

WORLD HEALTH ORGANIZATION

Eastern Mediterranean Region



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SECOND

REGIONAL CONFERENCE

ON

MALARIA ERADICATION

AT

THE YMCA HALL, ADDIS ABABA

FROM 16 TO 21 NOVEMBER 1959

Bulletin to Participants

CONTENTS

1. Introduction.
2. Recent Resolutions relating to Malaria Eradication
 - I The Twelfth World Health Assembly
 - II Resolutions of the Regional Committee for the Eastern Mediterranean - Ninth Session (Sub-Committee A & B)
 - III Conclusions of the First Regional Malaria Conference, Baghdad - December 1957
3. Provisional order of Proceedings for Opening Session.
4. Provisional Technical Agenda
5. List of Participants, WHO Staff and Observers
6. Information for Participants
7. Post and telegraph information.

"THE ERADICATION OF MALARIA HAS BECOME A REALITY WHICH IS WITHIN OUR REACH. IT HAS ALREADY BEEN ACHIEVED IN SOME AREAS AND IS STANDING THE TEST OF TIME ... "

M.G. GANDAU - 1955

"PROGRESS HAS BEEN MADE IN THE FIELD OF MALARIA ERADICATION BUT THE KEYNOTE TO SUCCESS IS STILL TO CONSIDER THE PROBLEM IN RELATION TO LARGE GEOGRAPHICAL BLOCKS RATHER THAN TO INDIVIDUAL COUNTRIES".

A.H. TABA - 1959

"ONE OF THE MOST HEARTENING ASPECTS OF THE CAMPAIGN TO ERADICATE MALARIA FROM THE WORLD IS ITS GENUINE INTERNATIONAL CHARACTER. IT SEEMS TO ME THAT IN ALL THE LONG HISTORY OF MANKIND THERE HAS NEVER BEEN A WORLD-WIDE CO-OPERATIVE EFFORT EQUAL TO IT IN SIZE OR SINCERITY".

PAUL F. RUSSELL - 1958.

SECOND REGIONAL CONFERENCE ON MALARIA ERADICATION

EASTERN MEDITERRANEAN REGION OF THE WORLD HEALTH ORGANIZATION

INTRODUCTION

The First Eastern Mediterranean Regional Conference on Malaria Eradication, which was at that time called the Regional Technical Meeting on Malaria Eradication, was held in Baghdad, Iraq, from 7 - 12 December 1957. There were seventeen participants from the following countries of the Region :

Cyprus
Egypt
Iran
Iraq
Jordan
Lebanon
Saudi Arabia
Italian Somalia
Syria

Observers were also present from TAB, UNICEF, US ICA, UNRWA and the Rockefeller Foundation. The WHO representation consisted of the Regional Director and fifteen members of its staff from its Headquarters, from the Regional Office and from the field.

The meeting was held in the Alwiah Building of the Iraqi Engineering Society, Baghdad, and H.E. Dr. Abdul Amir Alawi, the Minister of Health of Iraq, was present at the opening session. The leader of the Iraqi delegation,

Dr. Ali Hamami, Director-General of the Endemic Diseases Institute, Baghdad, was elected chairman; Dr. M. Fakir of Syria and Dr. Ch. Mofidi of Iran were elected vice-chairman and rapporteur respectively.

The Conference terminated on 12 December 1957 and, in its final resolution, stressed the need for seminars and regional conferences in furthering cooperation between international agencies and also neighbouring countries if the goal of malaria eradication were to be reached. In pursuance of these expressed wishes of countries of the Region, WHO has arranged to hold a second Regional Conference on Malaria Eradication in the Eastern Mediterranean Region in 1959. On the invitation of the Imperial Government of Ethiopia, who have offered to act as host, the conference is scheduled to be held in Addis Ababa from 16 to 21 November 1959.

STATUS OF THE GLOBAL MALARIA ERADICATION PROGRAMME

It will be well to review here the present global status of malaria eradication and the developments since the concept was first enunciated by the Eighth World Health Assembly (1) in its momentous resolution which defined the fundamental principles underlying malaria eradication and

(1) WHA8.30

established, for the conduct of a world-wide campaign, the Malaria Eradication Special Account.

The total population of the world has been estimated at 2795 million in 1957 ⁽¹⁾. Of this number, about 1136 million live in malarious areas. In the present state of statistical data, any estimate of population in malarious areas according to WHO Regions, must necessarily be no more than a set of approximate figures. The following figures are, therefore, only indicative of the dimensions of the problem that is posed before humanity:

Region	Total population ⁽²⁾	Population in ⁽³⁾ malarious areas
Africa	150,100	134,000
America	377,700	88,000
SEA	549,800	503,000
Europe	657,300	291,000
EMR	193,000	146,000
WPRO	840,600 x	50,000
	<u>2,768,000</u>	<u>1,212,000</u>

Of the 1136 million persons in malarious areas, no more than about 778 million inhabit areas which are covered by malaria eradication programmes at different stages of

x (Includes mainland China, North Vietnam, Korea etc)

(1) U.N. Demographic Year Book 1957.

(2) WHO EB 23/21.

(3) E/ICEF/386. Report of the Director General WHO to UNICEF Executive Board. March 1959.

Page 4.

development"⁽¹⁾, while nearly 358 million⁽²⁾ continue to remain exposed to the hazards of this dread disease. There has also been an attempt to estimate the morbidity and mortality figures of malaria. The view has been expressed that as late as 1958, there were no less than 175 million cases of malaria resulting in about 1.75 million deaths. This means that a population as large as that of all the United States of America (171,000,000)⁽³⁾ suffered from the disease and a number greater than the entire population of Jordan (1,527,000)⁽⁴⁾ succumbed to it within one year.

