

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

REPORTS OF THE FIRST AND SECOND MEETINGS

21-24 OCTOBER 1996, GENEVA, SWITZERLAND

and

22-24 OCTOBER 1997, CAIRO, EGYPT

Division of Control of
Tropical Diseases

(CTD)



WORLD HEALTH ORGANIZATION
GENEVA

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 préalable 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.

INTRODUCTION

In May 1996 the 49th World Health Assembly adopted Resolution WHA 49.11, requesting that efforts be made to increase resources in order to intensify WHO's action in malaria control, to reinforce the malaria training programme at country, regional and global levels and to explore the possibility of establishing a special programme on malaria prevention and control.

The Task Force membership was drawn from different technical expertise and geographical regions and met on two occasions. The first meeting was in October 1996 in Geneva, Switzerland and the second meeting was in October 1997 in Cairo, Egypt. The Task Force members were joined by technical experts and representatives from international bodies and other UN agencies who provided a wide range of views on the malaria situation, and progress, problems and constraints for its control. The Task Force was further supported by written submissions from many experts around the world.

These two reports address the work of the Director-General's Task Force on Malaria Prevention and Control, the progress achieved and the future direction.

The Director-General welcomed the recommendations made by the Task Force at both its meetings, which have been useful in ensuring a new level of efficiency and productivity designed to better meet the needs of the Member States concerned. The terms of reference established for the Task Force have now been fulfilled. Additional support has been provided by WHO to malaria control for 1997 and 1998 and as a result, accelerated control activities have been initiated in a number of countries in Africa, and as part of the reorganization of the Division of Control of Tropical Diseases a new Malaria Prevention and Control Programme has been established.

The Director-General has therefore disestablished the Task Force on Malaria Prevention and Control and has transferred its mandate to the Technical Advisory Group (TAG) of the Division of Control of Tropical Diseases, which will continue to meet once a year to review the work of the Malaria Prevention and Control Programme within the Division.

* * * * *

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

21-24 October, 1996
WHO, Geneva, Switzerland

The Director-General of WHO established a Task Force to assess WHO malaria control programme and defined its terms of reference as the following:

- To review the malaria problem worldwide and the progress made towards control
- To examine the function and capacity of the programme at all levels including the identification of its strengths and weaknesses
- To identify the technical, financial and operational constraints faced at the country, regional and headquarters levels

This 9-member Task Force met in Geneva from 21-24 October 1996 and was chaired by Professor Harrison C. Spencer (UK). Vice-Chairman was Professor H.J. van der Kaay (the Netherlands) and the Rapporteur, Professor T. Takeuchi (Japan). They were joined by technical experts and representatives from international bodies and other UN agencies who provided the Task Force with a wide range of views on the malaria situation and its progress, problems, and constraints. The Task Force was further supported by written submissions from many experts around the world.

The Task Force noted that the Global Malaria Control Strategy leaves full managerial and financial responsibility with the individual country for the implementation of the most effective malaria control methods at rural and community levels. These methods are based on a full understanding of the country's specific malaria epidemiological situation. The Task Force felt, however, that there was a need for more flexibility and managerial ability at the national level, recognising that sustained control requires commitment, programme flexibility and an understanding of the long-term nature of the effort as well as the setting of priorities to maximize scarce resources.

The Task Force found lack of funds to be the chief constraint in malaria control. It considered that international contributions, although helpful on a short-term basis, prevented endemic countries from supporting their own malaria control programmes both technically and financially. Indeed, this eternal expectation of outside funding is one of the greatest hindrances to effective, long-term national plans of control, coupled as it is with the donors wanting quick, visible success as a product of their contributions.

Increasing budgetary restrictions are curtailing WHO's ability to provide required - and expected - technical guidance and support. The Task Force noted that although at the central level the World Bank, UNICEF and other international and bilateral agencies recognized the leading role of WHO, these same often looked elsewhere for technical guidance at the country level.

Overall, despite the numerous constraints, the Task Force believes considerable progress has been made, particularly in the areas of the development of national planning, training and epidemic control and decided that WHO should strengthen:

- its efforts to improve the ability of countries to overcome or adapt to the problems of implementing the Global Strategy; of reaching the community and of developing peripheral capacities to manage problems
- its support to training, both in developing materials and actual training activities
- its evaluation of experiences and support to operation research to find feasible solutions for local problems

The Task Force also recognised that the control of malaria is not only a difficult task, but a long one. It stressed the urgent need for a comprehensive, long-term initiative to reassess the trends of the fast-deteriorating malaria situation, particularly in Africa. The Task Force called for vision and leadership from WHO, both nationally and internationally.

