COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE FIRST MEETING

Palais des Nations, Geneva
Thursday, 10 May 1962, at 2.30 p.m.

CHAIRMAN: Mr W. D. REFSHAUGE (Australia)

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1. OPENING REMARKS BY THE CHAIRMAN

The CHAIRMAN expressed appreciation of the honour done to his country by his being elected to preside over the Committee's work. It was a generous and gracious mark of the Health Assembly's faith in Australia.

He was fully conscious that the deliberations of the Committee played an important part in deciding the future work of the Organization and he sincerely hoped that the discussions would be conducted throughout on a friendly and constructive basis, so that sound and appropriate decisions might be reached.

He had pleasure in welcoming the representatives of the United Nations and the specialized agencies and the observers for the non-governmental organizations.

2. ELECTION OF VICE-CHAIRMAN AND RAPPORTEUR: Agenda item 2.1 (Document A15/14)

Dr KAUL (Assistant Director-General), Secretary, directed attention to the third report of the Committee on Nominations (document A15/14), in which Dr Sztachelski (Poland) and Dr Montalvan (Ecuador) were nominated for the offices of Vice-Chairman and Rapporteur respectively.

Dr SZTACHELSKI (Poland) said he greatly valued the honour done to his country and to himself by his nomination for the post of Vice-Chairman. His responsibilities at home would, however, oblige him to return in a few days' time so that he would be unable to discharge the duties involved. Professor Widy-Wirsky would be taking over as head of the Polish delegation on his own departure.
The CHAIRMAN expressed his sincere regret that the Committee would not be having the help of Dr Sztachelski. The matter would have to be referred back to the Committee on Nominations for an alternative proposal.

Decision: Dr Montalvan was elected Rapporteur.

Dr MONTALVAN (Ecuador), Rapporteur, expressed his thanks and said he would do his utmost to merit the honour conferred upon him.

3. TERMS OF REFERENCE OF THE COMMITTEE

At the request of the CHAIRMAN, the SECRETARY directed the Committee's attention to its terms of reference, as set out in resolution WHA15.1, the relevant parts of which he read out.

The main items to be considered by the Committee would be found in section 2 of the agenda (document A15/1 Rev.1), which included an additional item proposed by the Government of the Union of Soviet Socialist Republics on review of methods of work of the Organization with a view to ensuring greater effectiveness for a smaller expenditure of resources. A further item relating to consideration of the tenth report of the Committee on International Quarantine had also been included.

4. REPORT ON DEVELOPMENT OF THE MALARIA ERADICATION PROGRAMME:
Agenda item 2.3 (Resolutions WHA14.2, EB29.P11; Document A15/P&B/2, Parts I and II)

The CHAIRMAN invited Dr Kaul (Assistant Director-General), Secretary, to introduce the report on the development of the malaria eradication programme (document A15/P&B/2, Parts I and II).
Dr KAUL noted first that in addition to the two parts of the report already before the Committee, the Director-General intended to submit an addendum covering proposals for acceleration of the malaria eradication programme under continued voluntary contributions. The addendum was expected to be ready for distribution before the next meeting.

It was now seven years since the Eighth World Health Assembly had taken its historic decision on a global malaria eradication programme. The year 1961 had marked a turning point in the global effort in three respects: first, the shift of the operational emphasis from the large-scale field operations against the vector to case detection and radical treatment of the residual carriers of the disease in many areas where transmission had been interrupted; secondly, the introduction of pre-eradication programmes in countries with inadequately developed public health services; and, thirdly, the increased recognition given by governments to sound programme planning.

Chapter I of the report summarized the general progress and prospects. During 1961 further steady progress had been made towards the goal of global eradication of the disease. Out of a total population of 1,420 million people living in currently or former malarious areas for which information was available, 317 million, or 22.4 per cent., were in areas from which malaria had now been eradicated; and 710 million, or a further 50 per cent., were covered by malaria eradication programmes at various stages of development.

In the African Region a few countries only in southern Africa and the islands of Mauritius, Zanzibar, Pemba, had embarked on malaria eradication programmes and those were progressing fairly satisfactorily.
In the Region of the Americas, Cuba and Haiti had initiated the preparatory phase of a programme during 1961. Hence, every country in that region having malarious areas now had an eradication programme in operation.

