COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE FIRST MEETING

Palais des Nations, Geneva
Thursday, 5 May 1966, at 2.30 p.m.

CHAIRMAN: Dr A. NABULSI (Jordan)

CONTENTS

1. Opening remarks of the Chairman ........................................... 2
2. Election of Vice-Chairman and Rapporteur ................................. 2
3. Organization of work .......................................................... 2
4. Development of the malaria eradication programme ........................ 3

Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room A. 843, within 48 hours of their distribution.
1. OPENING REMARKS OF THE CHAIRMAN

The CHAIRMAN welcomed the delegates, particularly those participating for the first time, and also the representatives of the United Nations, the specialized agencies and the International Atomic Energy Agency, and the non-governmental organizations.

2. ELECTION OF VICE-CHAIRMAN AND RAPPORTEUR: Item 2.1 of the Agenda (Document A19/8)

Dr BERNARD, Assistant Director-General, Secretary, at the request of the CHAIRMAN, drew attention to Rules 25 and 36 of the Rules of Procedure and read out the third report of the Committee on Nominations, in which Professor Macúch (Czechoslovakia) and Professor Ferreira (Brazil) were nominated for the offices of Vice-Chairman and Rapporteur respectively.

Decision: Professor Macúch (Czechoslovakia) and Professor Ferreira (Brazil) were unanimously elected Vice-Chairman and Rapporteur respectively.

3. ORGANIZATION OF WORK

The CHAIRMAN said that the General Committee had recommended that the Committee should meet from 9.30 a.m. to 12 noon and from 2.30 to 5.30 p.m.

It was so agreed.
At the request of the CHAIRMAN, the SECRETARY read out paragraphs (1), (3) and (4) of resolution WHA15.1, which set out the Committee's terms of reference.

The CHAIRMAN drew attention to the Committee's agenda - items 2.2 to 2.17 of the agenda contained in document A19/1. He recalled that item 2.10 (International non-proprietary names for pharmaceutical preparations) had been deleted by the Assembly.

4. DEVELOPMENT OF THE MALARIA ERADICATION PROGRAMME: Item 2.3 of the Agenda (Resolution EB37.R33; Document A19/P&B/3)

The CHAIRMAN invited Dr Kaul, Assistant Director-General, to introduce the Director-General's report (document A19/P&B/3) on the development of the malaria eradication programme.

Dr KAUL, Assistant Director-General, said that he would introduce the report chapter by chapter.

Chapter 1, which described the general progress of the programme, contained Figure 1 and a map, indicating that 1214 million people, comprising over three-quarters of the population of the originally malarious areas of the world from which information was available, were now living in countries where malaria eradication programmes were being undertaken or had been successfully completed. The population in the maintenance phase areas had increased by 105 million compared with 1964.

The population of areas where eradication programmes had not yet started was 362 million, including 77 million in countries conducting their eradication programmes in stages and 184 million in countries where pre-eradication programmes and surveys were being undertaken with WHO assistance.
During 1965, Bulgaria, China (Taiwan) and Trinidad and Tobago had been entered in the WHO eradication register. Jamaica and Romania were now in the maintenance phase, and additional populations in Albania, Argentina, Burma, Greece, India, Sarawak (Malaysia), Syria, Venezuela and Yugoslavia had also entered that phase. Advances had been made in the movement of populations from the attack to the consolidation phase in thirteen countries, and an eradication programme was to be started in the United Arab Republic.

A number of programmes had encountered administrative and technical difficulties, and the situation in some of them had deteriorated during the year, most of the setbacks having been due to failure to adopt the stringent criteria recommended for termination of spraying and entry into the consolidation phase, and to the false economy of providing inadequate staff to carry out case detection activities. In consolidation-phase areas with bordering problem areas, as in the case of Iran, Iraq, Mexico and some Central American countries, there was a constant influx of parasite carriers, requiring a high level of efficient surveillance.

The success of the world-wide eradication programme depended first on the sustained effort of governments to pursue their eradication efforts to final achievement and to maintain the vigilance necessary to prevent the disease regaining its hold; and secondly on the continued assistance of international and bilateral agencies to those countries that were undertaking eradication programmes, and on additional assistance being provided to those countries which, through their pre-eradication activities, would in due course reach a level of development at which malaria eradication programmes could be implemented, provided financial provision was assured.
Chapter 2 described the operational aspects of the programme. Although there were some technical problems, deficiencies in planning and management continued to be the primary hindrance to better programmes, and lack of timely, regular and adequate financing had also been a major obstacle.

In countries where there had been major delays or setbacks in 1965, a thorough evaluation of the programme was being made with a view to developing a long-range plan setting out targets.

There had been no major change in the methodology of the attack operations. DDT continued to be the residual insecticide of choice, although some programmes had had difficulty with the poor suspensibility of the DDT wettable powder. The problem had been examined by the Expert Committee on Insecticides and more stringent specifications were being recommended.

In areas where, owing to technical factors, the standard of spraying with common residual insecticides had not been effective, higher dosages or more frequent cycles had been used with some success. Mass drug administration had been employed in certain areas in Central America, but experience had shown that when it had to be prolonged the number of refusals rapidly increased.

