

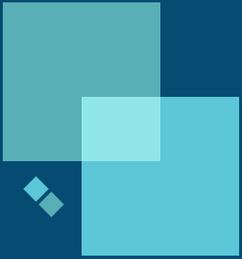


STRENGTHENING INSECTICIDE-TREATED NET (ITN) DISTRIBUTION THROUGH ROUTINE HEALTH SERVICES: Planning and operational considerations

FEBRUARY 2026

amp | The Alliance for
Malaria Prevention
Expanding the ownership and use of mosquito nets





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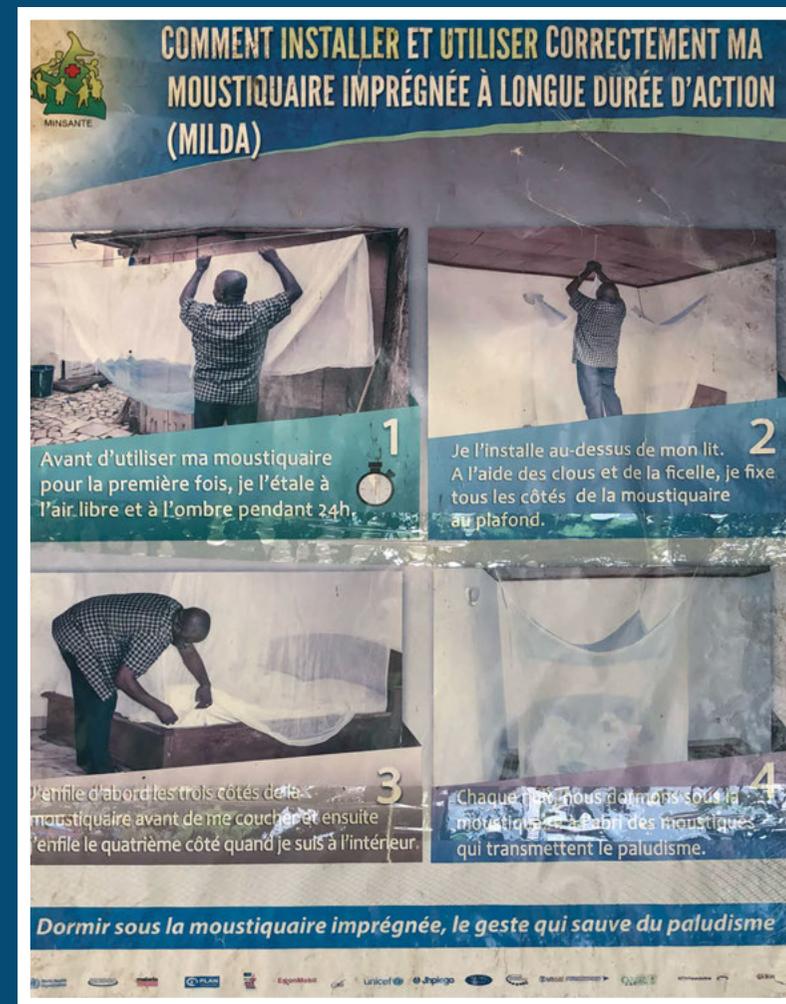
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This document provides guidance to strengthen ITN distribution through routine health services. It is intended for use by Ministries of Health (MoH), their national malaria programmes (NMP), Expanded Programme on Immunization (EPI), Maternal and Child Health (MCH) and Primary Health Care (PHC) departments as well as ITN distribution stakeholders and community leaders. This document complements other guidance and tools, such as the RBM Partnership to End Malaria (RBM) Health Facility-Based Distribution of ITNs.

4 KEY MESSAGES

- 01.** Distribution of ITNs through routine health services is a long-standing and widely used distribution approach.
- 02.** Given the importance of continuous distribution channels for coverage and impact, and the clear advantages of this channel, it should be maintained.
- 03.** In resource-constrained environments, WHO recommends prioritizing routine ITN channels for pregnant women and infants.
- 04.** Variable experience in consistency of distribution through the channel is experienced: there are important opportunities to strengthen it. A set of recommendations is given here to guide that process.



