

**REPORT OF MEETING
OF INTERESTED PARTIES
ON THE CONTROL OF MALARIA
AND OTHER TROPICAL DISEASES**

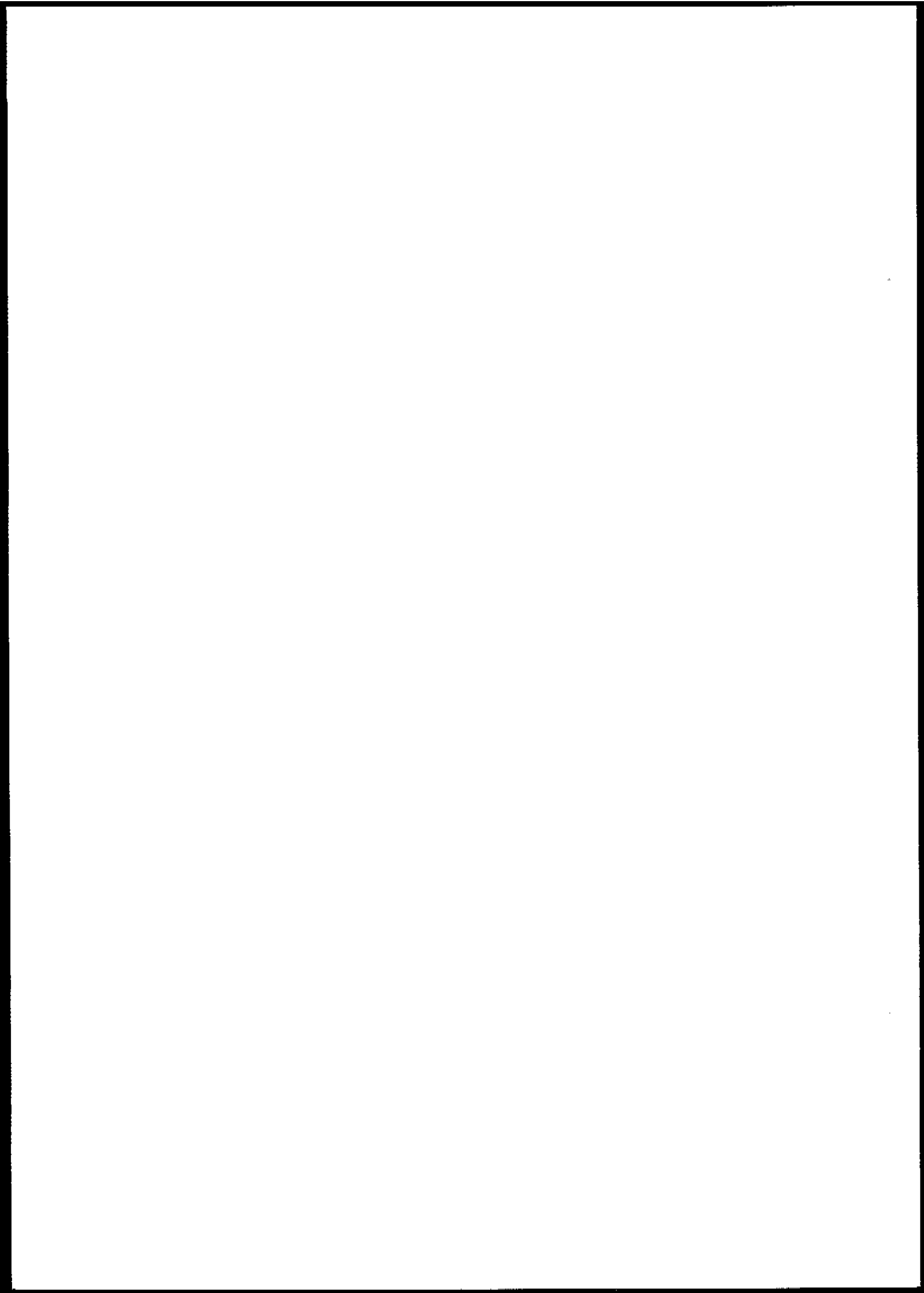
Geneva, 13-15 September 1993



**WORLD HEALTH ORGANIZATION
DIVISION OF CONTROL OF TROPICAL DISEASES**

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1. INTRODUCTION

In October 1992 a Ministerial Conference on Malaria endorsed the Global Malaria Control Strategy and adopted a World Declaration on the Control of Malaria. Recognizing that malaria constitutes a major threat to health and blocks the path to economic development for individuals, communities and nations, the Declaration called for a commitment from all concerned to control malaria. Furthermore, it specifically called on WHO to "exercise leadership in providing support for national implementation" of the global strategy.

