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Topic 18: REPORTS ON THE STATUS OF MALARIA ERADICATION
IN THE AMERICAS

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STATUS OF THE MALARIA ERADICATION CAMPAIGN IN THE AMERICAS

(as of 1 September 1956) *

It is not yet two years since the historic resolution was adopted at the XIV Pan American Sanitary Conference, and already the majority of the countries and territories in this Hemisphere have already converted or are in the process of converting their control program (CP) to malaria eradication programs (MEP).

Two tables form part of this report; the first shows the status of anti-malaria campaign in the Americas as of 1 January 1955; the second, as of 1 September 1956. The progress made will be seen by comparing the two tables. Of the 16 countries with CP in January 1955 (2nd column), only three are left to date: Costa Rica, Cuba, and Peru. Of the 10 territories only 2 have not yet joined the "eradication campaign": Dominica and Jamaica.

An error in the tables referred was found during the study of the reports presented by the countries and territories: the situation in Guadeloupe, where its MEP is sufficiently advanced; and Martinique, where there is no malaria because it has been eradicated.

A summary review of the situation in each country and territory follows.

Argentina

MEP is far advanced; in only a few departments (4) of the provinces of Salta and Jujuy, bordering on Bolivia, have there been cases of transmission; in the rest of the country, malaria has been eradicated or has practically disappeared. The government has decided to intensify its efforts and to complete the campaign without having recourse to UNICEF aid.

Bolivia

The government reorganized the NMES (National Malaria Eradication Service), strengthening its authority and giving it adequate administrative autonomy. The pre-eradication survey carried out for the purpose of determining the delimitation and extension of the malaria area, started last May; the geographical reconnaissance (census and numbering of houses, and preparation of itineraries) as will be carried on at the same time as the epidemiological surveillance, as a preliminary measure in the preparatory year. The Plan of Operations is expected to be ready for presentation to UNICEF in 1957.

* 2 tables attached

Brazil

It is necessary to operate by stages owing to the magnitude of the problem. At present only the States of Alagoas, Sergipe, Rio Grande do Sur, and the Federal District have total coverage; in the rest of the immense malaria zone only 67% of the houses are being sprayed, most of them with one annual spraying of DDT, whereas two are necessary. At the beginning of the year the NMES was incorporated in the Department of Rural Endemic Diseases, thereby losing its identity and technical and administrative autonomy.

Colombia

The problem in this country has been approached with great determination, but it was first necessary to delimit the extension of its malaria area; to this end, a pre-eradication survey is being carried out with the cooperation of WHO/PASB and UNICEF. The training of the professional and auxiliary staff who will carry out the work has just been completed. While the survey and delimitation of the malaria area is going on, certain of the operations in the so-called "preparatory year or phase" of MEP are being carried out. It is expected that UNICEF will be requested to provide aid in September 1957.

Costa Rica

According to the available data, the control program is being continued, although through an unofficial source it was recently learned that the whole area is being sprayed; however, due to the lack of evaluation services, this program cannot be considered an eradication program. Costa Rica is the only country that has not accepted WHO/PASB collaboration in the preparation or review of its present program.

Cuba

CP. The problem is not sufficiently great to awaken the interest of the government in an eradication program that would be relatively easy and inexpensive.

Ecuador

The MEP, with the help of WHO/PASB and UNICEF, is in the preparatory stage. The Government has separated the NMES office from the Institute of Hygiene, and the whole staff is working exclusively on the eradication of malaria.

El Salvador

It was expected that total coverage would be started on 1 February; however, it was not begun until 1 July, owing to a delay in the arrival of UNICEF supplies. It is planned to separate the national anti-malaria

campaign from the Epidemiological Division, making it a primary division of the NMES in the General Public Health Services. The original Plan of Operations, which was prepared before the principles governing the organic and functional structure of the Malaria Eradication Program were drafted, has been revised, and it is being adapted to the most modern working techniques.

Guatemala

The phase of total spraying-coverage was due to begin on 1 July of this year, but owing to a delay in the delivery of supplies from UNICEF, it will not be possible to start it until 1 October. The Eradication Law has been signed, thereby creating NMES as one of the primary divisions of the Ministry of Public Health, with a staff devoted exclusively to this work. The geographic reconnaissance of the malarious area is almost complete, and the schedules and itineraries for the spraying operations of each brigade have been completed. A parasitological reporting and verification network is being established. A propaganda campaign and health education work has been started.

Haiti

MEP has been started, with the cooperation of UNICEF and PASB/WHO. The insecticide to be used will be dieldrin and the first shipment arrived some time ago at Port-au-Prince; UNICEF, however, has not allowed it to be used until a certain quantity of substandard DDT that had been delivered previously for the control program has been exhausted. While this deadlock is being resolved, operations are continuing slowly, in an attempt to improve the operations of the preliminary phase.

