

## **Malaria, including proposal for establishment of World Malaria Day**

The Sixtieth World Health Assembly,

Having considered the report on malaria, including a proposal for the establishment of Malaria Day;<sup>1</sup>

Concerned that malaria continues to cause more than one million preventable deaths a year;

Noting that the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Global Strategy and Booster Program, the Bill & Melinda Gates Foundation, the Malaria Initiative of the President of the United States of America, and other donors have made substantial resources available;

Welcoming the contribution to the mobilization of resources for development of voluntary innovative financing initiatives taken by groups of Member States and, in this regard, noting the activities of the International Drug Purchase Facility (UNITAID);

Recalling that combating HIV/AIDS, malaria and other diseases is included in internationally agreed health-related development goals, including those contained in the Millennium Declaration;

Mindful that the global burden of malaria needs to be decreased in order to reach the Millennium Development Goal of reducing the mortality rate among children under five by two thirds by 2015 and to help to achieve the Millennium Development Goals of improving maternal health and eradicating extreme poverty,

1. URGES Member States:

(1) to apply to their specific contexts the evidenced-based policies, strategies and tools recommended by WHO, and performance-based monitoring and evaluation in order to expand coverage with major preventive interventions in populations at risk and curative interventions for patients suffering from malaria and to assess programme performance and the coverage and impact of interventions in an effective and timely manner, particularly with use of the WHO country-profile database;

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<sup>1</sup> Document A60/12.

(2) to assign national and international resources, both human and financial, for the provision of technical support in order to ensure that the most locally and epidemiologically appropriate strategies are effectively implemented and target populations are reached;

(3) to cease progressively the provision in both the public and private sectors of oral artemisinin monotherapies, to promote the use of artemisinin-combination therapies, and to implement policies that prohibit the production, marketing, distribution and the use of counterfeit antimalarial medicines;

(4) to intensify access to affordable, safe and effective antimalarial combination treatments, to intermittent preventive treatment in pregnancies, with special precautions for HIV-infected pregnant women who are receiving co-trimoxazole chemotherapy, to insecticide-treated mosquito nets, including through the free distribution of such nets where appropriate, and indoor residual spraying for malaria control with suitable and safe insecticides, taking into account relevant international rules, standards and guidelines;

(5) to provide, whenever necessary, in their legislation for use, to the full, of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to pharmaceutical products;<sup>1</sup>

(6) to use all necessary administrative and legislative means, including, where appropriate, the use of provisions in international agreements, including the Agreement on Trade-Related Aspects of Intellectual Property Rights in order to promote access to preventive technologies against malaria;

(7) to aim at reducing or interrupting malaria transmission, wherever feasible, through integrated vector management, promoting improvement of local and environmental conditions and healthy settings, and increasing access to basic health services, antimalarial medicines, diagnostics and preventive technologies in order to reduce the disease burden;

(8) to implement integrated approaches to malaria prevention and control through multisectoral collaboration and community responsibility and participation;

## 2. REQUESTS international organizations and financing bodies:

(1) to provide support for the development of capacities in developing countries in order to expand use of: reliable diagnostics, artemisinin-based combination therapies that are appropriate for local drug-resistance conditions, integrated vector management including long-lasting insecticide-treated nets and larvicidal measures, indoor residual spraying with appropriate and safe insecticides as indicated by WHO and in accordance with the Stockholm Convention on

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<sup>1</sup> “The WTO General Council in its Decision of 30 August 2003 on Implementation of paragraph 6 of the Doha Declaration on the TRIPS Agreement and Public Health decided that “pharmaceutical product” means any patented product, or product manufactured through a patented process, of the pharmaceutical sector needed to address the public health problems as recognized in paragraph 1 of the Declaration. It is understood that active ingredients necessary for its manufacture and diagnostic kits needed for its use would be included.”

Persistent Organic Pollutants,<sup>1</sup> and monitoring and evaluation systems, including use of the country database developed by WHO;

(2) to increase funding for malaria control, so that the relevant agencies can continue providing support to countries, and to channel additional resources into technical support so that the financial resources can be absorbed and used effectively in countries;

(3) to provide support for malaria elimination in areas where feasible and sustainable;

(4) to adjust their policies so as progressively to cease to fund the provision and distribution of oral artemisinin monotherapies, and to join in campaigns to prohibit the production, marketing, distribution and use of counterfeit antimalarial medicines;

3. REQUESTS the Director-General:

(1) to take steps to identify gaps in knowledge about malaria control and elimination; to provide support for the development of new tools for diagnostics, therapy, prevention and control, and strategies; to estimate more accurately the global burden of disease and determine trends; to develop new tools and methods for assessing impact and cost-effectiveness of interventions; to build up WHO's current research on malaria, including that of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases; to provide technical support to countries for conducting operational and implementation research; and to mobilize resources and increase support for research in the development of new tools and strategies for prevention and control of malaria;

(2) to strengthen and rationalize human resources for malaria by deploying staff to country level, thus improving the capacity of WHO's country offices to provide technical guidance to national health programmes;

(3) to provide support to coordinating partners and countries for malaria control in refugee camps and in complex emergencies;

(4) to improve the coordination between different stakeholders in the fight against malaria;

(5) to support the sound management of DDT use for vector control in accordance with the Stockholm Convention on Persistent Organic Pollutants,<sup>1</sup> and to share data on such use with Member States;

(6) to report to the Health Assembly biennially through the Executive Board on progress made in implementation of this resolution;

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<sup>1</sup> The Stockholm Convention on Persistent Organic Pollutants (Annex B, Part II, paragraphs 1–5) allows for temporary DDT use for the purpose of malaria vector control while maintaining the goal of reducing and ultimately eliminating the use of DDT and calls for the development of alternatives.

4. RESOLVES that:

(1) World Malaria Day shall be commemorated annually on 25 April, or on such other day or days as individual Member States may decide, in order to provide education and understanding of malaria as a global scourge that is preventable and a disease that is curable;

(2) World Malaria Day shall be the culmination of year-long intensified implementation of national malaria-control strategies, including community-based activities for malaria prevention and treatment in endemic areas, and the occasion to inform the general public of the obstacles encountered and progress achieved in controlling malaria.

Eleventh plenary meeting, 23 May 2007  
A60/VR/11

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