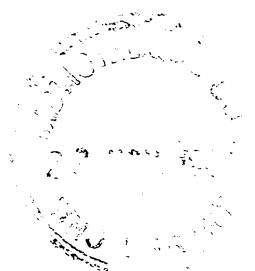


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1. NOTES ON TRAINING MICROSCOPISTS

Dr Alan Gilroy, Principal of the Indian Branch of the Ross Institute of Tropical Hygiene, was asked by the Director of the Indian National Malaria Eradication Programme to train microscopists for Assam, Manipur, Tripura, North-East Frontier Agency and Sikkim.

The following note has been extracted from his comments on the five courses run by the Ross Institute.

Limited laboratory space restricted the number of students, who were of matriculation standard, to 10 for each course, which lasted four weeks. Six hours a day for 24 days were required to cover the comprehensive and carefully graded syllabus which was drawn up in Delhi and is used in all the training centres in India.

The laboratory sessions began with practice in handling the microscope and went on to the taking and staining of blood films, preparation of stains, study of human species of Plasmodia in thin and thick films, and to the examination in one day of 50 films and reporting the results on the NMEP surveillance form. Starting in the third week, each student was given individual training in the recognition of the stages and species of parasites. Early sessions were used to teach such fundamentals as reporting to the demonstrator on the red blood corpuscles and on the chromatin and cytoplasm of the focussed and centred parasite.

The next stage was to set up five microscopes, first with thin films, but soon with thick only. The students left their main work in pairs, examined the preparations, wrote down their findings and returned to the main laboratory. They were allotted points and were then recalled and one by one shown the mistakes they had made and asked to re-examine the slides. These sessions were tiring and took a lot of time - one-and-a-half hours for six men to examine the slides and then be given the subsequent explanations.

For some reason crescents were missed time and again although they would be thought easy. Part of the trouble was caused by twisted parasites so a cardboard "crescent" was cut out and doubled over to show how it could be distorted by haemolysis or by spreading thin films.

It came to be expected that if on any day a number of fallacies were demonstrated then there was a marked tendency to see parasites as fallacies the next day. To check this it was thought justifiable to introduce the dogmatic rule, even if it is not always true - no chromatin and cytoplasm, no parasite.

It is better never to demonstrate the unusual, however interesting. In a search of stored slides for demonstration one was found with a number of P. falciparum schizonts. Stressing its rarity did not prevent every schizont for days after being called falciparum and that slide was never shown again.

Lecture notes are of great importance for men who have no text books at all. The students' poor English and their lack of experience did not allow them to take notes from spoken lectures.

Lectures must be concise but adequate, accurate and within the comprehension of the students. They should make an attempt to explain why; not only what surveillance is but why it is so important; not only what malaria rates are but why they have to be measured.

Concepts are difficult to explain. Answers made it certain that while students had learned that eradication refers to the parasites and not the vectors, many of them could not visualize this on a nation-wide scale, but saw it in their minds as applying to patients or perhaps a village.

Indeed teaching makes it clear that many of the common words of malariology are singularly ill-suited for understanding by people of this standard of education. For instance, in describing the infant parasite rate, the age was carefully defined and carefully learned but it later appeared that the men had no concept of the seldom-used word "infant". So the definition was changed to: "The infant parasite rate is the proportion of all babies examined etc. ...". So simple a change meant the difference between something learned by heart but not understood, and something that was at once understandable. Eradication was another term very difficult to define in simple English and a long paraphrase had to be used such as: "Clearing out every case of malaria in the whole of India, to the very last case in the smallest, farthest-off village".

Repetition must be endless, however tedious and time-consuming it may be. "Asexual" caused trouble, so whenever the word was used "non-sexual, all of one sex" was written in brackets after it. Similarly, "mature" was always followed by "(full-grown)" and "sexual" by "(males and females)".

Each class was taken to a tea estate where every man made at least ten blood slides. Enlarged spleens were demonstrated to them. They were instructed in considerate handling of the people and in introducing order into the milling mob of mothers, infants and children that are always seen on these visits.

