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CONTROL VS. ERADICATION IN THE MALARIA PROGRAMS. POSITION OF MEXICO

(Item proposed by the Government of Mexico)

Need for and Advantages to National and International Health of Keeping Eradication as the Objective of Antimalaria Activities

Malaria today is still a grave national health and development problem and continues to exert on economic and social life the momentous effects for which it has been known from time immemorial. It must therefore be fought until it is wiped out.

On several occasions it has been argued that, in developing countries where the effects of malaria are felt, activities to promote development directly should have higher priority than those designed for the eradication of this scourge. This may be countered by recalling that, wherever those effects are severe, no systematic effort to promote national development can succeed.

Because of the imperious urgency of putting an end to malaria wherever it now exists, thought may properly be given to the strategy by which this is to be accomplished: either one that aims merely at abatement of the disease so that it will no longer be a major health problem, or one that aims at wiping it out once and for all.

Malaria eradication is similar to health programs for the elimination of several other human, animal and plant diseases. These programs are all difficult and demand know-how and persistence, and scientific, financial and administrative resources.

In regard to antimalaria activities in the Americas, as early as 1910 the Fourth International Sanitary Conference(1) in Costa Rica recommended the conduct of national malaria campaigns, while the International Sanitary Bureau,

(1) IV International Sanitary Conference, 4th, San José, Costa Rica, 1910, Transactions, Washington, D.C., Pan American Union, 1910, 209 p.

the predecessor of the present Pan American Sanitary Bureau, was required under the First International Sanitary Convention,(2) "to lend its best aid and experience toward the widest possible protection of the public health in each of the said Republics in order that disease may be eliminated...."

The announcement that malaria was to be so eliminated came half a century later, when, in 1950, the delegates of the countries of the Western Hemisphere to the XIII Pan American Sanitary Conference(3) in Ciudad Trujillo, Dominican Republic, approved a resolution on the eradication of malaria in the Americas, and emphatically ratified it in 1954 at the XIV Pan American Sanitary Conference in Santiago, Chile.(4) It was then recommended that the Pan American Sanitary Bureau increase and coordinate antimalaria activities with a view to achieving the eradication of this disease in the Western Hemisphere, and that the Member Governments convert all control programs into eradication campaigns.

The resolutions of the XIV Conference (Regional Committee for the Americas) were communicated to the World Health Organization, which conducted many studies and much laboratory and field research on eradication. Thus, when the proposal for a world malaria eradication campaign was duly presented by a number of Member Governments to the VIII World Health Assembly in Mexico,(5) it was discussed and approved by the Assembly.

In compliance with resolutions of the World Health Assembly, WHO through its Secretariat and the Member Governments themselves launched the malaria eradication campaign, carrying on programs and following work plans prepared on the basis of existing studies and experience and making gains that are widely recognized.

It is true that in some countries and regions obstacles and difficulties have been encountered in efforts to interrupt malaria transmission and prevent its recurrence, but they are not unusual in the day-to-day work of scientists and health program administrators, and are not insurmountable.

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(2) International Sanitary Convention, 1st., Washington, D.C., 1902. Transactions, Washington, D.C., Govt. Printing Office, 1903, 356 p.

(3) Pan American Sanitary Conference, 13th, Ciudad Trujillo, 1950. Proceedings, Washington, D.C., Pan American Sanitary Bureau, 1952. 196 p. (Pan American Sanitary Publication No. 261)

(4) Pan American Sanitary Conference, 14th, Santiago, Chile, 1954. Proceedings. Washington, D.C. (Pan American Sanitary Bureau).

(5) World Health Assembly, 8th., México, D.F., 1955, Resolution WHA8.30, Proceedings. WHO, Geneva.

It has to be borne in mind that the Pan American Health Organization and the World Health Organization formulated and proposed their eradication strategy in the light of more than half a century of experience in control procedures, which were resorted to in the absence of any more effective way of fighting malaria, and that those procedures were not only complex, delicate and costly, but did not do away with the malaria problem. Their best successes, such as those of integral reclamation in Italy, were obtained because of circumstances that compelled the government of that country to deal with social problems that could no longer be put off, and benefited only limited areas and not the country as a whole; laudable results in controlling the disease were achieved, but the disease was not eliminated. Yet eradication tactics took less than ten years to win the victory at last, which obviated the need to go on investing energy and money to abate this scourge.

The facts show that, while the objective of the eradication efforts has not been attained in the originally set time, the epidemiological situation as a whole has improved since 1955.

In that year there were about 300 million cases of malaria and three million deaths from the disease.

In 1974 the WHO Scientific Group on Malaria wrote in its Sixteenth Report(6) that, although eradication programs had eliminated malaria entirely in 35 countries and were making progress in 46 others, there were still some 350 million people living in malaria areas where organized antimalaria work had not yet begun. Because of technical, financial or administrative circumstances, many of the countries in these areas were then unable to undertake eradication campaigns of limited duration, and the WHO Scientific Group therefore recommended that they concentrate on organizing, expanding and intensifying their malaria control programs and use all available resources to reduce mortality and morbidity as much as possible.