In South-East Asia, all the countries of the Region had eradication programmes in varying stages of progress. Ceylon had maintained a steady advance during 1961 and India, whose programme covered a population of over 400 million, was making satisfactory progress. On the basis of data accumulated during 1961, it was envisaged that withdrawal of spraying would be possible for a population of 125 million in India in 1962.

In continental Europe, eradication had been achieved in 90 per cent. of the population involved; some small areas were still in the attack phase. It could be confidently expected that the consolidation phase would be attained, as planned, in all those areas before the end of 1962.

In the Eastern Mediterranean Region, half the malarious countries were undertaking eradication programmes. The largest programme, that of Pakistan, covered 55 per cent. of the total population of the Region at risk from malaria. Good progress had been made during 1961, as judged by epidemiological criteria, in Iran, Iraq, Israel, Jordan, Lebanon and Syria.

In the Western Pacific Region, programmes had been instituted in a quarter of the countries, covering 35 per cent. of the total population living in malarious areas. In North Borneo and Sarawak, interruption of transmission had already been achieved in large parts of the programme area and some parts of those countries had been placed in the consolidation phase. The whole of Taiwan was under either the maintenance or the consolidation phase.
A large number of programmes had been launched during the years 1956 and 1957. Assuming an average duration of four years for the attack phase, considerable areas and populations might have been expected to reach the consolidation phase during 1961. That expectation had been largely, although not completely, fulfilled. The outstanding causes of delay in all regions continued to be difficulties of an administrative, operational or financial character in the running of programmes. Those difficulties had, however, been overcome to some extent during the past year.

Chapter II of the report dealt with the subject of training and staffing for national malaria eradication programmes. The international malaria eradication training centres had continued to play a large part in providing staff trained in malaria eradication techniques. Table C gave details on the 202 persons trained during 1961. Plans had been set afoot for the opening in 1962 of two international training centres in West Africa, one to give instruction in English and the other in French. Two senior courses, one in English and one in French, were being conducted in the USSR during 1962.

Considerable attention had been given to providing assistance towards the establishment and running of national training centres. Whereas the international and larger national training centres would continue to provide the basic training for senior technical and junior supervisory staff, field experience and the training of lower grades of staff was given in the countries of origin and that policy had been followed throughout 1961.

Chapter III dealt with the operational aspects of the programme. Experience continued to show the need for preparing detailed and realistic plans for eradication programmes. Comprehensive criteria and methodology for the preparation of such plans
had been developed by WHO with the advice of the Expert Committee on Malaria. Governments in all regions had been reviewing their plans of operation and revising those that did not comply with the stringent criteria thus established.

The increasing emphasis on epidemiological operations in malaria eradication programmes which had been introduced in 1959 had continued during the year under review. Case detection activities, which formed the basis of epidemiological evaluation both in the later stages of the attack phase and in the surveillance operations of the consolidation phase, had been greatly augmented, as witness the large increase in field personnel engaged in those activities in all programmes and the very considerable increase in the number of blood slides examined (1960, over 9 million; 1961, almost 24.5 million).

One of the important criteria laid down by the Expert Committee on Malaria to show achievement of eradication was proof of the absence of indigenous cases over a specified period. To build up such proof, recording and accurate classification of all cases found during the period was essential and the Organization had prepared and issued a document on the classification of malaria cases to assist in that matter.

There continued to be an important shift of emphasis, reflected increasingly in field practice, in entomological methodology. A special refresher course for entomologists, with stress on epidemiological aspects, had been held in the Malaria Eradication Training Centre in Cairo during May - June 1961.

In practically all eradication programmes, residual insecticide spraying continued to be the fundamental method used in the attack phase, and chemotherapy was the main antimalarial measure in the consolidation phase, where its use was confined to individuals or small groups over short periods to effect radical cure. In some exceptional circumstances, where residual insecticides were either ineffective or impracticable, antimalarial drugs might be used as an additional means of attack.
Chapter IV described the problems of resistance. Resistance of the vector mosquito to insecticides had continued to spread but at a slower rate than in previous years. Resistance to one or other type of insecticide had now been reported from forty-three countries and at the end of 1961 eighteen vectors had shown some degree of resistance. Nevertheless, few programmes had been severely hampered as a result. The chapter included a map showing insecticide resistance in major malaria vectors, as known at October 1961, and Table D showed in detail the vector species resistant to DDT or dieldrin or both.