These figures demonstrate the fearful threat that malaria constitutes to the well being, and even the survival, of the human race, as well as the terrifying prospect that will develop if the global attack, which WHO has launched, is retarded in any manner or measure.

There are, however, heartening features in this global campaign. A brief survey, region by region, does establish that there has indeed been progress, albeit limited, but nevertheless demonstrable.

(1) Off. Rec. Wld Hlth Org 90

(2) Off. Rec. Wld Hlth Org 90

(3) UN Demographic Year Book 1958.

(4) UN Demographic Year Book 1958.

1. The European Region of WHO (1)

The number of persons living in malarious, or recently malarious, areas of this Region is 291 million. The status of anti-malaria measures is shown proportionately as follows :

- 77% live in areas from which malaria has been eradicated;
- 12% are under surveillance consequent on the withdrawal of specific anti-anopheline measures;
- 9% are protected by regular spraying;
- 1% live in areas where programmes are being planned;
- 1% live in areas where no programmes are planned.

Of the eleven countries in this region with indigenous malaria still present, eight have malaria eradication programmes in operation, including four which had this programme for two years or more.

2. The South-East Asia Region of WHO

Of the 503,006,000 people at risk in this region, only 19,000 are reported to be in areas from which malaria has been eradicated.

- 2% are under surveillance, following withdrawal of spraying, and these are in Ceylon, India and Thailand;

(1) Report of the Director General WHO to UNICEF Executive Board. March 1959. E/ICEF/386.

84% are protected by regular spraying;

14% live in areas where programmes are being planned;

a minute percentage, about 170,000 in number, live in areas where no programmes are yet planned. These include Bhutan and the Atoll of the Maldives.

3. The African Region of WHO

There are 134,360,000 people living in malarious or recently malarious areas in this region.

4% are under some measures of protection. These 4% consist of 2% who live in areas from which it has been eradicated, 1% are under surveillance and 1% are covered by regular spraying in organized programmes; 7% live in areas where programmes are being planned; 89% live in areas where no programmes are yet planned;

4. Western Pacific Region of WHO

Information is available in respect of twenty-one malarious countries and territories and the situation is as follows:

50 million persons live in malarious or recently malarious areas;

13% live in an area from which malaria has been or is nearly eradicated.

27% are under surveillance;

19% are protected by regular spraying;
33% are in areas where programmes are being planned;
8% live in areas for which no programmes have as yet been
planned.

5. The American Region of WHO

The total human population of the Region is 377,665,000.

63.5% of this number live in areas where malaria has not
been known to be existent or has disappeared without
specific eradication measures;

13.1% live in areas where the disease has been eradicated;

0.4% are under surveillance;

22% are under protection by spraying;

1% live in areas where the attack phase of an eradication
campaign has been temporarily suspended.

6. The Eastern Mediterranean Region of WHO⁽¹⁾

Malaria pilot projects have been attempted in this
region since 1950 in East Pakistan, Iran, Iraq, Jordan,
Lebanon, Saudi Arabia and Syria. Since then, eradication
programmes are being implemented in Iran, Iraq, Israel, Jordan,
Lebanon and the Syrian Province of the United Arab Republic.
Pre-eradication stages were begun in Libya and Tunisia in
July 1958 and UAR, Province of Egypt in February 1959.

(1) WHO EM/RC9/4

Page 8.

Surveys are proposed for Pakistan and Saudi Arabia late in 1959 and for Ethiopia, Sudan and Italian Somalia in 1960. Malaria has been eradicated from Cyprus, the Gaza Strip, Aden Colony and French Somalia; it is not known to have existed in Kuwait. Malaria eradication programmes are in the consolidation stage in Israel; and in the total coverage stage in Iraq and Lebanon.

In Iran and UAR (Province of Syria) the successive coverage of malarious areas is now in its third and fourth year. In Iran the consolidation phase was begun in some areas in 1958, and is expected to begin in the last area by 1965. In Syria (UAR) the consolidation phase is being started in some areas in 1959.

Most noteworthy is the recent decision of Pakistan to adopt a malaria eradication policy which will bring 57 million persons under protection.

The total population of the countries of this Region is about 195 million, the greater majority of whom are still exposed to malaria risk as the following figures will show :

146 million persons live in malarious or recently malarious areas. (1)

(1) Report of the Director-General WHO to UNICEF Executive Board - March 1959.

1% of these people live in areas from which malaria has been eradicated.

3% are under surveillance only, following the withdrawal of specific antimosquito measure.

8% are protected by regular spraying, etc.

35% live in areas where programmes are being planned.

53% live in areas where no programmes are yet planned.

xxx

xxx

xxx

It is in the context of this world malaria situation that the 2nd Eastern Mediterranean Regional Conference on Malaria Eradication meets in November 1959. The situation can best be summarized in the words of the Director General of WHO in his Annual Report to the Twelfth World Health Assembly⁽¹⁾

"Today 778 million people in all parts of the world, living in areas which are now or were recently malarious, are included in malaria eradication programmes at different stages of development. This number is 68 per cent. of the total number, estimated at 1136 million, who are exposed to malaria risk. A considerable proportion of the balance of 358 millions live in areas in which eradication cannot yet be undertaken,

(1) Off. Rec. Wld. Health Org. 90

because there is no conclusive evidence that transmission can be completely interrupted by the use of residual insecticides alone; some of them are protected by malaria control programmes. But although vector resistance to insecticides continues to present new problems, the prospects are on balance improving".

