

## Considerations for Insecticide Treated Nets (ITNs) amid COVID-19 concerns and in COVID-19 affected countries

**NOTE:** The WHO policies and technical guidance around COVID-19 must be followed (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>).

National regulations and policies around reduction of COVID-19 transmission are the main determining factors around decision-making for ITN distribution. These key messages have been developed related to considerations that National Malaria Control/Elimination Programs (NMCP) and partners involved in distribution of insecticide-treated nets (ITNs) may need to take into account in the coming weeks and months as the COVID-19 pandemic affects more countries.

For ITN distribution, particularly campaigns, it is not necessary for countries to immediately change strategies nor to adopt a blanket approach for the targeted area – timing for modified strategies and where adapted approaches need to be applied should be based on the epidemiological context of the country, the number of ITNs available for distribution and the national regulations and policies around reduction of COVID-19 transmission. This document will be updated as more information becomes available.<sup>1</sup>

All strategies must be considered in the context of the existing WHO COVID-19 guidance around minimizing transmission. Preventive and mitigation measures are key. The most effective preventive measures in the community include:

- performing hand hygiene frequently with an alcohol-based hand rub if your hands are not visibly dirty or with soap and water if hands are dirty;
- avoiding touching your eyes, nose, and mouth;
- practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue;
- wearing a medical mask if you have respiratory symptoms and performing hand hygiene after disposing of the mask;
- maintaining social distance (a minimum of 1 metre) from persons with respiratory symptoms.

### Key messages

#### **National malaria programs and partners should:**

1. **Review/revise big-picture plans.** Map out how COVID-19 response strategies, including regulations to reduce transmission, will affect ongoing malaria prevention efforts and how to balance efforts to prevent the spread of COVID-19 with those to prevent malaria morbidity and mortality.
  - Work with all government stakeholders and technical partners, in coordination with the COVID-19 response team, to take decisions and agree on the best and safest way to distribute ITNs.

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<sup>1</sup> More details around operationalizing these considerations are available on the AMP website.

- Consider all options for ITN distribution – campaign, routine, community-based, etc. – before considering postponing the distribution.
  - Review plans for registration of households and distribution of ITNs to minimize potential exposure to and transmission of COVID-19.
2. **Ensure the safety of workers** involved in ITN campaign distribution in the context of COVID-19.
- A precautionary approach in line with WHO<sup>2</sup> technical guidance should be applied everywhere immediately, even if no cases have been detected.
  - Place orders for the personal protection equipment needed<sup>3</sup> (e.g. commodities for health checks in accordance with country guidelines, alcohol-based hand sanitizer, water, soap and other items based on national or WHO guidelines) from the appropriate suppliers at the same time as ITNs are procured or before, based on delivery timeline estimates.
3. **Prioritize areas for ITN distribution** based on malaria burden (incidence and mortality) and intervention stratification if the originally targeted geographic regions and populations are not able to be fully covered as planned. Focus on reaching those at highest risk<sup>4</sup> while plans are put in place to distribute ITNs in other areas later.<sup>5</sup>
4. **Adapt quantification and implementation plans as needed to increase safety**
- Maintain to the extent possible all recommendations in place prior to COVID-19 relating to best practices for logistics and supply chain management and accountability for ITNs, including those related to multi-product campaigns.<sup>6</sup>
  - Use existing data sources from the implementation level<sup>7</sup> that can be updated or projected to an estimated population to be covered with ITNs. Where these data are not available, health facility staff should be asked to provide population data by village for all of the communities in their catchment area. Buffer stock can be added to estimated ITN needs to ensure sufficient nets are available to reach all households.
  - Consider the need for security to monitor and ensure that people respect the guidance around limitations for groups of people and physical distancing of at least 1 metre. Discussions around the implication of having police, military or other uniformed personnel to keep situations controlled should be tabled early in the planning period.
5. **Continue or expand routine and continuous distribution** of ITNs where these are in place. Where a mass campaign is not possible or may be delayed in areas due to COVID-19 transmission and national guidelines in place to mitigate the spread of the disease, community channels<sup>8</sup> should be expanded or explored to ensure that nets are available in houses for malaria prevention.

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<sup>2</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

<sup>3</sup> [https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE\\_use-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf)

<sup>4</sup> Such as hard-to-reach and marginalized populations; internally displaced persons and refugees; etc.

<sup>5</sup> Where a strategy to get ITNs out increases the need for ITNs, a staggered distribution by prioritized areas will provide time to source additional nets.

<sup>6</sup> <https://allianceformalariaprevention.com/amp-tools/>

<sup>7</sup> Community health worker registers, previous registration data from ITN or seasonal malaria chemoprophylaxis [SMC] campaigns, neglected tropical disease [NTD] community registers, etc.

<sup>8</sup> For example, integrating ITNs in community health worker packages, particularly where integrated community case management [iCCM] is taking place.