Although not provided for in the syllabus, an interim examination, written and practical, was given in the third week. It was intended to disclose backward students or subjects that required extra work, but it was also most useful in bringing to light faults and deficiencies in teaching. The answers were discussed in seminars, the class asked to comment on them, and then model answers were drafted by class suggestions and written on the board.

Finally, there was some revision and the last two days were taken up with practical and oral examination.

There is no doubt that when they take up their appointments the majority of our students are not well enough qualified for the important work they will be doing. They leave at the peak of their knowledge but it is not consolidated and their standards will certainly fall. Working under supervision in the malaria units, however satisfactory it seems on paper, is not a practicable remedy because the unit officer has many duties, is often on tour and quite possibly knows less about the parasitology of malaria than the newly trained microscopists. Posting to a busy laboratory would be excellent and there the microscopists could take part in the routine while their work is constantly checked by experts. Failing that, refresher courses seem a good alternative. They could be as short as two weeks held at a time when the microscopists can best be spared from their units and they should be annual. As a suggestion for a course, the men might bring with them all their positive slides found in the preceding six months and examine them again with their findings checked, slide by slide.

At the end of five months of continuous teaching at the microscope and in the classroom, it is easy to be discouraged by the finished products and despondent about the accuracy of surveillance which is based on them. It is also easy to feel admiration for men who, never previously having seen a microscope, can, after four weeks' training, clean used slides, prick a finger, make a reasonable blood film, stain it, examine it and find and identify malaria parasites, even though their accuracy falls short of what it should be. What is now required is a mechanism for consolidating and perfecting the initial basic training and for maintaining efficiency at the high level surveillance requires. Carefully designed annual refresher courses would largely meet this requirement.

2. RESOLUTIONS OF THE FIFTEENTH WORLD HEALTH ASSEMBLY

Report on Development of Malaria Eradication Programme

The Fifteenth World Health Assembly,

Having considered the report of the Director-General on the development of the malaria eradication programme;¹

Noting the satisfactory progress being made, with large areas in the advanced programmes entering the consolidation phase or approaching the achievement of eradication;

Noting further that newly developing countries are embarking on pre-eradication programmes;

Recognizing that while it is normally necessary for a malaria eradication programme to be implemented by a specialized service, the active participation of the health service assumes considerable importance as the programme progresses towards its goal, becoming fundamental in the maintenance phase when vigilance against the re-establishment of the infection becomes the responsibility of health services;

¹ Document A15/P&B/2, Parts I and II

1. URGES governments with malaria eradication programmes in operation to ensure active participation of the health service, particularly in the epidemiological activities;
2. URGES countries which have areas in the consolidation phase and are therefore approaching the maintenance phase, to ensure that the health services are being adequately prepared to assume vigilance responsibilities during this phase; and
3. RECOMMENDS that countries which are embarking upon pre-eradication programmes, plan the development of their health services with a view to building up a basic infrastructure in the malarious areas to make possible the implementation of a malaria eradication programme.

Development of Malaria Eradication Programme:
Acceleration of the Programme from Continued
Voluntary Contributions

The Fifteenth World Health Assembly,

Bearing in mind that the advances in knowledge, methodology and techniques of malaria eradication operations now enable WHO to assist in the solution of technical and operational problems of the eradication of this disease in all parts of the world,

Recognizing that the rapid undertaking of new malaria eradication programmes, the speeding up of the projects already under way and the accelerated promotion of pre-eradication programmes in Africa are of primary importance for shortening the time needed for total malaria eradication;

Having reviewed the report of the Director-General¹ on the possible acceleration of the malaria eradication programme;

1. NOTES the report;¹ and

¹Document A15/P&B/19 quoted under.

2. REQUESTS the Director-General to implement the activities outlined in the report in so far as they conform to the accepted principles of assistance by the Organization and to the extent to which financial resources become available in the Malaria Eradication Special Account and suitable staff is forthcoming.