Unquestionably, there is evidence of sure and steady progress but vigilance must not be relaxed for there is still a long way to go, and it is becoming increasingly clear that the journey to ultimate eradication can be successfully accomplished only if there is complete and harmonious cooperation between neighbouring countries of every Region. As the Regional Director for the Eastern Mediterranean has said "If one country lags in its efforts, it may retard or even undo the good work accomplished in neighbouring countries". (1)

There is need, therefore, for the malaria workers in countries within every Region to meet periodically to exchange views, to compare experiences, to harmonize activities on common boundaries between their territories and, in brief, to learn as well as to teach, to give and likewise to receive assurance of unstinted cooperation in kindred problems.

(1) EM/RC9/2

It is for the purpose of enabling the practice of this "religion of mutual helpfulness" that the Regional Director has invited the leading malariologists of the Region to participate in the Second Regional Conference on Malaria Eradication.

2. RECENT RESOLUTIONS RELATING TO MALARIA ERADICATION

I; THE TWELFTH WORLD HEALTH ASSEMBLY
12-29 May 1959

MALARIA ERADICATION PROGRAMME⁽¹⁾

The Twelfth World Health Assembly,

Having considered the report of the Director-General on the present status of the world-wide malaria eradication effort and the recommendations of the Executive Board in resolution EB23.R62;

Noting with satisfaction that an increasing number of countries of the world are undertaking programmes of malaria eradication;

Realizing that malaria eradication means the ending of the transmission of malaria and the elimination of the reservoir of infective cases in a campaign limited in time and carried to such a degree of perfection that, when it comes to an end, there is no resumption of transmission;

Appreciating that, in order to carry such a programme through to ultimate success, it is essential that there should be not only sound technical planning and direction of operations but also a high degree of efficiency in administration and organization supported by adequate legislative action; and

(1)
WHA 12.49

Realizing further that, in addition to the existing problems, new technical problems can be anticipated which will require a continuation and expansion of co-ordinated research and technical development both in the laboratory and in the field.

1. URGES all governments concerned to ensure that their central and peripheral services for malaria eradication are provided with adequate administrative machinery to meet the stringent demands of such time-limited programmes;
2. REQUESTS the Director-General to make available, on request, to governments the requisite specialized administrative as well as technical advisory services; and
3. REQUESTS the Director-General to intensify research in the problems of malaria eradication.

Eleventh plenary meeting, 28 May 1959
(section 2 of the fourth report of
the Committee on Programme and
Budget).

MALARIA ERADICATION SPECIAL ACCOUNT ⁽¹⁾

The Twelfth World Health Assembly,

Having considered the report of the Director-General on
the Malaria Eradication Special Account;

(1)
WHA 12.15

Having noted that funds are not yet available to finance WHO malaria eradication operations in 1960 and the following years;

Realizing that, following the Eighth World Health Assembly's request (resolution WHA8.30) to governments to intensify plans of nation-wide malaria control, many of the malaria-stricken countries have already embarked upon eradication programmes and invested and committed considerable sums for that purpose;

Considering that lack of sufficient funds in the Malaria Eradication Special Account stands in the way of achieving the ultimate goal of malaria eradication; and

Recognizing the responsibility of the World Health Assembly for the justified expectations of the malarious countries as to the World Health Organization's continued assistance based on the Eighth World Health Assembly's decision (resolution WHA8.30) 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".

1. NOTES with regret the lack of adequate response to requests for contributions to the Malaria Eradication Special Account;

2. EXPRESSES its concern over the present position of the Malaria Eradication Special Account;
3. ENDORSES fully the action taken by the Executive Board and the Director-General as described in the Director-General's report;
4. EXPRESSES its appreciation for the substantial efforts made by the Director-General to obtain funds for the Malaria Eradication Special Account;
5. REQUESTS the Executive Board and the Director-General to continue their efforts to obtain, from all possible sources, sufficient funds to finance the malaria eradication programme;
6. THANKS the Member governments and Associate Members which have already contributed to the Malaria Eradication Special Account, and invites them to increase the level of their contributions;
7. URGES Member governments and Associate Members which have not yet contributed to the Malaria Eradication Special Account to make every effort to do so;
8. INVITES foundations, industry, labour organizations, institutions and individuals to join with the World Health Organization in its efforts to eradicate malaria, and to that end to contribute to the Malaria Eradication Special Account;

9. REQUESTS the Executive Board to examine the position of the Malaria Eradication Special Account at its twenty-fifth session and, should contributions not be sufficiently forthcoming, to study and recommend measures to be taken by the Thirteenth World Health Assembly to ensure the continued financing of WHO's assistance to the malaria eradication programme; and

10. REQUESTS the Director-General to submit a report to the Thirteenth World Health Assembly on developments in regard to the Malaria Eradication Special Account.

Ninth plenary meeting, 22 May 1959
(section 5 of the second report of
the Committee on Administration,
Finance and Legal Matters)

II. REGIONAL SUB-COMMITTEES A AND B FOR THE EASTERN
MEDITERRANEAN NINTH SESSION

(September and October 1959)

MALARIA ERADICATION PROGRAMMES
IN THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having studied the document on Malaria Eradication Programmes in the Eastern Mediterranean Region ⁽¹⁾ submitted by the Regional Director;

Noting that in spite of the progress made and the steps taken in some of the countries of the Region to implement the resolution on malaria eradication adopted by the Eighth World Health Assembly ⁽²⁾ there still remain about ninety million persons within the Region for whom there is, up to 1959, no protection from malaria by measures of control or eradication;

Realizing the need to develop administrative and financial management in the National Malaria Eradication Services to make them competent to deal with these campaigns which have to be carried out to a maximum degree of perfection within a limited period of time;

Realizing the importance of the rôle of the medical profession, of the civil administration and of the public,

(1) Document EM/RC9/4

(2) Resolution WHA8.30

in helping the National Malaria Eradication Service to achieve the goal of eradication;

Noting the progress made in the development of training courses in malaria eradication techniques and in the stimulation of co-ordinated technical and applied research on the problems facing malaria eradication programmes in the Region;

Realizing that the implementation of malaria eradication programmes depends largely on sound planning and on the proper fulfilment of the financial obligations, both national and international, throughout the duration of these programmes;

Realizing the importance of the WHO Malaria Eradication Special Account in enabling WHO to provide Member States with the necessary technical guidance for the planning and the execution of their eradication programmes.