The Task Force noted an important breakthrough:

- the inclusion of malaria control within health sector reform of the UN secretary-general's Special Initiative on Africa, launched in January 1996.
- for an intensified cooperation between WHO and UNICEF in countries of Africa south of the Sahara for a range of activities and will include improving the general health services to manage malaria disease and developing effective mechanisms for emergency treatment of severe disease, improving management of malaria disease within the community, protecting pregnant women from malaria, promotion of preventive measures and assisting in the rapid mobilization of human and financial resources to rapidly contain morbidity and mortality caused by epidemics.
- for an intensified cooperation between WHO, European Union, World Bank and bilateral funding agencies to initiate a malaria control programme in Cambodia, Lao People's Democratic Republic and Viet Nam.

Overall, a high level of political and social commitment is required and has to be sustained in the long-term. A wide malaria research base is required involving:

- situation and epidemiological analysis
- operational research
- research in new technologies
- basic research
- behavioural research

The Task Force also believes that WHO should be the coordinating UN agency for malaria control. WHO is recognized as the agency for (1) development and coordination of global strategies; (2) technical expertise. However, WHO has suffered from increasing budgetary restrictions which have significantly reduced its capacity to provide required, and expected, leadership and technical guidance and support. The Task Force noted that headquarters is also hampered by the increased separation between the control programme (CTD) and the research programme (TDR).

WHO should be the lead agency in global malaria control efforts. In order for this to occur, in addition to the well defined and accepted global strategy of malaria control that exists, WHO must provide visible evidence of its commitment including a visible malaria programme that incorporates all aspects of malaria control including strategy development, operations, training, vector control and operational research. WHO must allocate sufficient resources and technical staff. The programme needs a highly respected scientifically sound manager capable of leading the programme, budgetary resources controlled by the malaria manager, financial and administrative autonomy, and a structure that permits leadership and reinforces the priority to which the Organization gives malaria. This is not the current situation.

WHO needs to prioritize its training efforts in relation to other malaria control activities. One obvious priority is support in the development of training materials and in the actual training activities, including supervision. Training and supervision of health personnel especially at the peripheral level should include the integrated management of the sick child initiative. Furthermore, in evaluating the training programme, WHO can consider how it can promote and coordinate long-term training at designated regional training institutions and country training centres, and how its activities can be better integrated into malaria control. Administrative integration of mature training activities into the malaria programme is logical and would allow for greater programmatic consistency.

Training of expert malaria managers can be achieved by offering health-trained graduates, with experience in public health/epidemiology, a WHO-approved course in malaria studies. The course would be offered by a WHO-approved tertiary educational institution and would lead to a Masters degree in Public Health or equivalent.

Furthermore, the Task Force believes that strengthening the health sector core of malaria programme managers should be complemented by WHO capacity building activities aimed at developing the skills of malaria programme staff to effectively participate in intersectoral development dialogues and negotiations. Such skills are essential to ensure consideration of malaria at crucial decision-making moments in development planning and allocation of resources for malaria prevention and control by other sectors.

However, as positive as progress has been, under the most severe conditions of stable malaria, such as those prevailing in Africa south of the Sahara, it will hardly be possible to achieve sustainable malaria control with the available tools. The transmission potential increases in many areas because of the adjustment of the main vectors to man-made local and global environmental changes. These conditions, coupled with the absence of a vaccine, limited vector control methods and the gradual disappearance of affordable drugs at the village level make the control of malaria a daunting prospect without the development of new tools.

The Task Force considers this need as the main challenge of malaria research, which should maintain a high level of national and international support at various levels, from basic to operational. The most effective involvement in research activities of scientists from endemic countries and the development of their long-term links with centres of scientific excellence should be specifically supported.

Malaria operational research should be considered as part of the Global Malaria Control Strategy implementation and needs to be effectively integrated into malaria control activities. This is not the case at present at WHO headquarters and efforts should be made to link them more closely, both from the administrative and the programme perspectives.