Report on Development of Malaria Eradication Programme A15/P&B/19
Acceleration of the Programme from Continued Voluntary Contributions 10 May 1962

1. Introduction

1.1 The Fourteenth World Health Assembly, in resolution WHA14.27¹ inter alia expressed "the conviction that voluntary contributions will remain essential to the success of the programme in order:

(a) to maintain the programme and to provide additional resources to enable more rapid and broader prosecution of the programme; ...".

Pursuant to the provision of this resolution, the Director-General is submitting the following information giving an indication of the type of activities which could be undertaken or expanded in order to accelerate the global malaria eradication programme.

1.2 In submitting this information, which also provides some tentative cost estimates, it is emphasized that any additional assistance which would be provided by the Organization, should sufficient funds become available from continued voluntary contributions to MESA, would have to be continued for some years. The data provided are not related to any one particular year, but for the reason just stated the approximate estimates have in some cases been based on a period of five years.

1.3 While the accelerated programme described below covers the various parts of the world, the area in which the largest portion of additional assistance could be given is in Africa.

¹ Handbook of Resolutions and Decisions, 6th ed., p. 316

2. Assistance for accelerating the malaria eradication programme

2.1 Pre-eradication programmes

2.1.1 In the report on the Development of the Malaria Eradication Programme submitted to the Fourteenth World Health Assembly (A14/P&B/2), it was stated that the result of the previous pilot projects demonstrated the technical feasibility of interrupting transmission in the majority of the malarious areas of tropical Africa. It was also stated that the feasibility of interrupting transmission is only one of the factors necessary for the success of a malaria eradication programme; other essential factors are: an adequate level of administrative and operational facilities, the availability of trained personnel, sufficient financial provisions, etc. Finally, the Fourteenth World Health Assembly was informed that to promote the development of the required supporting operational facilities - amongst which an adequate rural health infrastructure is essential - a new type of assistance was required in the form of a "pre-eradication programme" as a prelude to a full eradication operation. Considerable interest in and enthusiasm for pre-eradication programmes has been evidenced by the newly-independent countries in Africa. In the report on the Development of the Malaria Eradication Programme to the Fifteenth World Health Assembly (A15/P&B/2 - Part I) reference is also made to this particular aspect on page 4.

2.1.2 There is no doubt that with increased resources the assistance of the Organization could be much more effective, thus speeding up the development of the projects already planned, and accelerating the implementation of the new ones, shortening in this manner the time needed for global malaria eradication.

2.1.3 With particular reference to pre-eradication programmes, and in the light of our experience with regard to the difficulties and needs of the developing countries in carrying out malaria eradication programmes, the following kinds of assistance would speed up their implementation:

(a) In the pilot operation areas (minimum 100 000 population) to be organized in every country with a pre-eradication programme - for training and demonstration purposes, some limited supplies and equipment should be provided as well as subsidies towards the payment of local labour.

(b) Some subsidies should be given to supplement the salaries of national professional and sub-professional workers assigned to pre-eradication programmes in order to enable them to devote their full time to this work.

(c) Additional fellowships should be given for training either locally or in international training centres, including short-term training of professional and auxiliary public health workers in the techniques of malaria eradication.

2.1.4 It is estimated that approximately \$ 53 000 would be required annually for the purposes described under (a), (b) and (c). Assuming that such assistance is given to 22 countries, the approximate cost over a five-year period would amount to \$ 5 800 000.

2.1.5 In addition to the assistance described in paragraph 2.1.3 above, some further strengthening of advisory services personnel provided by the Organization will be required to accelerate the pre-eradication programmes in the 22 countries. Twenty-two new posts should be added to these programmes at the total cost over a five-year period of \$ 1 375 000.

2.1.6 There remain 20 countries and territories in the African Region which could start pre-eradication programmes at an earlier date if sufficient funds became available. For these countries provision will have to be made for the full number of international advisory personnel, as well as for the type of assistance described in paragraph 2.1.3 above. It is estimated that approximately \$ 87 000 will be required annually for each country for such assistance and over the next five years an amount of \$ 5 000 000 to \$ 6 000 000 will be needed for this purpose.

