

The Global Fund Updates to the EARN RBM meeting, Kampala, Uganda

- **The GF funding requests for GC7 and way forward**
- **Portfolio optimization, emergency fund and reprogramming GF**

5 October, 2023

Overview of presentation

1. Objectives of the new Global Fund Strategy
2. Status of funding requests for GC7
3. GC6 unfunded quality demand
4. Portfolio optimization
5. Challenges observed in GC7
6. Finding efficiencies during grant making and program implementation
7. Standardization of ITN specifications
8. Revolving Fund facility
9. Emergency Fund

1. Global Fund Strategy 2023-2028

Malaria Strategy



The new Strategy document is available [here](#).

Objectives

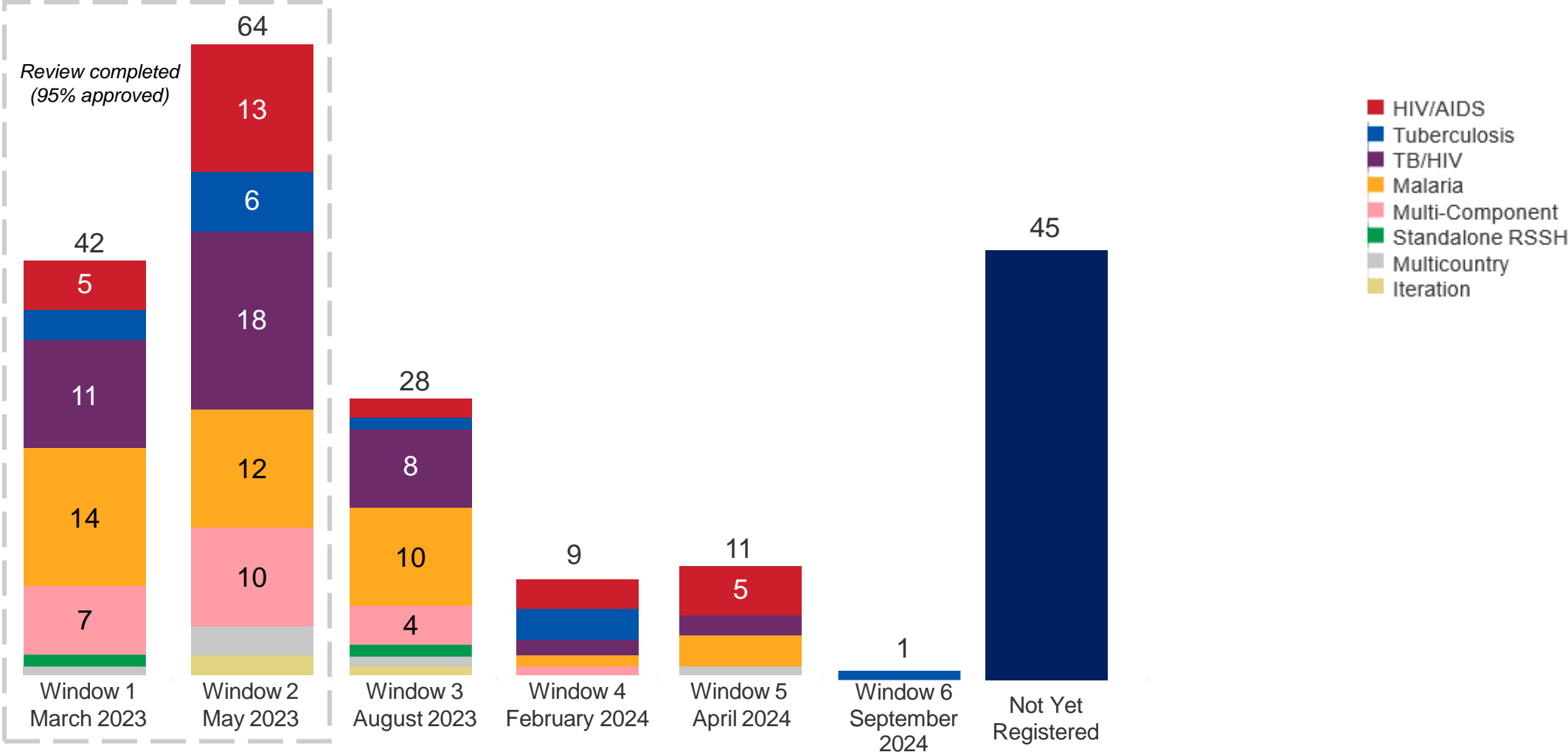
1. Implement malaria interventions, tailored to sub-national level, using granular data, and capacitating decision-making and action
2. Ensure optimal and effective vector control coverage
3. Optimize Chemoprevention
4. Expand equitable access to quality early diagnosis and treatment of malaria, through health facilities, at the community level and in the private sector, with accurate reporting
5. Drive towards elimination and facilitate prevention of re-establishment of malaria

- Support in-country capacity for sub-national tailoring and evidence-based prioritization of tailored malaria interventions.
- Build capacity for quality data generation, analysis & use at national and sub-national levels.
- Ensure sub-nationally tailored planning considers factors beyond malaria epidemiology such as health systems, access to services, equity, human rights, gender equality (EHRGE), cultural, geographic, climatic, etc.
- Ensure quality of all commodities and monitor effectiveness.
- Deliver all interventions in a timely, people-centered manner.