LIST OF PARTICIPANTS

Members

Dr H. Cardenas Gutierrez, Bogotá D.C., Colombia

Professor M. Coluzzi, Istituto di Parassitologia "La Sapienza"

Dr A. R. Gbary, Organisation de Coordination et de Cooperation pour la Lutte contre les Grandes Endémies, Burkina Faso

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

Dr T. Pyakalyia, First Assistant Secretary, Department of Health, Papua New Guinea

Professor K. H. Rieckmann, Australian Army Malaria Institute, The University of Sydney

Professor H. C. Spencer, (Chairman), Dean, London School of Hygiene and Tropical Medicine

Professor T. Takeuchi, (Rapporteur), Department of Tropical Medicine and Parasitology, Keio University.

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

Other Participants

Association of South-East Asian Nations (ASEAN)

Dr F. Gay, Coordinator, European Commission Malaria Programme for Cambodia, Lao People's Democratic Republic and Viet Nam

Professor T. R. Guiguemde, Organisation de Coordination et de Cooperation pour la Lutte contre les Grandes Endemies (OCCGE)

Dr O. J. Khatib, Organization of African Unity (OAU)

Mr P. Malhotra, Director, Liaison Office, United Nations Educational, Scientific and Cultural Organization (UNESCO), Geneva Switzerland

Organisation de Coordination pour la Lutte contre les Endemies en Afrique centrale (OCEAC)

Dr O. Pennenborg, Technical Manager, AFTH2, The World Bank, Washington, D.C., USA

Professor B. Philippon, Institut francais de Recherche scientifique pour le Developpement en Cooperation (ORSTOM)

South African Development Community (SADC)

United Nations Development Programme (UNDP)

Dr J. Zucker, Program Officer, Health Section, United Nations Children's Fund (UNICEF) 2nd Representative, UNICEF

WHO Secretariat**AFRO**

Dr Y. Kassankogno, Malaria Unit WHO Regional Office for Africa, Brazzaville, Congo

AMRO

Dr R. Gusmao, Malaria Adviser, WHO Regional Office for the Americas, Washinton, D.C., USA

EMRO

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

SEARO

Dr P. R. Arbani, Malaria Adviser, WHO Regional Office for South-East Asia, New Delhi, India

HQ

Dr P. F. Beales, Chief, Training Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr M. K. Behbehani, (*Secretary*), Director, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr P. Carnevale, Malaria Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr C. Delacollette, Malaria Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr T. Godal, Director, Special Programme for Research and Training in Tropical Diseases, WHO, Geneva, Switzerland

Dr R. H. Henderson, Assistant Director-General, WHO, Geneva, Switzerland

Dr P. Herath, Malaria Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr D. L. Heymann, Director, Division of Emerging and other Communicable Diseases Surveillance and Control, WHO, Geneva, Switzerland

Dr M. Karam, Office of Director, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr A. V. Kondrachine, Chief, Malaria Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr R. Kouznetsov, Malaria Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr W. Kreisel, Executive Director, Office of Global and Integrated Environmental Health, WHO, Geneva, Switzerland

Dr J. A. Najera, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

Dr D. Nanjira, DGE, WHO, Geneva, Switzerland

Dr A. Teklehaimanot, Malaria Unit, Division of Control of Tropical Diseases, WHO, Geneva, Switzerland

A G E N D A

1. **Opening**
 - 1.1 Opening address
 - 1.2 Appointment of Chairman and Rapporteur
 - 1.3 Adoption of the agenda
 - 1.4 Administrative arrangements
2. **The Malaria situation, progress, problems and constraints**
 - 2.1 African Region
 - 2.2 Region for the Americas
 - 2.3 Eastern Mediterranean Region
 - 2.4 European Region
 - 2.5 South-East Asia Region
 - 2.6 Western Pacific Region
 - 2.7 The Global Perspective
3. **Technical issues in Malaria Control**
 - 3.1 Malaria diagnosis and diagnostic methods
 - 3.2 Parasite resistance to antimalaria drugs
 - 3.3 Disease management and rational drug policies
 - 3.4 Vector resistance to insecticides
4. **Programme issues for Malaria Control**
 - 4.1 Community involvement in malaria control
 - 4.2 Management of Malaria Control programmes
 - 4.3 Sustainable Human Development
 - 4.4 Information management and evaluation
 - 4.5 Antivector measures for malaria control
 - 4.6 Population movements and social and economic issues
 - 4.7 Epidemic control and disaster preparedness
 - 4.8 Intersectoral collaboration
5. **Administrative issues**
 - 5.1 Programme financing and equity
 - 5.2 Malaria control within the health services systems
 - 5.3 Civil unrest
 - 5.4 Political support to Malaria Control
6. **International collaboration**
 - 6.1 Bilateral agencies and NGOs
 - 6.2 Collaborating Centres for Training and Research
 - 6.3 United Nations and other international agencies
7. **The Role of WHO's Malaria Prevention and Control Programme**
8. **Other matters**
9. **Recommendations**
 - 9.1 Direct support to countries
 - 9.2 Support to countries from Regional Offices
 - 9.3 Support to countries and Regional Offices from Headquarters
10. **Closure of the meeting**