2.2 Operational assistance

2.2.1 Some of the newly-independent and emerging countries may require the assistance of specialized professional people who could undertake national operational responsibilities, organizing and temporarily directing the new national

malaria services until such time as the national personnel is recruited and duly trained. It is considered that 20 professionals (malariologists, engineers, etc.) would meet this need. It is estimated that each such professional would have to be assigned for an average period of two-and-a-half years. The total cost would be about \$ 600 000.

2.3 Training

2.3.1 Training is a continuous and growing need. As many programmes are now approaching or are entering the consolidation phase, part of the international staff will require refresher courses on the epidemiological aspect of disappearing malaria and in the precise techniques for tracing it. Not less than one-third of the international staff need the benefit of such courses. The same applies to national malariologists, of whom half should necessarily be re-trained (there are at present more than 1000 malariologists working on a full-time basis in national positions). Public health workers, both professional and sub-professional, will need short training in some malaria eradication techniques to enable them to provide efficient support to the health services during the consolidation phase and facilitate the taking over of responsibilities at the beginning of the maintenance phase.

2.3.2 Apart from the training required for pre-eradication programmes, as referred to in paragraph 2 above, an intensified effort in training would cost about \$ 1 500 000 over a five-year period.

Malaria Eradication Special Account

The Fifteenth World Health Assembly,

Having considered the report of the Director-General on the Malaria Eradication Special Account;

Bearing in mind the report of the Director-General on acceleration of the malaria eradication programme¹ and the decision thereon in resolution WHA15.20;

¹ Document A15/P&B/19

Having noted that the contributions received, pledged and expected are sufficient

(a) to cover the amount required from the Special Account for the financing of the malaria eradication programme under the transitional arrangements laid down in resolution WHA14.15,¹ and

(b) to begin in 1962 to accelerate the programme by providing additional assistance as envisaged in the report of the Director-General;²

Bearing in mind the provisions of resolution WHA8.30,³

1. NOTES the report;
2. THANKS the governments and other donors who have contributed to the Malaria Eradication Special Account in cash and in kind;
3. REITERATES its conviction that continued voluntary contributions in cash and in kind are essential for accelerating the malaria eradication programme;
4. EXPRESSES its confidence that Members who are in a position to do so will contribute to the Malaria Eradication Special Account in order to make possible a more rapid implementation of the global malaria eradication programme; and
5. REQUESTS the Director-General to continue his efforts as in the past for increasing voluntary contributions to the Malaria Eradication Special Account and to report on this matter regularly to the Health Assembly.

¹ Handbook of Resolutions and Decisions, 6th ed., pp. 315-316

² Document A15/P&B/19

³ Handbook of Resolutions and Decisions, 6th ed., pp. 24-25

Financing of the Malaria Eradication Programme:
Criteria to be used in determining eligibility
for Credits towards the Payment of Contributions

The Fifteenth World Health Assembly,

Having considered the report of the Executive Board on the question concerning the establishment of criteria for determining which Members carrying out malaria programmes, whose per capita income is low but whose assessments exceed 0.50 per cent., shall be eligible for credits towards the payment of contributions for financing the malaria field operations under the regular budget during the period of transition from 1962 through 1964,

DECIDES that the Members to be given credits under the provisions of resolution WHA14.15,¹ paragraph 2 (1)(b), shall be those which have requested credits and which are receiving assistance under the United Nations Expanded Programme of Technical Assistance.

3. MALARIA ERADICATION POSTAGE STAMPS

1. Introduction

The Director-General reported to the Fourteenth World Health Assembly² and to the twenty-eighth and twenty-ninth sessions of the Executive Board on the development of the plan for the issue of malaria eradication postage stamps. In its resolution EB29.R28³ the Executive Board requested the Director-General "to report on the matter to the Fifteenth World Health Assembly".

