



# NATIONAL MALARIA ELIMINATION PROGRAM

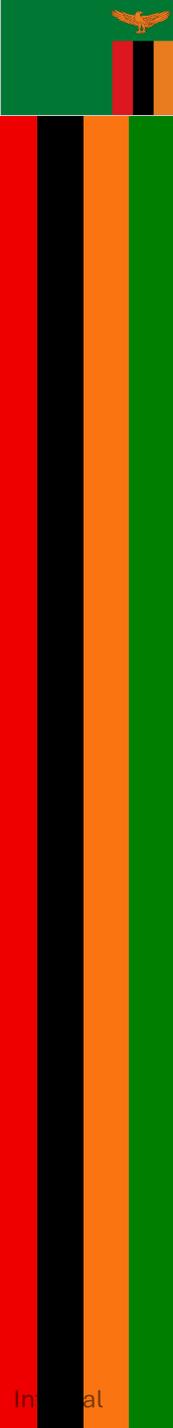
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**Joint Annual Meetings of the SMC Alliance and the  
Alliance for Malaria Prevention**

**Zambia: Tailoring and prioritization of ITN  
distribution channels 2026**

**February 24 – 27, 2026**

**Presenter: Ketty Ndhlovu Sichalwe**



# Presentation outline

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**Introduction – Zambia context**

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**Strategic alignment (NMESP 2022-2026)**

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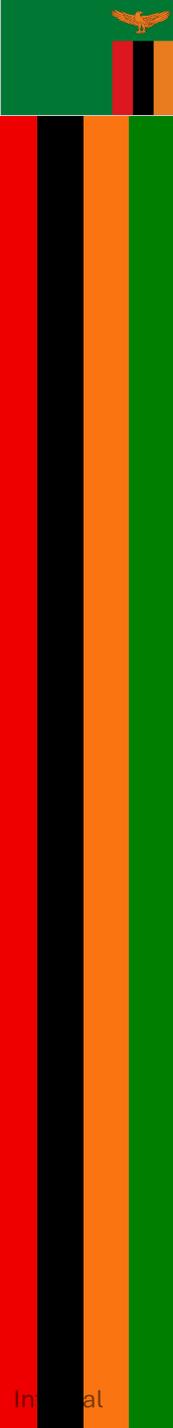
**Progress from ITN tailoring and prioritization**

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**Expected outcomes from prioritization**

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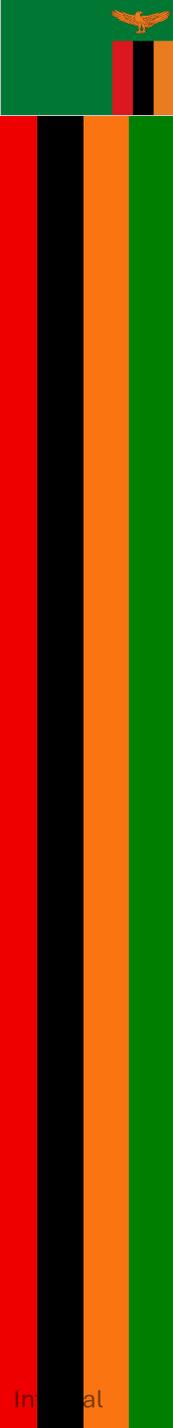
**Key takeaways**



# Introduction- Zambia context

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- Malaria in Zambia is both a health and economic problem
- Heterogeneous malaria transmission across the country
- Declining burden in several provinces and districts
- Need to maximize impact per ITN distributed
- Alignment with elimination-phase programming in selected districts



# Strategic alignment (NMESP 2022-2026)

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- NMESP 2022–2026 prioritizes stratification and efficiency
- Vector control intervention packages targeted according to four epidemiologic strata (very low, low, moderate & high)
- ITNs are the primary vector control intervention complemented by the other strategic interventions under vector control (IRS, LSM, Entomological surveillance)
- **Mass campaigns:** priority given to high burden areas (epidemiologic moderate to high, incidence >50 cases/1000/year)



