a57106

CTD/MAL/TF2/97.17
DISTR: LIMITED
ORIGINAL: ENGLISH

THE DIRECTOR-GENERAL'S TASK FORCE ON MALARIA PREVENTION AND CONTROL

SECOND MEETING
22-24 OCTOBER 1997

DIVISION OF CONTROL OF TROPICAL DISEASES (CTD)

WORLD HEALTH ORGANIZATION
CH-1211 GENEVA 27 - SWITZERLAND

This document is not issued to the general public, and all rights are reserved by the World Health Organization (WHO). The document may not be reviewed, abstracted, quoted, reproduced or translated, in part or in whole, without the prior written permission of WHO. No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical or other - without the prior permission of WHO.

The views expressed in documents by named authors are solely the responsibility of those authors.

Ce document n'est pas destiné à être distribué au grand public et tous les droits y afférents sont réservés par l'Organisation mondiale de la Santé (OMS). Il ne peut être commenté, résumé, cité, reproduit ou traduit, partiellement ou en totalité, sans une autorisation préable écrite de l'OMS. Aucune partie ne doit être chargée dans un système de recherche documentaire ou diffusée sous quelque forme ou par quelque moyen que ce soit - électronique, mécanique, ou autre - sans une autorisation préalable écrite de l'OMS.

Les opinions exprimées dans les documents par des auteurs cités nommément n'engagent que les dits auteurs.

REPORT OF THE SECOND MEETING OF THE DIRECTOR-GENERAL'S TASK FORCE ON MALARIA PREVENTION AND CONTROL

Cairo, Egypt

22-24 October 1997

INTRODUCTION

Following the adoption by the World Health Assembly in 1996 of Resolution WHA 49.11, the Director-General of the World Health Organization established a Task Force to review the programme of malaria prevention and control and to recommend to the Director-General various options for strengthening WHO's malaria activities at the country, regional and headquarters level.

The first meeting was held in Geneva from 21 to 24 October 1996. At the kind invitation of His Excellency the Minister of Health and Population of Egypt, Professor Ismail Sallam, the second meeting of the Task Force was held in Cairo from 22 to 24 October 1997. The purpose was to review progress made in the past year, especially in relation to the recommendations made at the previous meeting. Professor Ismail Sallam accepted to chair the meeting and the Vice-Chairman was Professor H. J. Van der Kaay (the Netherlands) and the Rapporteur, Professor Geoffrey Targett (UK). There were eight Members and one co-opted Member of the Task Force present and they were joined by representatives and technical experts from The Ministry of Health and Population of Egypt and Ain Shams University, Cairo and the WHO Secretariat (Annex 1). The agenda which was adopted by the meeting is attached as Annex 2.

The meeting was opened by The Minister of Foreign Affairs of Egypt, The Honourable Amr Mousa. In his opening address he reiterated the seriousness of the malaria problem and said that the African Heads of State and Government meeting in Harare, Zimbabwe, in June 1997, had endorsed malaria control as the cornerstone for health and economic development in Africa. In 1995, malaria cost the African continent US$ 2 billion and this is expected to increase unless we all take the necessary steps and precautions to put a stop to this drain on the economy. In this respect, in cooperation with WHO and the concerned Ministries and authorities, Egypt commits itself to participate in malaria control in Africa as a first priority, to support the execution of malaria control strategies and to contribute to the human and financial resources needed for malaria control in Africa.

His Excellency, The Minister of Health and Population of Egypt, Professor Ismail Sallam, welcomed the Members of the Task Force, other participants and distinguished guests and acknowledged WHO's technical and financial support in malaria prevention and control. He stated that Egypt has made a great effort to control malaria and that there have been no cases during 1997 to date. The malaria free state is maintained by an efficient and well staffed control system. He said that what is needed in each country where malaria is endemic, is recognition of the problem and a political will to combat the disease. The best way to achieve malaria control is through advocacy and to mobilize and solidify all the forces and the means towards a common goal and to coordinate efforts between countries.

The Director of the World Health Organization's Eastern Mediterranean Region, Dr Hussein A. Gezairy, in his supportive message sent to the meeting, thanked the Government of Egypt for their invitation and for the excellent arrangements made. He stated that the recent Harare Declaration of the Organization of African Unity (OAU), reflected the political will to control malaria and that the world community now understood that without malaria control there is no way to overcome the economic and political crises that periodically ravage countries of Africa, particularly those of sub-Sahara.