- Support data driven intervention selection and implementation modality.
- Support flexibility on implementation strategies including integration within primary healthcare (PHC) as relevant.

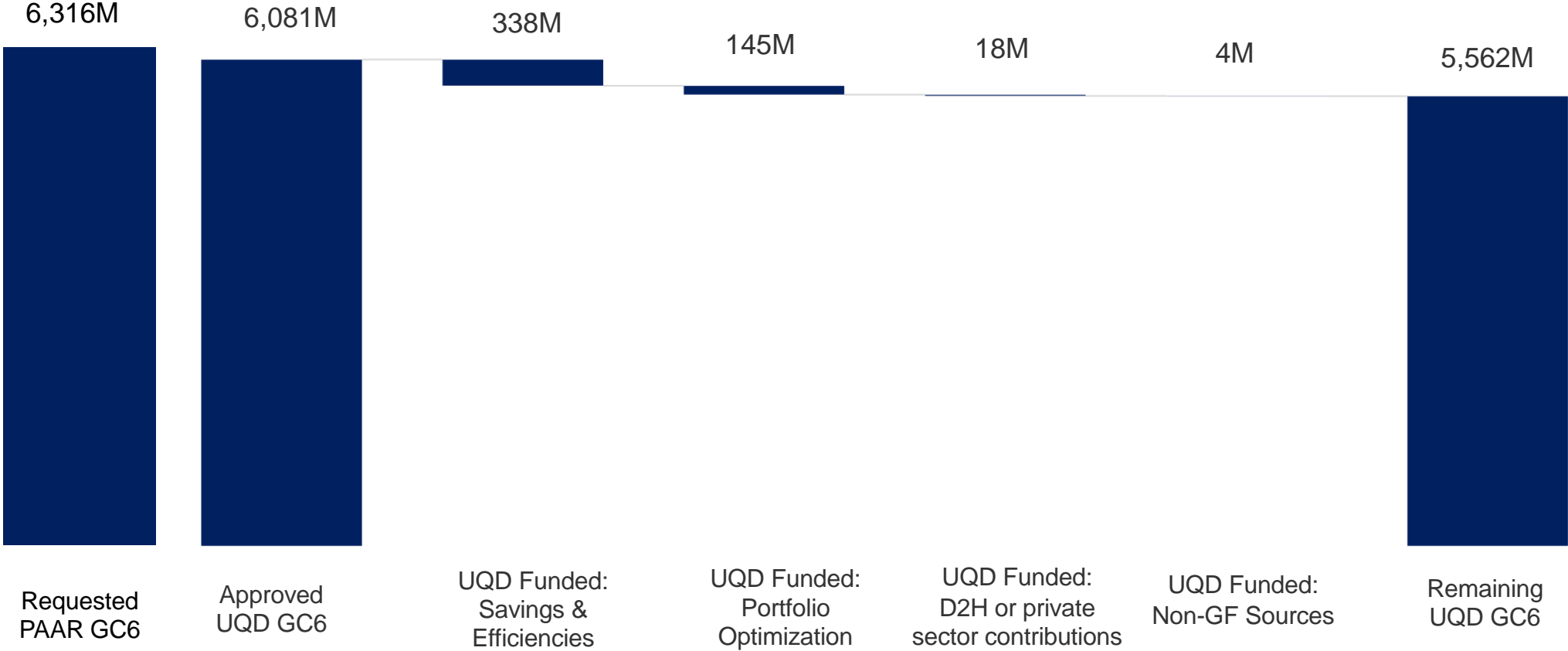
Funding Request Registrations by TRP Window

Approximately 200 Funding Requests are expected to be reviewed in GC7. 101 out of 106 Funding Requests reviewed in Window 1 and 2 have been recommended for grant making representing a 5% iteration rate



GC6 Unfunded Quality Demand

The TRP approved **US\$6 billion** in UQD for GC6. **US\$5.6 billion** remains on the **GC6 UQD Register**.



Portfolio Optimization

- Portfolio optimization is GF process where unutilized funds or additional resources become available for funding UQD items.
- However, in this cycle the expectation is that PO will be really minimal and countries that have benefitted from it in previous cycles should definitely NOT count on it – focus on appropriate budgeting and reprogramming of unused funds

How are we seeing these challenges surface in GC7?

