

Key take-home messages:  
ITN presentations at AMP meeting

# ADAPTING for IMPACT

Joint Meeting Alliance for Malaria Prevention and  
Seasonal Malaria Chemoprevention Alliance

Kampala, Uganda, 24-27 February 2026



# Current funding landscape

## The Reality:

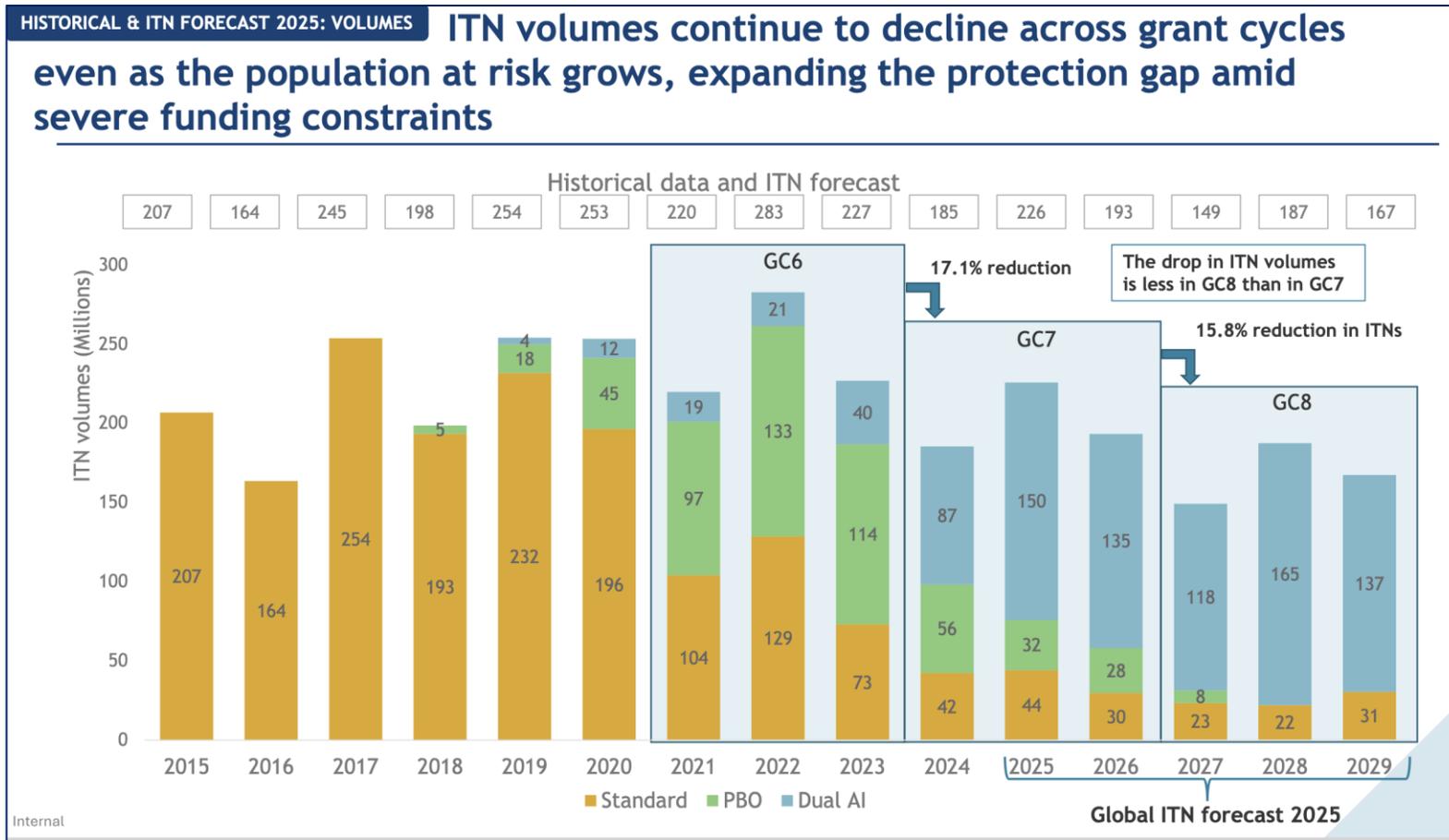
- 30% drop in funding, impacting Global Fund's 8<sup>th</sup> replenishment
- Decline compounded by humanitarian crises, resistance to treatments, climate change, rising costs
- Consequences by 2030: 640m fewer ITNs distributed, 146m more cases, 397,000 more deaths especially <5s.