¹ Handbook of Resolutions and Decisions, 6th ed., pp. 315-316

² Off. Rec. Wld Hlth Org. 110, 58

³ Off. Rec. Wld Hlth Org. 115, 17 and Supplement to WHO/Mal/348.

2. Participation

2.1 According to information received by the Organization at the end of May 1962, 96 postal administrations will issue one or more postage stamps commemorating the malaria eradication programme; some of them will also issue related philatelic material, e.g. souvenir sheets, first day covers, etc.; in addition 11 postal administrations will participate partially by providing special cancellations; 63 countries and territories will make donations either in stamps, philatelic material, and/or in cash.

2.2 The participation (including partial participation) of Members of the Organization by regions is as follows: African Region - two Members not yet participating; the Americas - seven Members not yet participating; Eastern Mediterranean Region - all Members participating; European Region - 14 Members not yet participating; South-East Asian Region - all Members participating; and Western Pacific Region - two Members not yet participating.

2.3 As the antimalaria stamps can be issued up to 31 December 1962 and in view of the fact that a number of countries have not yet made their decision or their intention known, the above-mentioned figures are not to be considered final.

3. Publicity for the malaria eradication programme

3.1 Thanks to the large participation in this philatelic project, millions of stamps and special cancellations have started carrying to all parts of the world an appeal for united efforts against the world's most widespread and costliest disease as nearly all of them carry the slogan "The World United Against Malaria". While thus drawing the attention of the populations of the more privileged nations to the problem of malaria, they, at the same time, tell the peoples of the malarious countries that the rest of the world does not forget their struggle for better health by fighting malaria.

3.2 The issue of antimalaria postage stamps has received considerable coverage in the press and in philatelic publications. Press items range from official statements, articles and features to factual announcements of individual issues. Other mass information media have also given a great deal of attention to the

antimalaria stamp issue. Special radio broadcasts and television programmes have carried the message. The problem of malaria and the world united to eradicate the disease are the central themes of all these activities.

3.3 Ceremonies took place in some capital cities on the day of issue and at the United Nations headquarters in New York on the occasion of the issue of the United Nations antimalaria stamps on 30 March 1962. A special message from the President of the United States of America was read at the ceremony in Washington.

3.4 Exhibitions have been organized in New York, Washington and Geneva and antimalaria stamps were also exhibited at the traditional philatelic exhibitions such as INTERPEX in New York and STAMPEX in London. Here again the antimalaria campaign is constantly highlighted. Other stamps and philatelic material displayed illustrate the history of the Organization and its daily, often little known, work.

3.5 Other exhibitions are being planned in a number of countries and antimalaria stamps will also be featured at the traditional and world-famous philatelic exhibitions opening in Europe during the current year.

3.6 The Advertising Council in the United States of America (a non-profit, public service organization) has authorized and recommended the malaria eradication stamp programme to be broadcast by radio and television stations throughout the country. As a result, during 1962 radio and television stations in the United States will daily publicize the malaria eradication programme and appeal to the public to contribute to antimalaria work by buying packets of stamps donated to WHO.

4. Donations

4.1 In addition to its main objectives, i.e. to help spread information on and stimulate interest in the battle against malaria, the plan for the issue of malaria eradication postage stamps has also been conceived with a secondary objective as a potential source of income for the world malaria eradication programme. As mentioned above, 63 countries and territories have so far informed the Organization that they will make donations in connexion with the issue of antimalaria stamps. Out of these, 40 will donate quantities of stamps and some will also donate quantities of related philatelic material; 15 will give the proceeds from the surcharge or a percentage of the proceeds from the sale of such stamps; eight countries have not yet specified their contribution.

4.2 The Director-General informed Members of the arrangements made for the sale of donated stamps and related philatelic material and transmitted to them a copy of the agreement concluded to that purpose with the "Inter-Governmental Philatelic Corporation". The Executive Board at its twenty-ninth session in resolution EB29.R28¹ took cognizance of this arrangement as well as other aspects of the stamp plan.