1. ACKNOWLEDGES the great efforts made by countries which are already conducting or are planning malaria eradication programmes, and urges Member States who have not commenced such activities to undertake them without delay;
2. EXPRESSES its appreciation of the decision of the Government of Pakistan to undertake a malaria eradication programme involving fifty seven million persons and requests the Regional

Director to extend full assistance to this country;

3. **REAFFIRMS** the need to provide, by appropriate legislative measures, for the administrative machinery of National Malaria Eradication Services to be vested with all the necessary authority and responsibility to direct effectively malaria eradication campaigns and thus to avoid the prolongation of these campaigns and the consequent waste of money and effort;

4. **STRESSES** the importance of health education and good public relations in implementing malaria eradication programmes and recommends that adequate prominence be given to health education as an integral part of every National Malaria Eradication Service;

5. **CONGRATULATES** the Regional Director on the steps taken by him to organize training programmes and to stimulate the co-ordination of research on the technical problems connected with malaria eradication.

6. **EXPRESSES** its thanks to UNICEF for its cooperation and continued assistance to malaria eradication activities and appeals to UNICEF to continue to extend its assistance to malaria eradication projects, both old and new, as long as this assistance does not exceed the ceiling previously adopted by the UNICEF Executive Board for malaria eradication;

7. EXPRESSES its thanks to the International Cooperation Administration of the USA for its contribution in this field to some of the countries of the Region;

8. URGES the Governments of Member States to contribute to the Malaria Eradication Special Account, on which will depend the extent of future WHO assistance to malaria eradication programmes;

9. REQUESTS the Regional Director to consider the establishment of inter-country field malaria eradication evaluation teams to serve adjoining countries in the evaluation of their programmes and in obtaining proof of the success achieved within their respective territories;

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III. CONCLUSIONS OF THE 1ST REGIONAL CONFERENCE ON
MALARIA ERADICATION - BAGHDAD - 7-12 December 1957.

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CONCLUSIONS

A. The meeting noted with satisfaction the progress made in all the participating countries in the implementation of malaria eradication programmes and hopes that these as well as neighbouring countries will accelerate their activities so as to complete eradication before the problem of resistance takes a serious turn.

B. The Conference noted the administrative and financial difficulties encountered by malaria eradication organizations and wishes to reiterate the need for :

- (a) giving full authority to directors of eradication programmes in administering the allocated funds by simplifying procedures of expenditure sanctions;
- (b) increasing the remuneration of the personnel by the sanction of a special "malaria eradication allowance"; and
- (c) improving the status and tenure of appointments of key personnel in the programme.

C. The Conference stresses the urgent need for making legislation provisions in respect of the following :

- (a) to grant full authority to Directors of malaria eradication to handle fully the administrative and

financial problems for the implementation of the programme;

(b) to ensure the legal right of house entry and other activities connected with eradication programmes;

(c) to sanction the power to enforce compulsory notification of malaria cases and their treatment;

(d) to exempt insecticides and antimalarial drugs from Customs duties; and

(e) to ensure continuation of the programme through its last phase.

D. The Conference was satisfied with the studies initiated in the region concerning strategy but will appreciate the advice of WHO Expert Committee concerning the following :

(a) the exact definition of the criteria for discontinuation of spraying activities;

(b) the policy regarding spraying of summer huts and tribal tents;

(c) the exact definition of the various forms of surveys and surveillance and their characteristics in the eradication programme;

(d) the role of schizontocidal and sporontocidal drugs during the various phases of the eradication programme;

(e) the policy and timing of the use of alternative insecticides in areas of resistant malaria vector prevalence;

(f) the development of a satisfactory device for regulating and ensuring uniform discharge of insecticides from the nozzles.

E. The Conference noted with satisfaction the progress made in developing facilities for training of antimalaria personnel and stresses the need for international help in the training of senior staff, through the establishment and development of regional training centres.

F. The Conference stresses the importance of health education of the public in the successful execution of the eradication programme. The Conference also records the need for the preliminary integration of the malaria eradication personnel with the public health department in the last phase of consolidation so as to ensure a smooth change-over to the maintenance phase.

G. The Conference notes with satisfaction the details of the organization patterns and the planning for field operations and wishes to stress the importance of decentralization of the eradication operations and of the necessity of timing the operational activities in relation to the malaria transmission season.

H. The Conference notes the satisfactory nature of co-operation between the various international agencies and also the neighbouring countries in the malaria eradication programme.

The Conference stresses the need for seminars and regional conferences in furthering such co-operation and appreciates the leadership of the WHO in this respect.

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PROVISIONAL ORDER OF PROCEEDINGS

FOR

MONDAY 16 NOVEMBER

10 am - Opening Session.

H.E. The Minister of Public Health of the Imperial Government of Ethiopia will preside and will address the Conference.

1. Address by the Regional Director, for the Eastern Mediterranean Region of WHO.

2. Addresses by

The Resident Technical Assistance Representative, Ethiopia.

The Executive Secretary, ECA.

The Director, United States International Cooperation Administration, Ethiopia.