## Country responses needed:

- Mobilize revenue via innovative levies, blended finance
- Integrate within and outside malaria programs
- Demonstrate impact in cost-effective ways

**REMINDER:** Investing in malaria programs injects economic value into African economies and trade: 1.9m lives saved, 830m cases avoided, \$152b to Africa's GDP

# Outlook for ITN procurement: CHAI consortium 5-year forecast



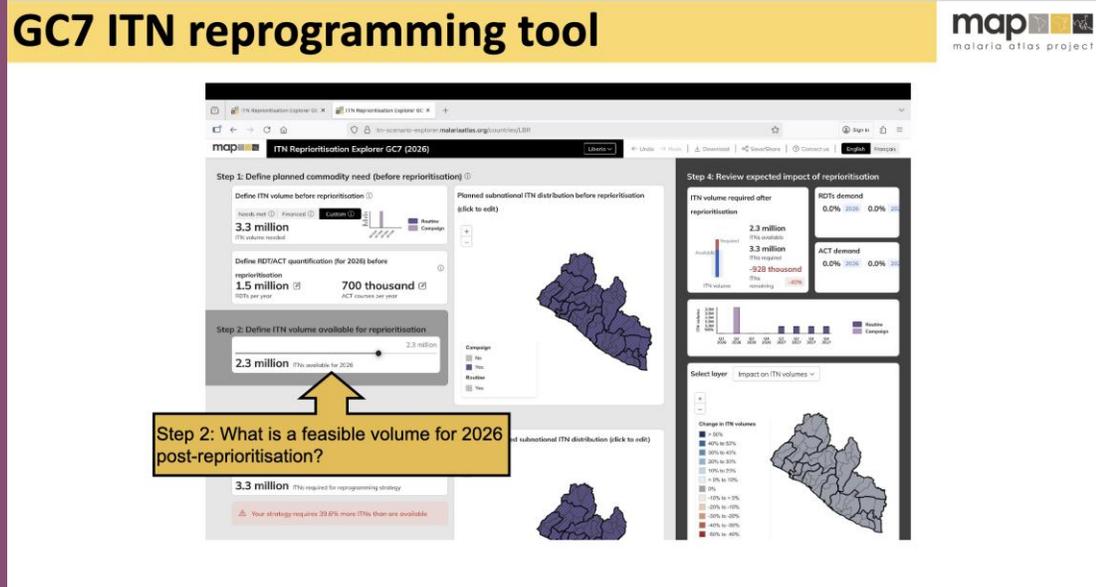
## Key takeaways:

- Despite an overall decline in global ITN volumes, most high-burden countries maintain significant ITN procurement.
- Dual AI ITNs will dominate the global ITN market.
- Demand for PBO nets will diminish as dual AI nets become more accessible and pyrethroid resistance spreads & intensifies.

