

3. *Roll Back Malaria*: New Frontiers for Malaria Control

The following general issues concerning RBM were presented by invited lecturers and discussed in open sessions as part of Symposium I:

3.1. The What and Why of *Roll Back Malaria*

The malaria situation in the Americas was briefly reviewed and it was pointed out that while in the decade of the 1950s and early 1960s, the countries of the region collectively reported less than 200,000 malaria cases per year, by the 1990s the number of cases reported annually had risen to approximately 1,200,000. It was also noted that the increase in the number of malaria cases started in the decades of the 1960s and 1970s when the malaria program relied mostly on indoor application of DDT in amounts close to 6,000 tons per year.

In terms of the number of malaria cases reported in the American Region, Brazil, the Andean Area and the Guianas accounted for 86.7% of the total, while Mexico, Central America, Panama and Belize, accounted for 12.4% and the Southern Cone for 0.8% during the year 1999.

The concepts, principles and goals of the RBM Initiative were then presented and discussed. RBM promotes multi-sectoral participation to strengthen the health services with the higher goal of achieving social and economic development. It was emphasized that this should not be viewed as a new international organization or as a financial fund.

The operational principles of RBM include the integration of resources, co-participation at the local level, control of malaria transmission by means of coordinated and simultaneous actions against the human and vector reservoirs and the implementation of sound policies for the safe and effective use of anti-malarial drugs.

In order to succeed, it was stated, RBM needs the highest political support.