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PAN AMERICAN
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CONTROL VS. ERADICATION IN MALARIA PROGRAMS

In the XXV Meeting of the Directing Council of the Pan American Health Organization, held in Washington, D.C., in September-October 1977, the Government of Mexico presented Document CD25/31 entitled: "Control vs. Eradication in Malaria Programs." The Directing Council examined this document and adopted Resolution XXV, which reads:

THE DIRECTING COUNCIL,

Having carefully considered the document submitted by the Government of Mexico, entitled "Control vs. Eradication in Malaria Programs"; and

Mindful of the seriousness of the malaria situation in the Americas and of the need for timely measures for reducing its incidence,

RESOLVES:

1. To reaffirm that malaria eradication is the final goal in the Americas.
2. To recognize that control activities are an intermediate stage and to urge those countries that are unable to achieve eradication in the foreseeable future to undertake the commitment to improve their malaria activities with a view to achieving eradication.
3. To request the Director to send to the other Member Governments for their comments thereon the document submitted by the Government of Mexico, as well as the summary records of the discussion on the item at the XXV Meeting of the Directing Council, and subsequently to have the

Pan American Health Organization analyze the information received and prepare a document to be considered at the 80th Meeting of the Executive Committee and the XX Pan American Sanitary Conference.

In compliance with operative paragraph 3 of this Resolution, the Director of the Pan American Sanitary Bureau sent the document submitted by the Government of Mexico and the summary records of the discussion on the item at the XXV Meeting of the Directing Council to the Governments for comment.

As of 3 May, replies had been received from:

Antigua	Guatemala
Argentina	Guyana
Brazil	Mexico
Colombia	Nicaragua
Costa Rica	Panama
Dominica	Suriname
Ecuador	United States of America
El Salvador	Venezuela

In addition to commenting directly on the substance of Resolution XXV and on the document presented by the Delegation of Mexico, the Governments consulted discussed the problem of control vs. eradication in the light of the experience of their own countries.

One Government said that control and eradication should not be placed in opposition to each other and it should be recognized that control operations are intermediate stages on the road to the only acceptable objective, which is eradication, and that, in its view, it is important to decide once and for all on one uniform policy so that there will be no reinfections in countries where malaria has been eradicated, from those that may neglect their programs for lack of resources or because they take a different view of the matter.

Another country emphasized that the old malaria control program, if it had been continued up to the present, would not have obtained the stable results registered in the political units of greatest economic and social importance. It noted that not all areas have responded in the same way to attack measures, in spite of which the Government remains an advocate of the philosophy and strategy of malaria eradication, particularly with the flexibility provided in Resolution WHA22.39 approved at the Twenty-Second World Health Assembly, held at Boston in 1969.

The characteristics of the malaria problem differ with the ecological conditions in the regions where the disease is indigenous. In some areas of a country where the climate is tropical and subtropical and transmission seasonal, current technology has given good results, transmission having been interrupted in a short time. In other areas of the same country there are tropical rain forests in process of settlement where the human ecology, makeshift housing, low socioeconomic standards and intensive migration favor the establishment of a periodically exacerbating endemic that, to a considerable extent, eludes household insecticides for vector control and the effect of antimalarial drugs as reservoir sterilizers. In these areas the program has had partial results, but it is emphasized that mortality has been diminished and morbidity reduced or stabilized.

Another country said that the initial successes of the program were lost because of a lack of appropriate epidemiological surveillance. With the recent establishment of the infrastructure for the Rural Health Program, epidemiological surveillance operations have been supplemented and made more effective in the detection of cases. In this country there is virtually no mortality from malaria whatever and morbidity has been reduced to a negligible figure, which indicates that eradication of the disease is feasible in the country.