57 out of 68 expected malaria funding requests were submitted (84% of total malaria FRs expected), representing \$3.9B of the total malaria allocation (94%)

Initial picture already changing

- W1 saw gaps in essential services in Y3
- Led to TRP recommendation to fully fund 'essential' case management across GC7
- W2-3 countries FRs responded, W1 countries adjusting in grant making
- Case management adjustments led to bigger gaps in vector control

Key funding challenges remain

- Vector control and seasonal malaria chemoprevention remain underfunded – struggle to tread water means inability to innovate around delivery models or expanded deployment
- Examples of ITN gaps (at time of publication): Guinea: \$17m; DRC: \$200m; Senegal: \$20m
- Partners struggling to maintain historic geographic coverage → some withdrawal of ITN campaign support

Funding challenges, prioritization decisions and bio-threats combine leading to insufficient programme scope

- The estimated malaria **funding gap for Windows 1 and 2 is approximately US\$1 billion** to sustain essential services (public sector case management, ITNs in high and moderate burden areas and SMC), without factoring in the full optimal product selection (including the gap to US\$1.5bn), or full programme scope (gaps will be larger still)

Addressing financing challenges with partners (1/2)

Exploring all funding:

- ✓ **Working with partners on advocacy plans and working globally and with countries in resource mobilization.**
 - ALMA is actively mobilizing increase in domestic resources through actions such as End Malaria Councils, extensive collaboration with TGF and others to advocate with donors to increase resources for malaria
- ✓ **Prioritizing conversations with the private sector and exploring joint areas of concern e.g. climate change**
 - TGF together with other partners continue to highlight the increased risks of climate change particularly for malaria
- ✓ **Exploring C19RM reprogramming opportunities where relevant. Key reminders:**
 - C19RM funding has been extended through Dec 31, 2025
 - Consider surveillance system strengthening (including acute febrile illness surveillance) from community level upwards
 - Community health platforms can be supported
 - HTM grant funding may be needed to continue activities after 2025 if other resources are not available

Optimizing investments:

- ✓ **Examining potential for efficiencies during grant making by changing product specifications, delivery models or scope of ‘supportive’ activities (such as support supervision) – but risk/benefit critical to assess (see later slides). Examples:**
 - ITN specifications (customization, size, accessories)
 - ACT diversification: Consider using ASAQ in addition to AL, rather than relying only on DHP/ASPY, which are much more expensive.
 - Campaign deployment strategies (fixed vs door to door)
 - Integration (ITN with SMC campaigns, etc)
 - Targeted training and supervision
- ✓ **Alternative financing approaches can bring efficiencies and will be further explored (e.g. activity based contracting)**
- ✓ **Sub-national tailoring goes some way to supporting both optimization and prioritization decisions**
 - Stratification analyses and scenario modelling can help with optimization and prioritization decisions when there are additional resources as well as in situations where resources are very restricted and NMPs have to consider removing interventions.

Addressing financing challenges with partners (2/2)

Addressing unit costs

- ✓ **Working with partners, under NextGen Market Shaping Strategic Initiative:**
 - Successful start with the Revolving Fund lowering CFP nets prices (see later slides);
 - Potential for a co-financing model for specific ACTs.
- ✓ **Exploring whether further standardization of ITNs could provide important value for money opportunities and how best to address any potential implementation challenges**
 - See upcoming slides for details on TGF example on standardization of net specification to be able to negotiate better pricing with manufacturers

Prioritizing highest impact interventions

- ✓ **WHO GMP prioritization document across interventions**
 - Still at draft stage
 - ITN prioritization document already available (<https://www.who.int/publications/i/item/9789240069428>)
- ✓ **Working with national programmes, WHO and other partners to consider:**
 - relative cost effectiveness of interventions
 - prioritize highest impact interventions
 - consideration of omitting lower risk geographies/populations and how to mitigate potential risks
 - Example: **DRC** ITNs: prioritizing highest burden and/or hardest to reach populations – extremely challenging as most of DRC is very high burden
 - **Mozambique** ITNs: prioritizing highest burden and hardest to reach populations with CFP nets and excluding urban areas of province capitals

Finding efficiencies during grant making and program implementation (1/3)

- **Subnational Tailoring**

- ✓ Targeting intervention mix, implementation approach and differentiated/ CQI will lead to an efficient, impactful program

- **Vector control**

- ✓ **Product choice:** The dual active ingredient (dual AI) pyrethroid-chlorfenapyr (CFP) nets are considerably more impactful than standard nets - more expensive, but **increased impact is worth the additional price**

- ✓ **Standardization of net specifications:** opting for more standardized net packages (standard sizes and colours) brings lower lead time and lower pricing (see later slide)

- **Deployment approaches**

- ✓ **Campaign design:** D2D vs. fixed point - Use local evidence to design the most efficient approach, which can be hybrid.

- ✓ **Campaign integration:** Integrate/co-deploy ITNs with SMC; consolidate/integrate pop enumeration across campaigns eg EPI and NTD campaigns; consider further integration with other non-malaria campaigns where appropriate; utilize existing workforce across all campaigns e.g. CHWs

- ✓ **Campaign digitalization:** consider platforms that can be used across different campaigns (within and beyond malaria) and for community surveillance needs; **Use distributors' own phone** instead of procuring new phones where mobile phone ownership is high, for example for SMC in Nigeria.

