CONTROL OF MALARIA

(Draft resolution proposed by Dr J. Lariviére and Dr Tin U)

The Executive Board,

Recalling resolution EB83.R16;

Recalling the proposal made at the eighty-fifth session of the Board that a global conference on malaria should be convened at ministerial level;

Having considered the report of the Director-General on the Ministerial Conference on Malaria, organized by the World Health Organization and held in Amsterdam, 26 and 27 October 1992;

RECOMMENDS to the Forty-sixth World Health Assembly the adoption of the following resolution:

The Forty-sixth World Health Assembly,

Recalling resolution WHA42.30 on the global malaria situation;

Recalling resolution AFR/RC42/R8 of the forty-second session of the Regional Committee for Africa, resolution SEA/RC45/R6 of the forty-fifth session of the Regional Committee for South-East Asia, and resolution WPR/RC42/R9 of the forty-second session of the Regional Committee for the Western Pacific;

Recalling that malaria threatens 2200 million people - about 40% of the world’s population - causing often severe clinical illness in over 100 million people, and that more than one million die of it annually;

Noting the report of the Director-General on the Ministerial Conference on Malaria, held in Amsterdam, 26 and 27 October 1992, at the invitation of the Government of the Netherlands, and the World Declaration on the Control of Malaria made at that conference and reproduced in the report;

Noting with satisfaction that the World Declaration on the Control of Malaria is fully consonant with the spirit of resolution WHA43.17 on strengthening technical and economic support to countries facing serious economic constraints;

1. THANKS the Government of the Netherlands for its hospitality and for the financial and technical support as well as the excellent facilities provided for the Ministerial Conference;

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2 Document EB91/4.
2. THANKS the other partners, including bilateral and multilateral development agencies and organizations of the United Nations system concerned for their technical and financial support to the Ministerial Conference;

3. ENDORSES the World Declaration on the Control of Malaria, which

   (1) asserts the gravity of malaria, both as an unacceptable and unnecessary burden upon human health and as a serious obstacle to the social and economic fulfilment of persons and States;

   (2) proclaims the strong commitment of political and health service leaders alike to curb the disease;

   (3) promulgates a global malaria strategy for country-specific action founded on a realistic appreciation of needs and means; and

   (4) fully supports the four technical elements of the global malaria control strategy:
       - to provide early diagnosis and prompt treatment;
       - to plan and implement selective and sustainable preventive measures, including vector control;
       - to detect early, contain or prevent epidemics; and
       - to strengthen local capacities in basic and applied research to permit and promote the regular assessment of a country's malaria situation, in particular the ecological, social and economic determinants of the disease;

4. URGES Member States where malaria remains a problem or a potential threat to reinforce their efforts for prevention and control in accordance with the principles enunciated in the Declaration;

5. URGES interested parties, including bilateral and multilateral development agencies, other organizations of the United Nations system and nongovernmental organizations:

   (1) to recognize the contributions of malaria control to individual health and to community development;

   (2) to review the provision of multisectoral support for malaria control efforts;

   (3) to take into account the risk of malaria and related problems and the possible measures required to prevent them in the planning and implementation of development projects so that they do not contribute to the transmission of malaria and other communicable diseases;

6. REQUESTS the Director-General:

   (1) to reinforce WHO leadership in malaria control;

   (2) to ensure, with the Regional Directors concerned, the necessary technical support at global, regional and national levels to Member States for the preparation or reorientation of malaria control programmes according to the global malaria control strategy and for their implementation in the context of primary health care;

   (3) to pursue efforts towards the progressive improvement and strengthening of local and national capabilities for malaria control, including the health infrastructure;

   (4) to ensure that malaria control programmes are in line with current standards of malaria control and that technical developments are rapidly translated into programme guidelines;

   (5) to stimulate the mobilization of resources at the global, regional and national levels sufficient to give the necessary priority to malaria control;
(6) to continue seeking collaboration with new partners in the development of effective and sustainable malaria control;

(7) to keep the Executive Board and the Health Assembly informed of progress in the implementation of the global malaria control strategy, including through the provision of epidemiological data.
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