

RBM Vector Control Working Group

Continuous LLIN Distribution Systems Work Stream

Progress on 2012 Work Plan – Jayne Webster, London School of Hygiene & Tropical Medicine, UK

The context for LLIN distribution has changed from an era of great scale-up and improvements in LLIN coverage (2010-11), in which complementary approaches between campaigns and routine systems to ensure continuous delivery were the focus, to the current era of declining donor funding, in which funding advocacy, new funding models and increased efficiency are needed to sustain gains.

Review of products from 2010-2011:

- Consensus statement on continuous distribution.
- Options for delivery strategies (helping countries to decide which products were appropriate, alongside NetCALC).
- Best practices in delivery through routine systems.
- Country experiences: 'Lessons in Brief'.
- Lessons on successes of similar strategies in different contexts.

These products have been disseminated through three RBM regional network meetings in 2012: Central Africa Roll Back Malaria Network (CARN) (Yaoundé, Cameroon), West Africa Roll Back Malaria Network (WARN) (Praia, Cape Verde) and East Africa Roll Back Malaria Network (EARN) (Arusha, Tanzania). Ten countries have received direct assistance at this time, and nine countries are in line for assistance this year. Lessons learnt through this process are that direct assistance produces better impact and that hard copies of technical documents are needed by National Malaria Control Programmes (NMCPs).

The following work is ongoing:

1. *'Fragile gains'*: to document the 'fragile gains' in 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. The objectives of this work are to review the gains already made and their impact to collate funding commitments until 2015, determine potential coverage and consequences for mortality and to recommend how to mitigate predicted gaps in funding and coverage.
2. *ITN Strategic Framework*: the Framework was developed nearly a decade ago, before the present scale-up (2004-05) and could be updated. The main issues include: domestic funding, who to target, how to stimulate commercial growth and increasing efficiency (maximum health impact per coverage, maximum coverage per LLIN delivered, lowest delivery costs per LLIN distributed and minimum overlap between delivery systems).

Budget:

The total budget for 2011 was US\$106,000 and US\$40,000 in 2012, provided by USAID and the Swiss Agency for Development and Cooperation (SDC).

An ad hoc meeting was held at the American Society for Tropical Medicine & Hygiene annual meeting (ASTMH) in Atlanta, November 2012.

Discussion:

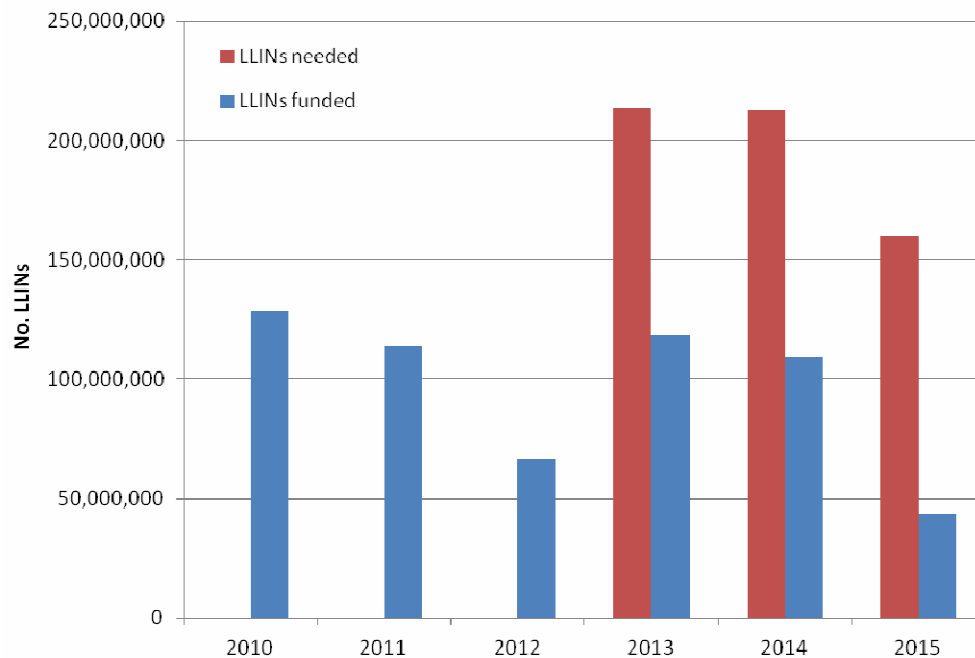
It was highlighted that universal coverage rather than targeting is still important for a mass effect. There was some discussion of how best to achieve this with limited funding. Some countries already need to make decisions on targeting nets when resources do not allow for universal coverage. WHO may need to develop consensus on this. The focus must not solely be on distribution but also on compliance and use.