The Government of one country advised that malaria eradication is part of its Five-Year Health Plan, and it recognizes that control activities are an intermediate stage; it appeals to the governments of countries with common borders and problems to take the necessary steps to prevent the deterioration of operations in one of them from reducing or nullifying the gains of another in the field of malaria eradication. This Government also indicated that the policy of the malaria program has been ratified at meetings of health ministers of the Andean Area, and it further suggests that the Final Report of the II Meeting of Directors of National Malaria Eradication Services in the Americas, held at Quito, Ecuador, in April 1975, be kept in mind as a reference document for the study of this problem.

Another country remarked that notable successes have indeed been registered in the Americas, to the extent that in 1977 an area containing 71 per cent of the inhabitants of the originally malarious area was free of the disease, but that serious problems had arisen which had hampered progress in the rest of the area and, moreover, that "every government contemplating the reinstatement of an eradication campaign must ponder its responsibility, weigh the means available to it, measure its financing facilities, once again properly train technical staff in sufficient numbers, and urge the other government agencies and private establishments to gird themselves for the joint struggle." It added that, so

long as there are no technical resources effective enough to guarantee the full success of an eradication campaign, the aim of the effort must remain eventual, indefinite eradication, and the aspects of epidemiology and flexibility of attack measures must be refined even more highly than they would have to be for a short-term eradication campaign.

Another country made the point that the pessimism felt in some quarters about the eradication program is warranted and, though it grants that eradication may continue as the ultimate goal of the program, it is of the view that this goal cannot be regarded as attainable by a campaign with a definite deadline. Accordingly, the country recommends:

- the establishment of realistic intermediate goals;
- support for the training of national personnel to conduct control programs efficiently;
- the promotion of financial support for control programs through bilateral and international agencies;
- the encouragement of research for the development of new control methods.

Another Government, in addition to recommending that eradication be upheld as the goal with all its implications, appealed to the international institutions to give once again the aid needed for malaria eradication programs and for stepping up research to develop new insecticides, drugs and other means for the eradication of the disease. Similar comments were made by other countries, which emphasizes the need for a broad program of research on the serious problems confronting the eradication program. On this point, another country indicated that, while it is currently engaged in a program directed solely at reducing the incidence of the disease, it feels that, if eradication is to be the ultimate objective, the structures of programs will have to be improved so that measures developed by research may be carried out properly and at the right time.

In another country there are areas where the disease has been eradicated, and areas of difficult access, with scattered makeshift housing, a primarily indigenous population, and special cultural patterns, all of which hampers the application of current attack measures. In these latter areas the program is limited to keeping incidence down until new, effective measures are available that can be applied at reasonable cost. The goal of the program is eventual eradication of the disease.

Several countries agreed with this view and added other ideas, such as:

- there is need of greater community participation in the program;
- vector control operations should be intensified;
- there should be coordination and information exchanges between neighboring countries;
- the principles and procedures of eradication of the disease as the ultimate goal of the program should be upheld.

Two countries in the Caribbean Area noted that they had achieved malaria eradication years ago and support the resolution to improve antimalarial activities in other countries with a view to eradication.

Conclusions

In compliance with paragraph 3 of Resolution XXV, the technical staff of the Bureau analyzed the replies received and found the following to be the main points brought out:

- a) The Governments reaffirm malaria eradication as the ultimate goal of the program and recognize the validity of control activities as an intermediate stage;
- b) The malaria situation is not uniform in all the countries of the Americas. Some have achieved eradication in all or part of their territory, while others are far from achieving eradication in the foreseeable future;
- c) Where there are difficulties to eradication of the disease within a definite period of time, realistic partial or intermediate goals should be established;
- d) In a program of eradication within an indefinite period of time, flexible and epidemiologically more rigorous measures must be applied than in a short-term eradication program.
- e) In the replies, an appeal is made to international institutions to resume providing the necessary assistance to malaria eradication programs and for intensifying research to obtain means that will make practical the eradication of the disease in all malarious areas in the Region of the Americas;

- f) Malaria programs should proceed to:
- i. improve their structures to permit the timely implementation of measures developed by research;
 - ii. train national personnel to conduct malaria programs efficiently in accordance with the new strategy adopted by the Governments;
 - iii. carry on operational research with a view to improved utilization of methods and available resources.