EB120.R16  Malaria, including a proposal for establishment of World Malaria Day

The Executive Board,

Having considered the report on malaria, including a proposal for establishment of World Malaria Day;¹

Concerned that few malaria-endemic countries have made substantial progress towards achieving the internationally agreed development goals relating to malaria, including those contained in the Millennium Declaration, and that a number of countries have not yet met the commitment to increase their national budgets that they made when adopting the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases;

Noting that valuable opportunities are being created in the form of new tools and better defined strategies, and that the momentum for expanding malaria-control interventions, and increasing financial resources at country and global levels, is growing,

SUBMITS to the Sixtieth World Health Assembly for its consideration the following draft resolution:²

The Sixtieth World Health Assembly,

Having considered the report on malaria, including a proposal for the establishment of Malaria Day;

Concerned that malaria continues to cause more than one million preventable deaths a year;

Noting that the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Global Strategy and Booster Program, the Bill & Melinda Gates Foundation, the Malaria Initiative of the President of the United States of America, and other donors have made substantial resources available;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Members States and, in this regard, noting the activities of the International Drug Purchase Facility (UNITAID);

Recalling that combating HIV/AIDS, malaria and other diseases is included in internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Mindful that the global burden of malaria needs to be decreased in order to reach the Millennium Development Goal of reducing the mortality rate among children under five by two thirds by 2015 and to help to achieve the Millennium Development Goals of improving maternal health and eradicating extreme poverty,

1. URGES Member States:

¹ Document EB120/5.
² See Annex 6 for the financial and administrative implications for the Secretariat of the resolution.
(1) to apply to their specific contexts the policies, strategies and tools recommended by WHO, and to establish evidence-based national policies, operational plans and performance-based monitoring and evaluation in order to expand coverage with major preventive and curative interventions in populations at risk and to assess programme performance and the coverage and impact of interventions in an effective and timely manner, particularly with use of the WHO country-profile database;

(2) to assign national and international resources, both human and financial, for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are effectively implemented and target populations are reached;

(3) progressively to cease the provision in both the public and private sectors of oral artemisinin monotherapies, i.e. artemisinins used alone without the accompaniment of a partner medicine, and to promote the use of artemisinin-combination therapies, to implement policies that prohibit the production of counterfeit antimalarial medicines, and to assure that financing bodies cease to provide for those monotherapies;

(4) to intensify access to affordable, safe and effective antimalarial combination treatments, to intermittent preventive treatment in pregnancies, with special precautions for HIV-infected pregnant women who are receiving co-trimoxazole chemotherapy, to insecticide-treated mosquito nets, including through the free distribution of such nets where appropriate, and to insecticides for indoor residual spraying for malaria control, taking into account relevant international rules, standards and guidelines;

(5) to provide in their legislation for use to the full of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to increase access to antimalarial medicines, diagnostics and preventive technologies;

OR

(5) to consider, whenever necessary, adapting national legislation in order to use to the full the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights;

(6) to aim at reducing transmission risk-factors through integrated vector management, promoting improvement of local and environmental conditions and healthy settings, and increasing access to health services, [antimalarial medicines, diagnostics and preventive technologies] in order to reduce the disease burden;
(7) to implement integrated approaches to malaria prevention and control through multisectoral collaboration and community responsibility and participation;

2. REQUESTS international organizations:

(1) to provide support for the development of capacities in developing countries in order to expand use of artemisinin-based combination therapies that are appropriate for local drug-resistance conditions, of integrated vector management including long-lasting insecticide-treated nets, of indoor residual spraying with appropriate and safe insecticides as indicated by WHO and in accordance with the Stockholm Convention on Persistent Organic Pollutants, and of monitoring and evaluation systems, including of the country database, as developed by WHO;

(2) to increase funding to the various financing mechanisms for malaria control, so that they can continue providing support to countries, and to channel additional resources for technical support so that they can be absorbed and used effectively in countries;

3. REQUESTS the Director-General:

(1) to take steps to identify knowledge gaps for malaria control; to provide support for the development of new tools and strategies; to estimate more accurately the global burden of disease and determine trends; to develop new tools and methods for assessing impact and cost-effectiveness of interventions; to build up WHO’s current research on malaria, including that of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; and to provide technical support to countries for conducting operational and implementation research into ways to ensure adequate coverage with antimalarial interventions;

(2) to strengthen and rationalize human resources for malaria by decentralizing staff to country level, thus improving the capacity of WHO’s country offices to provide support to national health programmes for coordinating partners to prevent and control malaria; and to provide technical guidance for the management of malaria control in refugee camps and in complex emergencies;

(3) to bring together WHO’s Global Malaria Programme, the Roll Back Malaria Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the International Drug Purchase Facility (UNITAID), academics, small and large pharmaceutical and biotechnology companies, interested Member States, medical-research councils, and foundations in a forum in order to improve coordination between different stakeholders in the fight against malaria;

(4) to report to the Health Assembly through the Executive Board on progress made in implementation of this resolution;

4. RESOLVES that:

(1) Malaria Day shall be commemorated annually on 25 April or on such other day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;

(2) Malaria Day shall be the culmination of year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria
prevention and treatment in endemic areas, and the occasion to inform the general public of the obstacles encountered and progress achieved in controlling malaria.

(Twelfth meeting, 29 January 2007)