Dr Kazem Behbehani, Director of the Division of Control of Tropical Diseases, speaking on behalf of the Director-General of the World Health Organization also thanked the Government of Egypt for hosting this meeting and welcomed the participants. He emphasized the importance and value of this consultation to enable the Organization to support its Member States in a more positive manner. He stated that much had been achieved since the first meeting of the Task Force and was able to elaborate further on this during the course of the meeting.

REVIEW OF THE RECOMMENDATIONS FROM THE FIRST MEETING

The substantive agenda item was the adoption of the report (CTD/TF/WP/96.5) of the first Task Force meeting as an official document of this meeting. The report and recommendations of the first Task Force meeting were strongly endorsed.

It is a pleasure for the Task Force to congratulate WHO and CTD on the considerable achievements that have been made.

Malaria Control Strategy (Recommendation 1)

The Task Force not only endorses the Global Malaria Control Strategy adopted by the Ministerial Conference on Malaria (1992), the World Health Assembly (1993) and the UN General Assembly (1994, 1995) but recognizes the considerable achievement that it can now be seen to represent. WHO has a pivotal role in coordination and implementation of this global strategy.

Leadership (Recommendation 2), **Structure and Role** (Recommendation 3), and **Collaboration in the UN system** (Recommendation 5)

WHO and CTD are commended for the developments in collaboration with other UN agencies that have taken place in the past year. Thus, there is an agreement with UNESCO on preparation of teaching materials for schools, and a pending agreement with UNICEF specifically with regard to case management of children and with distribution of impregnated bednets. A forthcoming interagency collaboration meeting in November 1997, involving UN agencies, EU and donors will aim to produce a global coordinating plan that defines interagency responsibilities under WHO leadership.

Related developments and proposals noted included:

- The WHO/World Bank initiative for long-term control for Africa
- Increased bilateral and multilateral funding for malaria control
- The Japan proposal to include malaria and other parasitic diseases on the agenda of the G8 summit to be held in Birmingham, UK, in 1998
- World Bank loans for malaria control
- Many agencies are making malaria control a priority

The proposals are all seen as part of a very long term strategy and the Task Force stressed that funding as grants is preferable to loans as the means of financial support.

Such major initiatives need to work through the same matrix and the programme for prevention and control of malaria will have a crucial role, in collaboration with the other agencies, in guiding this.

The Task Force stressed the need for WHO leadership and re-endorses the criteria it proposed under Recommendation 3 regarding the structure and role of the **programme for prevention and control of malaria**. It emphasizes that this programme will have an expanding and increasingly responsible function. Consequently, it is vital to ensure that the person appointed to head the programme has

the international and scientific stature and flexibility to direct a programme that will grow progressively in influence and importance.

Priorities (Recommendation 4)

The Task Force had previously recognized that, with the implementation of the Global Malaria Control Strategy, the highest priority should be given to prevention of mortality, especially in Africa, south of the Sahara. Delayed treatment is an important determinant of death, and policies that ensured availability, accessibility and affordability of drugs for management of malaria at the periphery are very necessary.

The Task Force acknowledged the commitment shown through the provision in 1997 of US$ 10 million above the regular budget for malaria control by the Director-General. Twenty-one countries of the African Region that met the agreed criteria and prepared appropriate plans of action were allocated a total of US$ 9.0 million. Three countries of the Eastern Mediterranean Region received US$ 1.0 million. The first instalments of funds were provided in March/April, 1997 and a mid-term review will be completed in November 1997. A second tranch of US$ 10 million has been agreed by the Director-General for 1998.

The Task Force recognized the importance of the special provision and emphasized the necessity of countries being able to sustain the expanded control measures. The strengthening of country programmes in this way provides an opportunity for donor agencies to buy-in to the country plans.

Drug availability at the periphery on a sustainable basis must remain an absolute priority. Cost recovery and cost sharing policies associated with drug provision, and whether or not distribution of drugs should be within the context of the Essential Drug Policy, remain decisions to be taken by national governments or required by donor agencies.

