since it covers a broad policy field, it can be appropriately broken down into five sub-headings:

1. Technical advisory services
2. Training
3. Research
4. Supplies and equipment
5. Subsidies for local costs.

As the funds available are not unrestricted, this list must be considered in an order of priorities.

1. Technical Advisory Services

WHO has customarily provided the services of malarialogists, sanitary engineers, entomologists, sanitarians and laboratory technicians. A more recent phenomenon is the providing of advisers in administrative management techniques to meet the long-felt need for effective administration in malarial eradication programmes.

The assignment of health educators, statisticians and transport management experts is also under consideration.

In the past, a few countries did receive financial assistance (including supplies and equipment) from WHO and UNICEF without receiving, at the same time, permanent advisory services. The plans of operation provided only for temporary advisory services to be afforded on the request of the government. The present policy of WHO is to provide advisory services as an essential concomitant of financial assistance.

Malaria eradication has become a global and joint enterprise in which both the countries and the international agencies are co-partners. The international agencies are virtually the representatives of those countries whose monetary contributions to WHO and UNICEF render possible the international assistance that is expended. These contributing countries trust that proper use is made of their monies and it is the responsibility of the international agencies to extract the dividends that are expected. In our wide experience, it has been proved that this responsibility cannot be fulfilled by the simple technical approval of the plan of operation, but must be accompanied off with the provision of permanent advisory services.

An interesting aspect of the question of advisory services is the background and calibre of the persons provided as advisers. In the past, advisers were recruited in consideration of their past experience and their expertise in malariology, to act on their own initiative. But malaria eradication has now become a global activity for which clear technical standards, capable of nearly universal application, have been laid down. The malaria adviser of today must follow these lines which do not represent

merely the opinion or experience of a single expert in one country but the consolidated experience and knowledge drawn from all parts of the world. This experience and knowledge is related through the medium of malaria conferences such as this one in Addis Ababa, and by successive expert committees on malaria. While a malaria adviser is expected to adhere to these lines, he must also exercise wisdom, imagination and resourcefulness and suggest those adaptations which are necessary in the light of the peculiar conditions in each different country.

Due to the heavy demand for malarialogists, there is a shortage in the old type of "long experienced" malarialogist, who more often than not is devoid of any real experience in the more recent techniques of malaria eradication. This circumstance has led to WHO and ICA organizing quick and effective procedures for the training of new malarialogists for national and international purposes. Those selected for international service are carefully recruited, taking into consideration professional qualifications, public health experience, acquaintance with tropical environments, and with a distinct vocational inclination. The training processes are strenuous, the examinations are strict, and the results have proved the soundness and effectiveness of this method.

2. Training

There is an urgent need for training at all levels in malaria eradication and WHO is providing facilities of every kind for national and international training centres. It is our hope that there will be no shortage of funds in providing this fundamental aspect of malaria eradication. The methodology of proper training has been thoroughly discussed during this conference and WHO will pay special attention to the recommendations on this subject.

3. Research

The wide field of research in malaria eradication will be examined by a special study group which will convene in Geneva next week. The tentative list of subjects ranges from studies on the genetics of resistance to laboratory and field trials with alternative and new insecticides. It includes also the examination of the question of the metabolism of human plasmodia, the use of new drugs or new formulations, the importance of asymptomatic carriers and the malarial problems that stem from nomadism.

WHO has plans for stimulating national institutes to interest themselves in malaria research. The organization hopes to give support in this field of research, if necessary. At the same time countries are being asked to collaborate in this field of common interest by providing the facilities of their national malaria programs whenever field experiments become necessary.

4. Supplies, equipment, and
5. Local Costs

These items appear last in the list of priorities and would be provided only after the previous priorities have been adequately covered.

In summary, WHO is ready to assist, with every means at its disposal, the endeavours of all those countries which are planning or executing malaria eradication campaigns within their territory.