Finding efficiencies during grant making and program implementation (2/3)

- **Case management**

- ✓ **RDT product selection:** Few indications for *Pf*/PAN RDTs. WHO recommends their use in countries with >5% incidence of non-*Pf* cases; **Use a *Pf/Pv* test** when burden of *P. vivax* is significant.
- ✓ **ACT diversification: Consider using ASAQ in addition to AL**, rather than relying only on DHP/ASPY, which are much more expensive.
- ✓ **iCCM and community referrals: Consider funding the non-malaria commodities** (for treatment of pneumonia and diarrhea) as this will allow for optimal patient care, reduce overdiagnosis and treatment of malaria, and reduce overall health expenditures (including out of pocket) by reducing referrals and minimizing the development of severe disease.

Finding efficiencies during grant making and program implementation (3/3)

• DQA and CQI

- ✓ **Use data for prioritization of support** to districts, facilities, and community service providers. For example, focus on the facilities where data or quality of care is an issue rather than blanket supervision to all health facilities.
- ✓ **Consider integrating supervision teams** across different diseases as relevant and **rethinking training modalities**. This leads to quality holistic service improvements, monetary and time efficiencies.
- ✓ **Consider integrating the coverage/evaluation of different interventions in surveys**. For example, evaluate the coverage of ITN and SMC distribution with the same survey.

• EHRGE

- ✓ **Integrate EHRGE** within every intervention area and approach, rather than a standalone or 'added on' intervention, by embedding EHRGE principles and approaches in everything from planning, recruitment, training, supervision, deployment and M&E.
- ✓ **Adopt and adapt evidence-based EHRGE** approaches from other programs that may be applicable to malaria interventions.
- ✓ **Integrate community-led monitoring** with primary health care diseases where applicable.

Revolving Facility and CFP Dual AI net pricing

- 1) A 'Revolving Facility' was set up in collaboration with the Gates Foundation, with the objective of supporting the accelerated introduction of new health products across all diseases
- 2) To support accelerated scale-up of CFP Dual AI ITNs, the Global Fund launched a two-window ITN tender process in April. Window 1 resulted in a volume guarantee with Vestergaard to secure access to CFP Dual AI nets at lower pricing for a set of the most commonly procured specifications (see next slide) providing countries with the option to increase coverage of a better product.
- 3) The associated risk linked to the volume guarantee is underwritten by the facility.
- 4) Discussions with other suppliers are ongoing and we will share an updates as soon as we are able.

ITN Standardization approach

Dual-AI (CFP) ITNs – standard SKU reference prices. (SKU= stock keeping unit similar to specification)

	Size	Color	Reference price
Standard SKU	180x160x150	White	2.56
	180x160x150	Light blue	2.65
	180x190x150	White	2.84
	180x190x150	Light blue	2.94

Comments

Note: These prices for the specified SKUs can be accessed if nets are procured as part of a standardized specification which includes a standard label, a standard bag and standard accessories including 6 hooks and 6 strings (2m).

These prices are subject to special contracting arrangements as part of an innovative operating model being rolled out between the Global Fund and suppliers.

- 1) Across all net types, encouraging countries to procure standardized ITNs has the potential to reduce overall lead times by 50% (to 5-6 months) and is leading to significant price decreases for some net types. It enables manufacturers to move to a make-to-stock model, where ITNs are available “off the shelf.”
- 2) While the full set of ITN specifications remains available for procurement, moving to 4 standardized SKUs will have the greatest impact toward these efficiencies.
- 3) For Dual-AI (CFP) nets, moving to standard specifications will also enable countries to access the lowest pricing and increase coverage of this more effective product. Non-standard specifications for Dual-AI CFP nets will result in additional cost of 15 – 20% (US\$ 0.40 - 0.50) per net.
- 4) The four standard size/colour combinations selected were based on an analysis of historical order patterns (56% of past demand is already aligned to these specifications), complementarity with partners (maintain a colour option) and available data. Standardization includes accessories, bag and no customization of label.
- 5) Additional SKUs remain available in case a country has a strong reason for wanting to continue to use a net with different specifications.

Scaling up the best nets and leveraging lower prices to increase overall programme impact

Malawi: CFP Dual AI efficiencies of ~US\$13.2m (14% of the GC7 malaria allocation) planned to cover the roll out of school-based CFP Dual AI distribution in 4 former IRS districts to mitigate potential impacts of the change in Vector Control strategy.

Cote d'Ivoire: CFP Dual AI efficiencies of ~US\$7.1m (6% of the GC7 malaria allocation and 12% of the total Malaria HP budget) planned to support expansion of vector control into additional high incidence areas and introduction of SMC in 3-4 districts.

Lead time: standardized nets also bring a substantially reduced lead time – easing programme planning and timeliness of campaigns

Final plans pending finalisation of grant making and GAC approval

- Opportunities to identify and leverage savings to fill funding gaps are enabling maximal scale up of the most impactful interventions within the budget envelope available
 - A transition to further standardization of ITN specifications lowers prices and is central to efforts to improve value for money
 - Already several countries, including the examples shown, have leveraged these opportunities around standardization to scale CFP Dual AI ITNs and improve the value for money of their grants.

