Memorandum of Understanding
AFRO/PMI Agreement on Malaria Control Technical Policy

Recently, key representatives from the World Health Organization's Regional Office for Africa (AFRO), the President's Malaria Initiative (PMI), and the United States Agency for International Development (USAID) agreed to reaffirm their commitment to the WHO-approved policy positions, listed below, for key intervention strategies. This memo is to reinforce the following positions among all staff of both organizations:

1. Insecticide-treated nets (ITNs): AFRO and PMI support the acquisition and distribution of long-lasting insecticide-treated nets (LLINs) over traditional ITNs, because they do not require regular re-treatment. AFRO and PMI also support a multi-faceted approach for distribution, which includes distribution of free and subsidized LLINs, where appropriate, using both the public and private sectors;
2. Intermittent preventive treatment of pregnant women (IPTp): AFRO and the PMI support delivery of at least two full treatment doses of sulfadoxine-pyrimethamine (SP) during pregnancy and monthly SP treatment for HIV positive women. The first dose should be administered after the first trimester (quickening), with at least one month between subsequent doses. In spite of evidence of malaria resistance to SP given as a treatment, there is evidence that it remains efficacious in reducing parasitemia and anemia in pregnant women and reducing low-birth weight among newborns even in areas with moderate-level SP resistance among children under five; IPTp should be combined with other effective control measures in pregnant women, such as LLINs and effective management of anemia and symptomatic malaria infections.
3. Indoor residual spraying (IRS): AFRO and the PMI support well-run IRS campaigns as a highly effective method of reducing malaria morbidity and mortality, particularly as a priority in areas with seasonal malaria transmission.
4. Malaria diagnosis: AFRO and the PMI support the use of rapid diagnostic tests (RDTs) where microscopic diagnosis is not established and functional. In areas of stable malaria transmission, either microscopic or RDT diagnosis should be performed on all cases of suspected malaria in adults and children older than five years. Because of the greater likelihood of fever being due to malaria in stable transmission settings, clinical diagnosis (based on presence or recent history of fever without any other obvious cause) and immediate treatment with an appropriate antimalarial should be standard practice for children under five years of age in these settings. Treatment of severe malaria should begin immediately based on clinical symptoms where biological diagnosis is not possible.
5. Artemisinin-based combination therapies (ACTs): AFRO and PMI support both facility-based and community-based distribution of ACTs to ensure prompt case management of malaria.

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USAID
FROM THE AMERICAN PEOPLE

PRESIDENT'S MALARIA INITIATIVE

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

World Health Organization
REGIONAL OFFICE FOR Africa