The Chief, Eastern Mediterranean Area Office, UNICEF.

The Director Malaria Eradication Division, WHO, Geneva.

3. Election of Chairman, Vice Chairman and Rapporteurs.

4. Address by Chairman.

12.30 pm. Close of Sessions.

Provisional Technical Agenda of the Second
Eastern Mediterranean Regional Conference
on Malaria Eradication

Addis Ababa, 16 - 21 November 1959

1. THE MAGNITUDE AND FEATURES OF THE MALARIA PROBLEM IN EMR
 - a. Epidemiological features of the 1958 malaria epidemics in Ethiopia.
 - b. The malaria problem in Pakistan.
 - c. Oasis malaria.
 - d. Review of the status of malaria in neighbouring countries of the African Region.
2. PLANNING OF MALARIA ERADICATION PROGRAMMES
 - a. Malaria Eradication Pilot Projects - objectives, achievements in Saudi Arabia, Sudan, Ethiopia, Somalia.
 - b. Pre-eradication surveys - objectives, achievements in the Region.
 - c. Training and objectives - at country level - in international training centres.
 - d. Legislation, public relations, health education.
3. ADMINISTRATIVE CONSIDERATIONS IN MALARIA ERADICATION PROGRAMMES
 - a. Functional organization and authority of Malaria Eradication Service - Malaria Eradication Board.

- b. Decentralization; organization and staffing at Provincial and District levels.
- c. Logistic matters (supplies, storage, transport system, maintenance).
- d. Managerial matters (salaries, allowances, personnel recruitment, job descriptions).

4. TECHNICAL CONSIDERATIONS

- a. Techniques of spraying - spraying equipment, training of sprayers, supervision, evaluation.
- b. Insecticides used - dosages, factors diminishing residual effect, bio-assay tests.
- c. Techniques of surveillance.
- d. Chemotherapy - dosages recommended, results of experiments of combination of drugs in the African Region.

5. TECHNICAL PROBLEMS

- a. Technique for testing susceptibility of malaria vectors and results so far obtained.
- b. Procedures to be followed when resistance of vectors to insecticides is encountered.
- c. Ecology of man and habits - nomadism, seasonal migration, replastering and change of roofs.
- d. Radical cure of vivax, research in chemotherapy.

6. FINANCIAL CONSIDERATIONS

- a. Economic impact of malaria eradication programme.
- b. Procedures for accounting costs of malaria eradication programmes: cost per head during attack phase and during consolidation phase.
- c. National budgetary commitments in malaria eradication programmes in EMR.
- d. International assistance - policies of contributing agencies.

7. INTERNATIONAL COORDINATION

- a. Reporting: standardization of reporting systems, progress reports on work done in various countries.
- b. Intergovernmental agreements regarding exchange visits, and frontier malaria.
- c. Inter-organizational co-ordination at country, regional and headquarters level.
- d. Regional and Inter-Regional meetings, conferences and role of Malaria Eradication Co-Ordination Unit in EMRO.

LIST OF PARTICIPANTS, WHO STAFF AND OBSERVERSPARTICIPANTS

Ethiopia	Ato Seifu Zelleke, Director-General, Malaria Eradication Service, Ministry of Public Health, Addis Ababa.
	Ato Yohannes Tseghe, Director-General of Health, Ministry of Public Health, Addis Ababa.
Iran	Dr. A. Tabibzadeh, Director-General, Malaria Eradication Organization, Teheran.
	Dr. M.A. Faghih, Assistant Director, Institute of Parasitology and Malariology, Teheran.
	Dr. Moradpour, Institute of Parasitology and Malariology, Teheran.
Iraq	Dr. Tariq Amin, Director of Malaria Eradication, Endemic Diseases Institute, Baghdad.
Jordan	Dr. Saad Nasrallah, Health Projects Supervisor, Ministry of Health, Amman.
Pakistan	Dr. Nazir Ahmad, Professor of Epidemiology and Bio-Statistics, Institute of Hygiene and Preventive Medicine, Lahore.
	Dr. Sayid Ahmad, Assistant-Director Health Services (Malariology), Dacca.
Saudi Arabia	Mr. M.A. El-Bakri, Agronomist and Entomologist, Malaria Section, Ministry of Public Health, Riad.

Somaliland (British)	Dr. James Haworth, Senior Medical Officer (Health), Hargeisa.
Somaliland (French)	Médecin-Colonel Faure, Directeur de la Santé Publique (Service de Santé), Djibouti.
Somaliland (Italian)	Dr. Ali Nur Farah, Director, National Malaria Service, Mogadiscio.
Sudan	Dr. Abbas Hamed Nasr, Province Medical Officer of Health, Equatoria Province, Juba.
Tunisia	Monsieur Hassen Belladi, c/o Secrétariat d'Etat à la Santé Publique et aux Affaires Sociales, Tunis.
U.R. (Province of Egypt)	Dr. M.F. Sobky, Director, Malaria Eradication Service, Ministry of Public Health, Cairo.
Dr. A.A. Shawarby	Dr. A.A. Shawarby, Director, Insect Control Section, Ministry of Public Health, Cairo.

W.H.O. STAFF

Dr. M.H. Taba	Regional Director.
Dr. G.M. Alvarado	Director, Division of Malaria Eradication, W.H.O. Headquarters, Geneva.

Regional Office

Dr. M.A. Farid	Senior Regional Malaria Adviser.
Colonel N.K. Afridi	Consultant.
Dr. S. Farmanfarian	Adviser.
Mr. H. Rafajah	Regional Public Health Engineer.
Mr. A.J. Joseph	Regional Malaria Administrative Officer.
Prof. T.L. Chang	Regional Entomologist.
Mr. J. Simon	Public Information Officer,
Miss D. Wright	Administrative Assistant, Malaria Eradication Coordination Unit.