7th Continuous LLIN Distribution Systems Work Stream Meeting
15.30-18.30, Tuesday 29th January 2013
Salle V, IFRC, Geneva

Co-chairs: Jayne Webster and Kojo Lokko
Rapporteur: Richmond Ato Selby

Sustaining Fragile Gains – Lucy Paintain, LSHTM, UK

Over the past five years, unprecedented funding has been made available for malaria control, peaking at US\$2 billion in 2011. Between 2008 and 2011, approximately 385 million LLINs were distributed in sub-Saharan Africa and this has led to significant reductions in the burden of malaria in several countries. However funding appears to be plateauing and may have started to decline in 2012. Preliminary findings were presented from the ‘fragile gains’ project which seeks to examine LLIN coverage in relation to the current funding gap, with the objective of drawing attention to the consequences of decreased resources and to make recommendations on potential strategies to sustain gains. Based on available data from the latest country gap analyses on LLINs in-country and those in the pipeline, about 586.2 million LLINs are needed for the period 2013 to 2015. However, only 271.2 million LLINs are currently funded, leaving a gap of around 315 million LLINs for the same period.



According to predictions made using the Lives Saved Tool (LiST), over 90% of potential under-5 malaria deaths arising due to the gap in LLIN funding for 2013 to 2015 are predicted to occur in 8 sub-Saharan African countries, with Nigeria alone accounting for around 50% of avoidable mortality.

Further analysis of available data is on-going with plans for sensitivity analyses around the key assumptions, discussion of findings in relation to proportion of identified needs for campaigns versus continuous distribution, and development of peer-reviewed articles and other advocacy documents.

Discussion

During the discussions, the group agreed that it was imperative to ensure that people 'stay' under nets and that it is equally important to highlight the resources required to maintain the coverage achieved and also the resources required to reach universal coverage. It was pointed out that the analysis is based on the 'one net per household' indicator which does not paint the real picture on the ground. It is therefore important that results from modeling are triangulated with information from the field. It was agreed that the data analysis and documentation of gaps can serve as a good advocacy tool however specific commodity (LLIN) lives-saved analysis is only an example and malaria deaths averted could be due to other malaria control interventions being implemented. The group agreed that further analysis with all issues and recommendations will be valuable.

Targeting LLINs for epidemiology – Matt Lynch, Johns Hopkins University, USA

The presentation highlighted the dwindling funds available for LLIN using data from the Net Mapping Project. Based on this data, 145.2 million LLINs were delivered in 2010 whereas in 2012, about half this quantity (70.2 million) was delivered. The current funding situation therefore presents us with the challenge of resources being too limited to provide nets for everyone in endemic countries. Do we therefore now need to consider prioritizing and identifying households (communities?) at highest risk? If so, who and how do we target? Should the possibilities for consideration include:

- Targeting communities at the highest risk for free or with highly subsidized LLINs.
- Targeting households (communities) from lowest socio-economic groups.
- Targeting vulnerable groups (moving back to personal protection?).

Maximizing efficiency in LLIN distribution – charting the strategic process – Matt Lynch, Johns Hopkins University, USA

This presentation sought to stimulate discussions on maintaining coverage with dwindling financial resources impending. A number of assumptions were made during the presentation, based on which the following issues were raised:

- Resources are constrained and becoming more so considering the fact that the allocations of a country's funds between HIV, TB and malaria will be decided by the CCM.
- Malaria risk is unevenly distributed, and prioritizing on epidemiological risk is feasible
 - Urban areas generally have lower risk, and Africa is rapidly urbanizing (~50%). The proportion of the population living in moderate- and high-transmission settings is not large, but needs careful quantifying. What would be the pros and cons of focusing subsidies and resources on high-transmission areas? Could low-transmission settings (especially urban areas) find more cost-effective LLIN distribution methods?
- Prioritizing LLINs and subsidies will not leave the poor more vulnerable:
 - How can the measure of 'need' be operationalized, considering the combination of epidemiological risk of infection, biological vulnerability and financial/socio-economic status?
- Prioritizing will increase the efficient use of funds.

The presentation concluded that it will be important to identify evidence gaps and to find existing evidence and opportunities to collect data to fill these gaps, in order to help determine how best to prioritise coverage and to inform technical guidelines from GMP.

