

AGREEMENT BETWEEN THE REPUBLIC OF THE PHILIPPINES AND THE WORLD HEALTH ORGANIZATION ON THE FIRST ADDENDUM TO THE REVISED PLAN OF OPERATION FOR MALARIA ERADICATION PROGRAMME IN THE PHILIPPINES

Note: The Agreement entered into force, October 15, 1969.

Reference: This Agreement is also published in VIII DFA TS No. 1, p.108.

THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES, hereinafter referred to as "GOVERNMENT," and the WORLD HEALTH ORGANIZATION, hereinafter referred to as "WHO" have agreed to the following FIRST ADDENDUM TO THE REVISED PLAN OF OPERATION signed by the Government on 14 March 1967 and by WHO on 10 February 1967.

The purpose of this Addendum is:

1. to record the achievements in 1967 and 1968;
2. to detail the plan of action for the years 1969 and 1970;
3. to record the commitments of the Government and of WHO for 1969 and 1970.

ACHIEVEMENT IN 1967 AND 1968

1. ORGANIZATION OF THE MALARIA ERADICATION SERVICE

The Malaria Law (Annex I) which was approved on 18 July 1966 recentralized the Malaria Organization previously under the eight Regional Health Offices into a Malaria Eradication Service (MES) directly under the Office of the Secretary of Health. Under this new arrangement, the MES is headed by a Project Director and assisted by a Deputy Project Director who shall act as Project Director in the absence of the regular incumbent to ensure the continuity of the service. The three new divisions created by law are: (1) Epidemiology, Research and Training, (2) Field Operations, and (3) Administration, in addition to the pre-existing Division of Malaria (Evaluation and Statistics), Annex II.

The country is divided into six Areas which are further subdivided into 39 Malaria Units (Annex III).

2. ADMINISTRATION AND FINANCE

The Project Director is vested by the Malaria Law with a direct line authority. A Planning Committee composed of the Project Director as chairman, the Deputy Project Director as vice-chairman, the Chief of Field Operations, Chief of Epidemiology, Research and Training, Chief of Administration, one area supervisor, and the Senior Advisers of the United States Agency for International Development/United States Public Health Service (AID/PHS) and WHO, as members, was created by the Secretary of Health for programme planning and evaluation. Results of malariometric surveys, spraying accomplishments, and epidemiological data are compiled and assessed by the Division of Malaria (evaluation and statistics) to inform and guide the Planning Committee. Work schedules for spraying operations and epidemiological activities are prepared by the malaria unit heads under the supervision of the area chief field malariologist supervisors. The Planning Committee reviews these schedules and upon approval, allocates the necessary manpower and financial support to carry out the plan of action. Supervision is carried out from the following levels: (1) central, (2) area, (3) unit, (4) sector, and (5) squad.

Based on the degree of incidence, malarious areas are divided into "Early Attack" and "Late Attack." It is planned to undertake at least three spraying cycles before considering the eligibility of any area for consolidation.

There are three sources of local funds for the support of the Malaria Eradication Programme: the General Fund, the Foreign Assisted Project Peso Support Fund (FAPPSF), and the Sweepstakes Fund which came in only in 1968. The budgets of the Government for fiscal year 1967 and fiscal year 1968 were as follows:

FISCAL YEAR 1967

	General Funds	FA
Salaries.....	P4,372,010	
Wages.....		715
Travelling.....	460,000	210
Supplies & Materials.....	241,600	90
Sundry.....	196,600	85
Fixed Expenditures.....	59,340	
Equipment.....	
Total.....	P5,329,550	P 1,100
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FISCAL YEAR 1968

	Regular Funds	FAPPSF Sweepstakes	Total
Salaries.....	P2,208,965	P.....	P91,034 P2,299,999
Training Allowance.....	20,000	20,000
Wages.....	4,522,985	715,000	5,237,985
Salary adjustment.....	227,000	227,000
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Travelling.....	768,850	210,000	50,000	1,028,850
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FISCAL YEAR 1967

	General Funds	FAPPSF
Supplies & Materials.....	491,600	90
Sundry.....	326,600	85
Fixed Expenditures.....	100,000	
Equipment.....	
Capital Outlay.....	120,000	
Continuing Appropriation.....	429,642	
Total.....	P9,215,642	P1,100
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The AID and the WHO committed:

	Fiscal Year 1967	Fiscal Year 1968
AID	\$1,521,000	\$1,153,000
WHO	115,000	

3. OPERATIONS

a. Delimitation studies

During the second half of 1967 and early 1968 a re-delimitation of the malarious areas was undertaken in all potentially malarious areas and some of the non-malarious areas where malaria cases had recently been reported or were suspected. This was done by carrying out some rounds of active case detection (ACD), passive case detection (PCD), and school surveys in selected localities, and the subsequent investigation of confirmed cases. These studies covered a population of around 4 million.