Field Staff

Dr. S. Afifi	WHO Acting Senior Malaria Adviser, Jeddah.
Dr. G. Georgopoulos	WHO Senior Malaria Adviser, Cairo.
Dr. S. Goriup	WHO Acting Senior Malaria Adviser, Baghdad.
Mr. P. Jolivet	WHO Entomologist, Addis Ababa.
Mr F. Khattat	WHO Entomologist, Mogadiscio.
Dr. H. Larsen	WHO Public Health Adviser, Addis Ababa.
Dr. L. Mara	WHO Senior Malaria Adviser, Tunis.
Dr. H.A.H. Mashaal	WHO Senior Malaria Adviser, Damascus.
Dr. T. Ohse	WHO Senior Malariaologist, Nazareth.

Dr. S.M. Rafi	WHO Senior Malaria Adviser, Amman.
Dr. W. Wernsdorfer	WHO Senior Malaria Adviser, Sennar.
Dr. A.R. Zahar	WHO Senior Malaria Adviser, Cairo.
Dr. M. Zaphiropoulos	WHO Senior Malaria Adviser, Addis Ababa.

Malaria Eradication Division, Geneva

Mr. C. Garrett - Jones Entomologist.

OBSERVERS

Technical Assistance Board

Mr. T. Lilliefelt Resident Technical Assistance
Representative to Ethiopia.

UNICEF

Mr. Stewart A. Sutton Chief, Eastern Mediterranean Area
Office, UNICEF, Beirut.

Mr. H. Ehrenstrale UNICEF Country Representative,
Ethiopia.

United States International Cooperation Administration

Mr. Roy F. Fritz Malariaologist, Office of Public
Health, Washington.

Dr. J.S. Prince Chief Public Health Division
US/ICA, Ethiopia.

Mr. R. Fontaine Chief, Cooperative Service Malaria
Projects, Addis Ababa.

Mr William J. Goodwin Malaria Adviser, USOM/Libya.
Mr. T. Loeber Malaria Adviser, USOM/Jordan.
Mr. C.E. Kohler Malaria Adviser, USOM/Iran.

U.N. Economic Commission for Africa

Mr. A. Wojcicki Chief, Community Development
Branch, Addis Ababa.

ARAMCO

Dr. R. Daggy Director, Medical Services,
Dahran.

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MISCELLANEOUS INFORMATION

1. VENUE AND DATES OF THE CONFERENCE

The conference will be opened on 16 November at 10:00 a.m. in the Auditorium of the YMCA building, Addis Ababa. The closing session will be on Saturday, 21 November, 1959.

2. TRAVEL

Addis Ababa is served directly by ETHIOPIAN AIRWAYS from most of the countries of the Eastern Mediterranean Region. MISRAIR, SUDAN AIRWAYS, ADEN AIRWAYS and SAUDI-ARABIAN AIRWAYS call at Asmara from where there is regular air connection to Addis Ababa. AIR FRANCE and ALITALIA touch at Djibouti from where there is daily air connection to Addis Ababa. Participants have been requested to obtain confirmation of return bookings before they arrive in Addis Ababa. There is however an office of Ethiopian Airways at the Ras Hotel to assist travellers. It is kindly requested that the Conference Office in the YMCA building be consulted by participants whose travel is sponsored by WHO, before they make any changes in the travel arrangements already booked.

3. VISAS

Exit visas will be obtained through the kind offices of the Resident Technical Assistance Representative, Ethiopia. Passports should, for this purpose, be delivered, on arrival to the Conference Officer.

4. HEALTH DOCUMENTS

All participants should have two certificates of vaccination as prescribed by the World Health Organization :

- (a) Anti-smallpox (less than three years old).
- (b) Anti-yellow fever (more than ten days and less than six years old).

Valid certificate of inoculation against cholera is required for persons arriving from cholera-infected areas including India and Pakistan (more than six days and less than six months old).

5. INSURANCE

All participants, including those whose travel is sponsored by WHO, should note that the Organization will not be responsible for costs, arising out of death, injury, sickness or other disability. Likewise, insurance of personal baggage, if desired, will be the responsibility of the participants.

6. CUSTOMS

Personal effects, used cameras and cinematographic goods, in reasonable quantity, may be brought into Ethiopia free of duty.

7. CURRENCY

At the port of entry a currency control form must be filled in declaring every amount exceeding the value

Page 36.

of Ethiopian dollars 150, whether the amount be in cash, draft, cheques or travellers' cheques.

8. ACCOMMODATION

Accommodation has been reserved in the RAS HOTEL, CHURCHILL ROAD, TEL. 1060, P.O. Box 1632, Addis Ababa. The charge for a room with one bed and shower or bath is Ethiopian dollars 14 - 18 (with food) and Ethiopian dollars 10 - 14 (without food). In the latter case, individual meals, taken in the hotel, will cost :

Breakfast	Eth. \$ 1.50
Lunch	Eth. \$ 2.50
Dinner	Eth. \$ 3.00

A room with two beds with shower or bath costs Ethiopian dollars 28-32 (with food) and Ethiopian dollars 20 - 24 (without food).

There is a service charge of 10%, in addition, on the whole bill, i.e. lodging and board inclusive.

Sufficient rooms have been reserved to allow for participants whose travel is not sponsored by this Organization.

9. MAILING ADDRESS

Personal mail for participants may be addressed :

c/o the Ras Hotel,

P.O. Box 1632,

Addis Ababa

and cables, c/o "Larsen Unisante Addis Ababa".