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CONTEXT OF THIS GUIDANCE

No single ITN distribution channel is likely to be sufficient to ensure equitable high coverage with ITNs: the appropriate mix of channels is dependent on various contextual factors. Continuous distribution of ITNs plays a critical role in maintaining protection from malaria by ensuring ongoing availability of ITNs. ITN distribution through routine health services is the most common continuous distribution channel used to date and has been widely used since the 1990s. Like any other channel, routine distribution alone will not be

sufficient to achieve and maintain high coverage and should ideally complement other high through-put ITN distribution channels. Other ITN continuous distribution channels include school- and/or community-based channels. Additional channels, including the distribution of ITNs through the commercial sector can also be considered. (For more information, see the AMP resource: [Guidance on channel selection for distribution of insecticide-treated nets.](#))

WHAT IS ROUTINE DISTRIBUTION OF ITNS?

ITN distribution through routine health services commonly includes distribution to pregnant women and young children through antenatal care (ANC), child health clinics and EPI services, and at facility level or during outreach clinics to populations who lack access to facility-based services due to distance, physical or socio-economic barriers. Depending on previous

eligibility decisions, NMPs may consider expanding eligibility criteria, e.g. giving more than one ITN to ANC and EPI clients; giving ITNs to outpatients seeking other services; further extending ITN distribution as part of remote outreach services; and/or giving an ITN to severe malaria patients on discharge.

CHALLENGES AND OPPORTUNITIES

The reliability of ITN distribution through routine health services has at times been variable. Given the importance of the routine health services channel for reaching the most vulnerable with malaria prevention, an opportunity exists to improve ITN distribution consistency and functionality to maximize impact. This guidance builds on the findings of recent evaluations to provide recommendations for planning and operational considerations¹.

The recommendations below seek to mitigate common weaknesses in ITN distribution through routine health services and across key operational components. These should be considered when updating plans and developing operational

guidance for that channel and those components. They can be applied even in resource constrained contexts, taking advantage of existing NMP staff and resources. Estimated resource needs are noted.

The recommendations do not need to be followed in sequential order – and while a local evaluation of strength and weaknesses would be useful it is not an essential precursor to making improvements.

¹ Several reviews confirm these challenges. A review of Global Fund grants with malaria activities managed by the United Nations Development Programme (UNDP) from 2022 to 2024 and presented to the AMP annual meeting in 2025, for example, showed that reported performance varied from 15 to 120 per cent, with most programmes underachieving on their set targets in 2022-2023 and starting to show improvement in 2024. A 2022 analysis of ITN routine distribution in seven countries, by the US President's Malaria Initiative (PMI) VectorLink Project, noted a wide range of ITN issuing rates, from 31 per cent to 93 per cent via ANC services and 39 per cent to 92 per cent for EPI. Other PMI VectorLink and NetWorks reviews have identified priority operational gaps for ITN distribution through routine health services, which have contributed to these sub-optimal results. These reviews include detailed analysis from key informant interviews conducted with MoH, NMP, technical, operational and community partners as part of process evaluations in Burkina Faso, Cameroon, Niger and Senegal and qualitative assessments in Kenya, Malawi, Mali and Rwanda.



