



WHO INTER-REGIONAL TECHNICAL MEETING ON MALARIA ERADICATION
TEHERAN, 1 - 6 MAY 1962

EM/ME-Tech.3(a)/17

14 April 1962
ENGLISH ONLY

REVIEW OF THE RECOMMENDATIONS AND THE MECHANISM
FOR EFFECTING INTER-COUNTRY CO-ORDINATION WITH A VIEW TO THE
ULTIMATE DEVELOPMENT OF A SUB-REGIONAL COORDINATED PLAN FOR
MALARIA ERADICATION

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INTRODUCTION

In the impetus determined by the importance of the result at stake and by the enthusiasm raised by the new global venture of malaria eradication with its far reaching implications for the health and the welfare of many hundred million people in the world, too much reliance was certainly placed at the beginning, i.e. immediately after the historical decision of the Eighth World Health Assembly (WHA8.30) in May 1955, that "the World Health Organization should take the initiative, provide technical advice, and encourage research and co-ordination of resources in the implementation of a programme having as its ultimate objective the world-wide eradication of malaria".

Encouragement and assistance by WHO to countries for setting up programmes of malaria eradication was provided mainly with the idea in mind that the more the programmes that could be implemented, the better for the final achievement of global eradication. Confidence on the powerful effect of residual insecticides in interrupting transmission, the example of certain countries that had eradicated malaria in the whole or in large parts of their territory without even following a specific programme of malaria eradication were considered as justifications for this optimism, and little attempt was made to co-ordinate geographically, according to a strategic principle, eradication in groups

of adjoining countries. Only tropical Africa was considered as a whole geographical unit, but only to be singled out temporarily from the global eradication programme for technical reasons. The concept expressed above is reflected in the Resolution WHA9.62 (May 1956) which reads as follows:

" The Ninth World Health Assembly,
Being convinced that it is highly desirable to obtain malaria control simultaneously in as large areas as possible, for increasing the efficiency of the campaigns and effecting economy, eventually leading to eradication of malaria in border areas between countries and regions,
RECOMMENDS that the World Health Organization offer, subject to availability of funds, appropriate assistance in the forms that may be required by governments. "

At this time, attention was focused chiefly on inter-country co-ordination of programmes, in order to strengthen operations in border areas and in order to prevent re-introduction of malaria from neighbouring countries into countries from which it had already been eradicated, and also in order to obtain a more efficient - and sometimes more economical - operation of the programme in these border areas. This is reflected in Resolution WHA10.32 (May 1957) quoted hereunder:

" The Tenth World Health Assembly,
.....
Considering that, with the progress of malaria eradication programmes in some areas, it becomes more and more desirable that countries bordering on the eradication areas should also carry out a programme of eradication, or at least cover with efficient control an adequate zone near the borders;
Realizing that international implications of reimportation of malaria in countries which have eliminated or nearly eliminated the sources of infection became a matter of concern, and that it is important that timely and adequate information be available to all governments concerned;
Recognizing that malaria is one of the major obstacles to improving the standard of health throughout the world,

.....
II. REQUESTS the Director General :

- (1) to stimulate inter-country arrangements with a view to minimizing the danger of importation of sources of infection; and
- (2) to request all governments to supply information not less frequently than once a year as regards development of their malaria eradication or malaria control programmes, so that up-to-date relevant data may be centralized in WHO and circulated to other interested governments;

.....

The same concept was the one that brought about the Executive Board Resolution EB23.R62 (January 1959):

" The Executive Board,

.....

Noting that in many geographical areas of the world mechanisms for inter-country co-ordination of malaria eradication programmes already exist;

Realizing that such inter-country co-ordination becomes increasingly important as national programmes approach the goal of malaria eradication;

.....

