



SMC ALLIANCE AND ALLIANCE FOR MALARIA PREVENTION (AMP) ANNUAL MEETINGS

Nigeria - Development of ITN Continuous Distribution Guidelines and Channel Selection Guidance & Tools

Process, Lessons & Recommendations

**Presented by
National Malaria Elimination Program (NMEP)
Nigeria**

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Background and Rationale



Introduction

Nigeria's ITN delivery strategy has historically relied on periodic nationwide campaign cycles complemented by routine channel distribution. However, emerging epidemiological shifts, financial and demographic realities now require a more adaptive, data and context-driven sub-national channel optimization.



The Status Quo

-  Triennial mass campaigns remain the primary ITN delivery platform
-  Routine distribution (ANC, EPI) functions as secondary channels
-  ITNs last between 2 – 2½ years on average, meaning protection gaps re-emerge before the next campaign
-  Limited structured framework for sub-national specific channel selection



Emerging realities

-  Shrinking funding or uncertain funding envelopes (GC7, only 70% of ITN needs met)
-  Increasing urbanization & heterogeneity (urban vs rural, high- vs low-burden settings)
-  Changing epidemiology & resistance patterns
-  Growing commercial & private sector presence
-  Global policy shift (WHO 2024 good practice: from “universal” to “optimal” coverage through explicit prioritization)



Nigeria's ITN delivery landscape



Nigeria delivers ITNs through multiple channels, combining public sector platforms with private and market-based approaches. However, performance and reliance vary significantly across states.

Major ITN channels

-  Mass campaigns – Nationwide or state-wide triennial distribution
-  ANC distribution – Routine ITN provision to pregnant women
-  EPI distribution – ITNs provided through immunization services
-  School-based distribution (where applicable)
-  Commercial / Private market – Pharmacies, PPMVs, retail outlets
-  Social marketing – Subsidized nets through structured private-sector engagement

Key observations

-  Heavy reliance on campaign cycles for rapid scale-up (Push approach)
-  Routine channels under-optimized in several states despite strong ANC/EPI platforms
-  Private sector potential under-leveraged, particularly in urban and peri-urban settings

Implication

Nigeria has a multi-channel system in theory, but in practice remains campaign-dependent, highlighting the need for deliberate channel mix optimization as well as updated operational guidelines for ITN CD.



Why updated ITN CD guidelines and channel selection tools needed



? The strategic question

- 📌 How do we move from uniform national planning to data- and context-driven channel mix optimization at sub-national level?
- 📌 What is the optimal channel mix for each state or ward, given its burden, systems capacity, and resource envelope?

🔄 Nigeria-specific momentum

- ✅ Integration of ITN & SMC campaigns
- ✅ NMEP piloting mixed-channel approaches (e.g., Osun 2026)
- ✅ Development of sub-national reprioritization and channel selection tools

🔑 Key message

One-size-fits-all is no longer viable.

There is a need to transition from fixed triennial campaigns toward context-sensitive, evidence-based channel selection to maximize impact under constrained resources.



Guiding framework informing the process of channel selection



 **Core Principle:** Sub-National Tailoring (SNT)

? Where and for whom should we prioritize? How should we deliver ITNs in this specific context?

 **Targeted & Tailored Approach (TTA)** serves as a strategic approach to optimize ITN delivery sub-nationally, operationalized through:

-  Risk stratification – prioritize areas based on malaria burden and transmission patterns
-  Urban–rural differentiation – tailor delivery based on local epidemiology and system capacity
-  Mapping of vulnerable populations – identify high-risk groups to guide channel mix

 **ITN channel selection** is an operational process that determines the most appropriate mix of ITN delivery channels for each sub-national context.