10. TRANSPORT

Transport will be arranged from the Ras Hotel to the YMCA and vice versa and also for official functions. This transport will be available for non-sponsored participants as well. Participants who do not reside at the Ras Hotel will have to make their own transport arrangements.

11. LANGUAGE

The language of the meeting will be English.

12. DOCUMENTS

Documents will be prepared in English and will be distributed to participants.

13. DAILY ALLOWANCE

For participants whose travel is sponsored by the Organization the rate is US \$ 12.50 per day. The Organization's rate of exchange of the Ethiopian dollar vis-à-vis the US dollar being, at the time of issue of this document, Eth. \$ 2.484 equal to 1 US dollar.

The allowance is payable in Ethiopian currency for the duration of the stay in Ethiopia, as well as for authorized travel time; i.e. from the date of commencement of the journey until the day preceding the arrival, on return, at the participant's normal place of residence.

An advance will be paid shortly after arrival in Addis Ababa and the balance before the conclusion of the Meeting.

The Organization will not, under normal circumstances, be responsible for payment of allowance to participants whose departure is delayed due to failure to obtain confirmation of return travel reservations before leaving for Addis Ababa. Open dated tickets should, therefore, as far as possible, be avoided.

14. CLIMATE

Addis Ababa is situated at the foot of the Entoto Hills and is between 6000 - 8500 feet above sea level. The climate is temperate and, usually, is not rainy in November. It can however be quite chilly in the evenings.

15. CLOTHING

European summer clothing by day and a light coat for the evenings is recommended.

16. SIGHT SEEING

It is expected that there will be no regular session of the conference on the afternoon of Friday, 20th November, and participants can use this time for sight seeing in Addis Ababa and its near vicinity.

It is also possible that a Field Trip may be arranged for the afternoon of Friday 20th or Saturday 21st.

There is a Tourist Agency in the premises of the Ras Hotel, as well as other such Agencies in Addis Ababa, who can arrange short and interesting tours at no considerable cost.

17. TRAVELLERS CHEQUES

Travellers cheques can be encashed at the Reception Counter of the Ras Hotel or at one of the many banks in Addis Ababa.

18. INFORMATION DESK

An Information Desk will be located at the entrance to the YMCA building, immediately outside the main conference hall.

19. TELEPHONE

For the convenience of the participants, a telephone will be available at the Information Desk.

20. MEDICAL CARE

The Conference Officer at the YMCA building or the management of the Ras Hotel may be approached regarding any necessary medical assistance.

21. WHO PUBLICATIONS

Selected WHO publications will be on display and the most recent catalogue will be available at the Information Desk. The Public Information Officer of the Eastern Mediterranean Regional Office will be in Addis Ababa from the 13th to the 18th November. He will supply, or procure for participants any WHO publications that they require. After the Public Information Officer's departure on the 18th November, the Conference Officer will perform this service.

22. LIBRARY

A small technical library will be available in the lounge on the first floor of the YMCA building. Participants who wish to remove books overnight are requested to consult the Information Desk.

23. REGISTRATION

All participants are kindly requested to complete a registration form which will be supplied at the Reception Desk in order that the Conference Secretariat may have their correct names, titles and addresses.

24. THE CONFERENCE SECRETARIAT

The Conference Secretariat will be situated on the ground floor of the YMCA building. It is accessible on the telephone and will be open daily from 9 a.m. to 6 p.m. Participants are cordially invited to consult with the Secretariat in any matter whatsoever which will ensure profitable attendance at the Conference and a comfortable sojourn in Ethiopia.

POST AND TELEGRAPH INFORMATION

INLAND TELEGRAMS

The following classes of INLAND TELEGRAMS are accepted:

- a) ORDINARY
- b) URGENT

The rate for ORDINARY INLAND telegrams is 10 Eth. cents per word

The rate for URGENT INLAND TELEGRAMS is 20 Eth. cents per word.

Minimum number of words:	ORDINARY	10
	URGENT	10

FOREIGN TELEGRAMS

The following classes of FOREIGN TELEGRAMS are accepted:

- a) ORDINARY
- b) URGENT
- c) LT
- d) PRESS and URGENT PRESS (admitted only against authorization from the Telecommunications Board).

The rate per word for URGENT is double the one for ORDINARY
The rate per word for LT is half of the one for ORDINARY
The rate per word for PRESS is one third of the one for ORDINARY.

The rate per word for URGENT PRESS is the same as the one for ORDINARY

Minimum number of words:	ORDINARY	5
	URGENT	5
	LT	22
	PRESS	10

The rates relating to some countries that may concern those attending the Conference is given overleaf.