The 35 countries to which the Scientific Group referred are located all over the world: there are 14 of them in Europe, nine in America--the United States of America, Cuba and seven Caribbean Islands, excluding Haiti; six Asian island countries in the Western Pacific--Japan, the Ryukyus and Taiwan; two African islands in the Indian Ocean--Mauritius and Reunion; and the Australian region.

Since 1955 the transmission of malaria has been in areas with about 800 million inhabitants, or more than 40 per cent of the population now living in originally malarious areas.

Moreover, eradication is making headway in the Americas, as demonstrated by the successful interruption of transmission in Paraguay, northern Argentina, southern Peru, and on the Gulf slope and Yucatan Peninsula in Mexico. The entire basin of the Gulf of Mexico, surrounded by Cuba, the United States of America and Mexico, is free of malaria, as is much of the Caribbean, from the Antilles to Venezuela, but excluding Central America.

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(6) WHO Expert Committee on Malaria, 16th Report, Geneva, 1974. (WHO Technical Report Series No. 549).

At the Meeting of the Study Group on Malaria Control in the Americas from 12 to 15 April 1977, Dr. Silvio Palacios of the Pan American Sanitary Bureau said it is desirable to highlight the success of this campaign and the fact that in 1977, 71 per cent of the inhabitants of the originally malarial areas are now living in maintenance and consolidation areas, though there are areas where no progress is being made and others where the situation is manifestly deteriorating.

That 71 per cent is a success, and international collaboration will have to focus on the remaining affected area for the purpose of drawing up programs not for local control but for cooperation to eliminate the danger to all, which is the purpose for which they have banded together.

While success is still behind schedule and benefits have taken longer to materialize than expected, the global epidemiological situation is not such as to warrant the pessimism of the principal agencies for international cooperation in the health field or their objection to continuing the malaria eradication work going forward in many countries of the world--though not in all--that suffer from this disease, and that eradication should give way to a strategy for mere control of the disease.

This negative attitude, which jeopardizes eradication wherever efforts in this direction are continuing in the face of difficulties, has found expression in the Executive Board of the World Health Organization, as reported in the WHO Chronicle of last March.(7)

Mexico is against continued insistence on abandonment of the strategy of malaria eradication and its replacement with control programs.

We recall that, in view of the report of the Study Group on the Global Strategy of Malaria Eradication, the Twenty-second World Health Assembly, held in Boston, USA, in July 1969, approved Resolution No. 39 reaffirming eradication as an objective.

The above-mentioned report states that the proposed strategy will try to find the best way of achieving eradication under the conditions prevailing in the various countries, which obviously vary greatly according to their epidemiological, health, economic and social characteristics; in addition, when the studies required for establishing the new strategy (of eradication) are made not only will the technical aspects be taken into consideration but also the logistic, administrative, and financial situation in the economic and social context so that the replanning will be objective and thus the programs more in accord with the conditions in each country.(8)

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(7) World Health Organization. "Arduo Debate sobre Paludismo". WHO Chronicle. 31:124, March (1977).

(8) Cervantes González, D.G. "Malaria Eradication Program in Mexico and New Approaches to Strategy." National Malaria Eradication Commission, Ministry of Public Health and Social Welfare, Mexico, 20 September 1977 (mimeograph).

An article in the WHO Chronicle on WHO and the new economic order states that: "the feasibility of the objectives depends directly on the level of economic development of the countries concerned,"(9) but not only the affluent nations, that is the developed nations, can eradicate malaria. This would imply that the poorer countries are condemned to remain poor and sick despite international solidarity in the technical and scientific aspects of health and despite the training of their health personnel and the health education of their leaders and their population, which is possible even in difficult economic conditions.

One very important aspect of the abandonment of a program that has, in most cases, given sustained and positive results should be mentioned. Let us assume for the moment that it is decided to change the strategy from eradication to mere control; it will be necessary to draw up plans for that policy shift, based on scientific principles and the rules of public administration on which major health activities must be based.

Accordingly, the international health agencies responsible for carrying out health programs approved by the Member Governments will have to draw up, at least in general outline, a plan for the control of malaria that is applicable throughout the Region or throughout the world. But this is not possible, since control operations must take into account not only the special conditions of each country but also those of each locality it is intended to protect. Thus the international agencies will leave each of the national health administrations free to make their own plans.

There will no longer be a world campaign for getting rid of malaria; there will be a multitude of small campaigns. Each will have its own objectives, each will have its own tactics, which inevitably will always be exacting, complicated, costly, and will never provide a final solution to the problem which malaria now represents for the well-being of the people affected by it. In each country a new beginning must be made, general rules must again be established, and a new geographical reconnaissance must be made to identify the privileged localities that will be protected by control measures. These will be determined in the light of the particular circumstances and will require a new scientific preparation and further training of personnel of all categories who are to take part in these control operations.

