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WORLD HEALTH ORGANIZATIONREGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEANSecond SessionMALARIA CONTROL

Of all the health problems in the Region, malaria is one of the most dominant and perhaps the most urgent. The severity of this disease varies in different countries and in different sections of any one country but, taken as a whole, its damaging effects are uniformly high in most of the countries.

The Second World Health Assembly recognizing the importance of malaria approved, inter alia, the following items in its programme of activities during 1950:-

- a) Continuance of demonstration teams started in 1949.
- b) Allotment of additional demonstration teams in 1950.
- c) Provision of consultant and advisory services.
- d) Assistance to the Malaria Institute at Karachi to enable it to hold courses in malariology for the Eastern Mediterranean Region.

The Malaria Expert Committee in its Third Session has stressed the following points for the consideration of the Executive Board:-

- a) Health officers should have an up-to-date knowledge of malaria therapeutics so as to give to the people the benefit of the latest advances. In computing costs of mass treatment, the dosage per case should not be overlooked.
- b) Control of malaria by residual insecticides has been successfully achieved in many countries and should be tried even when the habits of the local malaria-carrying mosquito do not appear favourable to this method of attack. In rural areas where control by residual insecticides is effective, the addition of anti-larval control methods represent a costly and quite superfluous effort. In urban zones, larval control might replace adult control because the former is usually more economical.
- c) In the allotment of malaria control teams, countries with poor anti-malaria services should receive special consideration and be given priority over others with well-developed anti-malaria services. This assistance should be conditioned by the willingness of the country in question to set up a suitable organization or reorganization as soon as feasible. Where necessary, the WHO should provide a short term consultant qualified to advise on malaria control organization.

From the regional viewpoint, the practical consideration is that the above programme of WHO has to be implemented in such a manner that within the limitations of funds, its benefits are extended to as large a number of countries as possible. Most of the countries in the region lack proper directing staff and organization, an up-to-date knowledge of the spraying technique and suitably trained technical staff.

Regional planning has therefore to be based primarily on assistance in these directions although it is recognized that for actual control measures on a large scale, extensive national effort and funds would be needed. Nevertheless, regional aid, if properly directed, should, at its lowest valuation, serve to focus the attention of the authorities on the problem of malaria in the countries concerned.

Bearing the above considerations in mind, the Regional Committee is requested to decide on priority of action regarding :-

- a) Number and location of demonstration teams in the region during 1950 and 1951;
  - b) Number and categories of fellowships;
  - c) Consultant and advisory services;
  - d) Development of a Regional Centre for training in Malariology at Karachi.
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