Attention had been given to the early assessment of the effectiveness of attack measures. Certain standards were set out in the tenth report of the Expert Committee on Malaria and more precise indications were given for the use of those standards in the field in the twelfth report of the Expert Committee. Independent teams for the assessment of programmes, composed of persons unconnected with the operation of a particular programme, had been used during 1965 in Brazil, Ecuador, Haiti, Honduras, India, Mauritius, Nepal, Peru and Tanzania (Zanzibar).
The essential role of the general health services in malaria eradication was now well recognized; and in the Americas, following the pattern of the seminar on the subject held in 1964, a second seminar had been held in Mexico in 1965 to stimulate interest and focus attention on the need for joint action by the general health and the malaria eradication services.

The Regional Committee for South-East Asia in its technical discussions had dealt with the integration of malaria eradication services into the general health services, with particular reference to the programme in India, where over a third of the population was in the maintenance phase. However, in view of the high standard of operational efficiency needed during the programme, it was necessary to guard against premature integration before the objectives of malaria eradication had been assured.

Pre-eradication programmes involved the training of auxiliaries and supervisors for the expansion of the basic health services, the provision of antimalarial drugs, the building up of national malaria services, and the delimitation of malaria and study of its epidemiology in all parts of the country. The duration and speed of development of a pre-eradication programme must depend upon existing resources in the country and upon the degree of priority accorded to the programme by the government.

Owing to limitations in personnel and resources, progress in the pre-eradication programmes had been essentially slow and many planned projects had not reached the stage of implementation, especially in the African Region. A comprehensive review of the African situation was to be undertaken by the Expert Committee on Malaria at its forthcoming session.

Chapter 3 dealt with the promotion of technical methodology and co-ordination. The Expert Committee on Malaria, at its session in Geneva in September 1965, had
considered three main subjects: the maintenance of achieved eradication, chemotherapy in malaria eradication, and the estimation of response to attack measures in the early stages.

Chapter 4 reported the registration of areas where malaria had been eradicated. By the end of 1965, eight countries had been entered on the official register, three of them during the year; and further countries had applied for the certification of achieved eradication. It should be remembered that certification was a stage in eradication and that the price of eradication was continued vigilance.

Chapter 5 discussed the measures taken for the protection of areas freed from malaria. There was always a potential danger of resumption of transmission through importation of malaria into such areas, now amounting to 57 per cent. of the originally malarious areas of the world. For example, in Europe over 600 cases had been imported, 407 of which had been from Africa and 111 from Asia. Many countries were taking special measures to prevent re-introduction, and a number of bilateral and multilateral agreements had been concluded for exchange of information on population movements and on measures adopted to avoid carrying the disease from one country to another.

Chapter 6 provided information on the problems facing malaria eradication and an approach to their solution. Whenever transmission failed to be interrupted, in spite of total coverage with residual insecticides in properly conducted operations of the attack phase, a problem area existed. The extent of such areas was still relatively small, representing only one per cent. of the total territory under eradication programmes. They had, however, an operational and psychological importance out of proportion to their extent, and intensive studies of the factors responsible were being undertaken.
A number of instances of resistance of malaria parasites to chloroquine and other 4-aminoquinolines had been reported, and could become a serious problem if allowed to spread. The situation was being carefully watched and attempts were made whenever possible to verify the reports, using the standards and techniques recommended by the Scientific Group on Resistance of Malaria Parasites to Drugs and in the twelfth report of the Expert Committee on Malaria. In some such instances drug resistance had not been confirmed. In areas where the presence of resistant strains had been proved, the institution of measures to interrupt transmission by the use of residual insecticides must be considered as a matter of urgency. Drug resistance had not up to the present proved to be a practical hindrance to the progress of eradication.

In the past year few changes had occurred in the pattern of insecticide resistance in malaria vectors. No new cases of double resistance had been reported, but one new development was the appearance of malathion resistance in Anopheles albimanus in two areas in the Americas.

Field trials of insecticides and equipment had been continued, and had included work on malathion, which in a trial area in Uganda had been demonstrated as being able to interrupt transmission, on OMS 43, on OMS 33 and on dichlorvos, a fumigant insecticide.

Chapter 7 gave an account of the research activities. In view of the importance of research in approaching the technical difficulties encountered in the eradication programme, and in accordance with the recommendations of the World Health Assembly and the Executive Board, the scope of the malaria research programme had been widened, enabling additional attention to be given to such problems as the epidemiology of the disease, drug resistance and vector behaviour.
Chapter 8 dealt with the training of national malaria eradication staff. The international malaria eradication training centres continued to play an important role. Fourteen courses had been held, attended by 295 national staff. For pre-eradication programmes, general public health personnel, including those of supervisory status as well as health-post aides, were being trained in malaria eradication and case-detection techniques. Training of the public health workers for their role in the maintenance phase was being carried out in a number of countries.

Chapter 9 gave details of the WHO technical advisory services and of the numbers of posts in various advisory categories.

The status of the malaria eradication programme by regions and countries was contained in the Appendix, followed by a tabulation of the detailed status of malaria eradication in each of the regions.

The meeting rose at 3.15 p.m.
CORRIGENDUM

Page 3, fifth line from bottom

delete in the maintenance phase areas

insert in the consolidation and maintenance phase areas