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RECOMMENDATIONS FOR DEVELOPING AND STRENGTHENING ROUTINE SERVICES



RECOMMENDATIONS FOR DEVELOPING AND STRENGTHENING ROUTINE SERVICES

Recommendations	Rationale	Resource needs
<p>Critically assess and validate assumptions used in the ITN quantification process and in target setting to ensure indicator targets are valid and achievable.</p> <p>Involve relevant MoH programmes or directorates such as MCH, EPI, Reproductive Health and PHC in the validation of ITN quantification assumptions.</p>	<p>To achieve MoH targets for ITN distribution through routine services, it is important to initiate discussions early and plan ITN procurement based on needs and funding available. See ITN Quantification site. The targets set for ITN distribution through routine services should be realistic and reflect recent ITN consumption data through those services.</p> <p>It will be important to add ITNs to the national forecasting and quantification for malaria commodities and to include ITNs for routine services as part of the formal NMP logistics management system as described below.</p>	<p>Low-Medium</p> 
<p>Undertake a review of the functionality of ITN distribution through routine services by drawing data from other MoH and NMP management functions, collaborative fora or technical working groups (TWG). Existing assessment tools should be adapted.</p>	<p>Using existing communication with teams at all levels of the health system, NMPs can gather information to identify the operational elements of ITN distribution through routine health services that are most effective, as well as areas which need strengthening. The information can be gathered directly through health system actors, rather than through separate ITN-specific assessment teams or independent activities.</p> <p>Desk review of monthly data and trends at all levels of the health system can also inform the assessment.</p> <p>Supporting resource: PMI VectorLink <i>ITN Continuous Distribution Assessment Tool</i>. This approach facilitates understanding of:</p> <ul style="list-style-type: none"> ▪ The extent to which routine ITN distribution is implemented according to existing international best practice and national guidelines. ▪ Areas and actions for improvement, which could deliver immediate, mid-term and long-term efficiencies. 	<p>Low-Medium</p> 

RECOMMENDATIONS FOR DEVELOPING AND STRENGTHENING ROUTINE SERVICES

Recommendations	Rationale	Resource needs
<p>Conduct a regular inventory and detailed review of supply of ITNs and supporting supply chain activities (e.g. logistics, storage, reporting) to support continuous ITN allocation and distribution through routine services.</p>	<p>Regular inventory and detailed review of the supply are essential operational components to prevent stock-outs or stock overages. While distributed free of charge, ITNs benefit from being included in the national forecasting and quantification plan to provide a more streamlined and efficient supply chain.</p> <p>Ongoing awareness of ITN stock availability and needs through review of monthly health facility activity reports and during integrated supervision visits is important to identify potential stock-outs and reinforce ITN availability in health facilities.</p> <p>Likewise, incorporating ITNs intended for routine distribution into the formal national logistics management system for malaria commodities is crucial for improving accountability and visibility.</p>	<p>Medium</p> 
<p>Undertake careful planning to extend ITN allocation/distribution through routine health services to new priority groups beyond the traditional ANC and EPI routes.</p>	<p>The addition of priority populations is a delicate process that requires careful quantification to avoid stock-outs and ensure the rational use of ITNs.</p> <p>Where a broader ITN allocation/distribution strategy is considered (e.g. expanding criteria to provide ITNs beyond pregnant women at ANC1 and children at the first measles-containing vaccine (MCV1)), the current quantification model should be updated as it relies on data from pregnant women and children under five. Careful review of monthly and quarterly data to assess consumption against forecasted needs will be important to adjust the quantification as needed.</p>	<p>Medium</p> 

