

RBM Vector Control Working Group (VCWG) Continuous Distribution Workstream

Consensus Statement on Continuous Distribution Systems for Insecticide Treated Nets

June 16, 2011

Universal Coverage targets whole communities, not only vulnerable sub-groups within these communities. The aim is to provide equitable protection to everyone, and to take advantage of the “community effect”, where a high level of ITN coverage affects the vectorial capacity of the local mosquito population, reducing malaria transmission in the community as a whole. Increased attention should therefore be given to developing distribution strategies to achieve and sustain Universal Coverage.

Mass campaigns are the best method to rapidly scale up Long Lasting Insecticidal Net (LLIN) coverage, especially when household ownership levels are low. However, recent experience shows that campaigns alone are not enough to sustain universal coverage. This is because LLINs do not have a fixed lifespan: the process by which nets are lost from use, as a result of wear and tear, starts immediately after a distribution campaign and continues over several years. A key priority for maintaining universal coverage must be to establish systems to monitor coverage, and variations in the rate of loss, so that the rate of input of LLINs can be adjusted to balance this loss. Research is needed to define the appropriate methods for specific epidemiological settings.

Therefore, in order to maintain uninterrupted universal coverage, complementary distribution mechanisms are required to provide a continuous supply of replacement LLINs, and should be an integral part of a comprehensive national LLIN strategy.

WHO has adjusted its recommendations to national malaria control programmes, giving higher priority to routine services, such as ante-natal clinics (ANC) and the Expanded Programme on Immunisation (EPI) as a means of LLIN distribution to sustain Universal Coverage. The Vector Control Working Group supports the implementation of this recommendation.

In many African countries, ANC and EPI coverage is relatively high. Delivery of LLINs through both ANC and EPI should help to reduce the coverage gaps that otherwise grow up during the intervals between campaigns, and should therefore help to maintain the stability of high levels of coverage.

However, practical experience with this approach is still limited. Modeling studies suggest that ANC/EPI may not be enough, on its own, to sustain full universal coverage, and in this case, additional systems will be needed to sustain LLIN coverage. Further innovative solutions may be needed where access and/or quality of ANC and EPI services are inadequate, or population groups not served by these channels require LLINs.

Evidence on the effectiveness of alternative continuous distribution systems is scant and a high priority should be given to the monitoring and evaluation activities needed to collect such evidence. The VCWG is keen to collate evidence of this kind, and would be pleased to hear from colleagues engaged in programmes of this kind.

Important fundamental questions remain including:

- the degree to which nets may be shared and exchanged within and between families;
- how public health plans can allow for some role of the retail sector. The aim here is to combine appropriate subsidy policies with distribution of LLINs through commercial retail channels in order to give at least some households the decision-making power to bring extra LLINs into the household according to their own need. In other words, this would be a "pull" system to complement the "push" of LLINs through campaign and routine channels. With a "pull" system, it will be particularly important to identify, assess and strengthen distribution channels to reach disadvantaged households.
- What LLIN distribution models can be used to ensure integrated continuous distribution programs contain both campaign and routine elements that complement each other to maintain Universal Coverage? Hybrid models, such as short-term school-based distributions may provide an important opportunity.

A key priority for maintaining universal coverage must be to establish systems to monitor coverage, and variations in the rate of loss, so that the rate of LLIN input can be adjusted to balance this loss. The WHO has prepared standard methods for monitoring LLIN durability; further research is needed to adapt these for the monitoring of coverage in specific settings and to establish how such data can be used to adjust distribution systems.