# Strategic alignment (NMESP 2022-2026)

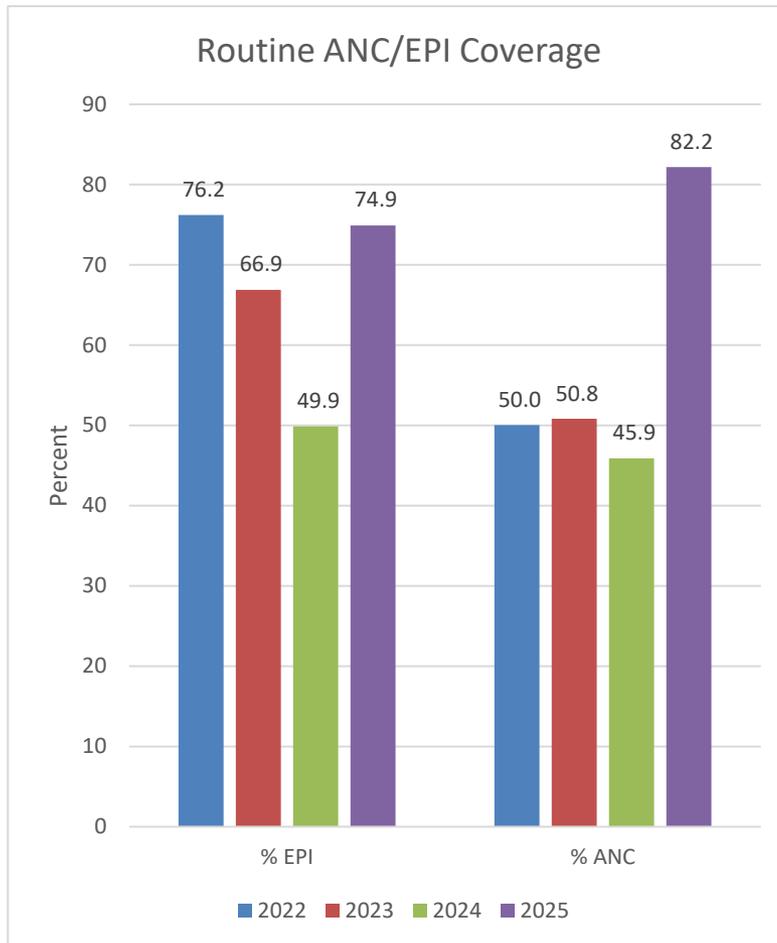
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- **Routine distribution maintained nationwide**
  - ANC clinics: provision of ITNs to pregnant women during first ANC attendance.
  - EPI clinics: provision of ITNs to children at their 9 months well-child visits.
- **School-based distribution:** plan to scale up in moderate to high transmission areas.
- **Community distribution.** Pilot and scale-up community distributions to reach full population. Prioritize rural areas in moderate to high transmission areas.
- Low-burden areas managed through surveillance-led responses

# Summary of the stratified approach to VC interventions

| Level of Transmission                        | Intervention →                        | ITNs (PBO, NextGen)        |                         | IRS                    |                | LSM            | Entomol Surveill. |
|--|---------------------------------------|----------------------------|-------------------------|------------------------|----------------|----------------|-------------------|
|  | <i>Operational Stratific. Level</i> → | Mass ITN campaign          | Continuous Distribution | Targeted IRS campaigns | Responsive IRS | HFCA           | N/A               |
|  |                                       | District                   | District                | District               | HFCA           |                |                   |
| High Malaria Transmission >500/1000/yr       | 4                                     | √                          | √                       | √                      | --             | --             | √                 |
| Moderate Malaria Transmission >200 <500      | 3                                     | √                          | √                       | √                      | --             | --             | √                 |
| Low malaria transmission <200 >50            | 2                                     | √                          | √                       | √                      | --             | --             | √                 |
| Very Low Transmission <50 >0                 | 1                                     | All except Lusaka District | √                       | --                     | √              | Selected urban | √                 |
| No malaria, maintenance of malaria-free zone | 0                                     | All except Lusaka District | √                       | --                     | √              | Selected urban | √                 |

# Routine ANC and EPI distribution: 2022-2025



- Q4 2024 over 2.1m nets were delivered countrywide.
- The drop in 2024 is attributed to protracted procurements.
- (key steps taken include, early initiation and frontloading of funds)



# 2026 operationalization of the ITN programme



# Tailoring & prioritization of ITN Channels - 2026

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- ITN channels prioritized in 2026 include
- Routine distribution nationwide
  - ANC clinics: provision of ITNs to pregnant women during first ANC attendance.
  - EPI clinics: provision of ITNs to children at their 9 months well-child visits.
- Mass campaign in high burden areas – levels 2-4