b. Geographical reconnaissance

Geographical reconnaissance was undertaken in the entire attack phase area, and showed the following upon completion:

Total attack phase area	Number of Houses	Number of Localities
Before re-delimitation	1.2 million	27,372
After re-delimitation	1.8 million*	38,023

c. Development of locality cards

Locality cards containing vital operational and epidemiological information were prepared for each locality under operational coverage.

d. Spraying operations

The above activities replaced the second regular spraying cycle in 1967, which was limited to indicator districts and highly malarious areas. Similarly, the first cycle 1968 was not started before April 1968 due to some delay in completing the extensive re-delimitation studies and geographic reconnaissance operations. As a result of the late start of the first cycle in 1968, the second cycle did not start until the latter part of October 1968.

Spraying operations during 1967 and 1968 may be summarized as follows:

YEAR	FIRST CYCLE		
	Target number of houses	Percentage coverage	Target of
1967	1.2 million	86.2	0.2
1968	1.6 million	84.8	0.2

e. Epidemiological operations and assessment

During 1967 epidemiological evaluation of the operations was based on results obtained in indicator districts. To this end 23 indicator districts were established in early 1967, covering 0.37 million inhabitants. These indicator districts were increased later on in number and size to include 0.75 million people. The following results were recorded:

1967	Number of Slides			Projected ABER %
	ACD	PCD	Others	

1st Semester	35,219	1,820	3,794	19.8
2nd Semester	41,871	4,708	157	12.5

During the redelimitation studies the following data were collected:

AREA	Number of Slides	
	ACD	PCD
Potentially malarious (3.1 million)	113,893	7,684
Non-malarious (0.9 million)	32,821	5,534
Malarious (6.2 million)	56,555	7,002

During 1968 no ACD was carried out, except for some rounds in areas adjoining the attack phase area. With a view to assessing the current malaria load in all units, a mass survey was conducted in 670 localities, with a population of 264,000 representing the most malarious localities of each unit. The examination results of 76,658 blood slides have been reported, showing 1,505 positives, i.e., and average parasite rate of 2.0% (range 0 — 12.5%). It was also shown that 50% of the positive localities had blood indices below 2% — an indication that surveillance has to be established.

Entomological observations were carried out regularly, including susceptibility tests. No signs of resistance of the local vectors have been observed.

f. Participation of general health services

Involvement of hospitals, rural health units and other health establishments in case detection activities received continuous attention in indicator districts, during the delimitation studies, and in the evaluation of the 1968 operations.

During the delimitation studies, a total of 20,220 blood smears were collected from various sources, 7362 by rural health units (total number in the country is 1435), 7277 by malaria field laboratories, 4273 by volunteers and 1308 by hospitals and private practitioners.

During the ensuing 1968 spraying operations, a total of 32,302 blood smears with 4469 positives, were collected through PCD in the attack phase area. In addition, 4307 with 171 positives were collected in the adjacent non-malarious areas.

g. Health education

A health educator from the general public health service has been detailed to the MES to motivate and co-ordinate the health education activities of the malaria eradication programme. Malaria posters have been developed for distribution in malarious areas. In each malaria unit, a malaria technician has been designated as health educator.

h. Development of operational manuals

The following operational manuals were completed in fiscal year 1967 and updated in fiscal year 1968:

1. Administration
2. Geographical Reconnaissance and Spraying
3. Epidemiology
4. Entomology
5. Health Education and Training
6. Records and Data Transmission
7. Transport

i. Training activities

A training section has been created with qualified full-time staff. A WHO training adviser was assigned to this activity. The malaria field laboratory at Tala has been converted into a national malaria training centre for in-service and pre-service training of malaria personnel. Senior members of the MES were called from time to time for refresher courses at the Malaria Eradication Training Centre (METC). In fiscal year 1967, seven malariologists and two engineers took up a pre-service training in Tala. At the METC, six malariologists, three engineers, four technicians, and seven administrative personnel undertook in-service training. In fiscal year 1968, five professional and sixty-two sub-professional personnel were trained in Tala. At the METC, the following MES personnel were trained in Tala. At the METC, the following MES personnel undertook in-service training on:

General Course for Instructors	—	2 engineers
Public Health Administration	—	1 administrator
General Course for Professional Personnel	—	12 physicians and 7 engineers
Special Course for Senior Instructors	—	2 physicians