

LEAGUE OF NATIONS.

C.H./Malaria/272.

Geneva, January 25th, 1939.

HEALTH ORGANISATION.

MALARIA COMMISSION.

Note by the Secretariat on the proposed Inter-governmental Conference on anti-malaria drugs.

When in 1925 it was first suggested that an inter-governmental quinine conference should be convened, the Health Committee had in view solely the conditions of production and the possibility of increasing the consumption of this alkaloid.

Since that time the studies on the therapeutic efficacy of alkaloid mixtures, the discovery of synthetic drugs, extensive laboratory and clinical work, and experimental work in the field have led the Malaria Commission to enlarge the aim and scope of a meeting of this kind and to include synthetic drugs.

The Enquiry into Quinine Requirements (C.H./Malaria/185), which was made with the collaboration of malarious countries, showed that, in spite of the increasing number of cases treated, the consumption of quinine was below the minimum necessary for the treatment of at least the known cases of malaria.

The publication in 1933 of the Third Report of the Commission, which marks an important date in the therapeutics of malaria, coincided with the inauguration of a fresh series of trials on totaquina and synthetic drugs. In these circumstances the Malaria Commission decided to adjourn the date of the proposed Conference.

The conclusions of the Fourth Report, which are based on one hand on the results of strictly controlled experiments made on over 12,888 persons, and on the other hand on the experience of the malarialogists and the results of the most important observations published up to 1936, permitted the Commission to state its opinion on the resources now available to the health administrations or communities concerned in endemic areas for the treatment and prophylaxis of malaria by means of drugs.

At the same time the Commission emphasised the great importance to a malarious country of the price of drugs and the cost of staff, and the necessity of making investigations along these lines.

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At its 25th session the Health Committee, on making a further examination of the documentary material collected and the results of the work carried out under the auspices of the Health Organisation, was of the opinion that an intergovernmental

Conference on anti-malaria drugs was not only advisable but necessary and could contribute largely to reconciling the occasionally somewhat divergent points of view of producers and consumers to the greater benefit of malaria patients.

The Health Committee decided to communicate to the Malaria Commission a provisional agenda embodying the following points:

- Present production as compared with world requirements,
- Cost of production and market prices,
- Cost of a campaign of treatment and drug prophylaxis according to the preparation employed,
- Method of distribution.

At its meeting in October 1937 the Reporting Committee examined with great attention the Health Committee's agenda and the difficulties arising from its execution, particularly that of estimating even approximately the "Cost of a campaign of treatment and drug prophylaxis according to the preparation employed" before being better informed concerning the price of the drugs and their distribution costs, which greatly vary from country to country.

At the same time the Reporting Committee recommended to Governments that investigations into morbidity and mortality due to malaria and the number of attacks per person per annum should be taken into consideration in estimating even approximately the amount of anti-malaria drugs required by the country.

The Reporting Committee therefore proposed that the following points should be placed on the provisional agenda of the Conference:

1. Present state of production in relation to world requirements: probabilities and possibilities for the future.
2. Cost of production, sale price to Governments and large organisations, retail prices.
3. Method of distributing drugs.

and decided that the details of these points should be incorporated in a questionnaire to be communicated by the Health Organisation to the Governments and all bodies and individuals from whom it is hoped that relevant information may be obtainable.

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As the information already obtained with the assistance of malarious countries does not go beyond 1931, the Secretariat of the Malaria Commission, wishing to collect for submission to the Conference supplementary material which shall be as complete as possible, would be very grateful if replies could be furnished to the following points:

1. Present state of production in relation to world requirements; probabilities and possibilities for the future.

The following anti-malaria drugs should be dealt with separately:

Quinine salts
Mixtures of cinchona alkaloids
Totaquina
Synthetic products.

(1) Amounts of anti-malaria drugs available:

(a) Produced in the country:

By Governmental agencies
By commercial agencies

(b) Amounts imported each year 1932-1937

(c) Amounts exported each year 1932-1937

(2) Amounts used by the State each year 1932-1937:

(a) Free distribution:

Public health organisations
Other agencies

(b) Sold at reduced prices (indicate the price)

(c) Sold at market prices (indicate the price)

(3) Amounts used by private organisations

(4) Amounts sold by commercial agencies

(5) Number of cases treated each year 1932-1937*

(a) Hospitals

(b) Dispensaries

(c) In the field

(6) Prospects and possibilities of increasing the amounts of anti-malaria drugs:

(a) Local production

(b) Purchases

2. Cost of production, sale price to Governments and large organisations, retail prices.

(1) Cost of production of anti-malaria drugs:

(a) State factories

(b) Private undertakings.

* For those countries which do not publish annual reports.

- (2) Retail prices charged by the producing State:
 - (a) To public health organisations
 - (b) To semi-official organisations
 - (c) To charitable organisations.
- (3) Has the Government passed any legislation, or are there any measures of control over the sale, price, manufacture or distribution of anti-malaria drugs? If so, give details.
- (4) Are import duties or other taxes levied on these drugs? If so, give details.
- (5) Does the State derive any profit from the manufacture under Government auspices of anti-malaria drugs? If so, what is the amount, and how is it used? (Anti-malaria campaigns?)
- (6) Prices at which the Government and large organisations can obtain the various drugs (market prices):
 - (a) Wholesale prices

{	Government
{	Charitable organisations
{	Commercial firms
 - (b) Retail prices

{	Fixed prices
{	Open market

5. Methods of distributing anti-malaria drugs.

What are the present methods of drug distribution? (in usual endemic conditions and in times of epidemic)

Government or semi-official agencies:

(a) Public health services

(b) Auxiliary bodies:

Priests, schoolmasters, police, head men of the villages, volunteers, rural cooperative societies.

(c) Charitable and similar organisations:

Red Cross, missionaries

(d) Distribution expenses (staff etc.)

What degree of efficiency have these methods reached?

Can the more isolated villages easily procure the drugs?

Are the financial resources of the villagers such as to enable them to use the drugs?

The results of this enquiry will in due course be embodied in a Report by the Secretariat and will form one of the bases of a general work on the problem of anti-malaria drugs.

The statistical information on the prevalence of malaria published in the annual reports of health administrations will also be included.

Following the practice which has given such favourable results in the preparation of other intergovernmental meetings, it would be desirable for each malarious country to prepare within the next six months a national monograph giving for the last five-year period an exact picture of the extent of the malaria problem and the local endemic and epidemic characteristics, any efforts at anti-malaria action, the methods used and their cost. The problem of anti-malaria drugs and methods of distribution should be given the prominence due to them. As far as concerns the estimate of requirements in anti-malaria preparations, the Secretariat refers to the following recommendations of the Reporting Committee, with the suggestion that account should likewise be taken of losses due to malaria, its influence on the vitality of the people, their incapacity for work, and the consequent economic loss to the country:

" The Committee considers that, before making even an approximate estimate of world requirements of anti-malaria drugs, it will be necessary to investigate the morbidity and mortality actually due to this disease; it recommends such investigations to the careful attention of all Governments and administrations in malarious countries. It also suggests that account should be taken of this problem in the preparation of all general health investigations in tropical countries.

In most tropical countries where scattered populations of poor and weak people predominate, the Committee is of opinion that in the present state of knowledge our object should be the provision of adequate facilities for the treatment of attacks of malaria rather than more expensive methods aiming at a radical cure of infection. The latter may not only be wasteful of drugs but possibly even dangerous through their effects upon the tolerance of the population.

The Committee is of opinion therefore that estimates of the requirements of anti-malarial drugs in any such countries should be calculated rather upon the number of malarial attacks per person per annum than upon the actual number of infected persons."