



# **WORLD HEALTH ORGANIZATION**

**FIFTY-EIGHTH WORLD HEALTH ASSEMBLY**

**(Draft) A58/54  
20 May 2005**

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## **Second report of Committee A**

**(Draft)**

Committee A held its fifth and sixth meetings on 19 May 2005 under the chairmanship of Dr Bijan Sadrizadeh (Islamic Republic of Iran).

It was decided to recommend to the Fifty-eighth World Health Assembly the adoption of the attached resolution entitled “Malaria control” relating to the following agenda item:

13. Technical and health matters

13.5 Malaria

One resolution

## **Agenda item 13.5**

### **Malaria control**

The Fifty-eighth World Health Assembly,

Having considered the report on malaria;

Concerned that malaria continues to cause more than one million preventable deaths a year, especially in Africa among young children and other vulnerable groups, and that the disease continues to threaten the lives of millions of people in the Americas, Asia and the Pacific;

Recalling that the period 2001-2010 has been proclaimed the Decade to Roll Back Malaria in Developing Countries, Particularly in Africa, by the United Nations General Assembly,<sup>1</sup> and that combating HIV/AIDS, malaria and other diseases is included in the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;

Recalling further United Nations General Assembly resolution 59/256 entitled “2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa”;

Mindful that the global burden of malaria needs to be decreased in order to reduce child mortality by two thirds by 2015 and to help achieve the other internationally agreed development goals, including those contained in the United Nations Millennium Declaration, of improving maternal health and eradicating extreme poverty;

Recognizing that the Global Fund to Fight AIDS, Tuberculosis and Malaria has committed 31% of its grants or US\$ 921 million over two years, to projects to control malaria in 80 countries,

1. URGES Member States:

(1) to establish national policies and operational plans to ensure that at least 80% of those at risk of, or suffering from, malaria benefit from major preventive and curative interventions by 2010 in accordance with WHO technical recommendations so as to ensure a reduction in the burden of malaria of at least 50% by 2010 and 75% by 2015;

(2) to assess and respond to the need for integrated human resources at all levels of the health system in order to achieve the targets on the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take the necessary steps to ensure the recruitment, training and retention of health personnel;

(3) to further enhance financial support and development assistance to malaria activities in order to achieve the above targets and goals, and to encourage and facilitate the development of new tools to increase effectiveness of malaria control, especially by providing support to the

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<sup>1</sup> Resolution 55/284.

UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;

(4) to ensure financial sustainability and to increase, in countries endemic for malaria, domestic resource allocation to malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

(5) to pursue a rapid scale-up of prevention, by applying expeditious and cost-effective approaches, including targeted free, or highly subsidized, distribution of materials and medicines to vulnerable groups, with the aim of at least 60% of pregnant women receiving intermittent preventive treatment and at least 60% of those at risk using insecticide-treated nets wherever that is the vector-control method of choice;

(6) to support indoor residual insecticide spraying, where this intervention is indicated by local conditions;

(7) to achieve community participation and multisectoral collaboration in vector-control and other preventive actions;

(8) to develop or strengthen intercountry cooperation to control the spread of malaria across shared borders and migratory routes;

(9) to encourage intersectoral collaboration, both public and private, at all levels, especially in education;

(10) to support expanded access to artemisinin-based combination therapy, including the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy, and the scaling up of artemisinin production to meet the increased need;

(11) to support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; of sensitive and specific diagnostic tests; of effective vaccine(s); and of new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing global partnerships;

(12) to support coordinated efforts to improve surveillance, monitoring and evaluation systems so as better to track and report changes in the coverage of recommended "Roll Back Malaria" interventions and subsequent reductions in the burden of malaria;

2. REQUESTS the Director-General:

(1) to reinforce and expand the Secretariat's work to improve existing national capabilities, and to cooperate with Member States, in collaboration with Roll Back Malaria partners, in order to ensure the full and cost-effective use of increased financial resources for achieving international goals and targets, including the internationally agreed development goals related to malaria contained in the United Nations Millennium Declaration;

(2) to collaborate with malaria-affected countries and Roll Back Malaria partners, as well as malaria-free countries facing a real risk of re-emergence, to ensure that countries receive full

support for necessary monitoring and evaluation, including the development and implementation of appropriate pharmacovigilance systems;

(3) to collaborate with Roll Back Malaria partners, industry, and development agencies in order to ensure that sufficient quantities of insecticide-treated mosquito nets and effective antimalarial medicines are made available, especially those required for combination therapies, for example by studying the possibility of WHO undertaking bulk purchases on behalf of Member States who so desire, noting the need for strictly controlled distribution systems for antimalarial medicines;

(4) to provide evidence-based advice to Member States on the appropriate use of indoor residual insecticide spraying, taking into account recent experiences around the world;

(5) to strengthen collaboration with partners in industry and academia for development of affordable high-quality products for malaria control, including rapid, easy-to-use, sensitive and specific diagnostic tests; an effective malaria vaccine; novel, effective and safe antimalarial medicines; and new and environmentally-friendly insecticides and delivery modes to enhance effectiveness and delay the onset of resistance;

(6) to provide support for intercountry collaboration to control malaria, in particular, where there is a risk of spread across shared borders;

(7) to further promote cooperation and partnership between countries supporting malaria control programmes in order to ensure that funds available to combat the disease are used efficiently and effectively.

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