When this shift in strategy has been made, operations preliminary to the application of the earlier readopted strategy have been undertaken, all the necessary measures for the technical training of personnel and for the new logistical system have been adopted, in a word, everything necessary to put the new plan into effect has been done, there will still be extraneous factors--inflation, devaluation, shortage of materials, labor conflicts, effects of technical problems, etc.--that will hinder the full and correct application of the old plan now refurbished and help frustrate it. It is not by changing plans, and even less by returning to those that were rejected, that the problem will be solved. Bearing in mind the results already obtained

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(9) World Health Organization. "WHO and the New Economic Order" WHO Chronicle, 30:215-222 (1976).

with eradication, what is needed is to ensure that it is fully carried out; to help accomplish what it was intended to accomplish.

Table 1 (Annex), which is taken from Pampana's book "Malaria Eradication," as revised in part by Dr. Manuel Martínez Baez, provides a clear and easily understandable comparison of the differences between a malaria control and a malaria eradication program.

With all due respect to its colleagues representing the countries meeting here and with due attention to the staff members of the PASB/WHO Regional Office for the Americas, the Mexican Delegation insists that it is both desirable and even necessary to get rid of malaria once and for all wherever possible and that to abandon that objective for that of control will mean the indefinite persistence of this scourge, which is not only harmful per se but also dangerous in that there may be epidemic outbreaks of the disease as a result of the situation brought about by control.

In addition, the countries that have been trying to eradicate malaria and have done so or are in the process of doing so would cease to receive the international cooperation provided under the program that has been given up and would be forced to undertake, each one in its own territory, continuing epidemiological surveillance against the possibility of the reintroduction of the malaria parasites.

This danger was mentioned very politely by the Representatives of Jamaica and of Bahamas at the 78th Meeting of the Executive Committee last June.

The present disagreement about how to preserve, promote, and protect the health of our countries that is going on within the international health agencies is one that should be analyzed, examined and resolved in the most advisable manner, namely by upholding the decision to eradicate malaria.

We have set forth some of the reasons why we are not in agreement with this return to malaria control and to the abandonment of what has been achieved in many countries that have suffered or are still suffering the effects of this scourge; these successes have been achieved at a high cost over a period of more than 20 years and we must think about what it means to have the countries lose their confidence in international organizations and to doubt their capacity to propose further programs.

Mindful of the well-being of the people of the Americas, especially the inhabitants of the rural areas who are the victims of malaria, and are undernourished because the land has been abandoned in malarious areas, or because of the difficulties in working it, we propose to the Representatives of the countries meeting here as the Directing Council of the Pan American Health Organization and the Regional Committee of the World Health Organization for the Americas, at their XXV and XXIX Meetings respectively--with the best of intentions--that they declare:

1. That the PAHO Directing Council and the WHO Regional Committee for the Americas affirm that the aim of the struggle against malaria is its eradication.

2. That the program will be based on the appropriate training of all the professional, auxiliary and voluntary personnel that will carry out the eradication programs as well as on the continuing education of the local authorities and of the population of those localities and regions in which the campaign will be conducted.

3. That the strategy for eradication be that set forth in Resolution 22 of the Twenty-second World Health Assembly in 1969, the pertinent recommendations of the WHO Expert Committee on Malaria, and those of the meetings of the Directors of National Malaria Eradication Campaigns in the Americas.

4. That the PASB/WHO Regional Office for the Americas continues to coordinate its activities with the countries that have completed their eradication programs as well as with those that are continuing and making progress in them, for the purpose of ensuring the necessary internal and external epidemiological surveillance for preventing the introduction of malaria.

5. That pharmacological and pharmaceutical research for the purpose of finding new, efficient, and cheap antimalaria drugs be carried out, primarily by PAHO and WHO, in non-profit making laboratories so that those drugs may be obtained at cost price.

Mexico, D.F., September 1977

Annex

TABLE No. 1

DIFFERENCES BETWEEN A MALARIA CONTROL PROGRAM AND A MALARIA ERADICATION PROGRAM

	CONTROL PROGRAM	ERADICATION PROGRAM
OBJECTIVE	The reduction of malaria to a prevalence where it is no longer a major public health problem	The ending of the transmission and the elimination of the reservoir of infective cases in a campaign limited in time
TACTICS	Vary according to the circumstances of each case	Same in all cases
MINIMUM STANDARDS	Good	Perfect
AREA OF OPERATIONS	Not necessarily covering all the area where malaria transmission takes place	Must cover all the area where malaria transmission takes place
TOTAL COVERAGE	Unnecessary	Indispensable both for the spraying and the case-finding
DURATION OF OPERATIONS	Without limits	Program ends when certain requirements are met
ADMINISTRATION OF THE PROGRAM	May not be the best	Must be fully efficient and speedy
FINANCING	Open-ended	Ends when eradication achieved
CASE FINDING	Superfluous	Of paramount importance
IMPORTANT CASES	Do not deserve particular attention	Important and dangerous when spraying has been withheld
EPIDEMIOLOGICAL INVESTIGATION OF POSITIVE CASES	Superfluous	Necessary in the late stages
EPIDEMIOLOGICAL EVALUATION RESULTS	Bu usual malariometric surveys	Proof of disappearance of indigenous new malaria cases
FINAL RESULT	Malaria will never be eliminated	Definite elimination of malaria

(S. E. Pampana: "Malaria Eradication," as amended by MMB)