Honduras

The program in this country is in the conversion period. The Eradication Law has been approved establishing NMES as a primary division of the Ministry of Health under the administration of SCISP, with full-time technicians. Training of personnel and geographic reconnaissance have been started. A plan is being prepared for health education and dissemination of health information. At the initial stage the total amount of funds needed for the development of the full-scale program were not available; if additional funds are obtained, total coverage will be begun 1 January 1957; if not, total operations will have to be postponed until 1 July of the same year.

Mexico

The phase of total coverage will start 1 January 1957, with the spraying of about three million houses; however, on 7 September 1956 a gigantic pilot campaign, which will last three months, was initiated, to

test the functioning of all phases of the system. The Mexican program is characterized not so much by its magnitude as by certain original aspects of its organization and leadership (leadership at the ministerial level; enlisting the support of the highest authorities in the country; participation of logistics experts of the Secretary for Defense in the organization of transportation and supplies; mobilization of all the active forces in the country to collaborate in the campaign, etc.). The structure and operation of MEP in Mexico is an inspiring and constructive experience of the highest value.

Nicaragua

The MEP, which has already been approved by the PASB and is being considered by UNICEF, is in its conversion period. The geographic survey and the training of personnel have been started. The Eradication Law, which provides for a NMES to come primarily under the Ministry of Public Health, is being considered by Congress. The higher technical staff is not yet employed full-time on the program. The period of total coverage should start on 1 January 1957.

Panama

The program is in the conversion stage. Geographic reconnaissance has begun and new diagnosis centers are being organized. The Eradication Law is being studied by the Legislative Assembly and a NMES is being established under the direct supervision of the Public Health Department, with high-quality full-time professional personnel. It is planned to initiate full-scale operations on 1 January of next year. The MEP has been approved by the PASB and will be submitted to the UNICEF Executive Board for consideration at its forthcoming October meeting.

Paraguay

MEP is ready to start, and a request is now being studied by UNICEF. Brazil and Argentina have promised their collaboration in completing the strategic barrier intended to prevent the invasion of A. darlingi, which is the cause of five-year epidemics. This program is one of the first examples of international coordination to protect the malaria eradication program in a given country.

Peru

Control Program. At present there is no NMES; anti-malaria activities come under a department to combat vectors and rodents, which deals with bartonellosis, Chagas' disease, plague, and anti-rodent campaigns; in the outlying areas, spraying is done by organized sanitary units. It has not yet been possible to undertake a survey, similar to those that are being carried out in Bolivia and Colombia, to establish the limits and characteristics of the malarious areas on the eastern slopes of the Andes.

Dominican Republic

This program has suffered some delay, due to financial difficulties. However, it is believed that total coverage will be resumed in January 1957, changing over from DDT to dieldrin. This will necessitate a revision of the original plan.

Venezuela

MEP is far advanced, with very extensive areas of confirmed eradication covering 304,460 square kilometers with a population of two and a half million inhabitants; in other areas transmission has been interrupted, but the disease has not been declared eradicated because three years have not yet passed with no indigenous cases.

Antigua

There have been no indigenous cases of malaria since 1953, and the disease is therefore considered eradicated.

Dominica

A Plan of Operations has been drafted by the health authorities of the island with the collaboration of PASB/WHO, but the government's decision on the financial aspect of the plan is still pending.

Grenada and Carriacou

MEP being started, with international assistance from our Organization and UNICEF; total spraying coverage begun last June.

Guadeloupe

MEP advanced, although surveys reveal a certain amount of active transmission (0.3 per cent of the total population).

British Guiana

Malaria eradicated from the coast by eradication of the vector, A. darlingi; transmission persists in some foci in the interior.

French Guiana

Local authorities consider the eradication program completed, but residual transmission from a P. falciparum strain, imported from St. Lucia, still continues. (58 cases in 1955, as opposed to only one from P. vivax.)

Netherlands Guiana (Surinam)

MEP ready to be started. The request has been presented to UNICEF for the next meeting of the Executive Board.

Jamaica

The Plan of Operations for eradication is ready and awaits only the decision on financial arrangements, which are under consideration by the Government. It is expected that the plan will be presented to UNICEF by March 1957.

Martinique

Eradication apparently completed; but spraying has been continued in 30 per cent of the houses.

St. Lucia

MEP has been started, with the collaboration of UNICEF and PASB/WHO. Total spraying coverage was begun last June.

Tobago

Malaria is practically extinct.

Trinidad

Pre-eradication survey to determine the possibility of controlling the transmission of the disease by A. (K.) bellator, an outside vector, by the combined means of residual house spraying (outer walls) and chemical prophylaxis. If the results prove satisfactory the request to UNICEF for a MEP might be submitted by September 1957.

Panama Canal Zone

MEP is advanced, with malaria at the vanishing point. In this year only 8 cases have been reported among the employees, of whom only one was apparently contracted in the Canal Zone.

SUMMARY

A review of the situation by regions shows that from Mexico to Darien all the countries, with the exception of Costa Rica, are lined up on the eradication front. In the Caribbean only Dominica and Jamaica are left.

In South America, Peru has not yet decided; but we should also include Brazil, as long as it does not have a well-defined plan for malaria eradication in its immense territory.