The Task Force identified further priorities for chemotherapy policy which it recommends to WHO for appropriate technical/expert consideration.

These are:

i) The need to make more drugs accessible and affordable.

ii) The development of guidelines on when to change an established drug policy, i.e. introduction of a new first-line drug.

iii) The training of those who supply drugs outside the health care system.

iv) The standardization of drugs produced by the pharmaceutical industry and as a guide for establishment of national drug policies.

Political commitment of countries (Recommendation 6)

The Harare Declaration on Malaria Prevention and Control of 2 June 1997 in the context of African Economic Recovery and Development, signed by the Heads of State and Governments of the Organization of African Unity represents a particularly important development since it incorporates not only a political commitment but also an annual procedure for reporting back on programme implementation and progress.

Despite the greater investment in national malaria control programmes in many African countries, the national governments often put in negligible amounts of money.

Intersectoral collaboration (Recommendation 7)

Progress in intersectoral collaboration is frequently limited although there are good examples of how this has facilitated malaria control when otherwise it might not have been achievable.

Malaria control is usually not presented in a way that is readily comprehensible to non-health sectors. In particular, the economic benefits that accrue from malaria control, though difficult to establish, need to be calculated.

Training (Recommendation 8)

To enhance the levels of relevant skills, the Task Force recognizes that:

i) Training must have a major focus on malaria control, although many personnel have malaria control activities as only part of their duties.

ii) Programme managers and national malaria experts should be offered training programmes at national and international tertiary institutions to Masters degree or Diploma levels that allow specialization in malaria and specially tailored short course training programmes in malaria control.

iii) In-service training is optimal for most staff and there is a requirement for networks of training centres to facilitate this. International support for these should be sought.

iv) There should be communication between trainers and trainees after training to assist in solving practical problems encountered and in assessing the effectiveness of training.

v) WHO should strengthen intersectoral training, including community and child awareness programmes.

Research (Recommendation 9)

There has been considerable activity directed towards enhanced collaborative malaria research.

Implementation (Recommendation 10)

The Task Force noted with pleasure that the Expert Committee on malaria proposed by the first Task Force meeting is to be convened in 1998.

The Task Force requests the Director-General to forward the recommendations adopted at its meetings to the Executive Board of the World Health Assembly.

RECOMMENDATIONS

The Task Force, at this its second meeting, made the following recommendations:

1. Political Commitment

- Regular independent review of the sustainability of all malaria prevention and control programmes should be undertaken.

- Governments should be encouraged to make specific annual allocations to malaria control to demonstrate their own political commitment.

- A powerful global steering committee be established to address the important political dimensions of malaria control and to act as advocates of the Global Malaria Control Strategy in order to raise financial and political support for it.

- WHO provide technical support to the OAU secretariat to complement the political commitment given in the Harare Declaration.

2. Intersectoral collaboration

The World Health Organization should promote a holistic approach to malaria control that globally can guide donor agencies, and can facilitate new and more comprehensive control measures within countries. Further detailed studies on the economic burden of malaria are needed.

3. Training

Instruction of children in schools on malaria should include practical training, and malaria should be one of the compulsory subjects of final examinations at primary and secondary level. For women, the use of interactive plays is an effective means of increasing community awareness about malaria.

4. Research

- Operational research should be supported by the malaria programme, distinguishing it from the more fundamental research directed by TDR (WHO Special Programme for Research and Training in Tropical Diseases).

- Capacity building in applied field research should be an integral part of the malaria programme especially in those countries committed to support malaria control activities because there is a poor link between research activities and control programmes, WHO should provide the communication that will ensure the most rapid incorporation of research findings into new control strategies

- Impregnated bednets or curtain programmes and the other appropriate components of vector control should be continued as part of the global malaria control strategy but with longer term follow-up to monitor changes in patterns of severe disease, acquired immune responses, malaria-specific and non-specific mortality, altered mosquito behaviour, insecticide resistance and changes in use of insecticides

- Some crucial areas of research must be promoted, notably those associated with pharmaceutical developments, where industrial partners need to be motivated again to focus efforts towards development of antimalarial drugs