 **These decisions are data-driven.**

 **Goal**

-  Optimize impact under constrained resources
-  Prioritize high-burden / high-need areas
-  Improve equity
-  Reduce leakage and inefficiencies



What's working

-  Continuous distribution guidelines and tools are being updated/adapted (support from AMP)
-  Guidance for ITN channel selection is being developed (support from AMP & Tropical Health global)
-  Leveraging NMEP's continuous distribution assessments
-  Integration with digital and routine data platforms

Urban reprioritization support tools

-  MPIO – Malaria Program Intervention & Optimization (Excel-based)
-  ChatMRPT – Malaria Reprioritization Tool (AI enhanced tool)
-  Shinny App – Web-based Application

Key data inputs

-  Malaria burden (prevalence, incidence)
-  ITN access/use gaps (DHS/MIS + routine)
-  Routine channel performance (ANC/EPI, school enrollment)
-  Urban/rural stratification + population density
-  Resource envelope (available nets)

Outputs/decision support

-  Targeted ITN distribution for mass campaigns, continuous distribution
-  Recommended channel mix per sub-national unit (wards & LGAs)
-  Prioritization of wards/LGAs based on impact and equity

 These key data inputs provide the evidence base for data-driven, sub-nationally tailored channel selection, helping the NMEP target the right populations, in the right places, using the most effective delivery channels, within available resources.



What's working

Process timeline & Key steps

Period	Milestone
2024 – Early 2025	Desk review & stakeholder consultations (NMEP, partners, states) to identify routine channel gaps
Mid - 2025 - Early 2026	<ul style="list-style-type: none">• Review and Update of existing CD guidelines• Draft guidance for channel selection
Early 2026	Standardizing indicators for malaria risk ranking of wards and urban reprioritization tools (MPIO tool, Shiny App & ChatMRPT)
Q1 2026	<ul style="list-style-type: none">• Finalization of Updates to existing CD guidelines & tools• Alignment with the National Malaria Strategic Plan (2026-2030)
Q1 – Mid 2026	Pilot assessments & tool testing in Osun State (mixed-channel ITN distribution)
2026 onward	Roll-out in priority states (urban micro-stratification, high-gap LGAs)



Key challenges and opportunities



Key challenges

- ⚠ Mindset shift beyond triennial campaigns – traditional planning mindset limits innovation
- ⚠ Funding earmarks limiting flexibility – constrains ability to adjust channel mix per state
- ⚠ Routine channels underperform – low ANC/EPI attendance/reporting in some areas
- ⚠ Data gaps – boundary mismatches, poor routine reporting

Emerging opportunities

- ✓ Osun State pilot shows promise – mixed-channel approach
- ✓ Integrated ITN/SMC campaign approach – efficiency gains in resource use and coverage
- ✓ NMEP and partner early engagement to improve stakeholder buy-in – start Q1 2026 onward to reduce resistance at state level
- ✓ Linked digital campaign tools enhance real-time monitoring



Recommendations



1 Institutionalize channel selection

- ✦ Embed channel selection in NMSP & Annual Operational Plans (AOPs)
- ✦ Require state-level justification for channel mix decisions
- ✦ Finalize & disseminate updated ITN CD guidelines and channel selection tools (2026) → train state teams

2 Strengthen Data Systems

- ✦ Improve routine reporting quality (HMIS/DHIS2 integration)
- ✦ Institutionalize ITN durability monitoring
- ✦ Track commercial market share for total market planning

3 Build Sub-National Capacity

- ✦ Provide training on channel optimization
- ✦ Use simplified decision-support tools
- ✦ Leverage Osun State pilot → expand Osun State mixed-channel approach + urban micro-stratification to other states

4 Strengthen prioritization and national leadership

- ✦ Institutionalize sub-national tailoring → embed in NMSP 2026-2030 & AOPs
- ✦ Advocate for increased domestic resources → states to fund microplanning from GC8 and beyond
- ✦ Monitor & iterate → annual review of channel performance & equity metrics



Conclusion and Key takeaways

Key takeaways

- ✓ This process positions Nigeria to:
 - Shift from universal coverage to targeted campaigns
 - Prioritize high-burden LGAs
 - Optimize impact per dollar
 - Better align channels to epidemiology & need
 - Use data for prioritization and to arrive at a consensus despite difficult trade-offs
 - Strengthen sustainability

Conclusion

- ✓ The future of ITN distribution in Nigeria is not about replacing mass campaigns, it is about optimizing and balancing all delivery channels including mass campaigns based on data, context, and sustainability.



Key partners and stakeholders



World Health Organization



amp



State SMEPs



Society for Family Health
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Thank you for your time and attention!