PLANNING AND COORDINATION



PLANNING AND COORDINATION

Recommendations	Rationale	Resource needs
<p>Led by the NMP, coordinate ITN distribution through “one team”, involving key internal directorates (malaria, MCH, PHC, EPI, Health Management Information System [HMIS], and outpatient services) and external stakeholders including donors and technical partners.</p>	<p>Where ITNs are being delivered through MCH, PHC, immunization and outpatient services, it is critical to ensure coordination throughout the health system to address questions and ensure alignment across service areas. Technologies, e.g. WhatsApp, may be considered to support coordination, connecting central level MoH and stakeholders with regional malaria focal points, sub-national health teams and health facility directors. This broad coordination enables the operation of existing data-driven reporting mechanisms, allowing rapid adaptation and strengthening planning to ensure the continuous availability of ITNs.</p> <p>Establishing an ITN continuous distribution task team, led by the MoH, with the mandate to effectively oversee coordination, planning, logistics, implementation, training, social and behaviour change (SBC), supervision and monitoring and evaluation (M&E) is an approach to consider for supporting ITN distribution through routine health services.</p> <p>As ITNs are often managed separately from other health commodities in the MoH supply chain, it is important to have clear guidelines and instructions to reinforce continuous availability of ITNs and for health workers to distribute ITNs through routine services in a uniform way to all who are eligible.</p>	<p>Low</p> 
<p>Develop and/or update and/or finalize and widely disseminate ITN distribution guidelines and instructions at all levels including the recording and reporting forms/guidance/Standard Operating Procedures (SOPs).</p>	<p>Availability of clear written guidelines, instructions and updates guiding ITN distribution through routine health services is critical at every level of the health system to reinforce understanding of and alignment with MoH objectives. However, guidelines for distribution of ITNs through routine health services are often not widely shared with MoH teams at sub-national levels, which may lead to operational confusion to ensure effective quantification, logistics and distribution.</p>	<p>Low-Medium</p> 

ELIGIBILITY INSTRUCTIONS



ELIGIBILITY INSTRUCTIONS

Recommendations	Rationale	Resource needs
<p>Develop and disseminate clear information on eligibility criteria and ITN allocation/distribution through routine health services.</p> <p>SOPs should include specifics for the people eligible as well as the routine visit during which they are eligible. Guidelines/SOPs should be regularly reviewed and their use emphasized during supervisory review meetings with staff. Health registers and patient health cards can be updated and used to track eligibility.</p> <p>Inform selection of target groups and geographies with the use of ongoing monitoring of epidemiological trends.</p> <p>Disseminate ITN eligibility criteria publicly through Health Committees and community health workers (CHWs).</p>	<p>Lack of specific instructions regarding eligibility criteria may reduce the number of ITNs distributed to those eligible.</p> <p>Despite general awareness that pregnant women and young children should receive ITNs, staff often lack specific instructions. This leads to uncertainty regarding the provision of ITNs at first or later ANC visits and/or at facility-based birth, for example. In some cases, ITNs have been withheld until the fourth ANC visit (ANC4) to improve ANC4 indicator results – thus reducing protection of vulnerable pregnant women for a significant portion of their pregnancy. Furthermore, unclear and insufficiently specific eligibility criteria for young children may lead to health workers not systematically issuing ITNs to caregivers during an eligible EPI visit. In other cases, health registers as well as maternal and child health or other patient health cards do not clearly indicate and reinforce national guidelines for eligibility and receipt of ITNs. This may cause uncertainty for MoH staff regarding when/whether they are allowed to provide ITNs and how to appropriately record ITN distribution and receipt.</p> <p>Raising awareness of ITN eligibility criteria will reinforce instructions to MoH staff delivering ITNs through routine health services. To ensure alignment between the intended and actual number of people reached, and to improve the proportion of prioritized vulnerable groups receiving ITNs through routine services, it is important to share clear consistent information on eligibility.</p> <p>Eligibility criteria may include, for example:</p> <ol style="list-style-type: none"> 1. First ANC visit (ANC1) to ensure pregnant women have access to an ITN as soon as possible in the pregnancy. 2. Caregivers of children receiving the MCV1 at nine months to ensure young children have ITN access when they move to a sleeping space separate from their mother. 3. Caregivers of children receiving their final dose of the malaria vaccine at 15 months. 4. Patients who have completed care for severe malaria who are at elevated risk of subsequent infections for several months due to reduced immunity. 5. Other patients seen at health facilities, based on NMP criteria. 	<p style="text-align: center;">Low-Medium</p> 

