Washington D.C., 25-29 September 1989

RESOLUTION

CD34.13

MALARIA CONTROL

THE 34th DIRECTING COUNCIL,

Having examined Document CD34/7, "Malaria Control," and taking into account Resolution WHA42.301 adopted by the Forty-second World Health Assembly in relation to this topic; and Recognizing that several PAHO Member Countries have eradicated malaria, some more than 20 years ago, and have continued to carry out surveillance activities, thus preventing the reestablishment of malaria transmission in spite of the global increase of the disease,

RESOLVES

- 1. To urge that Member Governments:
- a) Assign political priority to the effective fight against malaria;
- b) Promote collaboration and coordination regarding this topic among the different levels of public administration, between it and the private sector, and among those development sectors affected by this issue, such as housing, health, education, agriculture, and mining;
- c) Ensure that planning and the application of preventive and control methodologies be based on sufficient epidemiological information to allow the stratification of the areas affected by malaria

and the analysis of risk factors and groups, in order to make the necessary interventions to prevent, control, and monitor malaria infections and their implications for society at large;

- d) Commit the necessary resources for the strengthening of the surveillance systems in order to prevent reestablishment of malaria transmission;
- e) Incorporate malaria prevention and control activities into the local health systems, stimulating social participation and local programming so that related interventions are carried out in a comprehensive, synergic, and sustained manner, using all available human and financial resources (local and national) to address the local situation.
- 2. To request that the Director:
- a) Promote the mobilization of institutional, human, and financial resources, internal and external, local, national and regional, in order to develop or use the necessary infrastructure for the execution of effective and consistent malaria control programs;
- b) Encourage the establishment and adequate functioning of epidemiological services capable of: (i) organizing surveillance and information subsystems; (ii) analyzing causes and trends for transmission as well as risk factors; and (iii) maintaining the process of malaria stratification for planning interventions which decrease, inhibit, or nullify the risk factors;
- c) Promote the technical cooperation for malaria surveillance systems development through joint efforts among the Member Countries in order to maintain malaria-free status in areas without transmission;
- d) Formulate a human resources development plan to assist Governments in the organizational strengthening of basic health services, and ensure the development and retention of specialists in terms of various levels of training, professional education, supervision, management, administration, operations, and research;
- e) Promote the interest of the scientific and financial community in the developed and developing countries to encourage and support research on alternative diagnostic, prevention, and control methodologies which are not only more efficient and effective, but also whose application is feasible in rural areas, as well as cheaper;
- f) Encourage the process of decentralization/deconcentration, thus strengthening local health systems to develop permanent local programs to control vector-transmitted diseases such as malaria, and supporting the primary health care strategy;
- g) Support the development of managerial and administrative capabilities at peripheral decision-making levels, in order to encourage local programming and the evaluation of prevention and control methods according to the local situations;

h) Carry out the necessary efforts to document and disseminate information on the experiences of countries in relation to their activities in training, research, management, evaluation, and finance.

September 1989 OD 232, 118