

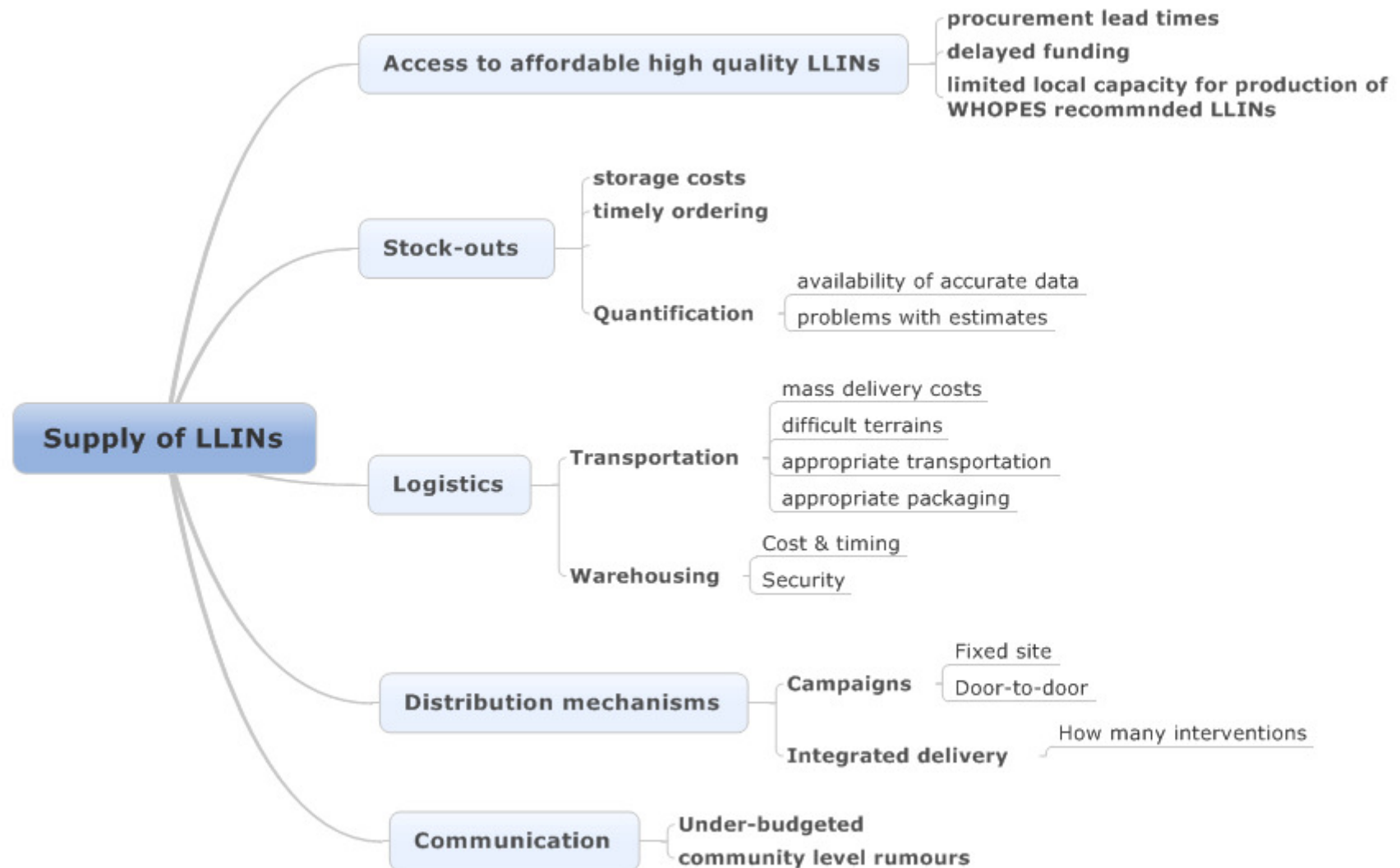
Continuous Distribution work-stream feedback and work-plan

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Delivery of LLINs through ANC: data

- A national strategy in 34 countries – data not available for assessing how well this is working using survey data
- We hope to strengthen the DHS & MIS to enable this by the addition of 2 questions
- A justification & request has been sent to MERG who meet next week
- Data on delivery of LLINs through ANC is collected on the electronic HMIS: DHIS2 is available to some extent in 45 countries of Africa

Supply of LLINs



Continuous distribution and technology.....

- E-vouchers in Tanzania & Ghana
 - TNVS (ANC/EPI) – 1.2 million vouchers redeemed
 - Ghana (clinics, schools, employers, individuals) – 2,000 redemptions
- Movercado in Mozambique
 - Integrated malaria, nutrition, reproductive health
 - Referral from community
 - Transport subsidies
 - SMS messaging
 - Virtual money

Look forward to the evaluations

- Coverage effectiveness
- How it works – Where it can and can't work

Continuous distribution mechanics

Eastern Region Ghana:

Research questions

- Did the continuous distribution of LLIN through schools and health facilities maintain the household coverage achieved by the universal LLIN access campaign?
- How did CD channels contribute to coverage?

Conclusions

- ITN ownership (at least one) was more or less maintained, decline of access significantly slowed
- CD channels were largely complementary (in the first year)
- CD distributions fill existing gaps without oversupplying
- Equity reflects that of services but is acceptable
- Given time it will be able to sustain UC in Eastern Ghana

Continuous distribution & the private sector: potential and reality

- What can be their role & how can it be achieved?
- Markets for health concept
- How campaigns and continuous distribution fit within the concepts of market forces
- How does this thinking help us to direct strategies?
Frameworks to support the thinking.....

Prioritization LLIN Distribution Strategies

Universal Coverage remains goal, but resource gaps likely

- Guidance needed to mitigate burden of gaps in LLIN supplies.

Prioritize LLIN allocation based on epidemiology (mass effect, residual transmission versus coverage)

- Target distribution to vulnerable groups
- Give low priority to low risk areas (e.g., urban) – very low risk – zero coverage
- Areas currently high transmission
- Areas historically high transmission with recent reductions due to vector control

Process and Issues

Process:

- a) Workshop with modelers (Basel, Oct 2013)
- b) Draft document to VCTEG (Feb 2014 meeting)
- c) VCTEG decide if forward to MPAC (March 2014)

Remaining Issues:

- Continue mobilize resources during crisis situations
- Build capacity to collect quality data locally for accurate stratification
- Identify which channels most efficient/cost-effective?