Emergency Fund

- 1 Approved by the Board in 2014*, the EF provides quick access to funds to enable the Global Fund to fight the three diseases in emergency situations.
- 2 Provide and continue prevention and treatment and other essential services on three diseases during emergencies

- For activities that cannot be funded through reprogramming
- Emergencies recognized by the UN OCHA System-wide Scale-up Responses**
- WHO*** classified Grade 2 and 3 emergencies
- Other emergency situations based on strong justifications

However, not for general humanitarian purposes that go beyond the Global Fund mandate (HIV, TB and malaria)

Short-term and time-bound (up to 1 year) funding for:

- ✓ provision/ distribution of drugs/ commodities (primary use)
- ✓ supporting risk and situation assessments specific to the three diseases

Intersection with the Global Fund Eligibility Policy



Emergencies often involve cross-border movement. The Emergency Fund allows ineligible countries affected by refugee flows to receive funding if critical

(e.g. Syrian refugees in 'ineligible' neighboring countries like Jordan could still be covered by the Emergency Fund)

* The Board decision GF/B31/DP06 established the EF while the [Emergency Fund Guidelines](#) were developed and approved by EGMC in August 2015 and revised in November 2015. An additGBional revision is expected in 2022.

** Based on the UN Inter-Agency Standing Committee (IASC) emergency classifications.

*** This grading relates to the health impact of the emergency situation.

Implementation Channels and Eligible Activities

- Emergency Funding is implemented through an existing grant/PR. If not possible, a new grant with a PR from the prequalified EF implementer list is selected (this list currently includes 17 partners like UNHCR, IRC, WFP and MSF). This enables funds to move quickly.
- **Fast-track review process:** once the need for EF support is established, the EF proposal is developed by the identified PR in consultation with the CCM and relevant humanitarian coordination mechanisms. It is reviewed by the CT (with support from the LFA as needed) and submitted to the Executive Grant Management Committee (EGMC) for approval within 24 hours. Speed is critical.

Example of Eligible Activities

- ❑ Continuity of anti-retroviral treatment and tuberculosis treatment among the displaced and affected populations
- ❑ Supporting preventive measures, especially indoor residual spraying and long-lasting insecticidal nets
- ❑ Supporting risk and situation assessments on the three diseases and related health systems functionality

Emergency Fund

US\$148 million from the Emergency Fund has been approved to date, including the most recent US\$25.3 M approved for Ukraine, US\$ 30 M for Pakistan, US\$ 6.6 M for IDPs in Madagascar, \$1,9 M in Somalia and US\$ 1.4 M for Afghan refugees in Iran.

The populations supported include:

- **Refugees, IDPs and migrants**
- Earthquake affected populations
- **Displaced populations** due to natural disasters or violent insurgencies
- Response to **climate emergencies**