Chapter V described the work being done on the development of new insecticides. Since the appearance of physiological resistance of anophelines to chlorinated hydrocarbons and the recognition that that phenomenon followed a process of selection, the need for alternatives had been felt to be urgent. Following the programme of research on evaluation and testing of insecticides started by the Organization in 1958, a number of organo-phosphorus insecticides had been developed and investigated under field conditions. Malathion and Baytex had been shown to be the most promising of those. In the light of the latest developments, it appeared that malathion, because of its safety and biological effectiveness, could be used as a replacement for DDT against resistant adult anopheline mosquitoes. A field research project was planned for 1962 and 1963 to test the potential value of those insecticides under the conditions prevailing in endemic malarious areas. Another organo-phosphorus insecticide, DDVP, differed from the others in that it produced an insecticidal concentration of vapour which was lethal to mosquitoes. Results obtained from its use so far were promising, both in regard to effectiveness against mosquitoes and lack of toxicity to mammals.
Chapter VI described activities in the field of research. The Organization had continued to assist institutions in carrying out basic and applied research on the many varying aspects of malaria. Grants in money had been made in the field of parasitology for exploring the possibility of growing exo-erythrocytic forms of malaria parasites, for developing methods of identifying different strains of the parasite by the use of fluorescent antibodies, for investigating the duration of *P. falciparum* infection and for the assessment of the degree and duration of immunity. Research work on chemotherapy had consisted mainly of field trials of drug associations and of investigations into the mechanism of drug resistance. Assistance had been given to entomological research, including studies on the longevity of the vector, its irritability to various insecticides, and the mechanism of resistance of the mosquito to insecticides.

Chapter VII dealt with terminology. A drafting committee, composed of four members of the Expert Advisory Panel on Malaria and two members of the Headquarters malaria eradication staff, had been appointed by the Director-General to develop a new document on the terminology of malaria and malaria eradication, which was now being prepared for publication.

Chapter VIII dealt with the important subject of registration of areas where malaria had been eradicated. The Organization had established technical procedures to certify and register the eradication of malaria from an area. During 1961, the first large area, in Venezuela, with a population of over four million, had been certified and registered as an area where eradication had been achieved. The Regional Office for the Americas had undertaken the studies and inspections necessary for the purpose. The criteria and procedures used were very strict and the certification complied with all the postulates that had been laid down. The document produced by the Regional Office constituted the most valuable contribution to the methodology of certification.
Three countries of continental Europe had submitted requests for similar certification and registration and steps were being taken to that end in respect of the areas concerned.

Chapter IX dealt with maintenance of achieved eradication. The importance of maintaining eradication, once achieved, had been emphasized by WHO and steps had been taken to promote and assist measures in that sphere. The Committee on International Quarantine, at its meeting held in November 1961, had also considered the problem and had recommended that a meeting of malaria and international quarantine experts be convened at an early date, to review the situation regarding international protection against malaria.

Chapter X described the advisory services provided to governments. The number of posts for staff engaged in the malaria eradication programme had been 423 at the end of 1961, as against 270 at the end of 1958. The Organization was continuing to take special measures, through the international training courses and in-service field training, to overcome the difficulties being met in filling those posts with personnel sufficiently experienced in malaria eradication techniques.

Chapter XI described the action being taken to co-ordinate activities in malaria eradication. The Organization continued to promote co-ordination through the organizing and sponsoring of inter-country, regional and inter-regional meetings and conferences, which provided for the necessary exchange of information. Co-ordination between the different international and bilateral agencies giving assistance to countries in malaria eradication had been undertaken on a systematic basis, so that success might be ensured through the combining of all efforts into a single programme.
Part II of the report provided statistical information on all aspects of the global programme by region.

The meeting rose at 3.20 p.m.