# Global Fund ITN Deployment Guidelines for GC8

<p>Priorities for Global Fund investments in Vector control</p>	<ul style="list-style-type: none"> <li>★ <b>Maintain existing coverage as far as possible:</b> cuts = more cases, deaths, case management costs.             <ul style="list-style-type: none"> <li>• <b>Do not use vaccine (or other prevention tool) deployment as a reason to pull back ITN deployment.</b></li> <li>• <b>Align with international guidance and sub-nationally tailor</b> by operational, epi and ento context.</li> <li>• <b>ITNs remain the most cost-effective vector control option in <i>most</i> settings;</b> IRS needs strong rationale given costs and sustainability issues; supplementary tools must be carefully prioritised if there are gaps in core tools)</li> </ul> </li> </ul>
<p>Priorities for ITNs</p>	<ul style="list-style-type: none"> <li>★ <b>Tailor the ITN strategy:</b> Base on local epidemiology, vector, resistance, historic use, behaviors, equity – <b>Revisit the previous approach with fresh eyes:</b> channels, coverage targets, integration, operations             <ul style="list-style-type: none"> <li>• <b>Vary deployment strategies:</b> different approaches will likely be needed to maximize equitable access.</li> </ul> </li> <li>★ <b>Prioritize high-risk:</b> high/moderate burden areas and biologically vulnerable groups.             <ul style="list-style-type: none"> <li>• <b>Manage gaps:</b> if coverage drops, explain how the risk of resurgence will be tracked and mitigated.</li> <li>• <b>Targeted SBCC</b> where use given access is low.</li> </ul> </li> </ul>
<p>Lower priority for Global Fund grants</p>	<ul style="list-style-type: none"> <li>★ <b>Exclude major urban areas</b> from mass ITN campaigns, to extent possible.</li> </ul>
<p>Optimization, efficacy and other considerations</p>	<ul style="list-style-type: none"> <li>★ <b>Integrate distribution:</b> Combine with other malaria or public sector activities for efficiency and reach where possible</li> <li>★ <b>Use digital platforms:</b> Apply multi-purpose tools for malaria and other campaigns.             <ul style="list-style-type: none"> <li>• <b>Follow AMP guidance for resource limited settings</b></li> </ul> </li> <li>★ <b>Population numbers:</b> consider sources carefully, avoid over inflation</li> </ul>

# Tools to gather key data to maximize impact with scarce resources



- **First things first: economics!--Find out the costs incurred and which costs count**
  - Consider economic evaluation to compare costs and effects of options for ITN strategies
  - Defining interventions and geographic units for targeting those interventions
- **Malaria Atlas Project: ITN-Case management tool**
  - Helps configure ITN distribution strategies
  - Generates scenarios of ITN coverage & use, impact on malaria cases

# Country perspectives: What do differently in new funding context?



Revisit ITN coverage goals: away from universal coverage

Use epi/ento surveillance data to stratify & priority by risk levels

Enhance private sector, commercial sector partnerships

Move from mass campaigns to continuous distribution via schools, communities

Refocus targets to vulnerable populations instead of number of ITNs per household