Malaria accounts for **over 50%** of **Emergency Funds approved** to date

Emergency Fund allocations

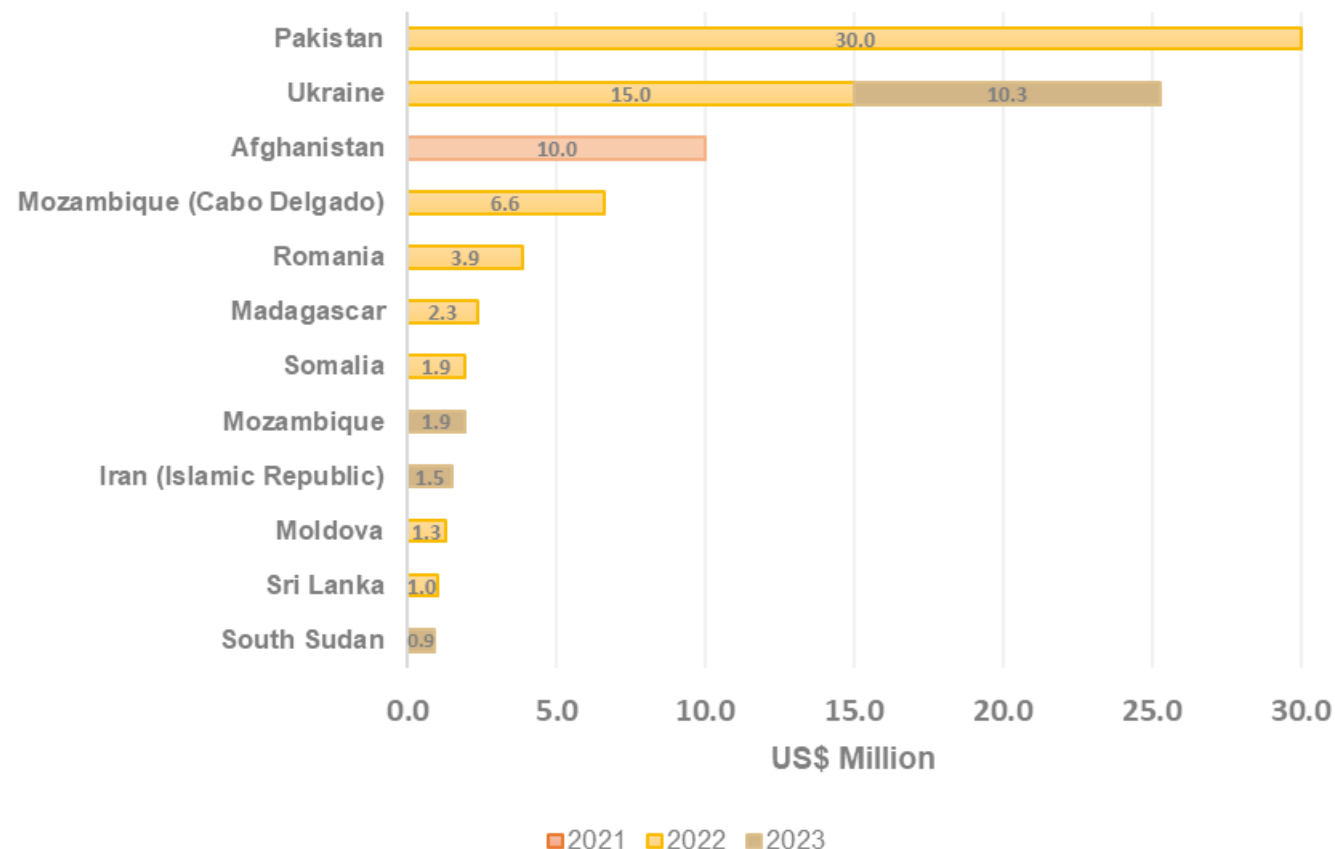


GC4 (2014-2016): US\$ 30 M

GC5 (2017-2020): US\$ 26 M

GC6 (2021-2023): US\$ \$91,97 M

EF disbursed amount by country & by year for the GC6 (US\$ million)



Thank you

Questions?

BACK-UP SLIDES

Maintaining essential services in the Ukraine war with: Flexibilities, Reprogramming and Emergency Funding

Ukraine Grants
total US\$227M

Flexibilities and
reprogramming for
crisis responses:
**Total over US\$28
million to date**

Emergency Fund:
US\$25.3M
In response to
Ukraine War

Main HIV/TB grants 2021-2023 includes:

US\$16.3M in catalytic
matching funds

US\$65.9M from the COVID-19
Response Mechanism.

- Support **differentiated CSO/CBO interventions** to continue implementing HIV, TB and OST programs, delivering essential medications and supplies, serving key populations, and linking them to services;
- Procure **TB diagnostics and medications** while increasing TB video DOT, and care/support to sustain treatment;
- Procure and distribute **OST medications** to address immediate stock-out risks, and weekly site level monitoring;
- Assume financial responsibility for the **State's HIV prevention, care and support** contracts and services;
- Increase **care and support interventions for key populations**, adapted to new vulnerabilities and aimed at uptake and retention in services, including humanitarian supplies, food packages, mental health and psychosocial support;
- Expand **human rights interventions and legal support**, tailored to address new barriers and remain feasible;
- Maintain **laboratory systems** by procuring backup power generators and laboratory consumables.

Objective: Maintaining essential HIV, TB and OST services. This includes procurement of HIV and TB drugs and diagnostics, OST medication, and HIV prevention packages.

Targeted populations are in government-controlled areas, civilian and penitentiary sectors, and **include internally displaced persons and hard to reach communities.**

Implementation coordinated by **UNICEF** and **Public Health Center, MOH**, in coordination with multiple humanitarian partners and established coordination mechanisms like Health Cluster. Current **orders** based on country priority needs include HIV and TB drugs, OST medication, and HIV prevention packages for KPs.

Emergency Fund: malaria response to climate-related disasters

Mozambique

Emergency Fund:

US\$15M

In response to Climate-related disaster in Cabo Delgado

- In 2019, 2020 and 2022, northern Mozambique was hit by cyclones, and subsequent heavy rains and flooding
- The areas affected by the cyclone **already had high levels of malaria**, leaving the cyclone-affected populations, especially **pregnant women and children under 5**, at very high risk of malaria.
- **Violent insurgency in Cabo Delgado in northern Mozambique**, which started in 2018, has caused **substantial population displacement and disruption to malaria prevention and treatment services.**
- **To address these challenges: 3 grants of Emergency Fund awards were approved in 2019, 2020 and 2022:**
 - **Millions of additional rapid diagnostic tests and antimalarial treatment courses were procured for the most affected districts**, based on a joint quantification with in-country partners.
 - **The universal LLIN campaign planned for 2020 was brought forward (grant reprogramming).**
 - In 2022 **three rounds of mass drug administration in Ibo, Mecufi and Ancuabe districts were implemented**, covering 387,296 people, and to conduct an **emergency universal LLIN campaign in August 2022**. The malaria program **collaborated with humanitarian organizations** to ensure all vulnerable populations were reached by the campaigns.

