For more information

Aerial Operations WCAA

West Coast Aerial Applicators Inc. Liberia and USA Bill Nesler ND 605 853 2227 sdbc@hur.midco.net

Management and Data Analysis Tr-Ac-Net

Transparency and Accountability Network New York NY Peter Burgess 212 772 6918 peterbnyc@gmail.com tracnet@gmail.com www.tr-ac-net.org

Medical Entomology

Illinois Natural History Survey Center for Medical Entomology Champaign, Illinois Dr. Robert J. Novak 217 333 1186 RJNovak@uiuc.edu

US Washington Liaison KMMN

Kill Malarial Mosquitoes NOW! Washington DC Paul Driessen 703 698 6171 pdriessen@cox.net

Fund Raising

To make a tax deductible financial contribution, please make check payable to: ECOLOGIA /Virtual Foundation® PO Box 268, Middlebury Vermont 05753 USA Telephone 1-802-623-8075. cschmidt@ecologia.org www.virtualfoundation.org Mark check for IMMC Program

Thank You

Your interest is appreciated

Integrated Mosquito and Malaria Control



IMMC

Contact:
Peter Burgess
Tr-Ac-Net Inc.
212 772 6918
tracnet@gmail.com
New York NY USA

About Malaria

Malaria is one of the three worst killer diseases in the world. More than 3,000 children die every day from malaria. More than 500 million people get malaria several times a year. The disease is debilitating. It stunts economic progress, and kills.

It is endemic in tropical places, but in wealthy countries malaria is no longer a serious health threat. Malaria can be controlled, but it has gone unchecked in most of the developing countries for the past thirty years.

Malaria is a parasitic disease of the blood. It is passed from person to person through mosquito bites. The entomology of this is (reasonably) well known. The parasites can be treated medically. But continuous reinfection makes medical treatment never-ending and resistance can build up.

But malaria can be brought under control with a science based comprehensive integrated mosquito and malaria control (IMMC) program.

Characteristics of IMMC

IMMC is science based. Plans are driven by real time data that show effectiveness of recent actions:

- * Entomological science to plan and coordinate activities to reduce the mosquito population,
- * Medical science to treat malaria cases and reduce the prevalence of the malaria parasite,
- * Aerial operations to treat large areas where mosquitoes are abundant, need to be rapidly controlled, and otherwise difficult to treat,
- * **Ground operations** use ULV spraying and larvaciding for area control of mosquitoes, as well as interior residual spraying (IRS) and insecticide impregnated bednets (ITN) for mosquito control within family living areas,
- * Data for decisions are an integral part of IMMC programs so the operations are effective in rapidly reducing the impact of malaria in program areas and at the lowest possible cost.

An all-out effort

The mosquitoes are attacked from all directions: From the air ...



Using sprayers mounted on vehicles ...



And using hand held equipment ...



The program also uses interior residual spraying (IRS) and encourages use of insecticide impregnated bednets (ITN) to help interupt the transmission of malaria.

Economic gain exceeds IMMC costs

Malaria costs a nation's economy as much as 30% of its potential productivity, and endemic malaria makes economic progress almost impossible. In many parts of Africa, a 30% productivity gain is equivalent to a \$300 per capita per year benefit.

An IMMC program can be highly effective with low per capita cost. A successful IMMC program can reduce the number of malaria cases by more than 80% in as little as two years at a per capita cost of under \$15. In spite of this, there has never been a major IMMC program implemented in Africa.

A pilot IMMC program is being planned to launch in Monrovia, Liberia. This is a district with endemic malaria and also emerging from years of civil war. Improved health would be of great economic advantage, and immediately benefit almost 1 million people.