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MALARIA CONFERENCE FOR WESTERN PACIFIC
AND SOUTHEAST ASIA REGIONS

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ENGLISH ONLY

The Secretary of the Expert Committee on Malaria has the honour
to communicate hereunder the following note:

INFORMATION ON THE MALARIA CONTROL PROGRAMME
IN NETHERLANDS NEW GUINEA

1. Present status of Malaria Control in the Country

- 1.1 Recently estimated population of the country: 1 - 1½ million
- 1.2 Number of inhabitants living in malaria regions: Probably 2/3 of the total population.
- 1.3 Not available.
- 1.4 Population directly protected: About 10,000 people living in Sorong and Hollandia-Harbour are more or less protected by larval control measures.
- 1.5 Sorong and Hollandia-Harbour were directly protected in 1953.
- 1.6 Early in 1954 a pilot project of residual spraying has been started near Hollandia in an area of about 1000 square km and an estimated population of about 8000 people. The insecticide used is DDT (wetttable powder) at an amount of 2 g./square metre. The sprayers used are Lofstrand compression sprayers. We intend to spray 2 times a year. All structures are treated. Details regarding costs etc. are not yet available.
- 1.7 Not yet available.
- 1.8 Not yet available.

2. Organization, methods, and training facilities of the present programme

- 2.1 Dutch New Guinea is part of an extremely thinly populated island with some areas which are relatively better populated. The aim of the Malaria Service is to protect these areas first. Mostly they are surrounded by vast, almost uninhabited areas of real jungle.

The Central Malaria Service in Hollandia will supervise directly the spraying squads working in and around this place. The bigger settlements outside the capital will get their own spraying squads and supervisors. The latter are placed directly under the Central Service but the spraying will

be planned in close cooperation with the local medical officers.

Mobile spraying squads of the Central Service will be used for the smaller settlements.

Evaluation of the results, assessment of spleen and parasite rates, and entomological observations will be done in close cooperation between the local medical officers and personnel of the Central Service. The latter will have to visit the various settlements frequently and regularly.

2.2 Besides the Malaria Service of the Government, anti-malaria work is done by an oil company, whose oil fields are in the western part of the island (Sorong-Steenkool).

2.2.1 Anti-larval measures are still employed in the various towns and villages of New Guinea.

2.2.2 The use of prophylactic drug is propagated for non-immune immigrants only. This propagation is not and will not be a part of the anti-malaria campaign by means of residual spraying. The drugs used for prophylaxis are proguanil and 4-amino quinolines. Because these drugs are not only distributed by government medical officers, but also by drugstores, the amounts used are not known.

2.3 Training facilities

In Dutch New Guinea training facilities are available only in Hollandia, where the Malaria Service is situated. Here the supervisors of the spraying squads, the malaria inspectors and the technical assistants (mantri's) are trained.

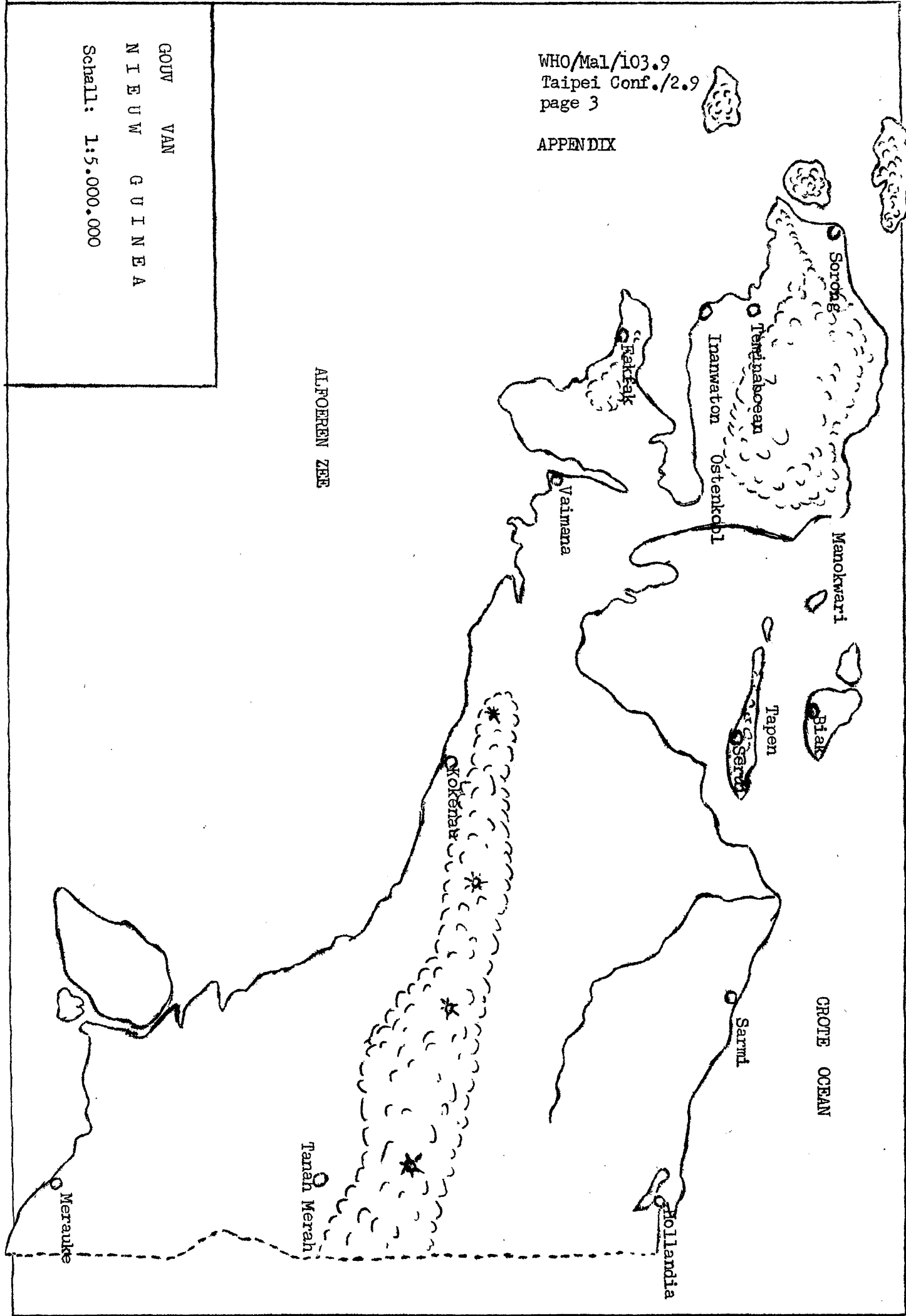
The malariologists and one of the malaria inspectors have received training at one of the Institutes for Tropical Medicine in the Netherlands.

3. Plans for the future

If the Pilot Project shows definite results, residual spraying campaigns will start at the end of 1954 in and around Hollandia, Biak on the isle of Biak, and Manokwari. In 1955 residual spraying is planned for the whole of the isle of Biak, for Merauke, for Tanah-Merah, and some of the smaller settlements.

In 1956, the various areas will be extended and we hope to be able to start the work on the isle of Japan and in most of the smaller settlements.

APPENDIX



GOUD VAN
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