Scrub budgets to save money on shipping, transport, programming

Conduct remote training

Expand domestic financing, including private sector

Digitalize but build country capacity to reduce reliance on external consultants

Use more internal resources than external consultants for campaign planning

Expand work with civil society to access vulnerable communities

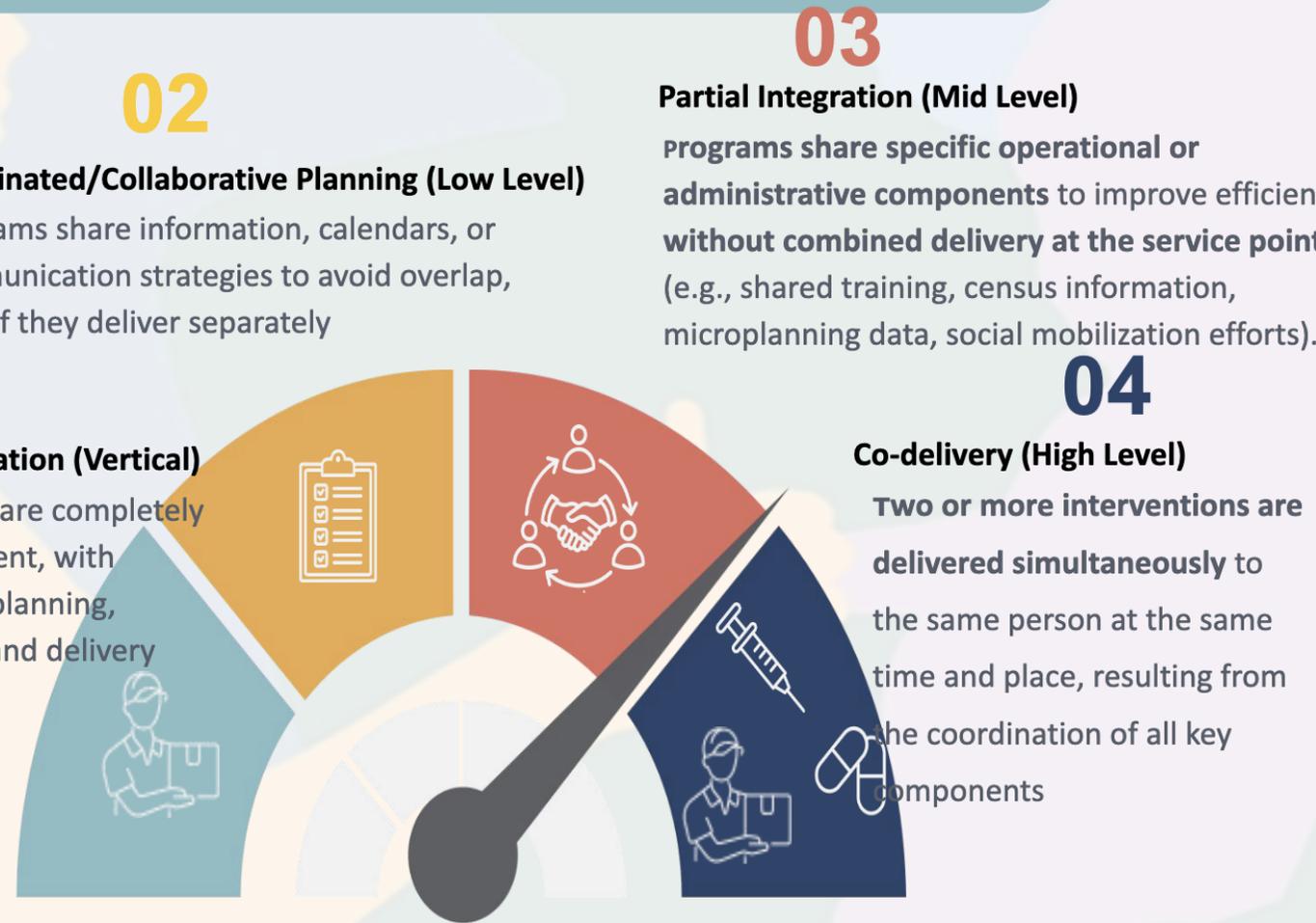
# ITN campaign adaptations given reduced funding environment

Country-region	Adaptations	Challenges	Results
<p>Tanzania-- Morogoro</p> 	<ul style="list-style-type: none"> <li>• Shift in-person to virtual meetings</li> <li>• Modified registration</li> <li>• 50% reduction data clerks</li> <li>• 50% reduction monitoring &amp; supervision,</li> <li>• 75% reduction community engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Poor HH documentation</li> <li>• Need SMC for community buy-in</li> </ul>	<ul style="list-style-type: none"> <li>• 43% operational cost reduction</li> <li>• Effective advocacy at community level</li> </ul>
<p>Nigeria</p> 	<ul style="list-style-type: none"> <li>• Trainings changed to virtual or reduced days</li> <li>• Reduced no. of implementation days from 5 to 4</li> <li>• Reduced personnel allocated</li> <li>• Removed community orientation sessions</li> <li>• Reduced campaign monitoring teams 3 to 2 per LGA</li> </ul>	<ul style="list-style-type: none"> <li>• Sub-optimal training quality</li> <li>• Lower turnout with reduced distribution points given distance</li> <li>• Overburdened staff, low morale</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced personnel</li> <li>• Budget reduced 54%</li> <li>• Sustained coverage despite funding limitations</li> </ul>
<p>Burkina Faso</p> 	<ul style="list-style-type: none"> <li>• Targeted cost drivers: logistics, transport, personnel, security, supervision</li> <li>• Reduced number of workshops, training and supervision days</li> <li>• Reduced number supervisors &amp; trainees</li> <li>• Mobilized local resources—community transport, military convoys insecure areas</li> <li>• Stratified approach to registration &amp; distribution by door-to-door vs. fixed site</li> <li>• Future: consider BYOD, virtual coordination meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Logistical difficulties and population access in insecure areas</li> </ul>	<ul style="list-style-type: none"> <li>• 42% cost reduction</li> </ul>