The meeting of Interested Parties on Malaria Control was convened as a forum to review and advise WHO on:

- WHO's work since October 1992 and its draft plan of work (1993-1999);
- the managerial and budgetary aspects of the implementation of the Global Malaria Control Strategy;
- current prospects for resource mobilization in light of the economic constraints affecting all "interested parties"; and
- defining coordination at country, regional and global levels.

2. PROGRESS SINCE MINISTERIAL CONFERENCE

Since the Ministerial Conference in 1992, a series of activities have been carried out at global, regional and country levels to translate the Global Malaria Control Strategy into concrete action.

2.1 Global level

At the Global level, guidelines have been developed to assist the health service administrators and malaria programme managers, as well as international partners in health development who have a role to play in malaria control, in the implementation of the Global Strategy. These provide:

- a framework for national governments to set priorities for the development and management of malaria control adapted to local situations and needs;
- guidance on the strengthening of the general health services to enable them to take full responsibility in the provision of early diagnosis and treatment for those at risk;
- guidance on the involvement of communities as full partners in malaria control activities; and
- standards for the development of epidemiological and managerial information systems that will serve local and global needs for assessing the malaria situation and for programme planning, monitoring and evaluation.

These guidelines will also form a basis for the development of the respective regional guidelines and plans of action to be produced by Regional Working Groups on Malaria Control to be held in 1993/4 (see 2.2 below).

Guidelines for the management of childhood diseases are being produced as part of an integrated approach to the care of the sick child. This involves several WHO programmes and covers the management of diarrhoea, acute respiratory infections, malaria, measles, ear infections and malnutrition. These guidelines are being field tested. UNICEF is an active partner in this initiative, which will be a starting point for integration of training, supervision and health education related to disease management.

Applied field research issues of relevance to malaria control were identified during a planning meeting on Applied Field Research in Tropical Diseases held jointly by the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) and the Division for Control of Tropical Diseases (CTD) in May 1993. TDR will be responsible for applied field research whose results are generic in application whereas CTD/MAL and regional offices will support country programmes to strengthen their capability to carry out site and country specific operational research which has been identified through monitoring and evaluation of their control activities.

2.2 Regional level

The first Regional Working Group on Malaria Control was held in Brazzaville in March 1993. It produced regional objectives, a plan of action, and guidelines and indicators for the monitoring and evaluation of malaria control programmes in the African Region.

The Regional Working Group for South-East Asia, also held in March 1993, provided guidelines for the reorientation of malaria control programmes in the Region, and criteria and indicators for evaluating the impact of this reorientation on regional malaria control objectives.

The regional meetings for other WHO Regions will take place at the end of 1993/beginning of 1994.

A systematic assessment of the needs for human resource development necessary for malaria control in affected countries was initiated in 1993. This will enable countries, in consultation with WHO regional offices, to prepare national training programmes in malaria and to facilitate coordination and integration with other programmes.

2.3 Country level

A significant number of malaria endemic countries are presently engaged in the preparation or revision of Plans of Action in line with the Global Strategy. In this context, CTD/MAL, in cooperation with the Regional Offices, TDR, Office of International Cooperation within WHO, and CDC Atlanta and others outside the Organization, has provided technical cooperation to 20 countries since the Ministerial Conference. Most of these countries belong to the 32 countries identified by WHO through its Office of International Cooperation as in need of intensified support to strengthen their health systems (IWC countries). This has facilitated the integration of malaria control into general health care planning. In some cases,

limited financial support has been given to implement malaria control activities. In addition, CTD/MAL has assisted 13 countries in Africa and four in Asia on country-specific operational research. As a consequence, for example, 38 of the 42 malaria endemic countries of the African Region have now completed their Plans of Action or are in the process of finalizing them.

In 1993, WHO has responded to requests to combat emergency problems in Ethiopia, Rwanda and Somalia. However, the current ability to respond efficiently to such requests is seriously hampered by the absence of funds to support implementation. Long term financial and technical assistance is being provided to countries such as Cambodia, Lao People's Democratic Republic, Madagascar, Namibia, Nepal and the Solomon Islands.

CTD/MAL and the Regional Office for Africa (AFRO) has collaborated in 1993 with Ethiopia, Guinea and Uganda to provide national workshops/training courses on the planning, implementation and evaluation of control activities based on the Global Strategy and the training of trainers.