2. REQUESTS all governments concerned to assist the Director General by providing him with such information as he may request;

3. URGES all governments concerned to facilitate the free exchange of relevant information between neighbouring malarious countries and to collaborate with such neighbouring countries concerning measures to be taken in their frontier zones; and

4. URGES that all governments concerned should intensify their efforts towards the final goal of malaria eradication and that governments of countries where malaria exists and which have not yet undertaken programmes of malaria eradication should plan for such programmes as early as practicable. "

This was the time when bi-lateral or multi-lateral agreements between countries were established, mainly for the protection of border areas and for exchange of information on the progress of the eradication programmes and on their epidemiological evaluation, which would prove to be of mutual interest.

In the European region, during this period, bilateral or multilateral agreements were signed between Bulgaria, Greece, Rumania and Yugoslavia (1955), between Hungary and Rumania (1958) between Greece and Turkey (1955), and between Spain and Portugal (1959).

The Third Malaria Conference for South-East European countries (Bucharest, 1958), "referring to the recommendations of the first and of the second conferences on malaria of the countries of South-Eastern Europe and considering that with the progress of the development of malaria eradication programmes in any country the need for preventing the re-introduction of malaria from abroad becomes urgent:

" RECOMMENDS that the relevant services in each country concerned seriously consider the drawing up of bilateral agreements if such do not already exist, aiming at protecting the national territory by minimizing the danger of introduction of parasite carriers or of infected mosquitos. The Conference is of the opinion that these arrangements or agreements should basically consist of the exchange of relevant information on malaria morbidity in the frontier zone on the possible presence of insecticide resistance in the vectors of the countries concerned, on the antimalarial

measures applied in the frontier zone and on such demographic movements in such a zone liable to have repercussions on the malaria situation.

" The Conference is further of the opinion that this exchange of information should be carried out directly between the health services of the two countries concerned, and that it might simply consist of the exchange of an appropriate pre-established form, and that it is important that such information be routed in such a way as to reach the service to which it is destined not later than two weeks after its preparation. The Conference is aware that certain information, namely, the appearance of an important degree of resistance to insecticides in the vectors or the outbreak of malaria foci in the frontier zone, should be communicated by cable and is of the opinion that this measure should be duly considered in the arrangements or agreements to be drawn up."

The technical meeting on malaria for countries of South-West Europe (Lisbon, 1958), "having learned with satisfaction of the draft agreement between Spain and Portugal, and believing that such agreements are of the greatest value for the coordination and consolidation of malaria eradication programmes, CONSIDERS that similar agreements should be concluded between neighbouring countries". But also, "the Technical Meeting, having considered that plans envisaged for the eventual undertaking of malaria eradication programmes in Algeria and Morocco and similar programmes for the neighbouring countries of North Africa (Eastern Mediterranean region), REQUESTS that these programmes be set going as rapidly as possible, and REQUESTS WHO to give all possible assistance to co-ordinate the said programmes towards this end".

Here the concept of a geographical area, sufficiently homogeneous, including countries that belong to different Regional Offices, was beginning to be considered for an integrated programme of malaria eradication.

By 1959, a large number of countries had already undertaken malaria eradication projects. It was realized that in several instances, programmes could not proceed at the same pace in neighbouring countries. In some of the countries partial failure of an administrative, financial or technical nature were being experienced, and a large amount of experienced staff (who are easily found) as well as financial effort was being partially wasted in dispersed eradication programmes which had little chance of succeeding during a reasonable period of time, and which in any case, once eradication has been achieved, would still retain the great danger that malaria may be re-introduced sooner or later from neighbouring countries in which malaria was still prevalent.

The policy of malaria eradication was in need of revision in its strategic and geographical aspects, in limits that were compatible with the engagements already taken and the efforts provided.