# What do we mean by “integration”?

“Integration” in health is approached in different ways, from collaboration or partial integration to co-delivery of interventions, where appropriate.

**Integrated health campaigns do not necessarily mean co-delivery of all the interventions - partial integration** can include governance, health workforce, monitoring, tools, guidelines, technologies etc.



# Integration: country successes, challenges



**Ghana ITN-SMC:** joint meetings, training, registration with 1st SMC cycle, integrated reporting & checklists, mapping

**Benin:** Share digital tools SMC and ITN campaign

**Sierra Leone:** high-level government commitment to integrated routine services

**Uganda:** Guidelines for integration, trainings all levels, integration task forces, digitalization, realignment of financing given USG, GC8 cuts

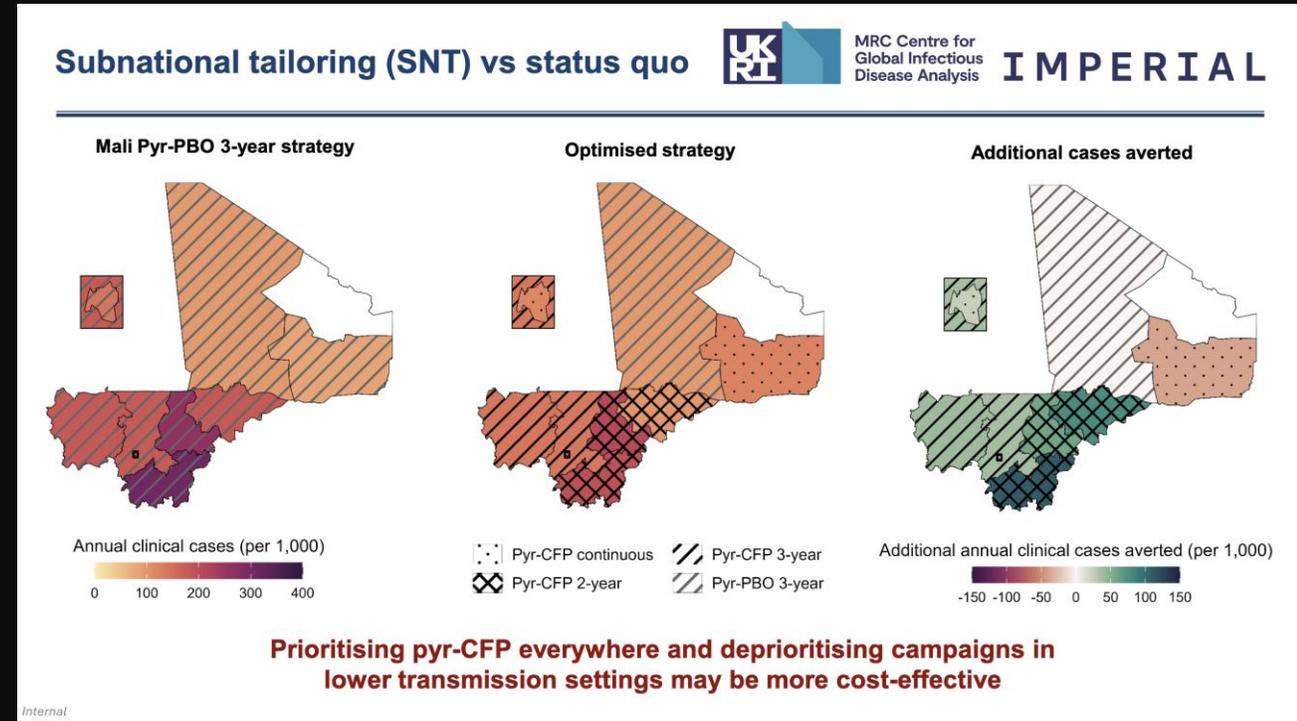
**Togo:** Digital tool to implement SMC campaign & identify zero-dose vaccination children