Discussion

The group agreed that after ten or more years of efforts to control malaria, there is still huge progress to be made. Central systems for making decisions regarding efficiency should be developed to support countries in their planning.

Reports on institutional and country strategies for increasing efficiency in LLIN distribution

Potential ways to improve efficiencies - Jan Kolaczinski, GFATM, Switzerland

Providing examples of best practice for dissemination to countries, holding workshops and conducting study tours could help country teams (including those from funding organisations) to learn about strategies and ways of efficiently distributing LLINs. Avoiding delivery of LLINs to people not in need (because they live in non-endemic areas or already have a net) should be considered. A clearer description or understanding of continuous distribution strategies within countries could help in planning for efficient LLIN distribution and in securing the funds to do so.

Strategies for improving efficiencies of LLIN distribution in the face of dwindling resources: A UNICEF perspective – Valentina Buj, UNICEF, USA

Based on evidence from studies and research, UNICEF continues to support net distributions through ANC and EPI programmes. Integrated campaigns, such as child and maternal health weeks during which nets are distributed, have been shown to help improve LLIN coverage. Country-level data has also shown that integrated campaigns cost less than delivering standalone interventions. These integrated campaigns also enable more equitable coverage of nets, an agenda that UNICEF pursues to ensure that the most vulnerable are reached with LLINs. Coupled with the scaling up of BCC for LLINs to improve use of nets distributed and ensure proper net care, UNICEF is also increasing M&E especially at the community level, through innovations such as Monitoring for RESults (MoRES).

Country examples of targeting to improve efficiencies – Lamine Diouf, NMCP, Senegal and Evan Mathenge, KEMRI, Kenya

Examples of resource prioritisation in Kenya and Senegal were given. These include targeting interventions according to malaria epidemiology and risks, a strategy used in Senegal during the development of the Global Fund Round 10 proposal. The presenters from these two countries recommended, based on their experience, that in the context of stringent resources there is the need for strategic planning. This should consider epidemiological and risk stratification (free LLIN distribution for high transmission and high risk areas, cost recovery schemes in low transmission areas and surveillance programs focusing on low transmission areas), define criteria for combining interventions and define which other interventions should be rolled out in each strata.

General summary discussions and actions

- The Fragile Gains data analysis will continue. The Continuous Distribution Work Stream should discuss how best to focus advocacy messages using the data generated.
- Countries have already begun to prioritize LLIN distribution to improve efficiencies in the light of constrained resources and are asking for guidance.
- Continuous Distribution proposals at country level are not well conceptualized or described in proposals. There is need for country support.

- Prioritisation of interventions based on epidemiology/transmission data should be considered whilst ensuring that those who are biologically vulnerable and at risk are given the highest priority.
- What kind of evidence is needed to help with prioritisation?
- GMP/WHO must develop guidelines for country-level planning and decision-making. The VCWG can provide the operational support for planning.
- Guidelines should be simple and easy to understand and use at country level, and should be developed quickly.
- Domestic funding is needed to augment other funding sources and this should be raised at different levels and in various forms.

Actions and 2013 Work Plan

- Develop a request for consideration to GMP to develop guidelines for prioritisation.
- Update existing strategic decision making document to aid countries to prioritise.
- Several products to be developed giving simple operational support for continuous distribution.
- Country support: explore working with AMP to provide extended support beyond Work Stream guides and tools.
- Capacity building with stakeholders to provide technical and funding support to countries.
- Complete fragile gains data analysis and packaging of advocacy messages for maximum impact.
- Produce a guide for country programmes to explore options for domestic funding.