AIRMAIL POSTAGE RATES

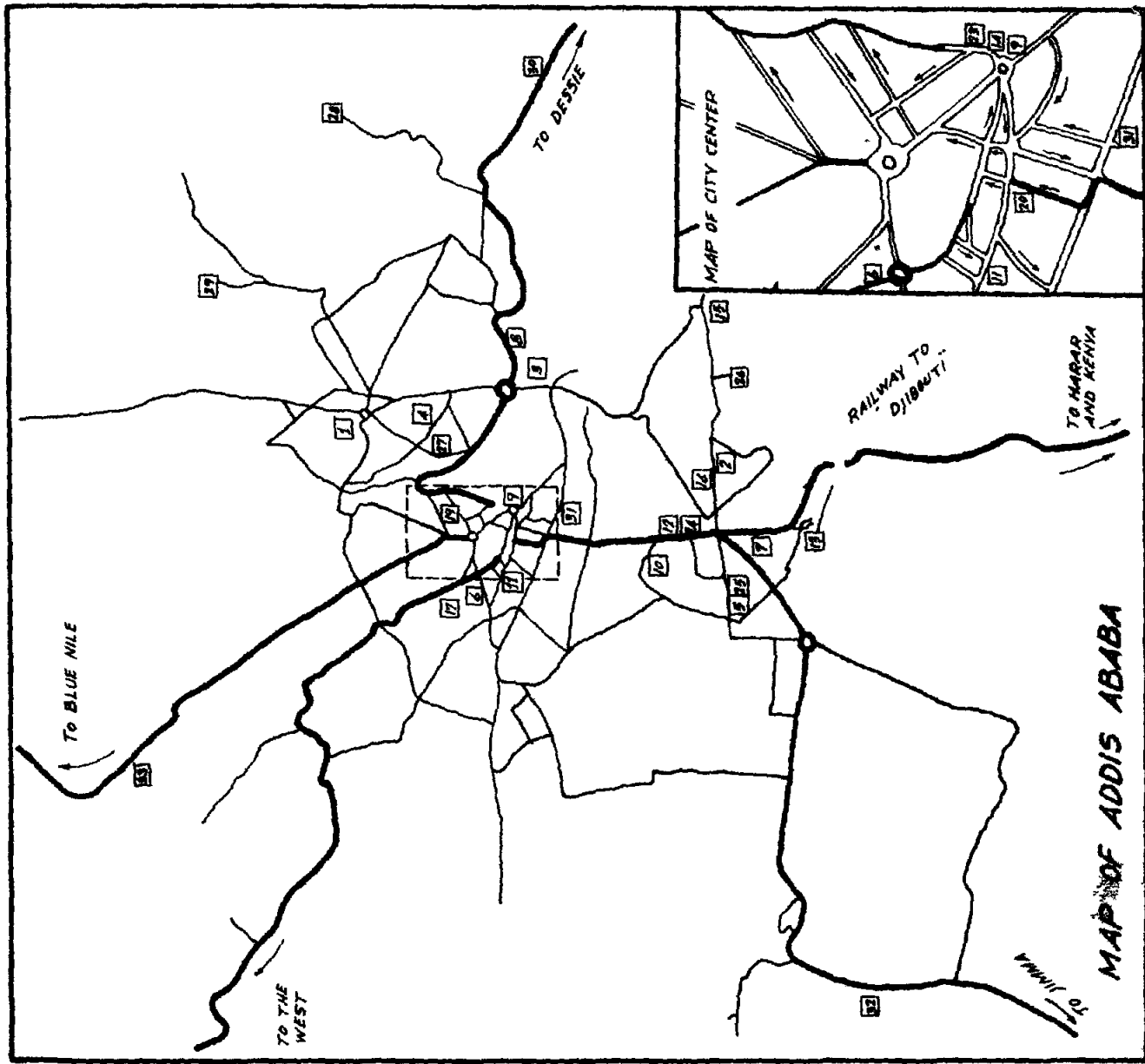
The rates relating to some countries that may concern those attending the Conference is given overleaf.

COUNTRY	Airmail Letter 10 grams	Airmail single post card	Airgrams (each)	2nd class printed matter per 10 grams.	Ordinary cable
Iran	65	35	30	35	2,30
Iraq	65	35	30	35	2,90
Saudi Arabia	35	20	30	20	,90
Jordan	30	25	30	25	1.-
Sudan	30	20	30	20	0,35
UAR	30	20	30	20	0,80
Tunisia	50	25	30	25	1,15
Pakistan	35	20	30	20	1,35
Br. Somaliland	30	20	30	20	1,-
It. Somaliland	30	20	30	20	0,75
Fr. Somaliland	30	20	30	20	0,60
Libya	50	25	30	25	1,10
Argentina	1.50	70	80	70	2.25
U.K.	65	35	30	35	0,95
Switzerland	50	25	30	25	1,10
France	50	25	30	25	1.-
Germany	60	30	30	30	1,10
Greece	50	25	30	25	1,10
USA	80	40	55	40	1.20
Italy	50	25	30	25	1,10
Holland	60	30	30	30	1,15
China	1.50	70	80	70	2,95
Ceylon	80	40	55	40	1.80

Rates in Ethiopian dollars and cents.

KEY TO MAP OF ADDIS ABABA

- 1 IMPERIAL PALACE
- 2 JUBILEE PALACE
- 3 PARLIAMENT
- 4 MIN OF FOREIGN AFFAIRS
- 5 MIN OF PUBLIC HEALTH
- 6 MIN OF INFORMATION
- 7 RAS HOTEL
- 8 Y M C A B L O G
- 9 STATE BANK OF ETHIOPIA
- 10 POLICE H Q
- 11 CENTRAL TELECOM OFFICE
- 12 POST AND TELEGRAPH OFFICE
- 13 CUSTOMS OFFICE
- 14 ETHIOPIAN AIRLINES
- 15 IMMIGRATION OFFICE
- 16 EMPRESS ZAWDITU HOSPITAL
- 17 PRESS & INFORMATION OFFICE
- 18 ETHIOPIAN HERALD
- 19 VOICE OF ETHIOPIA
- 20 L'ETHIOPIE D'AUJOURD'HUI
- 21 ADDIS ZEMEN
- 22 SENDEN ALEMACHIN
- 23 R T A R
- 24 E C A
- 25 U N I C E F
- 26 I C A
- 27 EMBASSY OF U A R
- 28 EMBASSY OF ITALY
- 29 EMBASSY OF FRANCE
- 30 EMBASSY OF GREAT BRITAIN
- 31 EMBASSY OF SUDAN
- 32 EMBASSY OF SWITZERLAND
- 33 EMBASSY OF SAUDI ARABIA



E. N. M. H. S.