AIRGRAM

DEPARTMENT OF STATE

60-W

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PD-AAF-862 (2) B1

For each address check one ACTION | INFO

DATE REC'D. 3910163007201

1978 SEP 25

AID COMM BR

DATE SENT September 15, 1978

TO - AID/W TOAID A 168

INFO : Regional Malaria Officer
AmEmbassy/Colombo

DISTRIBUTION
ACTION DS/HEA
INFO. 1,4,7,8
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Basia
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CDC -6
HEW -9

FROM - USAID/Islamabad

SUBJECT - Malaria Control Program

REFERENCE -

With the 1978 spraying season nearly complete it was considered advisable to look back and take of stock of the progress made during the first part of CY 1978.

1. Insecticide Safety Monitoring

An intensive field monitoring program was again conducted in 1978 throughout Pakistan. Three consultants from the Center for Disease Control, Atlanta, Georgia, visited Pakistan in March to assist in training, as well as retraining, local personnel in safe insecticide handling techniques and to re-establish laboratories (for the establishment of baseline cholinesterase data of malaria workers and for the subsequent testing of cholinesterase levels of suspected malathion intoxication cases) capable of performing both of the accepted tests (tintometric and michel) which measure cholinesterase levels. An AID/W provided Malaria Consultant also spent two months in the field monitoring safety measures and to check on and help to improve the quality of spray coverage. Some 10 field teams from USAID/Pakistan, The Directorate of Malaria Control, and WHO also made extensive field checks throughout the entire spray season to oversee safety procedures. The checks will continue until the completion of spraying in late September.

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AID AND OTHER CLEARANCES

HB Keller:HPN HBK
AMHandly:DD(A)
AS Lezin:PPO
WA Wolffer:D(A)

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AID-5.39 (9-62) (Do not type below this line) PRINTED 3-63

It now appears that the concentration of effort has paid dividends. Out of a total of approximately 17,000 spraymen and mixers, there were only 3 or 4 possible cases of malathion intoxication. In two cases the spraymen were given one dose of atropine (1 mg) and both returned to work on the following working day. A third sprayman who showed possible symptoms was removed from his job due to his poor compliance with safety measures and he showed no further symptoms. One previously reported death of a sprayman was investigated in detail by USAID and the Directorate of Malaria Control. After extensive investigation it was determined that in all probability the death was due to heatstroke. With very few exceptions, the field monitors commented very favorably on the fact that adequate safety measures were being followed in all provinces. Considering the magnitude of the program and the extremely low economic/educational level of the workers, the Mission believes that the intensive field monitoring and training was quite effective in establishing a failsafe system and preventing toxicity problems among the malaria workers.

2. Quality of Spray Operations

The quality of spraying technique was not uniform and the concentration of insecticide applied to the rural houses was not consistent. A great deal of additional work will be needed to improve the training of spraymen and supervisors. It is possible that the greater emphasis on safety measures may have resulted in a feeling that spraying quality was not as important. It is certain however that malathion or any other insecticide must be applied at a uniform prescribed rate if it is to be effective against the vector mosquitoes. Unfortunately this optimum level was not being reached in most of the areas visited.

The second problem noted concerns the fact that most areas are being sprayed with little data on which to determine vector density and whether the vector mosquitoes are susceptible or not. This is particularly true in those areas where DDT and BHC are currently being used. The fact that DDT or BHC has not been used for 4 or 5 years does not automatically mean that previously resistant mosquitoes are again susceptible. An attempt is currently being made to correlate insecticide testing and reporting data by the WHO and USAID advisors

in an attempt to determine the extent of resistance to the various insecticides. This analysis becomes increasingly important as the malaria ~~prem~~ program gets into a more selective phase where only the most effective insecticide is to be used in only those areas where the malariogenic potential is the highest.

3. Epidemiological Status

Due to the many administrative and organizational weaknesses (insecticide poisoning, procurement complexities, financial problems, etc) the program has not yet fully focused on the most important goal of any malaria program; What is happening to the disease ? Estimates of 40% reduction in one area and 50% reduction in another area mean little if they are not backed up by accurate data and cannot point to specific areas of continuing transmission. At the urging of WHO and USAID, the Malaria Directorate has planned an internal epidemiological and entomological assessment of the program to be done in October, 1978. It is planned to use the provincial Malaria Chiefs, Directorate of Malaria staff and WHO and USAID advisors for the collection and analysis of data. This analysis will be then presented to the external Assessment Team in February, 1979. One of the terms of reference for this EAT should be to provide guide lines for the future of the program. The Government of Pakistan cannot be expected to financially support an ongoing and expensive program unless a true picture of malaria is known so that resources can be concentrated in those areas where the need is greatest.

4. Integration

In July 1977, the provincial Health authorities in the ~~Pa~~ Punjab began unilaterally implementing an inadequately planned program of integration of the malaria control program with other existing health programs into a communicable disease control organization (CDC). Drastic changes of personnel occurred. Key malaria workers were declared surplus, financial problems increased. For a time the program was paralysed. There was a real concern that the resulting upheavel would have irreversible effects on the malaria operations in 1978. During the intervening months, the new CDC straightened out many of the problems which proved to be transitional and the spraying program proceeded on time. None of the other provinces has started functional integration. A major problem in the Punjab is the difficulty of obtaining accurate malaria incidence case data from the Punjab CDC Offices. PCD work is woefully inadequate.

5. Urban Malaria

At the urging of USAID, The cities of Karachi, Lahore, Hyderabad and Rawalpindi have prepared preliminary proposals for augmented programs of urban malaria control. These were initiated with the thought that USAID assistance directly to the municipalities in the form of Mondale rupees could be utilized to combat this important problem which also has a great deal of impact on the current rural malaria program. At the present time the municipalities are processing their proposals through the chain of provincial approval. If and when approved, these plans will be presented to the Economic Affairs Division of the Government of Pakistanwith the request that a request for assistance be made to AID. Upon receipt of such a request USAID/Pakistan will initiate a request to AID/W.

6. Malaria Research

A similar proposal to utilize Mondale rupees for assistance to the Pakistan Medical Research Center has been prepared. A meeting of the Governing Board of the Pakistan Medical Research Center recently approved the research proposal and directed that it be forwarded for government approval of the project. We await receipt of this request from EAD and are following up closely. This proposal has a great deal of relevance to the ongoing malaria program due to the decreasing reliance on insecticides and the worldwide emphasis being given by international bodies to alternate methods of control of malaria.

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