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

22-24 October 1997
Cairo, Egypt

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 22-24 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 international agencies and other UN agencies (Annex 1). The agenda which was adopted by the meeting is attached as Annex 2.

The meeting was opened by His Excellency the Minister of Foreign Affairs of Egypt Amri Mousa. In his opening address he reiterated the seriousness of the malaria problem and said that the African Heads of State & Government, meeting in Harare, Zimbabwe in June 1997, had endorsed malaria control as the corner stone for health & economic development. 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 international and regional strategies and specify human and financial resources needed for malaria control.

Dr Kazem Behbehani, Director of the Division of Control of Tropical Diseases, speaking on behalf of the Director-General of the World Health Organization thanked the Government of Egypt for hosting this meeting and welcomed the participants to the meeting. 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.

The Director of the World Health Organization's Eastern Mediterranean Region, Dr Hussein Geziairy, in his supportive message sent to the meeting also 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 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.

The Chairman, Professor Ismail Sallam, in his inaugural address 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 substantive agenda item (see Annex 2 for the agenda) 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 (GMCS) 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 co-ordination and implementation of this global strategy.

Leadership (Recommendation 2)

Structure and Role (Recommendation 3)

Priorities (Recommendation 4)

The Task Force had previously recognized that, with the implementation of the GMCS, 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\$ 10m 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\$ 9.0m. Three countries of the Eastern Mediterranean Region received US\$ 1.0m. The first installments of funds were provided in March/April, 1997 and a mid-term review will be completed in November 1997. A second tranche of US\$ 10m 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:

- a) the need to make more drugs accessible and affordable.
- b) the development of guidelines on when to change an established drug policy i.e introduction of a new first line drug.
- c) the training of those who supply drugs outside the health care system.
- d) the standardization of drugs produced by the pharmaceutical industry and as a guide for establishment of national drug policies

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 inter-agency collaboration meeting in November 1997, involving UN agencies, EU and donors will aim to produce a global co-ordinating 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.

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 Government 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.

THE TASK FORCE RECOMMENDS THAT:

- *a 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 GMCS 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.*

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.

THE TASK FORCE RECOMMENDS THAT:

- *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.*

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.

THE TASK FORCE RECOMMENDS THAT:

- *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.*

Research (Recommendation 9)

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

THE TASK FORCE RECOMMENDS THAT:

- *Operational research should be supported by the malaria programme, distinguishing it from the more fundamental research directed by TDR.*
- *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 anti-malarial drugs.*

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.

* * * *

LIST OF PARTICIPANTS

Members

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

Dr H. Cardenas Gutierrez, Bogota D.C., Colombia

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, Department of Health, Waigani, Papua New Guinea

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

Professor Ismail Sallam (Chairman): Minister of Health and Population , Ministry of Health and Population , 3 Magles El Shaab St., Cairo , Egypt .

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

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

Professor T. Takeuchi*, Department of Tropical Medicine and Parasitology, School of Medicine, Keio, University of Tokyo 160, Japan

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 , Advisor 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, Undersecretary for Endemic Diseases Control, Ministry of Health and Population, Cairo, Egypt.

WHO Secretariat

AFRO

Dr. Y. Kassankogno: Regional Adviser/Malaria, WHO Regional Office for Africa, c/o WHO/AFRO Harare, Zimbabwe.

EMRO

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

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

WHO Office, Egypt

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

HQ

Dr. Kazem Behbehani ; 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, Switzerland.

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

A G E N D A

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 programme 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**