Center for Communication Programs

NetWorks

LLIN Distribution & Potential power of integration: Starting a discussion…

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Theoretical advantages:

- when access to target audiences is improved;
- Shared logistics;
- advertising/communication opportunities to boost both programs participation rates;
- cost savings;
- reduced burden on health facility staff

Assumptions

1. synergies exist from integration
2. campaigns are the method of choice

Are these assumptions valid?

It depends…

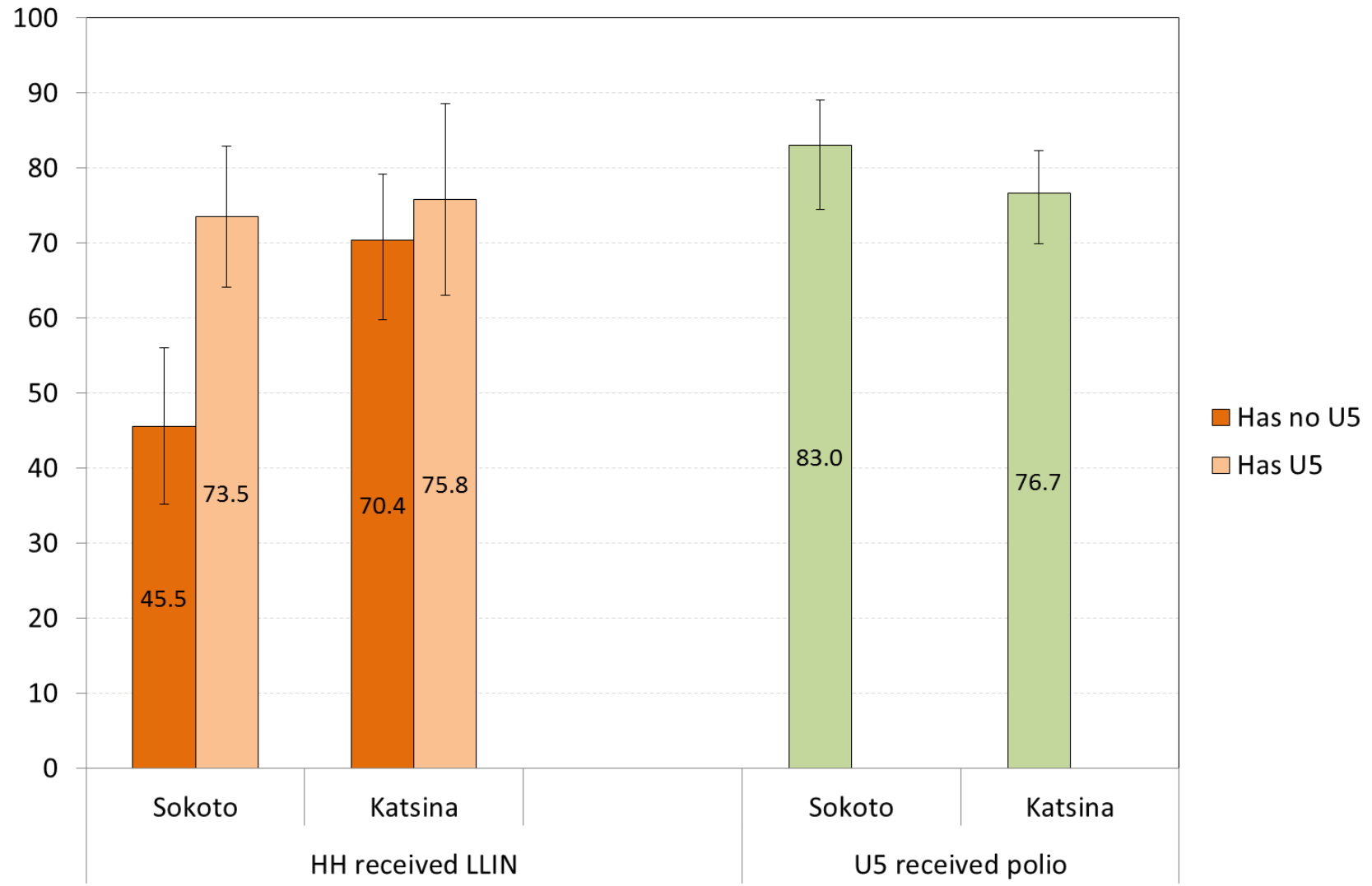
Experiences to date

- AMP used to be Measles-malaria partnership
- Nigeria Child Health days combining LLINs and polio; should offer:
  - Similar target population
  - Logistics efficiencies?
  - Increased incentive to participate

different target populations

- In Sokoto state, Nigeria Child Health Day combined LLIN+polio+de-worming
  - Registration favored hh with under-5s (79%) compared to other hh (49%), overall 67%
  - Overall post-campaign LLIN coverage no different than stand-alone LLIN campaigns
  - LLIN use post-campaign very low at 21% of nets used last night (IEC around campaign focused on polio)
  - Polio immunization in under-5s increased from 10.9% polio3 in 2008 to 67% post-campaign

Child Health Days Polio + LLINs
Sokoto and Katsina



Devil in the details…

- Integration is not cost-neutral
- Logistics matter
- Coordination requires additional effort and real opportunity costs, especially at local level, and with multiple partners
- Metrics need to be developed for outcomes which matter to all partners

Cost Saving opportunities

- Through shared supply chains
  - Public sector: ANC, EPI, health facility drug supplies
  - Private sector: outsourcing contracts, voucher subsidy schemes through retail outlets, market vendors
- Through reduced management costs
  - School distributions using existing registration files instead of new registration

Potential integration with other health programs

- EPI
- Polio
- ANC services
- NTD mass treatment campaigns (LF etc)
- CHW distribution
- Treatment of malaria cases in low-prevalence settings
- Reactive surveillance?

Potential integration with non-health activities

- Schools (are some o-going health activities to consider- de-worming)
- Markets and/or shops
- Public events (health days, concerts)
- Agricultural extension services
- Food Distribution

Potential synergies

	Access to target pop	Logistics	Comms	Cost savings	Health Staff burden
EPI/Polio	Yes	Little	Yes	Unknown	Worse
ANC	Yes	Little	Yes	Unknown	Worse
Rx	Yes	Unknown	Yes	Unknown	Worse?
Reactive Surveillance	Yes?	Little to none	Yes	Unknown	Worse
School	Yes	Some	Yes	Unknown	Some
Shops/ Markets	Yes	Yes	Yes	Unknown	Yes
Events	Some	None	Yes	Unknown	Unknown
Food dist	Some	Yes	Yes	Unknown	Some

Conclusions

- Synergies likely do exist, but…
- Many are likely to be locally-specific and may not be generalizable
- More data needed on cost savings: are they real? how large? In what contexts?
- Supply chains are key and while there is a lot of experience, we need synthesized evidence
- This is a discussion which needs to happen, and needs to be informed by evidence