ITN LOGISTICS



ITN LOGISTICS

Recommendations	Rationale	Resource needs
<p>Develop detailed instructions - and disseminate broadly to MoH teams - for ITN logistics, issuing, data collection, requisition and resupply, to ensure continuous availability of ITNs for distribution through routine health services, including before, during and after ITN mass campaigns. Routine distribution should not be stopped during mass ITN campaigns.</p> <p>Include planning for last mile delivery of the ITNs to health facilities.</p>	<p>Continuous availability of ITNs to routine services is important for meeting the ongoing needs of vulnerable populations, reinforcing consistent messaging regarding ITN availability and use, and encouraging health seeking behaviours. However, in some cases, and for various reasons, lengthy stock-outs of ITNs disrupt distribution through routine health services. Coordination and communication remain crucial to effective logistics planning and, in many cases, require strengthening. SOPs should include written instructions for the management of ITNs once received at the health facility.</p>	<p>Medium-High</p> 

ITN LOGISTICS

Recommendations	Rationale	Resource needs
<p>Explore inclusion of ITN quantification and allocation within the same MoH “pull” system as other health commodities to avoid ITN stock-outs as well as overages.</p> <p>While considering the financial implications associated with the management of this option, explore developing or strengthening a system which allows health facilities to place orders, based on stock levels and need. Reinforce the ITN requisition process to monitor ITN stock levels and signal low-stock alerts, allowing health facility directors to place orders for ITNs and maintain a consistent supply and storage of ITNs.</p> <p>Include instructions for establishing stock alert systems and minimum stock level indicators in ITN SOPs to inform the requisition process.</p>	<p>Where ITNs for routine health service distribution can be included as part of a national health commodity “pull” system in place, quantification can then respond to an expression of needs based on health product stock and consumption levels at health facilities, informed by routine reporting. ITN distribution data are often collected as part of monthly health reporting in DHIS2. However, in some countries, there is no specific section in the report to identify ITN stock-outs or indications of alert levels when stocks should be re-ordered.</p> <p>Regular review of ITN stock and distribution data can provide insights on the achievement of distribution objectives, issues with stock availability and planning for ITN resupply. Incorporating a review of monthly MoH reports for ITN stock and distribution numbers can reinforce planning for ITN quantification and resupply.</p> <p>National MoH and/or NMP procurement units generally conduct ITN quantification periodically to estimate needs, including distribution through routine health services. Estimates are often based on population and past consumption data. ITN allocations to sub-national areas and health facilities are then often based on a “push” system, periodically delivering ITNs based on these estimated needs. In some cases, this push approach has led to both stock outages and overages.</p>	<p>Medium-High</p> 
<p>Reinforce last-mile delivery of ITNs from central/sub-national warehouses/stores to health facilities by identifying and prioritizing ITN transport funds or organizing quarterly ITN transport directly to facilities.</p>	<p>Lack of ITN transport, or funding for the transport, from central or sub-national warehouses/stores to health facilities has been identified as the leading cause of ITN stock-outs for routine health services. Lower-level health posts and community health workers report rarely receiving any ITNs or only sporadic allocations, with the result that more remote populations may be left without routine ITN access and prioritized populations unsure of when ITNs will be available.</p>	<p>Medium-High</p> 

ITN LOGISTICS

Recommendations	Rationale	Resource needs
<p>Collaborate with health system actors, municipalities and civil society for ITN storage and transport.</p>	<p>Often, the MoH and implementing partners support the transport of ITNs to sub-national health warehouses, and it is then up to health system personnel and health facility senior staff to ensure transport to the health facility level. Some health facility directors interviewed reported using their own personal resources to cover ITN transport to the health facility, which presented a barrier to consistent supply of ITNs.</p> <p>In some countries, sub-national health management teams and health facility directors have successfully negotiated with local governments to support ITN storage and transport costs. In other cases, local/community health management committees cover ITN transport costs. These opportunities may be further explored, with advocacy from community leaders and civil society and supported through official recognition and appreciation by MoH leadership and administrative authorities at national and sub-national levels, where appropriate.</p>	<p>Low</p> 