It was considered that while the final objective is world-wide malaria eradication, this goal is a distant one and will not be reached for a number of years to come. Therefore, in order to maintain interest and establish landmarks in the world programme, it would be wise to determine intermediate progressive objectives. The first basic objective is, of course, the eradication of malaria from individual countries. An intermediate objective would be the eradication from a large geographical area, where such an objective could be most rapidly obtained. An intermediate target of this type, in addition to fulfilling an important strategical approach to global eradication, from an epidemiological point of view, would contribute to maintain interest in the world-wide eradication campaign carried out by individual countries, and properly promoted, stimulated and co-ordinated by WHO. Moreover, this intermediate objective would permit to liberate gradually from the large geographical areas where eradication is achieved, the talent and the capitals that need to be concentrated in areas less advanced in their administrative and health development as well as in their eradication programme.

THE POLICY OF THE EUROPEAN REGION

Continental Europe constitutes an ideal geographical area for this purpose. In fact, epidemiological circumstances, and the good development of Rural Health services and of Preventive Medicine, have greatly facilitated the achievement of a very marked reduction of the endemicity of malaria in this region, to the extent that eradication appeared to have been achieved in certain countries, even without the adoption of programmes having specific aim. In other words, eradication had been reached or "approached" following the use of simple control measures. While this was a happy circumstance for some countries or territories, such as the Netherlands, Hungary, Poland, Italy and Corsica, in others the achievement of a very low degree of endemicity had tended to slacken interest in the field of malaria, and has even reduced the budgetary allocation in this connection. The consequence has been the maintenance in a number of countries of a state of low endemicity, making a favourable, though not final situation chronic, with the danger of the increase of resistance to residual insecticides in vector species, which had already developed in some instances, as in Greece. The countries of continental Europe, in which some degree of residual endemicity remained at the end of 1959 were: Albania, Bulgaria, Greece, Portugal, Rumania, Spain, USSR and Yugoslavia. Three of these countries were running malaria eradication projects assisted by WHO.

The intermediate target that was therefore proposed at the Regional Committee, was the definite and unquestioned attainment of the phase of consolidation within the following three years (i.e. by the end of 1962) in the last of the areas of residual endemicity in the continent.

After a thorough discussion of the existing situation, the Ninth Session of the Regional Committee (Bucharest, September 1959) adopted the recommendation EUR/RC9/R5:

- " The Regional Committee for Europe,
Having studied resolutions WHA12.15 and WHA12.49 of the Twelfth World Health Assembly, and resolution EB23.R62 adopted by the Executive Board at its twenty-third session;
Having examined the document submitted by the Regional Director;
Believing that, for administrative, technical and psychological reasons it would be advisable to provide intermediate targets, such as the progressive eradication of malaria over large geographical areas in order gradually to reduce the scope of the problem on a world-wide scale and concentrate efforts and resources in technical personnel in the less developed countries and regions where the problem present greater difficulties; and
Considering that the eradication of malaria in the countries of continental Europe has already reached an advanced stage and is facilitated by the presence of unstable malaria and by the high level of organization and efficiency of the national malaria services and general rural health services,
1. URGES all countries of continental Europe in which there is still indigenous malaria, to exert every effort that may be required to ensure that the phase of consolidation in the eradication programmes they have undertaken shall be attained at the latest in 1962;
2. REQUESTS the Regional Director to make available any additional assistance that may be required for this purpose and to co-ordinate the efforts being made by drawing up, in consultation with the governments of the countries concerned, a co-ordinated plan establishing priority for the eradication of malaria in continental Europe; and
3. ENDORSES the proposed programme for malaria eradication set out in document EUR/RC9/3. "

THE CO-ORDINATED PLAN FOR CONTINENTAL EUROPE

Following the above recommendation, further contacts were made by the Regional Office with the Malaria Eradication Services of the countries concerned, and a "Co-ordinated plan establishing priority for the eradication of malaria in continental Europe" (EUR/RC10/5), was prepared by the Regional Office, and submitted to the Tenth Session of the Regional Committee (Copenhagen, August 1960). This co-ordinated plan contains:

