

The Regional Committee,

Having reviewed the report on the current status of malaria in the Western Pacific Region, presented by the Regional Director in his biennial report;

Noting that in many countries or areas of the Region malaria remains a serious endemic disease among the rural population;

Recognizing the administrative and managerial problems confronting several national malaria control programmes;

Acknowledging the usefulness of DDT residual indoor spraying in malaria control but noting its diminishing impact on malaria transmission in certain parts of the Region;

Noting also that spraying programmes absorb a significant proportion of the limited available national resources and that their cost-effectiveness is uncertain;

Expressing concern at the continuing spread in the Region of malaria parasite strains resistant to various antimalarial drugs;

1. URGES Member States:

(1) to intensify and revitalize support to their malaria control programmes in order to reduce mortality and morbidity;

(2) to develop and strengthen an effective integrated health infrastructure, based on primary health care, extending to the remote malarious regions in order to support malaria control;

(3) to carry out an objective evaluation of routine spraying programmes in order to assess the reasons for their reduced effectiveness, whether technical, operational, administrative or sociopolitical;

(4) to define the areas from which spraying is to be withdrawn or where it is to be continued, through health systems research and epidemiological studies;

(5) to give priority, in areas where spraying operations have been withdrawn, to the development of adequate facilities for malaria diagnosis, chemotherapy and chemoprophylaxis in order to control morbidity and prevent mortality, particular attention being given to the protection of vulnerable population groups;

2. REQUESTS the Regional Director to cooperate with Member States in:

(1) carrying out health systems research to evaluate the effectiveness of indoor spraying operations, including studies on vector behaviour, in order to reorient their malaria control programmes, with emphasis on the primary health care approach;

(2) monitoring closely the spread of drug-resistant strains of parasites in order to provide timely information and guidance on the clinical management of severe malaria cases and on chemoprophylaxis;

(3) promoting goal-oriented biomedical research leading ultimately to the development of a vaccine and of new antimalarial drugs and insecticides;

(4) training malaria and general health personnel to ensure optimum use of their skills in the reoriented control programmes.