3. WHO'S DRAFT PLAN OF WORK FOR MALARIA CONTROL 1993-1999

This plan was presented to the meeting. The plan describes how CTD in collaboration with WHO's Regional Offices plans to promote the implementation of malaria control according to the Global Malaria Control Strategy. The main objectives of the plan are that:

- by the year 1997 at least 90% of countries affected by malaria implement appropriate malaria control programmes; and
- by the year 2000 malaria mortality has been reduced by at least 20% compared to 1995 in at least 75% of affected countries.

It places strong emphasis on:

- (a) international team-work and partnership in which WHO will obtain consensus opinion to produce technical guidelines and will strengthen coordination among different sectors, institutions, international agencies, nongovernmental organizations and funding agencies in countries and at regional and global levels.
- (b) planning region by region in which WHO will set priorities for action.
- (c) rapid application of technical developments by the translation of research results and technical developments into policy and guidelines.
- (d) integration with other health programmes, the possibilities for which will be analyzed, prioritized and planned. The Sick Child Initiative will probably remain the most important integrated health activity because of the magnitude of the problem.

The activities described in the Plan of Work cover the following areas:

- Control programme support
- Definition of international standards and guidelines - Training
- Health education and communication
- Monitoring
- Coordination

It was estimated that to implement this plan a total of just over 40 million dollars would be required over the period 1993-1999 in addition to its regular budget allocation to malaria control estimated at some 70 million dollars for the global, interregional and regional budgets together, (Annex 2).

4. REVIEW OF WHO'S PLAN OF WORK 1993-1999

The meeting reiterated the importance of WHO's role as the lead agency to provide technical guidance and coordination in malaria control through the Division of Control of Tropical Diseases (CTD) and the Regional Offices. It welcomed the efforts of WHO to strengthen collaboration between CTD and TDR so that research programmes on malaria will be driven by the needs of control. It noted with satisfaction the increased involvement of other Divisions and Units of the Organization in malaria control which is essential if malaria control is to be integrated into the general health services and be an essential element of national development.

The adoption of the Global Malaria Control Strategy has provided the international community with a unique opportunity to review their technical and funding policies and form a partnership in malaria control. WHO has to share this vision with others including its development partners so that its comparative advantage as a technical and coordination agency can be fully exploited.

The meeting accepted the Plan of Work with the following comments:

(a) **General comments:**

- (1) The links between the individual components of the plan require to be elaborated;
- (2) Whilst considerable progress appeared to have been achieved since the Ministerial Conference more information should be given on the individual outcomes and effectiveness of these limited investments.

(b) **Control programme support:**

- (1) Whilst the political implications are understood, WHO should select, as far as possible, priority countries for support so that the limited resources can be used optimally and the lessons learnt in these countries can then be applied to others;
- (2) More emphasis should be given to strengthening countries' own ability to manage, finance and monitor progress of their control activities;

- (3) Priority should be given to operational research on optimizing the use of existing tools for control.

(c) **International standards and guidelines:**

This section covers an important role of WHO and was accepted as it stood. It was stressed that emphasis should be placed on ensuring that the guidelines were practical and understandable to those who had to implement them.

(d) **Training:**

- (1) More emphasis should be given to the links between the implementation of national plans of action and the training of staff at all levels;
- (2) Priority should be given to intracountry training and its decentralization to the district and local levels;
- (3) It should reflect the integrated approach to malaria control, particularly relating to the management of disease in high risk groups such as children and pregnant women.

(e) **Health education and communication:**

- (1) This is an essential component to the success of all malaria control activities. The original allocation of 3% of the total budget may be insufficient and does not reflect its importance;
- (2) There is a need to integrate training and health educational activities involving health workers, mothers, teachers and community leaders, supported by mass communication (social marketing) approaches and operational research.

(f) **Monitoring:**

More emphasis should be made on strengthening national and local capacities to monitor the malaria situation and the progress of control activities.

(e) **Coordination:**

The budgetary provisions for coordination seem to be too high and should be reduced. This could be achieved by reducing the frequency of the proposed meetings.

5. BUDGETARY ASPECTS OF WHO PLAN OF WORK

The meeting noted with satisfaction that, although WHO's budget for all activities of the Organization in 1994/5 foresees an overall real reduction of 2.5% in the regular budget, an increase in the total funds allocated for malaria activities at the global and interregional levels was planned for this coming biennium. US\$ 6.3 million has been budgeted for 1994/5 representing an increase of 34.7% on the budget available for 1992/3. However, no major increases are foreseen in regional funds available for malaria control and CTD and the regional offices have limited extrabudgetary funding at the present time. Clearly the resources available to WHO for implementing the Global Strategy are limited and several participants, including the World Bank, considered that it was essential that ways are found to strengthen WHO as a technical agency for malaria control.

