Summary of the Eighth Meeting of the ITFDE (II)
October 4, 2005

The Eighth Meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 9:00am to 4:00pm on October 4, 2005. The Task Force reviewed the use of bed nets for malaria control.

The Task Force members are Dr. Olusoji Adeyi, The World Bank; Sir George Alleyne, Pan American Health Organization (PAHO); Dr. Julie Gerberding, Centers for Disease Control and Prevention (CDC); Dr. David Heymann, World Health Organization (WHO); Dr. Donald Hopkins, The Carter Center (Chair); Dr. Adetokunbo Lucas, Harvard University; Professor David Molyneux, Liverpool School of Tropical Medicine; Dr. Mark Rosenberg, Task Force for Child Survival and Development; Dr. Harrison Spencer, Association of Schools of Public Health; Dr. Pascal Villeneuve, UNICEF; Dr. Dyann Wirth, Harvard School of Public Health, and Dr. Yoichi Yamagata, Japan International Cooperation Agency (JICA). Eight of the Task Force members (Adeyi, Gerberding, Hopkins, Lucas, Molyneux, Rosenberg, Spencer, Yamagata) attended this meeting, and another was represented by an alternate (Dr. Mark Young for Villeneuve). Former US President Jimmy Carter also attended the meeting.

Malaria Control

The presentations on malaria were given by Dr. Keith Carter of the Pan American Health Organization (PAHO), Dr. Christian Lengeler of the Swiss Tropical Institute, Dr. Chris Curtis of the London School of Hygiene and Tropical Medicine, Mr. David McGuire of Academy for Educational Development, and Dr. William Hawley of the Centers for Disease Control and Prevention (CDC).

Malaria is a parasitic disease transmitted by mosquitoes that causes ove

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antihelmintic (albendazole) to young children. Several other countries are using or are planning to use this approach in the coming year. In Zambia, the government has launched a new program in partnership with the Global Fund for AIDS, Tuberculosis and Malaria, RBM, The World Bank, the Bill & Melinda Gates Foundation, and PATH, called the Malaria Control and Evaluation Partnership in Africa (MACEPA), to help support and coordinate rapid simultaneous scale up of multiple malaria intervention strategies, including ITN usage.

It was agreed that cost should never be a barrier to ITN use among populations at risk of malaria. The challenge is for each endemic country and its international partners to determine and implement the most appropriate balance of free, subsidized, and private sector distribution of ITNs to meet its two-fold needs to rapidly reduce suffering and death from malaria, and to sustain the public health impact on malaria over the long term.

A key question is whether malaria endemic countries, or their populations, themselves should pay for their ITNs. In Kenya, Tanzania and Nigeria, manufacture of ITNs and/or LLINs (Tanzania) is currently taking place or is planned in the near future. The ITFDF agreed that in such cases where local manufacturers exist and are *capable of producing quality impregnated bed nets at a competitive price*, they are preferred over imported sources. There is need to consider in this, however, the desirability to maintain efficiency of scale, which would be best served by having a few manufacturers. However, countries in where there is no capacity for local manufacture of ITNs, distribution of imported ITNs free of charge could occur with no risk of suppressing of local industry, although local assembly (sewing) of nets from imported material and commercial distribution of ITNs might be affected. Even where there are one or more local manufacturer(s), immediate distribution of a free ITN purchased by public sector or donor funding could rapidly reach high coverage, while at the same time help develop a culture of bed net usage and thereby enhance demand for (and thus local market supply of) ITNs in the long term. Although free distribution of a product is a well-knownng could rapidly B5strierm

Program to Eliminate Lymphatic Filariasis is a natural ally of ITN distribution for preventing malaria, especially in sub Saharan Africa where the vectors are predominately *Anopheles*