## Routine ANC and EPI Quantification 2026

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| # | Data element  | 2026             |
|---|---|------------------|
| A | Population  | 22,511,445       |
| B | Expected pregnancies - 4.47%*A                        | 1,006,262        |
| C | Expected Live Births - 4.32%*A                        | 972,494          |
| D | <b>Total Needs for Routine ITN Distribution - B+C</b> | <b>1,978,756</b> |

**Note: no funding gap for routine ANC and EPI**

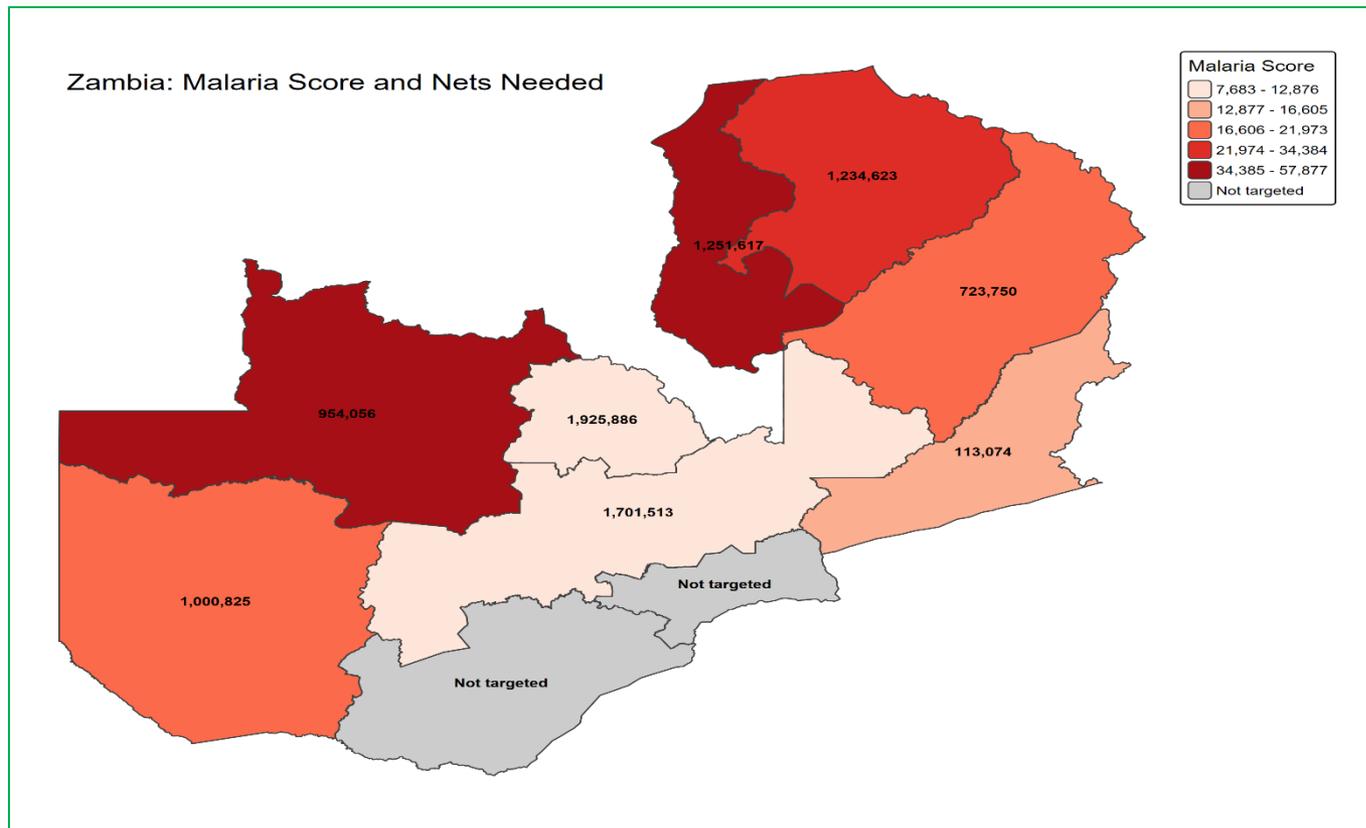


# Prioritization - Progress in 2026 mass campaign

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- Full coverage in the 7 high-burden provinces and 1 district in 1 province(81/116 districts)
- Prioritization informed by surveillance and stratification data
- **Key funders:** Global Fund, Against Malaria Foundation, Department of State
- **Distribution timeline:** September – October 2026
- **Net type:** Dual AI and PBO

