

INSECTICIDE-TREATED NETS: Continuous distribution decision-making and operational considerations

For national malaria programmes considering increasing insecticide-treated net (ITN) continuous distribution (CD) to complement or replace ITN mass campaign distribution at national or sub-national scale, key questions are outlined below to help determine the most efficient mix of ITN distribution channels in alignment with WHO Malaria Guidelines and malaria donor recommendations¹.

These are:

1. What are the **key approaches** which could **improve ITN access for the most biologically vulnerable**, including pregnant women and young children, through reinforcement and/or expansion of ITN distribution via routine health services such as antenatal care (ANC) or immunization (EPI)?
2. What are the **policy, operational and financial considerations** for the reinforcement and/or expansion of ITN distribution beyond routine health service delivery, including via mass campaign, community- and/or school-based channels?
 - a. Will ITN CD replace or complement campaign distribution?
 - b. Will ITN CD be more efficient (cost, time) than mass campaign distribution?
 - c. Will ITN CD be more operationally practical in high population density areas than mass campaign distribution?
3. Will ITN CD **achieve ITN access and use goals** established in the National Malaria Strategic Plan?
 - a. Which ITN distribution channel or combination of channels will be most effective at achieving ITN access in different areas of the country? And maintaining it over time?
4. **How many ITNs will be needed** to achieve those goals for each channel, based on ITN retention time and ITN durability²?
5. Are there other **strategic or operational reasons** for considering ITN continuous distribution?
 - a. Will ITN CD provide operational advantages to the national malaria programme in terms of managing human and other resources?
 - b. Will ITN CD provide the national malaria programme with flexibility in maintaining ITN access in alignment with malaria risk stratification, insecticide resistance profile and specific needs of mobile, migrant, displaced, marginalized or other vulnerable populations identified in the country?
 - c. Will ITN CD build on investments in human resources for health, such as community health workers, to ensure sustained ITN access?

In designing and undertaking ITN CD to reinforce routine health services and/or through new community- or school-based channels, the following elements should be considered early:

- National malaria programmes and donors will need to **understand the ITN quantities and the relative costs of deploying ITNs through each channel** in addition or in comparison to three-year ITN campaigns. A channel-by-channel quantification and budgeting exercise will be very helpful in comparing quantities and costs to inform channel selection decisions.
- National malaria programmes will need to **prioritize improving and extending ITN delivery to vulnerable groups** including pregnant women, young children, mobile and migrant populations, the elderly, and people living with HIV/AIDS or chronic disease, **through existing routine health services** where gaps in ITN access have been identified. *Supporting resource:* PMI VectorLink [ITN Continuous Distribution Assessment Tool](#).

1. The [ITN distribution best practice brief](#) provides the justification for considering ITN CD and gives selected country examples of CD programmes designed and implemented to date.

2. <https://malariajournal.biomedcentral.com/articles/10.1186/s12936-023-04609-z>. Link pending for CD channels.

- National malaria programmes will need to **collect data to demonstrate that continuous distribution improves ITN access**. In defining ITN coverage goals, national malaria programmes should determine how ITN access and equity of access across households will be measured. Furthermore, approaches to overcome the noted challenges of routine ITN data collection and reconciliation will be critical. In addition to large national surveys such as Demographic and Health Surveys (DHS) and Malaria Indicator Surveys (MIS), stakeholders can advocate for funding focused on measuring ITN access and use, assessing if ITNs are reaching those most in need, and the efficiency, effectiveness and cost-effectiveness of ITN continuous distribution activities and channels. The [AMP Procedures for assessing the quality of ITN mass distribution campaign activities using cLQAS](#) provide step-by-step guidance and tools for assessing the quality of household registration and ITN distribution using a lot quality assurance sampling (LQAS)-based sampling method. The same method can be used for periodic monitoring of ITN access and use following ITN continuous distribution, for the population as a whole or by channel/target group, provided that the households of targeted populations can be identified.
- National malaria programmes will need to **develop tools for planning and implementation for the channels to be used**. Detailed training, tools and resources are needed to plan, coordinate and cost each step; identify, recruit and train appropriate personnel; organize storage and supply chain logistics; implement distribution activities; and monitor, supervise, assess, report on and evaluate continuous distribution activities. *Supporting resource:* The [ITN CD Toolkit](#).
- National malaria programmes will need to **foster a data-driven continuous improvement culture**, where channels can be reviewed and adjusted, added, or dropped, to meet overall coverage goals. Effective planning and evaluations reassure health and education ministries that the mix of channels selected will be efficient, effective and cost-effective. Evidence of ITN CD cost-effectiveness, ITN access and operational feasibility, among other considerations, will be critical in advocating for funding for ITNs and operational costs for continuous distribution.
- National malaria programmes will need to **advocate for the enabling environment needed to pilot and scale up ITN continuous distribution**. To date, the piloting and scale-up of continuous distribution of ITNs has succeeded where evidence supports the feasibility of non-campaign ITN distribution channels to achieve high ITN access and where strong champions are advocating with political leaders and donors. Commitments of sustained funding are crucial for programmes to collect and share programmatic results and support evaluations before scaling up. Alongside donor funds, it will be important to have commitments from governments to support and contribute to ITN continuous distribution activities, including procurement of ITNs.

Technical assistance

The RBM Partnership to End Malaria, through the Country/Regional Support Partner Committee (CRSPC) and the Alliance for Malaria Prevention (AMP), can support requests for technical assistance for programmes

interested in considering a partial or full switch from ITN campaigns to ITN CD. The process description and required forms are found at this [link](#).