

Sustaining Fragile Gains

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Continuous Distribution Work
Stream

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Background

- The past five years has recorded unprecedented funding for malaria control, peaking at \$2 billion in 2011.
- Approx 385 million LLINs were distributed in SSA between 2008-11.
- Significant improvements in malaria indicators seen for several countries.
- BUT funding appears to be leveling and may begin to decline from 2012.



Vital need to **SUSTAIN FRAGILE GAINS**

Aim & Objectives

OVERALL AIM

To document 'fragile gains' of LLIN coverage to date in relation to the current funding gap and draw attention to the consequences of decreased resources and potential strategies to sustain gains

OBJECTIVES

1. To review the gains already made in LLIN coverage and estimates of impact on mortality, morbidity & transmission
2. To collate existing funding commitments for LLINs in the pipeline to 2015
3. To determine the potential coverage achievable with the current allocated funding and what gaps remain
4. To estimate potential consequences for mortality impact
5. To recommend measures to mitigate predicted gaps in funding and coverage

Methods

LLIN Funding Needs & Commitments

- Update of previous GF review
- Sub-Saharan Africa over the period 2010 to 2015
- Main source of data is latest country gap analyses
 - Source: HWG/ALMA
 - Also in contact with malaria team at GFATM who are working with HWG & conducting gap analyses in priority countries with current malaria grants
 - Input from USAID/ PMI
- Obtaining the most up-to-date data on LLINs in-country or in the pipeline is very challenging and figures are dynamic.
- However, this country-level data is likely to be the most robust.

Methods

Predicting LLIN Coverage & Mortality

- 42 countries in sub-Saharan Africa
 - Calculations made at country level but presented in aggregate
- ‘Baseline’ year taken as 2009 i.e. before the major scale-up activities of 2010-12 in most countries
- Calculations of LLIN coverage & predicted mortality impact achieved with the LLINs distributed 2010-12
 - Coverage: % HHs owning ≥ 1 ITN
 - Mortality impact: No. malaria deaths averted in U5s compared to baseline year (2009)
- Predictions of
 - i. LLIN coverage & mortality impact with current LLIN funding commitments
 - ii. LLIN coverage & mortality impact if all country net needs funded