TRAINING



TRAINING

Recommendation	Rationale	Resource needs
<p>Integrate on-the-job ITN distribution training and modules with other health service delivery training (e.g. intermittent preventive treatment in pregnancy [IPTp], case management) - within and beyond malaria - and explore other options which may reduce the costs of providing training and refresher courses.</p>	<p>Capacity strengthening needs noted by key informants include improved use of data and stock management tools; communication; and social mobilization for ITN use. However, MoH staff have expressed concerns that training for continuous ITN distribution is more limited than for other programmes and tasks. High health facility staff turnover leads to ongoing need for information and instructions/SOPs.</p> <p>With limited budgets for training, it is important to incorporate clear information related to ITN distribution and tracking as part of other training modules to support alignment with national guidelines, priorities and indicator targets and to reinforce ITN distribution through routine health services. Furthermore, it is essential to consider the use of video reminders, asynchronous learning modules and other online training options which can be delivered virtually. Sustainable, economical and feasible options are required to provide regular training and refresher options to staff in charge of ITN distribution and to new staff replacing previously trained staff due to staff turnover.</p>	<p>Low</p> 

Broadcasting information
on ITN distribution
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COMMUNICATION



COMMUNICATION		
Recommendations	Rationale	Resource needs
<p>Reinforce communication planning, messages and tools, leveraging ongoing health personnel communication with patients; community and traditional leadership; civil society engagement; radio and other community mobilization for the promotion of:</p> <ul style="list-style-type: none"> ANC, EPI and health service attendance in general ITN use and care <p>Target messages based on known concerns, e.g. where ITN use given access is known to be good, focus on attendance and ITN care rather than ITN use.</p>	<p>While evidence shows that, in general, people who have access to ITNs use them², it is critical to reinforce consistent ITN use and care to maintain ITN longevity³. For many years, communication tools have been developed for ITN campaigns but seldom for ITN distribution through health facilities, so significant gaps were noted during assessments.</p> <p>Where funding is limited, efforts can be made to adapt campaign communication tools for routine distribution. ITN awareness and use messages should be available to and presented by health providers to pregnant women, caregivers and patients at ANC, child health and outpatient visits.</p> <p>Traditional and religious leaders were also identified as important influencers of health behaviour, including prevention measures, such as ITN use, as well as health seeking. Some health facility directors indicated, for example, that they hold information meetings with leaders and/or contact them when cases of severe malaria present at the health facility.</p>	<p>Low-Medium</p> 
<p>Consider digital availability of ITN distribution materials, where feasible and where resource constraints preclude print materials. Verbal reinforcement of guidance during integrated supervisory visits should be emphasized.</p>	<p>To promote widespread availability of ITN routine distribution guidelines with a limited or no budget for dissemination, it is important to consider providing short and concise written guidance (e.g. one-to-two-page job aids) to ANC, EPI and other health facility staff who manage and distribute ITNs. Alongside dissemination, it is critical for district health teams to receive and share reminders with health facility directors during regularly scheduled planning and review meetings or via established online coordination structures (e.g. WhatsApp groups).</p>	<p>Medium</p> 

