



RBM Board Members

November 2005

Chairperson

Nigeria

Constituencies

Malaria Endemic Countries

Benin
Democratic Republic of Congo
India
Sudan
Tanzania
Venezuela
Western Pacific (pending nomination)

OECD Donor Countries

Italy
United Kingdom
United States of America

Multilateral Development Partners

UNICEF
UNDP
WHO
The World Bank

Research & Academia

Multilateral Initiative
on Malaria

Nongovernmental Organizations

AMREF
(alt. Zambia Malaria Foundation)

Private Sector

Bayer (alternate Novartis)
ExxonMobil (alternate GSK)

Foundations

UN Foundation

Ex-officio Members

Executive Director
The Global Fund

Executive Secretary
Roll Back Malaria Partnership

THIRD MEETING OF THE RBM PARTNERSHIP MALARIA IN PREGNANCY WORKING GROUP

28-30 April 2004, Accra, Ghana, Novotel Hotel

RBM Working Group for Scaling up ITNs (WIN) Statement Regarding Use of ITNs in Pregnancy for the RBM Malaria in Pregnancy Working Group

The RBM WIN submitted a statement of recommendation to the MPWG for review and adoption. As submitted, the statement read:

There is substantial evidence of benefit to mothers and their newborns from the use of ITNs during pregnancy and the postnatal period in areas of medium to high malaria transmission. Although there remain some gaps in the evidence for areas of low, highly seasonal or unstable transmission such as southern Africa, the Horn of Africa, and parts of Asia, it is likely that ITNs also help to protect against malaria in pregnancy in such settings. For this reason, the RBM Working Group for Scaling up ITNs recommends to the RBM Working Group for Malaria in Pregnancy that ITN use should be promoted in all malarious areas as a universal component of all malaria in pregnancy programs along with effective case management and IPT where recommended.

After review and discussion, the MPWG agreed to amend the statement to read:

There is substantial evidence of benefit to pregnant women and their newborns from the use of ITNs during pregnancy and the postnatal period in areas of medium to high malaria transmission. There remain some gaps in the evidence for areas of low, highly seasonal or unstable transmission; however, it is likely that ITNs also help to protect against malaria in pregnancy in such settings. For this reason, the RBM Working Group for MIP recommends that ITN use be promoted along with effective case management and IPT (where recommended) as essential components of reproductive health services for pregnant women in all malarious areas.

The MPWG endorsed this statement and will now send on to the RBM Secretariat for the Board's review and endorsement.