Methods

Predicting LLIN Coverage

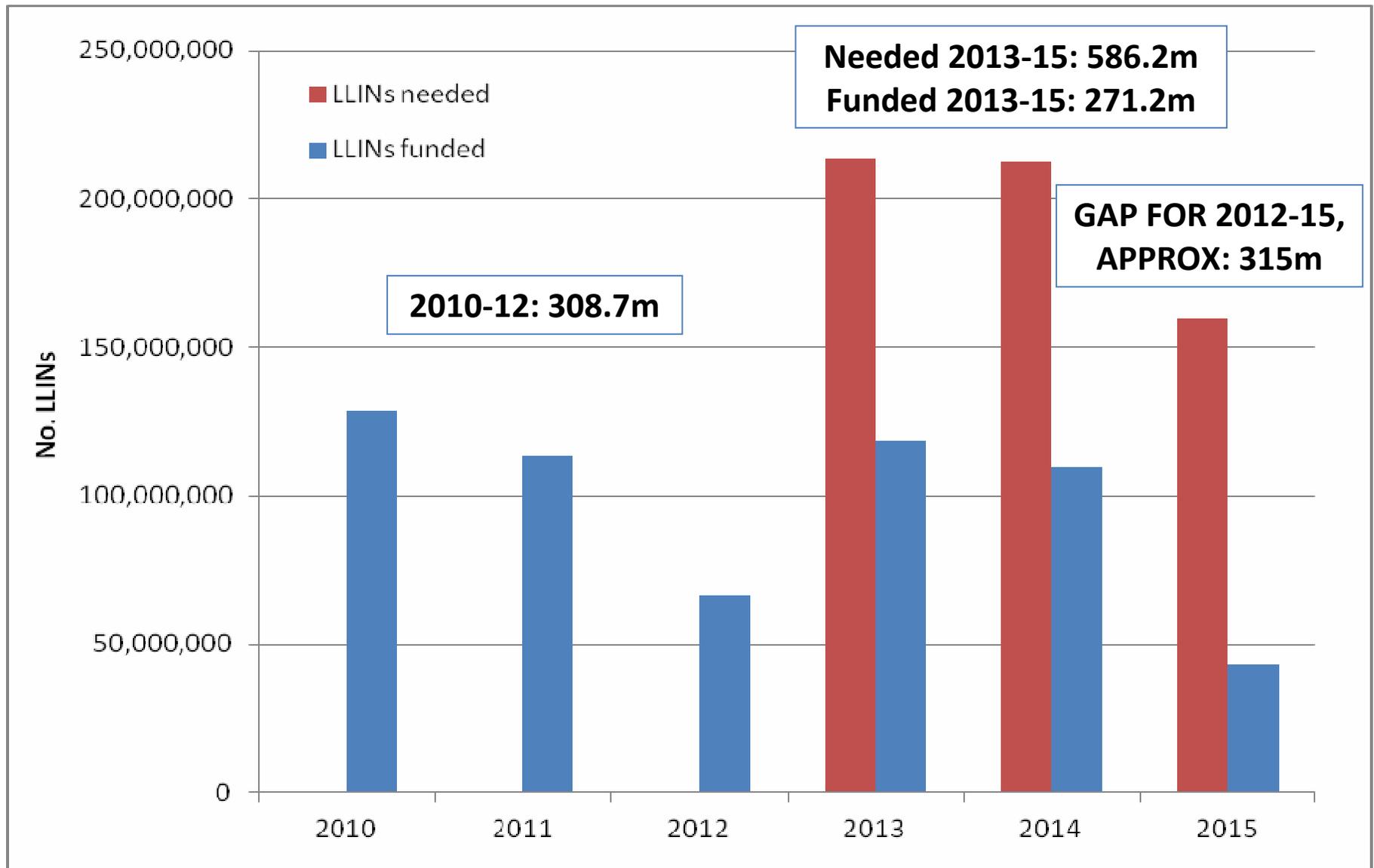
- Population coverage with LLINs predicted using NetCALC for 2010-15
 - Survey data closest to 2009 for ‘baseline’ HH ITN ownership (assume 90% of ITNs are LLINs); median: 33.0% [IQR: 16.0%-46.8%]
 - LLINs for 2010-15 from country gap analyses
 - Assume median LLIN lifespan of 3 years
 - Population parameters from UNPOP, national surveys

Predicting Mortality Impact

- Figures for LLIN coverage generated by NetCALC used to predict mortality impact with the Lives Saved Tool (LiST)
 - UNPOP population characteristics
 - Protective efficacy of ITNs = 0.55
 - U5MR; Relative proportion of U5 deaths due to malaria
 - **Lives saved per year due to increased (or decreased) ITN coverage , compared to 2009 coverage**

