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Topic 17: COLLABORATION WITH GOVERNMENTS IN THE MAINTENANCE PHASE  
OF MALARIA ERADICATION PROGRAMS

(Topic proposed by the Government of Chile)

In recent years, the World Health Organization and its Regional Office for the Americas, the Pan American Sanitary Bureau, have been devoting a considerable part of their financial resources and technical advisory services to various aspects of malaria eradication programs, such as reconnaissance, treatment of patients, and control of insect vectors.

The large-scale application of new residual insecticides has made it possible to deal with the problem of malaria with such success that the number of countries in which malaria has disappeared or is about to disappear is daily increasing.

Chile was the first country in Latin America to obtain this goal. Its malaria campaign was begun even before there was any possibility of using residual insecticides, and its last case of malaria was reported in 1945. Since that date, Chile has maintained a malaria surveillance program without interruption, despite the difficulties involved, especially those due to the configuration of northern valleys of the country—originally infested with anopheles—the topography of which greatly hampers the destruction and elimination of foci of anopheline larvae.

In the course of the years, many other countries in the Americas, or at least large areas of them, have been adding their names to the list of those that have achieved eradication of the disease and have transformed their original campaigns into simple surveillance programs.

The PASB report on "Health in the Americas" (Miscellaneous Publications No 53, April 1960) under the chapter on Communicable Diseases, contains the following statement: "Malaria has already been eradicated from Chile, the United States, and the islands of Barbados, Martinique, and Puerto Rico, from areas in Argentina, Brazil, British

Guiana, Guadeloupe, and Surinam and from large areas of Venezuela."

Figures 14 and 15 of that report, copies of which are attached, showed the distribution of malaria and the status of the malaria eradication program in the Americas as at 31 July 1959.

The efforts that these countries have made would be almost reduced to naught if any major areas were to be invaded anew from the small foci of anopheles that, although circumscribed, still persist.

Moreover, the fact that malaria eradication programs are not carried out at the same rate in all countries and that the disease exists in countries bordering on others that are already free from the disease, means that this is a constant potential danger of the reappearance of the disease in those countries.

The PASB newsletter entitled "Malaria Eradication" (No 17, September-October 1960) stated, in connection with the status of the malaria program: "Further countries are expressing the wish to coordinate their border area programs with those of their neighbors. The Bureau has provided liaison and assisted in the preparation of a number of intercountry meetings in Central and South America."

With further reference to Chile, it was only three years ago that five malaria patients —three of whom it was impossible to locate— entered the country illegally across the Bolivian border. This occurrence necessitated a redoubling of efforts to rid the valleys around the city of Arica of anopheles.

We believe that the time has come for the Pan American Sanitary Bureau to revise its policy in the sense of giving assistance not only to countries engaged in eradicating malaria, but also to countries that, having achieved that goal, are now in danger of becoming reinfested.

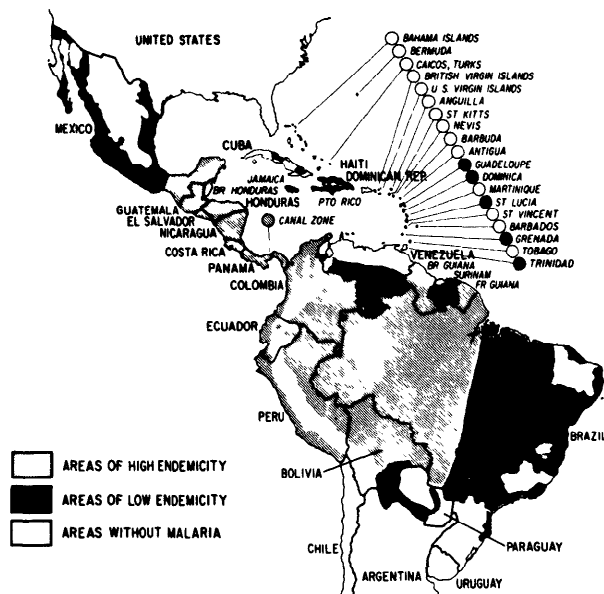
Among the problems which such countries must face, mention must be made of the suspension or restriction of sprayings, the organization of a surveillance system to prevent the formation of new foci of malaria, the coordination of operations at the intercountry level in order to prevent a reintroduction of cases from outside the country, and so forth.

The present proposal is justified in our opinion, not only because of the changed international epidemiological situation with regard to this disease, but also because it is a means of reinforcing the more and more strenuous efforts which the health authorities must make to obtain from respective governments, the necessary funds for programs for protecting their countries against diseases which, once they have disappeared, are only a potential danger.

To sum up, we are suggesting a change in the policy of the Pan American Sanitary Bureau so that, while continuing to collaborate in malaria campaigns in countries where the disease still persists, it may also cooperate in the anopheles surveillance programs and even with the programs for the eradication of the vector, if it is possible, being carried out in countries that are free from malaria but are exposed to the risk of its being reintroduced across their frontiers. Such a policy could make unnecessary the far greater efforts that would be called for to again initiate an eradication program in some countries, should reinfection occur; it would also be more in accord with the general policy of PAHO, and of all other national and international public health agencies, of averting these situations rather than beginning to attack them after the damage has been done.

#### Annex I

# **DISTRIBUTION OF MALARIA IN THE AMERICAS** **JULY 31, 1959**



# **STATUS OF THE MALARIA ERADICATION PROGRAM IN THE AMERICAS** **JULY 31, 1959**