Participants

	Family name	Name	E-mail address
1	Abeku	Tarekegn	t.abeku@malariaconsortium.org
2	Ainslie	Robert	rainslie@jhuccp.org
3	Amajoh	Chioma	amajohc@yahoo.com
4	Aultman	Kathryn	kate.aultman@gatesfoundation.org
5	Babaley	Magali	babaleym@who.int
6	Bosselmann	Rune	rune.bosselmann@insectcontrol.net
7	Boutsika	Konstantina	konstantina.boutsika@unibas.ch
8	Briët	Olivier	olivier.briet@unibas.ch
9	Brown	Andrea	anbrown@jhuccp.org
10	Brown	Nicholas	nick@azpfl.com
11	Bwambok	Barnabas	bkb@zerofly.com
12	Chang	Moh Seng	mohseng.chang@gmail.com
13	Diouf	Mamadou Lamine	mamadoulamine.diouf@pnlp.sn
14	Dixon	Thomas	tdixon@meda.org
15	Dolenz	Charlotte	cdolenz@clintonhealthaccess.org
16	Erskine	Marcy	marcy.erskine@gmail.com
17	Eves	Katie	katie@mentor-initiative.net
18	Fotheringham	Megan	mfotheringham@usaid.gov
19	Gittelman	David	dmg1@cdc.gov
20	Greer	George	ggreer@usaid.gov
21	Heimsch	Alexander	alexander.heimsch@basf.com
22	Helinski	Michelle	m.helinski@malariaconsortium.org
23	Hetzel	Manuel	manuel.hetzel@unibas.ch
24	Hoyer	Stefan	hoyers@who.int
25	Ichimori	Kazuyo	ichimorik@who.int
26	Kilian	Albert	albert@trophealth.com
27	Koenker	Hannah	hkoenker@jhuccp.org
28	Kolaczinski	Jan	jan.kolaczinski@theglobalfund.org
29	Kramer	Karen	karen.kramer@natnets.org
30	Li	Chenbiao	yorkool@treated-bednet.com
31	Lines	Jo	Jo.Lines@lshtm.ac.uk
32	Lokko	Kojo	Klokko@jhuccp.org
33	Lorenz	Lena	lena.m.lorenz@gmail.com
34	Lynch	Matthew	mlynch@jhuccp.org
35	MacDonald	Katie	kmacdonald@psi.org
36	Macdonald	Michael	macdonaldm@who.int
37	Mandike	Renata	renata@nmcp.go.tz
38	McGuire	David	dmcguire@qedgroupllc.com
39	Mingat	Cedric	cmingat@psi.org
40	Mnzava	Abraham	mnzavaa@who.int

41	Moonasar	Devanand	MoonaD@health.gov.za
42	Mothobi	Tjipo	tmothobi@gbchealth.org
43	Mukhtar	Muhammad	mukhtarnih@gmail.com
44	Nachbar	Nancy	Nancy_Nachbar@abtassoc.com
45	Nakamura	Masatoshi	mnakamura8823@gmail.com
46	Newman	Robert	newmanr@who.int
47	Ofori	Joshua	jofori@jhsph.edu
48	Onyefunafoa	Emmanuel Obi	e.obi@malariaconsortium.org
49	Paintain	Lucy	Lucy.Paintain@lshtm.ac.uk
50	Peat	Jason	jason.peat@ifrc.org
51	Reithinger	Richard	reithinger@rti.org
52	Rockwood	Jessica	jrockwood@dfintl.com
53	Rowland	Mark	mark.rowland@lshtm.ac.uk
54	Seddon	Ron	rseddon@leasemaster.com.pg
55	Selby	Richmond Ato	r.selby@malariaconsortium.org
56	Skovmand	Ole	ole.skovmand@insectcontrol.net
57	Small	Jara	jara.small@malarianomore.org
58	Smith	Stephen	scsmith2@cdc.gov
59	Spiers	Angus	aspiers@psi.org
60	Teuscher	Thomas	teuschert@who.int
62	Van Erps	Jan	vanerpsi@who.int
63	Webster	Jayne	Jayne.Webster@lshtm.ac.uk
64	Wirtz	Robert	rwirtz@cdc.gov
65	Woods	Lisa	l.woods@malariaconsortium.org
66	Yadav	Rajpal Singh	yadavraj@who.int
67	Yukich	Josh	jyukich@tulane.edu
68	Zaim	Morteza	ZaimM@who.int
69	Zhao	Zhou	marketing@treated-bednet.com
70	Zimmerman	Drake	drakezim@gmail.com

Agenda		
15:00 – 15:30	Afternoon break/coffee and tea	
	Poster viewing	
15.30 – 15.35	Introductions and Objectives	
Session 1		Chairperson: Jayne Webster
15.35 – 15.50	Fragile Gains	Lucy Paintain
15.50 – 16.00	Maximizing efficiency in LLIN distribution- charting a strategic process	Matt Lynch
16.00 – 16.10	Targeting LLINs for epidemiological impact	Michael Macdonald
16.10 – 16.30	Discussion	
Session 2	Strategies for increasing efficiency in delivery of LLINs	Chairperson: Kojo Lokko
16.30-16.55	Reports on institutional & country strategies	Jan Kolaczinski, GFATM
		Valentina Buj, UNICEF
		Angus Spiers, PSI
		Lamine Diouf, PNLP Senegal
16.55 – 17.30	Discussion	
Session 3	2013 Work plan	Jayne Webster & Kojo Lokko
17.30 – 18.30	Discussion	