- 1) an Introduction, explaining the aims of the plan;
- 2) a description of the area of operation, i.e. those countries of continental Europe in which malaria still existed, an account of the status of the eradication programme in each of these countries;

- 3) a description of the methods to be adopted in carrying out the plan, viz. the Standardization of the spraying and surveillance operations according to the recommendations of the Expert Committee on malaria, Co-ordination of the programmes, ensured by WHO/EURO on the basis of exchange of information and direct contacts of the Regional Office Staff with governments and technical services concerned, Co-operation through bilateral or multilateral agreements providing for the exchange of information, and the protection against re-introduction of malaria. A periodical information bulletin, published by the Regional Office would help in keeping the countries regularly informed of the progress of the plan;
- 4) a Plan of action, establishing the timing of the operations, the establishment of bilateral agreements, the publication of the information bulletin, and the financing of the plan, by the individual governments and by WHO assistance when relevant;
- 5) the Evaluation of the progress of the plan, in terms of Continuous assessment, following the resolution WHA13.55 of the Thirteenth World Health Assembly, annual reports, quarterly reports with special emphasis on the epidemiological evaluation, and final evaluation of achieved eradication by a WHO evaluation team.

WHO was to provide, upon request, and when required, additional assistance to ensure the timely fulfilment of the terms of the plan.

The Tenth Session of the Regional Committee passed the following resolution:

"The Regional Committee for Europe,

Having studied resolution WHA13.55 of the Thirteenth World Health Assembly;

In pursuance of resolution EUR/RC9/R5 of the ninth session of the Regional Committee for Europe; and

Having studied document EUR/RC10/5, "The Co-ordinated Plan Establishing Priority for the Eradication of Malaria in Continental Europe", submitted by the Regional Director,

1. ENDORSES the plan;
2. URGES all countries of continental Europe in which malaria has not yet been eradicated to give budgetary and operational priority to the campaign for the eradication of malaria and to exert every effort necessary to ensure that the consolidation phase is reached in 1962, as envisaged under the plan;
3. INVITES all these countries when no further cases of indigenous malaria have occurred during a three year period to request WHO to send an evaluation team so that areas could be established where malaria eradication has been achieved;

4. INVITES all the countries to provide the Regional Office for Europe with such regular information as may be requested regarding the progress and, in particular, the epidemiological evaluation of their malaria eradication campaigns; and
5. REQUESTS the Regional Director to provide all necessary assistance for the co-ordination of these endeavours by strengthening regional advisory services in the period when the plan is being implemented, and by providing any material assistance essential to achieve the objectives of the plan. "

A progress report of the plan, after one year, was presented to the Regional Committee (EUR/RC11/7: "A brief evaluation of the Co-ordinated plan establishing priority for the eradication of malaria in Continental Europe"), and the following resolution was adopted at the Eleventh Session of the Committee (Luxembourg, September 1961):

" The Regional Committee for Europe,
Pursuant to resolution EUR/RC10/R1, adopted at its tenth session;
Having studied resolution WHA14.2 of the Fourteenth World Health Assembly with special reference to paragraph 2;
Having studied document EUR/RC11/7 "A Brief Evaluation of the Co-Ordinated Plan Establishing Priority for the Eradication of Malaria in Continental Europe" submitted by the Regional Director;
Noting the progress made in implementing the malaria eradication programme in most countries of the Region referred to in the plan;
Believing that the time has come to consider strengthening the measures taken against the reintroduction of malaria in all formerly malarious countries that have achieved or are about to achieve eradication, so that their technical and financial effort shall not be jeopardized by a resurgence of malaria imported from other countries or regions,