Emergency Fund: malaria response to climate-related disasters

Pakistan

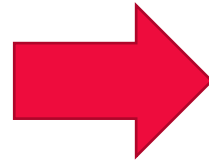
Emergency Fund:
US\$30 M
In response to floods in Pakistan

- **Flooding and landslides in large parts of Pakistan in June 2022**, caused by heavier than usual monsoon rains and melting glaciers following a severe heat wave, caused over 1,700 deaths, **displaced 30 million people, and damaged homes and vital infrastructure.**
- **The Global Fund approved US\$ 30 million in Emergency Funding to support uninterrupted availability of lifesaving health products and to ensure continued access to free malaria and TB diagnostic and treatment services for communities through mobile units and health camps in flood-affected districts.**
- **The funds will also be used to support indoor residual spraying (IRS)**, repair and renovate 20 antiretroviral treatment centres in flooded areas, and sustain epidemiological and entomological surveillance, monitoring and supervision of programmes in flood-affected districts.
- **An additional US\$18 million provided by the Global Fund just before the floods will be used to support immediate distribution of an additional 6.2 million LLINs to affected populations in camps and other settings.**

US\$10 million Emergency Fund to Afghanistan

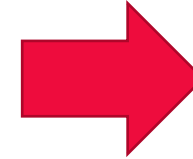
Political Context

- Following the **takeover of the country by the Taliban** movement on 15 August 2021, international donors suspended financing the .
- The Global Fund funded programs for the three diseases and COVID-19 response were fully reliant on the primary and secondary level healthcare delivery systems under the Sehatmandi Program.



Emergency Fund Injection

- The **US\$10 million Emergency Fund** was granted to Afghanistan to cover the funding gap of one-month equivalent of Sehatmandi Program funding to maintain Sehatmandi's operations from September to October 2021.
- The EF was mostly used to co-finance the operational and overhead costs of running the health facilities and health products.



Impact/Outcome

- Prevented the collapse of the primary and secondary health care delivery systems supported by the Sehatmandi Program.
- Prevented risk of losing all the progress in the fight against the three diseases achieved to date in Afghanistan.
- **TB and malaria services were unaffected and continued with no impact, while HIV services were affected** not by the problems with the Sehatmandi Program, but by the Taliban's severe treatment of KPs and potential harm to the peer educators and outreach workers working with them.

Synergistic Coordination with Partners

Coordination with other international donors and humanitarian partners for EF prompted other partners to explore measures to sustain humanitarian support, including health services, and delinking it from the political recognition of any new government. Other donors have now been able to continue funding.

Emergency Fund to support refugees and IDPs

An estimated total of **US\$17.7 million** from the **Emergency Fund** has been approved so far to support refugees and internally displaced populations (IDPs).

Refugees – Uganda and Ethiopia

Uganda: Since July 2016, the escalation of conflict in South Sudan and more recently in DRC triggered an unprecedented influx of refugees into Uganda. By September 2019, Uganda was hosting a total influx of 1,347,360 refugees (UNHCR official figure), of which more than 60% are from South Sudan and more than 28% from DRC. Emergency Funds totaling US\$ 7.4 million have been granted to Uganda since 2017 to support immediate needs of refugees. In 2017, over US\$3.5 million was approved to address essential malaria commodity gaps for refugees. **In 2019, US\$3.9 million was approved to address essential gaps in HIV and TB life-saving commodities for refugees for a full year implementation period.** The emergency fund has been critical to provide refugees in Uganda with immediate needs.

Ethiopia: **US\$ 610,334 from the Emergency Fund was approved for the Gambella and Benishangul-Gumuz regions with high malaria prevalence and the highest concentration of South Sudanese refugees.** A stand-alone grant was signed with UNICEF to carry out the distribution of 160,000 LLINs including supervision and operational costs in refugee camps for a period covering 1 July 2019 to 30 June 2020.

IDPs – Mozambique

The Mozambican province of Cabo Delgado has been recording increasing numbers of IDPs due to violent conflicts which started in 2017 and then were worsened by Cyclone Kenneth in 2019. **Around US\$ 2 million from the Emergency Fund was approved to top up the existing malaria grant implemented by the National Malaria Control Program in Mozambique, to cover the immediate (July 2020) procurement of medicines for mass drug administration (MDA) through the Pooled Procurement Mechanism.** The operational costs of MDA distribution were covered by grant savings while the Emergency Fund top-up to the existing malaria grant covered the immediate procurement of medicines.