* * * *

Annex 1

LIST OF PARTICIPANTS

Members of the Task Force

Dr Sam Bugri, Director, Public Health Division, Ministry of Health, Accra, Ghana

Dr H. Cárdenas-Gutierrez, Bogotá D.C., Colombia

Professor M. Coluzzi*, Istituto di Parassitologia, Facoltà di Medicina e Chirurgia, Università degli Studi di Roma "La Sapienza", Rome, Italy

Dr A.R. Gbary, Conseiller au Ministère de la Santé, Abidjan, Côte d'Ivoire

Professor H.M. Gilles, Liverpool School of Tropical Medicine, Liverpool, UK

Dr T. Pyakalyia, Deputy Secretary (Technical Health Services), Department of Health, Waigani, Papua New Guinea

Professor K.H. Rieckmann, Director, Australian Army Malaria Institute, Gallipoli Barracks, Enoggera, Queensland, Australia

Professor Ismail Sallam (Chairman), Minister of Health and Population, Ministry of Health and Population, Cairo, Egypt

Professor T. Takeuchi*, Department of Tropical Medicine and Parasitology, School of Medicine, Keio University, Tokyo, Japan

Professor H.J. Van der Kaay (Vice-Chairman), Heemstede, The Netherlands

Co-opted Member

Professor Geoffrey Targett (Rapporteur), London School of Hygiene and Tropical Medicine, University of London, Department of Infectious and Tropical Diseases, London, UK

---

* Unable to attend

Other Participants

Dr Wagida Anwar, Professor of Community Medicine at Ain Shams University, Adviser to Minister of Health and Population for International Cooperation and Scientific Research, Ministry of Health and Population, Cairo, Egypt

Dr Kamilia Allam, Director of Research Institute of Medical Entomology, General Organization for Teaching Hospitals and Institutes, Ministry of Health and Population, Cairo, Egypt

Professor Rifky Faris, Professor of Community Medicine, Faculty of Medicine, Ain Shams University, Cairo, Egypt

Dr Taha El Khoby, Under-Ssecretary for Endemic Diseases Control, Ministry of Health and Population, Cairo, Egypt

WHO Secretariat

HQ

Dr Kazem Behbehan, Director, Division of Control of Tropical Diseases, World Health Organization, Geneva, Switzerland

Dr Charles Delacollette, Malaria Unit, Division of Control of Tropical Diseases, World Health Organization, Geneva, Switzerland

Dr Awash Teklehaimanot, Malaria Unit, Division of Control of Tropical Diseases, World Health Organization, Geneva, Switzerland

AFRO

Dr Y. Kassankogno, Regional Adviser/Malaria, WHO Regional Office for Africa, Harare, Zimbabwe

EMRO

Dr B. Sadrizadeh, Director, Integrated Control of Diseases, WHO Regional Office for the Eastern Mediterranean, Alexandria, Egypt

Dr A.E. Beljaev, Regional Adviser/Malaria, WHO Regional Office for the Eastern Mediterranean, Alexandria, Egypt

WHO Office, Egypt

Dr M.I. Al Khawashky, World Health Organization Representative, Cairo, Egypt

Annex 2

AGENDA

1. **Opening**

   1.1 Opening address
   1.2 Appointment of Chairman, Vice-chairman and Rapporteur
   1.3 Adoption of the agenda
   1.4 Administrative arrangements

2. **Implementation Status of the Recommendations of the First Meeting of the Task Force**

   2.1 Update on activities undertaken since the First Meeting of the Task Force
   2.2 Accelerated implementation of malaria control programmes in Africa
   2.3 Capacity building and research on malaria

3. **Update on Malaria Situation and Control in the WHO Regions**

   3.1 AFRO
   3.2 AMRO
   3.3 EMRO
   3.4 SEARO
   3.5 WPRO

4. **Brief presentation by each Member of the Task Force on their own vision of malaria control**

   4.1 Human Resources Development
   4.2 Malaria Diagnosis
   4.3 Malaria Chemotherapy
   4.4 Long-term effectiveness of the use of impregnated bednets in stable malarious areas
   4.5 Community and child awareness and participation
   4.6 Malaria disease surveillance, information systems and health mapping
   4.7 Integrated control in malaria endemic areas

5. **General Discussion - Panel**

6. **Recommendations**

7. **Closure of the Meeting**