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MALARIA CONFERENCE FOR WESTERN PACIFIC
AND SOUTH EAST ASIA REGIONS

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The Secretary of the Expert Committee on Malaria has the honour
to communicate hereunder the following note:

INFORMATION ON THE MALARIA CONTROL PROGRAMME
IN TERRITORY OF PAPUA & NEW GUINEA

1. Present status of malaria control in the country

1.1 Recently estimated population of the country:

1,600,000 Native people
13,000 Europeans
3,500 Asians

1.2 Nearly total population exposed to the risk of malaria which occurs
to 7,000 feet altitude.

1.3 Malaria morbidity and mortality statistics for the last 15 years
not available. Malaria is not a notifiable disease.

1.4 This is difficult to assess. A residual spraying project in the
Mekeo area, Central District of Papua, has given protection, whilst in
their home area, to approximately 4,000 persons. All natives whose
ordinary habitat is above 3,500 feet and who have transferred to labour
on coastal plantations and in the towns are directly protected by anti-
malaria drugs. The number receiving this suppressive treatment would
approximate 7,000. European, Asian and Native populations dwelling in
towns where the anophelines have been eradicated or controlled, and
therefore directly benefiting in this control when remaining in the towns,
would approximate 20,000. However, it is to be appreciated that outside
the town boundaries no control is available. All public servants and
their dependents numbering approximately 4,000 are given direct protection
by drug control.

1.5	Towns:	Port Moresby	-	Anophelines	eradicated
		Lae	-	"	controlled
		Rabaul	-	"	"
		Samarai	-	"	eradicated
		Madang	-	"	controlled
		Wewak	-	"	"
		Kavieng	-	"	"

District Control:

Mekeo Sub-district of Central District, Papua	-	840 sq miles
Minj, Western Highlands District, New Guinea	-	3 sq miles

1.6 Data detailed in Annex 1.

1.7 Only in the Mekeo Sub-district where residual spraying has taken place has information been recorded concerning spleen rates before and after control occurs. The data are at present being studied. In their present form they are not sufficiently valid as other factors have to be reviewed. However, the preliminary results appear to be dramatic.

1.8 Information is now being assessed and is not yet available, but it may be stated generally that the local people appreciate an apparent much improved infant mortality rate.

2. Organization, methods, and training facilities of the present programme

2.1 Organization

Organization established under an Assistant Director of Public Health.

Malariologist	-	1
Malaria Control Officer	-	1
Malaria Control Assistants	-	12
Health Inspectors	-	8

Field teams under technical supervision from the above personnel but under local Health Department staff.

This organization is not complete today. The appointment of a Malariologist is in process, and this will be followed by the appointment of the Malaria Control Officer who will be a graduate in one of the Sciences. The Malaria Control Assistants and Health Inspectors as well as other departmental officers are being trained at the present time. Such teams will form the nuclei of residual spraying teams throughout the country employing native labour.

2.2 Methods of malaria control

2.2.1 Except in the Mekeo no residual spraying is at present being undertaken but active larval control measures are carried out in all town areas and at Minj.

2.2.2 All Public Servants and their dependents are issued free-of-charge any anti-malaria drugs of their choice. All native labourers from villages above 3,500 feet altitude working on coastal plantations must be provided with anti-malaria drugs as approved. For drugs used see Government Gazette, 16th July 1953. Distribution is made from the three Bulk Medical Stores at Port Moresby, Lae and Rabaul and from all medical centres throughout the Territory, 55 in number. Anti-malaria drugs are issued free as treatment from 600 medical First Aid Posts.

2.3 Training facilities

A Malaria Control School is established at Minj. Regular courses in Malaria Control are held. The first commenced in March 1954. The course is of 6 weeks duration for Department of Public Health officers and officers of the Department of Agriculture, Stock and Fisheries; an alternate three weeks' course is established for officers of the Departments of District Services and Native Affairs and of Education. Special (longer) courses are being conducted for native people.

3. Plans for the future

It is intended during the present financial year (1954/1955) to establish a Malaria Control Project of residual spraying. The exact location has not yet been determined but it is anticipated that it will be in the Gazelle Peninsula, New Britain District, New Guinea, where two groups can readily be chosen for such a control project. At the present juncture it is hoped to use Dieldrin to produce the residuum. Close liaison will be kept with the Netherlands New Guinea authorities who have already established such a project using DDT. Both territories will interchange information regularly. In the meantime larval control will proceed as widely as possible throughout the Territory especially in the town areas where T.I.F.A. machines are regularly used.

The number of people that will be directly protected year by year has not been assessed at this date, but it is hoped to have complete control throughout the Territory by residual spraying in a period of five years.

ANNEX 1

1953-1954

1. Area of Operations:	840 sq miles
2. No. of houses and all other structures sprayed:	1st cycle - 1000
3. Population directly protected:	4,000
4. Population protected by other methods of control:	500 (drug control on the borders of the experimental area)
5. No. of sprayings in the year:	Two
6. Insecticides and formulations used: total annual consumption:	DDT 5% in kerosene - 150 lbs. DDT (I.C.I. 98-99% p.p.i) DDT Wettable water dispersible - 224 lbs.
7. Average dose of insecticide per sq m or per sq ft, for each spraying	Not available
8. Type of sprayers used	Knapsack.
9. Are all structures sprayed?	All village houses and schools.
10. Average superficial area sprayed during each spraying per inhabitant directly protected.	Not at present calculated.
11.1 Total cost per year	Not at present available.
11.2 Percentage of total sum expended on insecticides formulations	Not at present available.
11.3 Annual cost per capita of population directly protected by residual spraying	Not at present available.
12.1 Cost of operation by other methods: Total cost per year	Not at present available.
12.2 Annual cost per capita	Not at present available.
13.1 Cost of control operations by drug prophylaxis. Total cost per year	Not being used at present in sprayed areas.
13.2 Annual cost per capita	Not available.
14. Comments	None, at present.