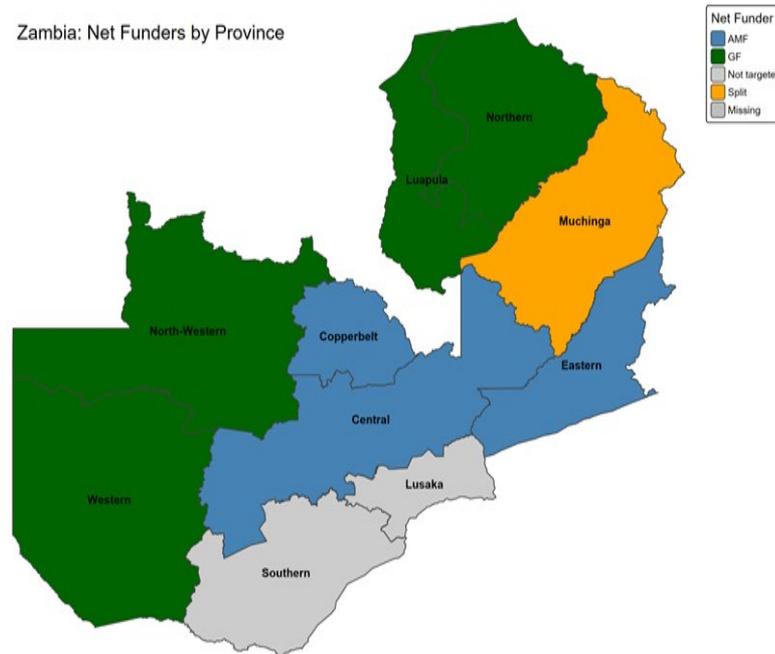
# Zambia: Malaria Score



- Based on incidence for all ages and prevalence in under 5s

# Prioritization - Progress in 2026 mass campaign

| Province      | Malaria score | Net Need  | Funder of nets |
|---------------|---------------|-----------|----------------|
| North-Western | 57,877        | 954,056   | GF             |
| Luapula       | 39,886        | 1,251,617 | GF             |
| Northern      | 26,133        | 1,234,623 | GF             |
| Western       | 20,934        | 1,000,825 | GF             |
| Muchinga      | 17,320        | 723,750   | Split          |
| Eastern       | 13,752        | 113,074   | AMF            |
| Copperbelt    | 12,294        | 1,925,886 | AMF            |
| Central       | 7,683         | 1,701,513 | AMF            |



**Note: For Eastern province, only Chama district is targeted for ITN distribution**

# Mass Distribution Campaign Quantification 2026

| 2026 ITN Mass campaign Gap Analysis |                         |                         |
|-------------------------------------|-------------------------|-------------------------|
| Item description                    | Initial                 | After prioritization    |
| 2026 estimated pop.                 | 23,335,296              | 16,029,618              |
| Total ITN need                      | 12,964,053              | 8,905,343.46            |
| Financial need                      |                         |                         |
| Procurement                         | \$ 33,187,976.57        | \$ 24,419,622.68        |
| PSM                                 | \$ 7,301,354.85         | \$ 6,127,905.04         |
| Operational cost                    | \$ 9,723,040.01         | \$ 4,396,647.84         |
| <b>Total</b>                        | <b>\$ 50,212,371.43</b> | <b>\$ 34,944,175.56</b> |

## Key drivers in cost reduction

- Prioritization
- Digitalization-no paper-based registers
- Campaign distribution strategy from door-to door to fixed point distribution
- Integrated training approach virtual versus physical



# Resource sustainability & domestic mobilisation

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Prioritization reflects optimization within available resources. In Zambia,

- Domestic financing supports routine procurement and last-mile delivery
- External financing critical for mass campaigns
- Commercial sector engagement under exploration for urban settings



# Expected Epidemiological Impact

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- Higher coverage in high-transmission strata
- Improved impact per ITN distributed
- Reduced malaria incidence in prioritized districts
- Sustained protection of pregnant women and children



# Key take-home messages

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- ITN strategy reflects stratification and resource realism
  - Mass campaigns remain essential for restoring universal coverage (high burden areas)
  - Routine platforms targeting vulnerable groups
  - Surveillance-driven deployment accelerates elimination trajectory
  - Protection is being concentrated where it yields highest epidemiological return within confirmed resources



# Acknowledgements

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- Ministry of Health
- The Global Fund
- Against Malaria Foundation
- Path
- PMI Evolve
- Churches Health Association of Zambia
- Alliance for Malaria Prevention

**Thank You For Your Attention**

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