The current financial climate, however, makes it unlikely that the total funds required for the implementation of the Plan of Work will become available in the immediate future. WHO should revise the budgetary allocations in line with expectations, the comments made in section 4 above, and taking into account that personnel costs should be kept to a minimum but commensurate with an effective operation of the Plan.

WHO's argument for increased support for the implementation of its Plan of Work would be strengthened if more information on the current expenditure on malaria control from all sources in each country was obtained. This would make it easier to appreciate the role that WHO envisages to play in mobilizing additional funds and coordinating the optimal use of existing resources. WHO should develop information systems to provide, as complete a picture as possible, of financial and technical resources available for malaria control at the country level. Information on technical resources would also assist WHO to facilitate technical cooperation between countries facing similar problems.

6. RESOURCE MOBILIZATION

Most donors represented at the meeting reported on their current funding situation and of the difficulties faced in balancing their contributions between bilateral and multilateral support. They stressed the importance of WHO's technical input to assist them in these bilateral activities and the need for a forum for partners in malaria control to meet together to review policies and to assist them in the optimal use of the funds available to support malaria control. They requested WHO to make arrangements for future meetings of Interested Parties in Malaria Control by developing a more formal mechanism with terms of reference to be agreed upon by the parties concerned.

The following summarizes the main points made by individual representatives:

Australia is continuing to provide considerable bilateral aid to malaria control, particularly in the Western Pacific Region of WHO. However, funds are not available to provide in addition core support to WHO.

Belgium will continue to support training in malaria control through WHO. Most aid is currently being given bilaterally to countries such as Burundi, Rwanda and Viet Nam.

Canada is committed to malaria control for which funds are being provided bilaterally through country desks. Funds are not available for multilateral support.

Denmark : management strengthening is a priority of which malaria could be a part in such countries as Ghana, Tanzania and Zambia. Support is given bilaterally. Multilateral funds will not be available.

FAO reported on the work being carried out by the FAO/WHO/UNCHS Panel of Experts on Environment and Management for Vector Control (PEEM) particularly on the creation of awareness of vector-borne diseases in irrigation projects, the promotion of environmental management measures to control water-borne diseases and the publication of technical information and guidelines. FAO called for support to the work of the panel and for an expansion of its activities to cover the needs of vector-borne diseases in affected countries of Africa and Asia.

France stresses bilateral support, 20 million French francs being made available in 1992 for malaria control in francophone countries. A possibility might exist for limited core support to WHO.

Germany has established, through the University of Munich and with WHO's technical assistance, a project malaria control through primary health care in Mali, Uganda and Viet Nam. It also supports an Associate Professional Officer in CTD who is currently assigned to Madagascar.

Italy supports malaria control bilaterally and for several years has provided additional multilateral support to CTD including personnel with an Associate Professional Officer being seconded to MAL/CTD. Future support has still to be decided.

Netherlands provides bilateral support to malaria control and will be making available a contribution of 1.5 million dutch guilders to support malaria control activities carried out by CTD.

Portugal has only recently re-established its malaria activities and wishes to strengthen its links with WHO. Malaria research is now being carried out at the Malaria and Tropical Disease Centre, University "Nova de Lisboa" located in the Tropical Institute in Lisbon and Guinea Bissau assisted in monitoring drug susceptibility.

Sweden : Health and environment, gender issues, general disease control and health systems development are the priorities of SIDA and malaria control could be considered in these contexts. New mechanisms are being developed for support to WHO with proposals being considered every two years.

USAID will continue to support malaria control bilaterally and will provide US\$ 2.2 million to WHO's Regional Office for Africa for priority regional activities during 1994-6.

United Kingdom Priority is to assist countries to improve the management and financing of their health systems. It is continuing to support, through WHO, malaria control in Cambodia and Namibia, and has recently provided CTD with US\$ 75 000 for studies on monitoring drug practices and outcome in Western Kenya. ODA will provide US\$ 900 000 in the next three years to support a consortium from the Schools of Tropical Medicine in

Liverpool and London to strengthen technology transfer to malaria endemic countries, particularly those in Africa.

