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FACTORS AFFECTING PROGRESS IN MALARIA ERADICATION PROGRAMMES

The Expert Committee on Malaria in 1960¹, reviewed the status of malaria eradication and prospects for the future and concluded that "the best guarantee for the success of a programme lies in expert leadership, in thoroughness of planning, and in foreseeing the possibility of certain difficulties and providing for their speedy correction". The Expert Committee² again reviewed the progress of malaria eradication programmes at its 1966 meeting and analysed extensive documentation relating to the 52 WHO-assisted malaria eradication programmes, including 10 in which eradication had been achieved. Of the 42 continuing programmes the Committee concluded that "twelve with a population in the originally malarious areas of 626 million, have progressed satisfactorily and the prospects of eradicating malaria on schedule are favourable if the present performance is continued according to existing plans of operation. Twenty-two programmes, with a population in the original malarious areas of 230 million, are progressing too slowly for it to be likely that they will meet their eradication target dates, although the prospects of so doing would be favourable if their plans were reviewed, amended where necessary, and their implementation improved. Eight programmes, with a population of 35 million, have made such limited progress that eradication cannot be expected unless radical changes in the planning and implementation permit correction of known deficiencies." The major factors affecting progress were found to fall under the following heads:

¹ Wld Hlth Org techn.Rep. Ser. 205, 4-9

² Wld Hlth Org techn. Rep. Ser. 357, 23-43

1. Planning

Thirty-eight of the programmes were converted from control programmes already in operation and only 14 were planned as eradication programmes from their inception. Deficiencies in planning were often due to the inadequacy of knowledge of the local epidemiology of the disease and of its geographical extent, and because of a lack of appreciation of the full implications of the programme. In 22 programmes, planning was either initially sound or deficiencies were quickly recognized and rectified. In 22 others, necessary corrective measures were delayed or inadequately implemented, while in the remaining eight programmes there was a failure to correct. At its meeting in 1967 the Expert Committee¹ noted that although lists of essential requirements determining the feasibility of malaria eradication programmes had previously been set out, serious setbacks had occurred in certain programmes because those requirements had not been fulfilled.

2. Administration and finance

Inadequate general administrative methods and practices usually resulted in setbacks due to delays in the provision of supplies and equipment, poor transport maintenance, etc. Ten countries found planned funds inadequate due to decreased purchasing power of local currency. In thirteen, planned funds were not made available. In others, poor financial management resulted in late allocation of funds or paralysing inflexibility. Complex budgeting and fiscal management on the part of governments and assisting agencies also interfered with smooth running of some programmes. In the 8 programmes which have made grossly unsatisfactory progress, all suffered from an "absence of dynamic, experienced leadership and failure of governments to mobilise adequate financial resources".

3. Personnel and training

A number of programmes suffered from a lack of competent, well-trained and adequately-paid personnel, ineffective leadership and poor esprit de corps. Some countries lack sufficient trainable people and in others, conditions

¹ Not yet published

of service have failed to retain good quality staff. The strenuous nature of the work often for prolonged periods in remote parts of the countries added to the problem of retaining personnel of the right quality.

4. Technical considerations

Technical factors adversely affect progress in only about 1% of the total population under the eradication programme. However, they are of considerable significance as sources for the importation of malaria into areas already freed from the disease and have an operational and psychological importance out of proportion to their extent. They include:

- (1) Factors relating to the vectors, e.g. resistance to insecticides as in Central America and the Persian Gulf areas of Iran and Iraq, or unfavourable behaviour patterns leading to "inadequate contact with insecticides as reported in sixteen programmes, eleven of which are in the region of the Americas."
- (2) Drug resistance reported in 5 programmes, but it has not presented serious problems to eradication as in most of the areas affected the vector is still amenable to residual insecticide spraying.
- (3) Factors relating to the human population, e.g. population movement, which is of importance in eleven countries either in the form of true nomadism or of immigration of agricultural or other labourers.

5. Operations

Operational defects cover a very wide range such as:

- (1) Non-compliance with the terms of the plan of operation.
- (2) Incomplete coverage geographical reconnaissance.
- (3) Incomplete coverage spraying operations.
- (4) Lack of regular assessment.
- (5) Inadequate laboratory facilities.
- (6) Inadequate surveillance operations.

It may be noted that the 8 grossly unsatisfactory programmes had the following adverse factors in common: incomplete geographical reconnaissance, incomplete spraying coverage and inadequate planning of surveillance.

The Expert Committee¹ made the following recommendations in relation to factors affecting progress:

(a) that a plan of operations should make adequate reserve provisions to meet problems that are liable to occur during the implementation of the programme and that if not foreseen and provided for, would cause serious delays,

(b) that the plan of operations be prepared so as to fit into the health sector of the overall national socio-economic development plan of the country concerned,

(c) that the plan of operations, revised as may be necessary, be strictly followed throughout the programme,

(d) that whenever a country decides to undertake a malaria eradication programme funds be budgeted for the whole programme, be available at the planned date, and be managed with the necessary flexibility,

(e) that timely provision be made for the appointment and training of adequate numbers of national staff of all categories,

(f) that due attention be paid to ensuring equitable and attractive conditions of service for malaria staff, with long-term prospects in the health field,

(g) that care be taken to ensure the full-time assignment to malaria duties of key malaria staff until eradication is achieved and vigilance is established,

(h) that WHO maintain and expand its assistance in the field of training, including the development of national training activities as an integral part of malaria eradication programmes,

(i) that greater attention be paid to informing and instructing professional and auxiliary health personnel, in both private and public service, regarding the principles and aims of the malaria eradication programme,

(j) that before starting spraying operations, definition of malarious areas as well as geographical reconnaissance be completed,

(k) that dynamic and experienced leadership be provided at both national and international levels for all malaria eradication programmes,

¹ Wld Hlth Org techn. Rep. Ser. 357, 52-55

(l) that spraying coverage be always total, complete, sufficient and regular and that surveillance be planned and carried out in accordance with the recommendations of previous Committees,

(m) that governments be urged to ensure, with the collaboration of WHO Regional Offices, the regular evaluation both of the epidemiological and operational aspects of their programmes, particular attention being paid to the early detection of any unfavourable response to attack measures and to identification of the cause, as recommended in the twelfth report of the WHO Expert Committee on Malaria,

(n) that plans of operations be immediately modified on the basis of the results of the above assessment and action be taken accordingly, and

(o) that WHO continue to give primary attention to research on the nature and solution of problems and to offer technical assistance to programmes showing difficulties of a technical nature.