2. <https://itnuse.org/>

3. Ibid.

SUPERVISION



SUPERVISION		
Recommendations	Rationale	Resource needs
<p>Include ITN stock and data verification checks in integrated supervision checklists and activities to review and compare the number of ITNs received, distributed and in stock, and the number of eligible clients receiving ITNs.</p>	<p>Simple approaches to staff skills building and practice in correctly completing ITN stock and data management forms have been recommended, alongside stock and data verification, to reinforce and maintain the quality and consistency of ITN distribution through routine health services.</p> <p>Supervision of malaria activities in health facilities is often integrated with overall health services supervision through existing data quality assessment and stock management tools, and ANC assessments⁴. However, where integrated, ITNs are often not a prominent component of the supervision visit and thus this element needs reinforcing. Where supervision is conducted remotely, through virtual communication options, the risk of missing key ITN distribution challenges may increase.</p>	<p>Medium</p> 
<p>Collaborate with MoH and donors to reinforce and strengthen supervision for the resolution of problems.</p>	<p>As noted in the PMI VectorLink Supervision checklist for assessing continuous distribution of ITNs at health facilities, a data-informed process of supervision is critical to ensuring that supervision objectives are achieved. For example:</p> <ul style="list-style-type: none"> ▪ Checklists enable supervisors to identify areas for improvement and propose follow-up actions, such as on-the-job training, commodity mobilization, and provision of guidelines, tally sheets, SBC and other materials. ▪ Data, such as performance history and client load, inform both the prioritization of health facilities in need of supervision and additional support as well as setting future performance targets. 	<p>Medium</p> 

4. PMI VectorLink Project. September 2020. *Supervision Checklist for Assessing Continuous Distribution of ITNs at Health Facilities*. Washington, DC. The PMI VectorLink Project, Population Services International (PSI).

DATA MANAGEMENT

Recommendations	Rationale	Resource needs
<p>Reinforce recording and reporting of ITN inventory, supply chain and distribution data.</p> <p>Revise and streamline tools to track ITN stock and distribution and ensure their availability.</p> <p>Updated tools should be in place and included in any trainings on ITN distribution through health services.</p>	<p>In many cases, many tools are in place to collect and report the number of ITNs distributed and in stock, as well as the number of patient consultations. The number of data collection tools for ITN distribution in health facilities is often overwhelming, particularly when partners use parallel systems for donor-specific reporting. This can lead to situations where health facility staff distributing ITNs do not have the bandwidth to record information completely and accurately in all tools. Key informants also noted an absence of instructions; time limitations to record data across many forms; lack of harmonized indicators across health facilities; and frequent discrepancies in the data between tools.</p> <p>Streamlining the numerous tools currently used and ensuring the dissemination of revised tools and SOPs should improve data collection, collation and quality, as well as reducing staff burden. Key data collection tools should be in place to record the distribution to those eligible. These include tools to record the transport and receipt of ITNs, monthly distribution and stock level reports (as part of monthly health facility activity reports), health registers, health cards, and ITN distribution notebooks.</p>	<p>Medium</p> 

DATA MANAGEMENT		
Recommendations	Rationale	Resource needs
<p>Reinforce timely reporting by health facilities (monthly MoH activities report, including ITN consumption data) combined with regular data analysis to inform ITN quantification and supply; diagnose and address bottlenecks.</p>	<p>Accurate health facility ITN distribution, stock consumption, and stock on hand data are critical to accurate quantification of ITNs needed for future procurement and allocations to health facilities. Fostering data use to track ITN availability and distribution results is also important to inform performance improvement and strengthen current and future implementation.</p> <p>Key informants noted that MoH health district and health facility teams already use scorecards and develop their own dashboards e.g. in Excel, to analyse data for malaria case management. MoH teams can also use and develop tools to review and assess ITN distribution to eligible priority groups. This may include use of DHIS2/HMIS data to review health service attendance data alongside ITN issuance data to assess the proportion of eligible populations reached.</p>	<p>Medium</p> 
<p>Incorporate ITN data review in routine integrated and formative supervision visits; DHIS2 data consistency checks; and data validation meetings at sub-national level to improve data quality.</p>	<p>Leveraging ongoing integrated supervision and data quality efforts is likely to improve ITN data quality.</p>	<p>Low</p> 

RESOURCES

- Allabergenova G. (2025). *Factors influencing routine ITN distribution and lessons learnt*. UNDP PowerPoint presented to the Alliance for Malaria Prevention Annual Meeting, 2025.
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- PMI VectorLink Project (2018—2019). Process evaluations of ITN Continuous Distribution in *Burkina Faso, Cameroon, Niger and Senegal*, Unpublished reports and meeting summaries.
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AMP CONTACTS

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