4.3 The successful financial outcome of the plan for the issue of malaria eradication postage stamps depends on a number of factors. Mention is made at this juncture of a particular problem which could hardly be foreseen due to the philanthropic character of the antimalaria stamp issue. Some stamp trade circles, presumably unsatisfied with the efforts which the Organization has been pursuing in order to implement this project have indulged in active propaganda against this issue. Whether their action will have some adverse repercussions on the sale of donated stamps in a few European countries representing philatelic markets remains to be seen.

5. Summary of the results thus far

5.1 The plan for the issue of antimalaria postage stamps has developed into a unique philatelic event and will make an appreciable contribution to increased publicity regarding the malaria eradication programme. Not only will millions of stamps carry throughout the world the message "The World United Against Malaria", but a number of articles, exhibits, radio broadcasts and television programmes related to this philatelic event will spread news and information about the battle against malaria. The project is also developing into a source of income for the Malaria Eradication Special Account. While it was recommended by the Executive Board in resolution EB28.R27² that countries carrying out malaria programmes in their own territories may find it possible to use this philatelic event as a source of income for their own work, the Director-General has no reports of the results in this respect at this time.

¹ Off. Rec. Wld Hlth Org. 115, 17 and Supplement to WHO/Mal/348

² Handbook of Resolutions and Decisions, 6th ed., p. 317

5.2 The experience gained and the results already obtained show that the following requirements should be met in order to make this project fully successful:

5.2.1 The value of such a project rests primarily on the universality of participation. It is, therefore, most desirable that other countries so far not participating should decide to take part; their positive decision is facilitated by the fact that antimalaria stamps can be issued on any date during this year 1962; bearing in mind that only stamps issued prior to 31 December 1962 will be considered by WHO as an official part of this issue.

5.2.2 Participating countries should issue stamps and other related philatelic material in sufficient quantities to ensure a wide distribution, and no new stamps relating to this special theme should be issued after 31 December 1962. Some postal administrations have issued stamps and/or more specifically some denominations, souvenir sheets or first-day covers in limited quantities. This not only creates difficulties regarding equitable distribution but jeopardizes the success of the whole antimalaria stamp project. Whenever such situations have been noted, the Director-General has drawn the attention of the countries concerned to the possible consequences and urged them to issue adequate quantities. Many such communications have been dispatched and it is hoped that the authorities concerned will take appropriate action to remedy the situation.

5.2.3 Any new donation of antimalaria stamps and related philatelic material not only enhances the overall sale by the Organization of the donated material but also increases the confidence of philatelists as regards their possibilities for acquiring antimalaria stamps, provided, however, the donated quantities are adequate. Members have been informed by the Director-General that in order to secure the widest and most equitable distribution of the donated stamps and other philatelic material, the World Health Organization would appreciate receiving up to 100 000 stamps of each denomination, 50 000 souvenir sheets and 35 000 first-day covers. The quantities received vary from less than 2000 to the quantities suggested. It has been necessary, therefore, in a number of instances, to appeal for additional donations and the Director-General hopes that the response from the countries concerned will be favourable.

5.2.4 The donated items must be received in time. To this end, details regarding their dispatch were sent to all Members suggesting that the stamps and other related philatelic material contributed should reach the Organization's banker in New York designated for this purpose at least three weeks before the date of issue. Difficulties have arisen from the fact that some postal administrations did not find it possible to comply with these suggestions. The delays in the dispatch of the donated material in some instances have caused the Organization a number of problems.

4. INSIGNIA OF MALARIA ERADICATION

An effective insignia is worn by the staff of the malaria eradication pilot project in British Solomon Islands. In place of the more usual symbol showing the destruction of the anopheline mosquito, the one illustrated below shows an effaced binucleate trophozoite. In its original form, the insignia has a yellow background, the letters and obliteration marks being black and the trophozoite blue with red nuclei. (This should not imply that only P. falciparum is being eradicated!)