1. INVITES all countries concerned to intensify their efforts to achieve by 1962 the targets set in the Co-ordinated Plan Establishing Priority for the Eradication of Malaria in Continental Europe, and more particularly to ensure that surveillance be so organized as to enable them to obtain from a WHO evaluation team certification that eradication has been achieved so that they can be listed in the official register established by the Director-General of WHO in accordance with resolution WHA13.55;
2. SUGGESTS that countries in which importation of cases may give rise to a resumption of malaria transmission, consider making microscopical blood examinations in suspect fever cases and if they have not yet done so, consider making compulsory the notification to the health authorities of suspected or confirmed cases;
3. BELIEVES that the countries concerned should notify all the doctors, laboratories and health units responsible for detecting malaria cases once the maintenance phase of the eradication programme has been reached, of the danger of the reintroduction of malaria and that they should maintain a central specialized technical service competent to deal with any possible localized reintroduction of the disease, and

4. INVITES the countries referred to in paragraph 2 above to study measures consistent with the International Sanitary Regulations for examining persons from areas of endemic malaria and, if necessary, for treating them before they give rise to foci of transmission. "

The progress of the plan was also discussed in its technical aspects by the Second European Conference on Malaria Eradication (Tangier, March 1962).

CO-ORDINATED PLANS FOR OTHER LARGE GEOGRAPHICAL AREAS

The achievement of the goal set out in the Co-ordinated plan constitutes a valuable contribution towards world-wide malaria eradication. It may well be said that the attainment of eradication in Continental Europe is an easy task, but in spite of the fact that it will give no definite assurance that the same goal can be easily achieved elsewhere, it constitutes a clear achievement and a profitable example of what could be obtained by concentrated effort and proper co-ordination, in other parts of the world as well, where the task will meet with more intrinsic difficulties.

It is important to note, that the Second European Conference on Malaria Eradication, suggested a planning for better co-ordination of eradication programmes in large homogeneous geographical areas, such as North Africa and western Asia, in which countries of the European region, not in Continental Europe, could participate. It is hoped that the present Technical Meeting will give due consideration to this point.

DISCUSSIONS

A co-ordinated plan for malaria eradication in a vast geographical area constitutes an important intermediate step towards the final goal of global malaria eradication. Such a plan should apply to a vast geographical area, as homogeneous as possible in terms of epidemiological conditions, social and economic development, stage of advancement of malaria eradication programmes, geographic, cultural and administrative patterns. The terms that should be included in such a plan, in addition to an evaluation (as detailed as possible) of the epidemiological situation existing in each country participating in the plan, detail of staffing, financing, supporting legislation and organization of the individual eradication programmes, including international or bi-lateral assistance, the following main items constitute the basis of the plan of action: an agreement on the standardization of the operational methods, and on the methodology to be employed for the co-ordination and co-operation of the individual programmes; a calendar with detailed forecasts of the time when the various phases of the eradication programme will be reached in each country or group of countries; and, details of the method of assessment and evaluation of the plan during its operations, including the role that will be assumed by WHO in this respect also as far as the

final evaluation of achieved eradication is concerned.

The commitments of various parties in the plan should be made preferably at Regional Committee level. This was possible for the European plan, because all the participating countries belonged to the same region. In the case of co-ordinated plans involving countries from more than one region, three possibilities are open:

- 1) the plan is submitted to all the Regional Committees involved in the plan;
- 2) the plan is submitted for approval to the World Health Assembly;
- 3) the plan is submitted for approval to an Inter-Regional Coordinating Board, representing all the countries participating in the plan and whose members have received full powers to this effect from their respective governments.

Periodical evaluations of the progress of the plan will be presented to the same body (or bodies) that has (or have) agreed to the plan, including suggestions for improvements, whose technical details may be discussed at technical meetings of Directors of the respective Malaria Eradication Services, or brought forward by members of the staff of the Regional Offices concerned, in a very active routine of contacts with the Malaria Eradication Services of the countries of their Region. The co-ordination of programmes of national and international training centres, possibly assisted by WHO, according to the principles recommended by the Expert Committee on Malaria, is another way for ensuring a standardization of operational methods in the running of the eradication programmes of the countries participating in the plan.