Volumes & dimensions of ITNs bought through PPM/Wambo.org in previous years

Size	Volumes				TOTAL	Color		
	2021	2022	2023			White	Light Blue	Light Green
190x180	150	54,675,987	55,261,657	23,087,288	133,024,932	110,363,480	19,964,263	-
190x180	160	12,517,213	8,303,297	345,463	21,165,973	-	9,319,945	11,698,368
190x180	170	3,694,586	697,958	4,273,156	8,665,700	4,973,434	-	-
190x180	180	19,497,356	13,930,317	8,446,788	41,874,461	16,004,300	23,493,811	-
180x160	150	3,030,590	29,322,523	5,670,968	38,024,081	34,488,491	-	-
180x160	170	3,336,644	30,774,672	111,515	34,222,831	33,735,496	-	-
180x160	180	5,966,250	18,058,406	605,583	24,630,239	-	22,749,872	-
210x190	180	108,155	488,214	823,614	1,419,983	-	-	-
Others		20,000	10,000	10,500	40,500	-	-	-
TOTAL Vol.		102,846,781	156,847,043	43,374,875	303,068,700	199,565,201	75,527,891	11,698,368

Example of analysis for cost savings

Table 1: Cost of Dual AI ITNs based on submitted HPMT in Funding Request

Catégorie d'article	Détails du produit	Détails supplémentaires	Coût unitaire Euros	Quantités totales A1 à A3	Cout total A1 à A3
ITN (Continuous Distribution)	Dual active ingredient (AI) ITN Rectangular	190x180x170	3.54288	€ 1,603,299.00	€ 5,680,295.96
ITN (Continuous Distribution)	Pyrethroid-only ITN Rectangular	190x180x170	2.304	€ 1,217,894.00	€ 2,806,027.78
ITN (Continuous Distribution)	Pyrethroid-PBO ITN Rectangular	190x180x170	3.170475	€ 1,499,613.00	€ 4,754,485.53
ITNs (Mass Campaign)	Dual active ingredient (AI) ITN Rectangular	190x180x170	3.54288	€ 3,992,211.00	€ 14,143,924.51
ITNs (Mass Campaign)	Pyrethroid-only ITN Rectangular	190x180x170	2.304	€ 1,035,849.00	€ 2,386,596.10
ITNs (Mass Campaign)	Pyrethroid-PBO ITN Rectangular	190x180x170	3.170475	€ 5,969,765.00	€ 18,926,990.69
				€ 15,318,631.00	€ 48,698,320.56

Table 1: Cost of Dual AI ITNs based on change from height of 170 to 150cm

Catégorie d'article	Détails du produit	Détails supplémentaires	Coût unitaire Euros	Quantités totales A1 à A3	Cout total A1 à A3
ITN (Continuous Distribution)	Dual active ingredient (AI) ITN Rectangular	190x180x150	2.85846	€ 1,603,299.00	€ 4,582,966.06
ITN (Continuous Distribution)	Pyrethroid-only ITN Rectangular	190x180x150	2.09352	€ 1,217,894.00	€ 2,549,685.45
ITN (Continuous Distribution)	Pyrethroid-PBO ITN Rectangular	190x180x150	2.95911	€ 1,499,613.00	€ 4,437,519.82
ITNs (Mass Campaign)	Dual active ingredient (AI) ITN Rectangular	190x180x150	2.85846	€ 3,992,211.00	€ 11,411,575.46
ITNs (Mass Campaign)	Pyrethroid-only ITN Rectangular	190x180x150	2.09352	€ 1,035,849.00	€ 2,168,570.60
ITNs (Mass Campaign)	Pyrethroid-PBO ITN Rectangular	190x180x150	2.95911	€ 5,969,765.00	€ 17,665,191.31
				€ 15,318,631.00	€ 42,815,508.69

Savings

€ 5,882,811.86

Example of analysis of cost savings

ITNs	Initial scenario		Scénario 1 190*180*170	Scénario 2 190*180*150	Economies
5.1 Insecticide-treated Nets (ITNs)	€	46,611,866.79	€ 48,570,295.29	€ 42,815,508.69	
Total ITNs	€	46,611,866.79	€ 48,698,320.56	€ 42,815,508.69	€ 5,882,811.86

PSM COSTS	% PSM	Initial scenario	Scénario 1 190*180*170	Scénario 2 190*180*150	Economies
7.1 Procurement agent and handling fees	2.72%	€ 1,269,396.51	€ 1,326,217.60	€ 1,166,009.02	€ 160,208.58
7.2 Freight and insurance costs	8%	€ 3,639,221.50	€ 3,802,121.38	€ 3,342,820.84	€ 459,300.54
7.3 Warehouse and Storage Costs	2%	€ 946,220.90	€ 988,575.91	€ 869,154.83	€ 119,421.08
7.4 in-country distribution costs	2%	€ 1,134,998.96	€ 1,185,804.11	€ 1,042,557.64	€ 143,246.47
7.6 PSM Customs Clearance	2%	€ 807,550.59	€ 843,698.40	€ 741,778.69	€ 101,919.72
7.7 Other PSM costs	0.29%	€ 135,174.41	€ 141,225.13	€ 124,164.98	€ 17,060.15
Total SPM COSTS		€ 7,932,562.86	€ 8,287,642.52	€ 7,286,485.99	€ 1,001,156.53

Grand Total		€ 54,544,429.65	€ 56,985,963.08	€ 50,101,994.68	€ 6,883,968.39
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Savings

*Given that the % PSM costs applied in the HPMT may differ from one year to the next, and depending on the category (routine/campaign), an average has been applied.