UNICEF has malaria as a key component to their activities targeting children, women, the community and the peripheral health services, particularly in Africa. The Bamako Initiative, an important partnership for the supply and rational use of essential drugs, forms the cornerstone of UNICEF activities for revitalizing general health services at the periphery with community involvement and support to management capability. UNICEF is collaborating with WHO within the Sick Child Initiative and on studies on the use of impregnated bed-nets which are promoted in many countries with encouraging results.

UNDP considers malaria control as a development problem. Current severe financial problems prevent it from supporting the malaria programme directly.

World Bank also considers malaria to be a development problem, being, outside most parts of Africa, an occupational disease. A strategy now exists and the epidemiological approach contained therein assists programmes in choosing the tools to fit the local situations. The Bank considers CTD to have an important role in providing technical guidance to other partners in control and needs this support to ensure that malaria control is properly addressed in their country activities.

7. CONCLUSIONS

- a) The meeting agreed that the WHO plan of work with the changes indicated formed a sound basis for initiating a long-term commitment to the control of malaria in all malarious countries of the world. It should be revised in light of the comments above and submitted to the Director-General.
- b) The meeting recommended that the Meeting of Interested Parties for Malaria Control be established as a permanent mechanism for planning, evaluating and funding the Global Malaria Control Strategy, with the next meeting to be scheduled for September 1994 in Geneva with a duration of 2 days. WHO should develop terms of reference for such meetings, to be agreed upon by the participants.

8. MEETING OF INTERESTED PARTIES ON MANAGEMENT AND FINANCING OF THE CONTROL OF TROPICAL DISEASES OTHER THAN MALARIA

This meeting was held on 15 September 1993, in conjunction with the Meeting of Interested Parties on Malaria Control reported above. The diseases covered were Chagas' disease, dengue, dracunculiasis, filariasis, intestinal parasitic diseases, leishmaniasis, leprosy, schistosomiasis and sleeping sickness.

For each disease the following topics were presented and discussed:

- (a) Distribution and public health impact;
- (b) Control strategies, targets and approaches;
- (c) Ongoing control activities;
- (d) Global plans and resource requirement.

WHO's overall budget for these diseases (including global, interregional and regional) is about US\$ 3 million per year. The need for voluntary contributions is estimated at approximately US\$ 7 million per year (Annex 3). The highest budget is for the dengue programme (US\$ 3.7 million per year) and lowest for Chagas' Disease (US\$ 0.25 million per year) since for the latter, national investments are considerable (over US\$ 80 million per year).

The meeting recommended that the Meeting of Interested Parties on Management and Financing of the Control of Tropical Diseases other than Malaria be established as a permanent mechanism in conjunction with that for Malaria Control and that an additional day be scheduled for such purposes.

Annex 1.

LIST OF PARTICIPANTS

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Annex 2.

**Estimates of WHO/CTD extrabudgetary funds
required for Malaria Control**

(in US\$ 1000)¹

Particulars	1993	1994/5	1996/7	1998/9	Total	%
Control programme support:						
<i>Routine control programme support</i>	130	2 640	2 190	2 190	7 150	16.7
<i>Operational research support to countries</i>	500	1 400	1 890	1 980	5 770	13.4
<i>Control of epidemics</i>	120	1 130	1 160	1 180	3 590	8.3
Guidelines and Standards	240	360	360	350	1 310	3.0
Training	750	5 480	5 600	4 570	16 400	38.1
Health Education	150	420	360	360	1 290	3.0
Monitoring	60	1 250	1 100	980	3 390	7.9
Coordination	50	1 320	1 340	1 390	4 100	9.6
TOTAL	2 000	14 000	14 000	13 000	43 000	100.0

¹ Note :

- All figures are based on cost estimates given in WHO's Proposed Programme Budget 1994/5 and an exchange rate value of US\$ 1.00 = CHF 1.49.
- WHO requirements for internal programme support costs (average 13%) are included in each item of the budgets for each budget line.
- The budgets for 1993 cover the last 3 months of the year.

Annex 3.

**Estimates of WHO/CTD extrabudgetary funds
required for Tropical Diseases other than Malaria**

(in US\$ 1 000)¹

	1994/1995	1996/1997	1998/1999
Leprosy	3 000	3 000	3 000
Filariasis	890	805	805
Schistosomiasis	670	440	470
Intestinal Parasites	1 205	1 205	1 205
Leshmaniasis	560	525	505
Sleeping sickness	1 600	1 500	1 400
Dracunculiasis	2 100	1 800	1 400
Dengue	3 675	3 935	4 190
Chagas Disease	200	220	220
Total	13 900	13 430	13 195