## The Alliance for Malaria Prevention

## Key considerations for ITN planning for 2025/26

AMP Annual Partners Meeting April 2025





Thank you for your efforts over the past year!

THANK YOU!





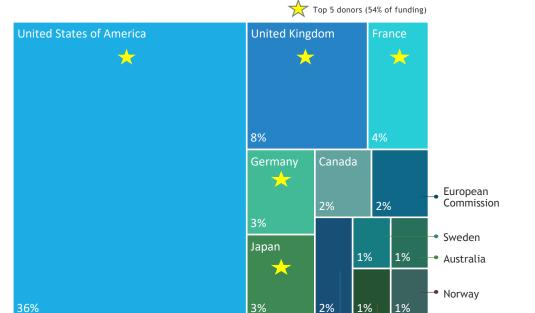
"Peterson, you're messing up my happiness supply chain."

g the ownership and use of mosquito nets

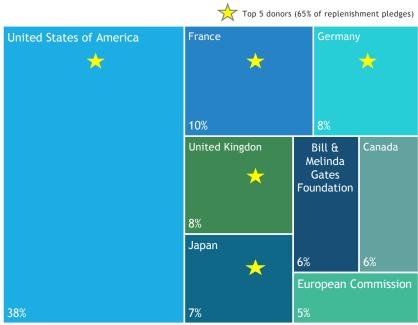
## Malaria funding relies heavily on a few sources, with 54% coming from just 5 donors; changes in these donors' funding would have significant implications

The Netherlands

#### Malaria funding donor breakdown (% of total US\$4B funding contributed in 2022)



Bill & Melinda Gates Foundation Global fund 7<sup>th</sup> replenishment donor breakdown (% of total US\$16B funding pledged)



- + 11% coming from other public donors
- + 2% coming from other private / non-government donors



+ 35% coming from various other funders

Ex(includes all GF:initiatives, not just malaria) squito nets

#### **Defining some terms (Oxford Reference)**

- Efficiency: A measure of the ability of an organization to produce the maximum output of acceptable quality with the minimum of time, effort, and other inputs.
- Optimization: The process of finding the best possible solution to a problem. In mathematics, this often consists of maximizing or minimizing the value of a certain function, perhaps subject to given constraints.

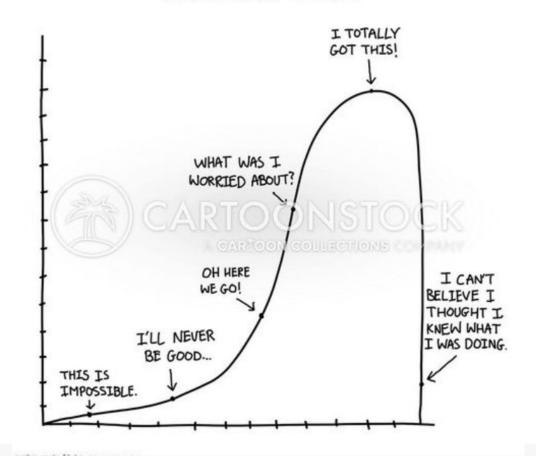


We keep doing the same things – campaign/routine + CD pilots (limited large-scale) – without really looking at efficiency or optimization.

We need to review and assess what is and is not working to achieve impact on malaria transmission, from channels to strategies.

#### LEARNING CURVE

CX902652





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#### Review channel selection and how you are operationalizing those channels

- Consider your targets
  - Where do you need to have the most impact on your malaria transmission?
  - Where can you have lower targets (and maybe less nets)?
  - What channels can get you to achievement of your targets?

