



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



22nd DIRECTING COUNCIL

25th SESSION OF THE REGIONAL COMMITTEE

Washington D.C., 8 – 18 October 1973

RESOLUTION

CD22.R7

MALARIA ERADICATION

THE 22nd DIRECTING COUNCIL,

Having examined the XXI Report of the Director of the Bureau on the status of malaria eradication in the Americas (Document CD22/4);

Noting that most of the countries of the Americas have complied with Resolution WHA22.39 of the Twenty-second World Health Assembly¹ on reexamination of the global strategy of malaria eradication;

Considering that the objective of the malaria eradication program in the Americas has been reaffirmed in the Ten-Year Health Plan;

Taking into account that malaria transmission usually has local epidemiological characteristics which often create technical problems that hinder its interruption;

Recognizing that research on new methods of combating malaria offers encouraging perspectives for accelerated progress toward eradication;

Bearing in mind the need to incorporate the malaria eradication program within the health sector portion of the respective national economic development plans; and

Recognizing that some of the Governments need to obtain funds from international lending sources in order to ensure adequate financing for their programs,

RESOLVES

1. To take note of the XXI Report of the Director on the status of malaria eradication in the Americas (Document CD22/4).
2. To express its satisfaction that most of the countries have complied with Resolution WHA22.39, and to request the Director to continue to cooperate with the Governments in their program review and evaluation activities.
3. To insist on the need for the Governments to make available to their respective malaria eradication programs the administrative, technical, and human resources they will require in order to implement the strategy and meet the goals that have been set forth in the Ten-Year Health Plan.
4. To recommend that research be intensified in the areas where transmission persists in order to determine its causes and permit application of the most effective measures available, in accordance with the epidemiological characteristics of each area.
5. To emphasize the need to expand the training of future malariologists, providing them with a broad background in the epidemiology and ecology of malaria eradication and in the control of other parasitic and vector-borne diseases.
6. To take note of the studies being made by PAHO, directly or with the support of other institutions, to discover new attack measures, and to request the Director to continue and intensify these efforts.
7. To reaffirm the need for increased coordination of the malaria eradication services: with general health services, in order to effect epidemiological surveillance; with urban and rural development agencies, so as to prevent or reduce vector infestation; and with the agricultural and livestock sectors, with a view to regulating the use of pesticides.
8. To insist on the need for those countries that produce DDT to continue to manufacture it for use in health programs, particularly in malaria campaigns.
9. To request the international lending agencies to facilitate the granting of loans under terms that will help to achieve eradication of the disease in the areas that are still affected.

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