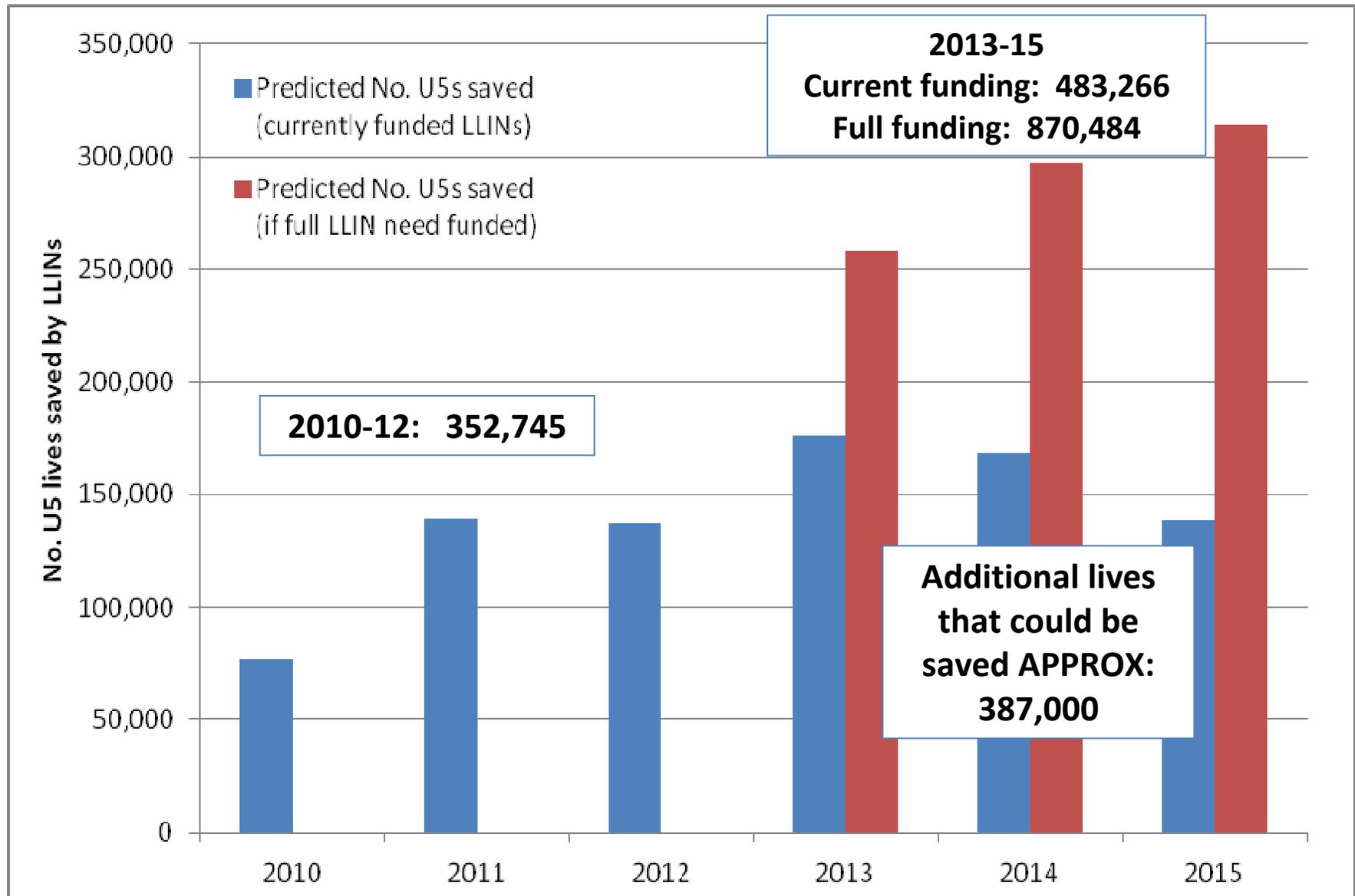
Preliminary Results

– LLINs Needed & Funded



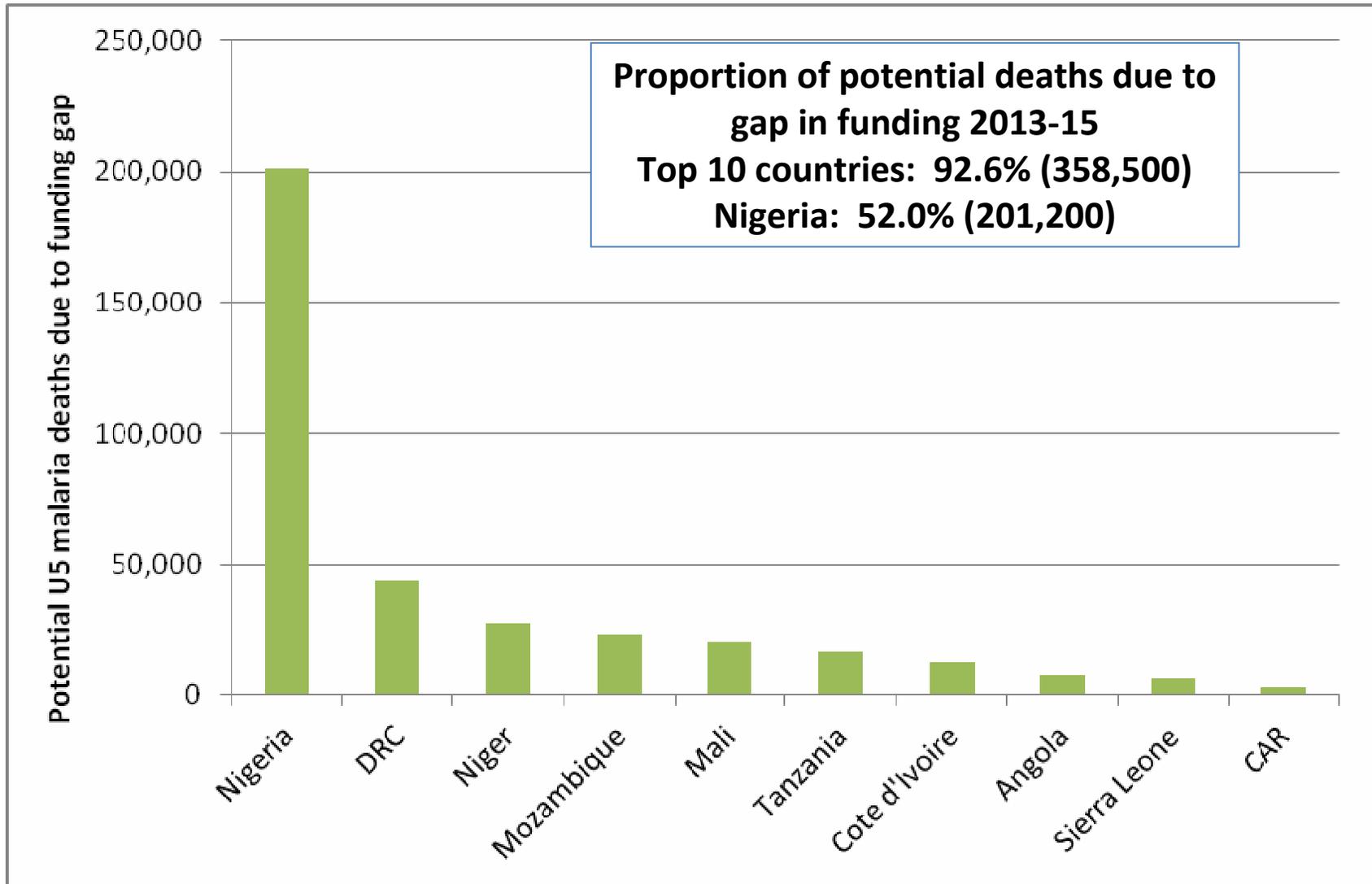
Preliminary Results

– U5 Lives Saved



Preliminary Results

– 10 countries with highest ‘avoidable’ mortality



Next Steps

- Sensitivity analyses with certain parameters, e.g.
 - Protective efficacy of ITNs, % malaria deaths
 - Additional funding in pipeline (GFATM, PMI...)
- Feedback from key stakeholders
 - Ongoing & potential measures to mitigate predicted consequences of funding
- Finalise analysis & report
 - Discussion of findings in relation to proportion of identified needs for campaigns versus continuous distribution
 - Peer reviewed article & other relevant advocacy documents