

The Regional Committee,

Concerned that malaria, lymphatic filariasis and soil-transmitted helminths remain formidable public health problems in the Region, affecting, especially, the poorest rural populations;

Commending Member States and WHO for the considerable reductions in malaria morbidity and mortality during the 1990s, for the progress made towards filariasis elimination, and for the school-based helminth control programmes that are taking place in many Member States;

Noting that in most of the endemic countries in the Region morbidity and mortality data indicate that there was a reduction in the malaria burden of more than 50% between 1992 and 2000;

Concerned nevertheless that malaria still causes an estimated 20 000 deaths per year in the Region and that relaxation of control efforts may lead to epidemics in endemic countries and even in countries where the disease has been eradicated;

Further concerned about the threat to the Region posed by multidrug-resistant falciparum malaria;

Recognizing the potential for new funding for malaria programmes from the Global Fund to Fight AIDS, Tuberculosis and Malaria;

Concerned that lymphatic filariasis is a debilitating and disfiguring disease that is endemic in at least 21 Member States of the Region;

Noting that lymphatic filariasis can be eliminated by an effective and safe combination of drugs administered once a year for a period of four to six years;

Recognizing the global goal of eliminating lymphatic filariasis by 2020;

Further recognizing that the countries of the Pacific have joined together to form the Pacific Programme to Eliminate Lymphatic Filariasis (PacELF) and that PacELF has set a goal of eliminating filariasis by 2010, ten years earlier than the global goal;

Concerned that helminthiasis has a negative impact on children throughout the Region, stunting their growth and reducing their ability to learn and perform at school;

Noting that effective anthelmintic drugs are available at very low cost, and that school teachers can deliver treatment without the assistance of health staff;

1. URGES Member States:

(1) to revitalize high-level political commitment and link malaria control services with economic growth and poverty reduction consistent with Roll Back Malaria approaches;

(2) to ensure that health sector reform builds up capacity to control malaria in the periphery, maintains capacity for guidance, training, planning, evaluation and operational research at the national level, and that investment in malaria control is adequate, especially where the malaria problem is most severe;

(3) to cooperate internationally on malaria surveillance and on confronting such problems as substandard and counterfeit antimalarial drugs and multidrug-resistant falciparum malaria;

(4) to mobilize communities to take an active part in ensuring high levels of coverage with mass drug distribution campaigns for the elimination of lymphatic filariasis and other helminthiasis;

(5) to ensure that an increasing number of children have access to semi-annual deworming, in order to reach the target set by the World Health Assembly of covering 75%-100% of the school-age population by 2005;

(6) to adopt national policies to integrate soil-transmitted helminth control activities into routine school health programmes;

(7) to mobilize funds for parasitic disease control from national and local sources and, if necessary, from other sources such as health sector partners, the private sector and, for malaria, from the Global Fund to Fight AIDS, Tuberculosis and Malaria;

2. REQUESTS the Regional Director:

(1) to ensure that available information on technical innovations and experience of controlling parasitic diseases, including malaria, lymphatic filariasis and soil-transmitted helminths, is shared with Member States;

- (2) to continue to support countries in the planning, implementation and evaluation of programmes to control or eliminate parasitic diseases;
- (3) to facilitate coordination of partner activities and mobilization of funds;
- (4) to further strengthen regional surveillance of malaria and to promote information exchange on malaria control, antimalarial drug resistance, insecticide resistance, antimalarial drug quality, and the elimination of lymphatic filariasis;
- (5) to continue to advocate the regular deworming of school-aged children as an essential element of school-based health programmes.

Eighth meeting, 20 September 2002
WPR/RC53/SR/8