**Defining Key Metrics for Channel** Performance Evaluation

Analyzing Channel Synergy and Cross-Channel Effects



Improvement

**Emerging Trends and** Future-Proofing





#### A brief history of time – there are lots of options!

Routine as a main channel – starting from the 90s

Targeted, community/district level campaigns

Geographically or stratified/targeted campaigns based on data

Large-scale campaigns to cover U5s (integrated) – distribution from 2004

Continuous Distribution: School and community distribution

Large-scale campaigns to achieve universal coverage – from 2008

Social marketing and private sector distribution

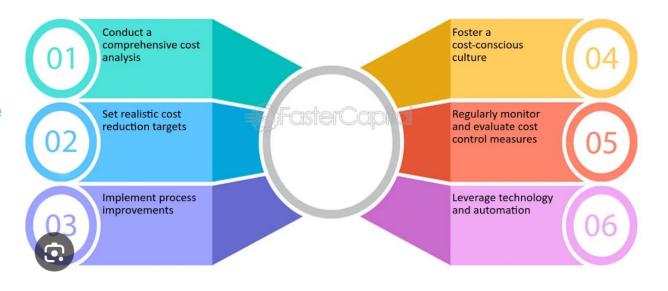


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We have incredible variability in operational costs per ITN distributed and we see operational costs increasing at a time when we need to do more with less.

We need to understand cost drivers and find efficiencies.





#### Target your available ITNs by burden.

Do not invest in urban microstratification in urban areas to determine where to do/not do campaigns.

Campaigns are not an effective strategy for urban areas. If you need nets in urban areas, put them through the right channels to reach the priority target groups based on data (routine, schools).





#### Optimize your digitalization.

We are not fully using the potential of digital tools and digital data in decision-making and operations where we could improve efficiency:

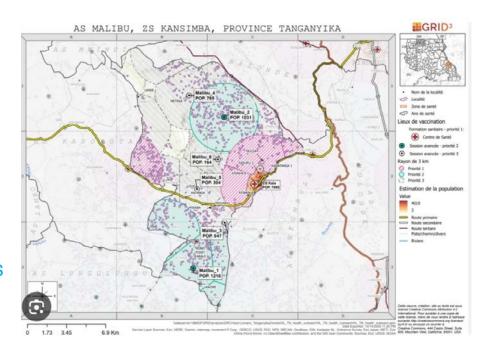
- Microplanning
- Training
- Voucher alternatives
- Supply chain and tracking
- Supervision
- Monitoring



"WITH ALL THAT TINKERING DO YOU REALLY SAVE TIME?"

## Microplanning is a critical step but there are ways to optimize time and resources allocated

- Build on existing work with geospatial tools across health programs (talk to EPI!!), establish geo-repositories for reuse of maps and data
- Pre-populate simplified templates using previous data, provide parameters and define justifications required beyond those parameters
- Consider "updating" rather than developing microplans each time
- Consider tying microplanning and registration together in a single phase of activity





#### Campaigns: Finding cost savings and improving operations

- Consider your ITN allocation:
  - Round up, round down, fixed number per HH, capping many options
- Training:
  - Find free venues
  - Train in person only where it is needed leverage digitalization (e-training)
- General stuff:
  - Don't plan and budget for blanket mop it's a data-driven process
  - Don't buy rain gear or other "extras" (nice to have vs need to have)
  - Don't do D2D hang up
- Payments:
  - Don't drag out implementation due to poor planning



#### **Optimize the supply chain**

- Review the current in-country supply chain:
  - Can you find areas that could be more efficient?
  - Can you use fewer "levels" in the in-country supply chain?
  - Ensure government support for warehousing at national and sub-national levels
- Digital warehouse assessments
- Private sector:
  - Engage not just as contractors but as participants in strategy development and execution
  - In-kind contributions of not just logistics but logistics expertise
- Do not request additional money because you have created a "bubble"

#### **Importance of Supply Chain Optimization**





## Use data to plan your SBC – it will help to avoid everything being cut

- What works, what doesn't? Prioritize cost-effective and effective interventions
- Target SBCC where you need behaviour change and don't where you don't
- Use data to identify what activities and channels will achieve your desired behaviour change
- Visibility materials should be based on need (COE vs non-COE contexts)
- Transfer launch cost to government (if you consider this a critical activity)
- Use interpersonal communication where possible





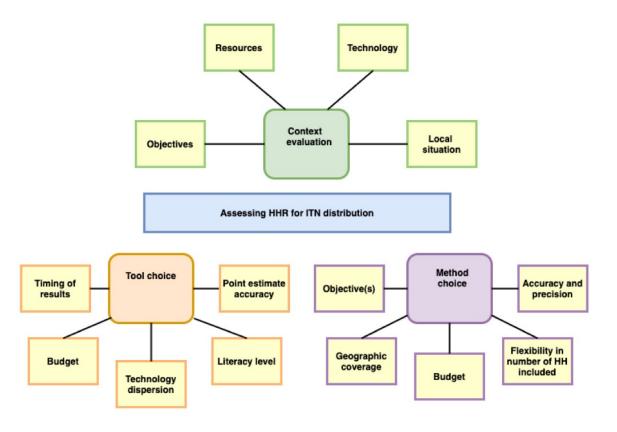
Integrate activities where possible (even outside the malaria program!) and consider targeting under fives and building on previous experiences across programs in Africa

#### Could support improved:

- Quantification (and reduce ITN need)
- Targeting easily identified group
- Microplanning
- Training
- SBC
- Supervision
- Monitoring

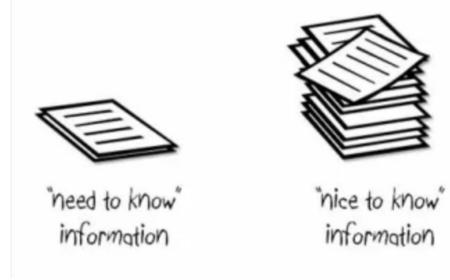


We need cost-effective
ways to measure key
indicators and track
progress over time to take
programmatic action
where our data says it is
needed.





- Prioritize collection of data for decision-making and not for reporting
- Ensure that the indicators you are measuring and the methods for data collection will allow you to take programmatic action (vs write a report)
  - If you won't have money to take an action, you probably don't need to collect the data





Look to non-traditional, incountry donors for support – private sector remains unexploited at country level.

https://www.youtube.com/watch?v=\_cFWnnQF7A8

AGA Malaria and Public-Private in Ghana's Health Sector Value From Projects Screenshot



#### It will be a difficult few years...

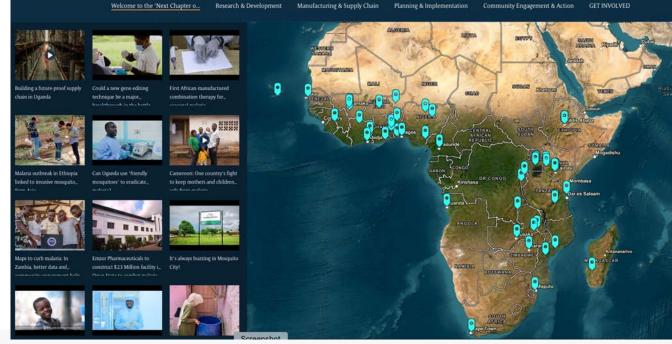
- Funds will be insufficient to meet needs for maintaining vector control ITN access – in most countries the way we have been doing it to date
  - We're good at scaling up, but now we need to rationally consider how we scale down
  - Some populations will not be targeted, not because they aren't at-risk but because we can't stretch our resources further and still have an impact on malaria
  - Operational costs to improve efficiency <u>maximum output of acceptable quality with</u> the <u>minimum of time</u>, effort, and other inputs
  - We need to think more seriously about channel diversification with a view to impact



#### So, what next?

Change and innovation will be driven by planners and implementers in malaria-affected countries.







Expanding the ownership and use of mosquito nets

# DON'T CHANGE YOUR VISION!



#### **AMP monthly technical sessions**

Each month, we organize a technical session on a specific topic of interest, typically mixing global and national presentations and examples for discussion.

All are welcome to register for the calls and participate in any sessions of interest:

https://us06web.zoom.us/meeting/register/c3muTQjQT8ed9yhrQqM7WQ

If you have a topic you want to discuss or present on, email Marcy.





### Thank you

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