- **WHO Framework on Integrated People-Centred Health Services:** to achieve universal health care, need shift from systems designed around individual diseases and institutions to systems focused on integrated services, particularly for marginalized populations.
- **Global Fund GC8 guidelines:** promote integrated HIV, TB & malaria services in PHC system.
- **Challenges:** plan for increase workload volunteers & staff, ensure strong supervision to solidify training
- **Need ideas?** Check out Health Campaign Effectiveness Coalition at [www.campaigneffectiveness.org](http://www.campaigneffectiveness.org)

# Optimizing ITN operations for different channels: Subnational tailoring (A. Glover)

## Re: ITN distribution channels, net type, transmission settings

- Transmission intensity: good predictor of level of impact
- Moderate & high transmission intensity regions benefit more from more campaigns & pyr-CFP nets
- Distributing fewer, more effective ITNs (pyr-CFP nets) can avert more cases
- Prioritizing pyr-CFP nets, deprioritizing campaigns in lower transmission settings may be more cost effective
- <5 campaigns, reduced coverage (1 net : 3 people)—achieve more with less



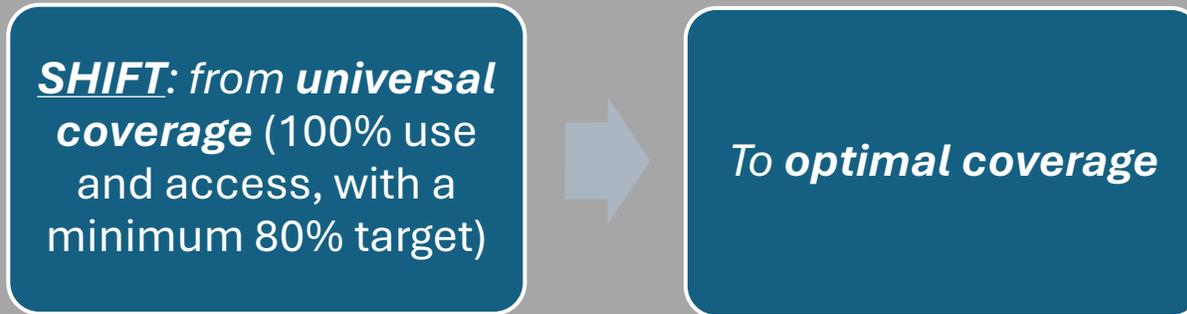
# Adaptations to achieve outcomes in COE: SUDAN

*“Conflict planning requires continuous adaptation rather than fixed planning”*



Adaptation	How it worked	Observations
Aligned strategy to COE context	Stable populations: co-led by FMOH-State MOH Conflict states: Co-led UNICEF-FMOH	Challenges: IDP influx, access & security
Integrated microplanning & HHR	Reduced cost, improved accuracy	Successful in unstable settings
UNICEF ITN delivery to states	Ensured reached locations including cross-line	UNICEF: agency accepted by all parties
Payment mechanisms conflict states	Used financial companies in absence of banking facilities	
Personnel selection	Stable: existing MOH staff Conflict: joint FMOH-SMOH-UNICEF selection	
State MOH participation in planning	Assessed situation, provided data, advised best approaches in conflict states	Early involvement improved ownership & feasibility
Stronger community engagement & local contributions	Community ownership & participation security & distribution, contributions transportation & security, printing	Helped fill budget shortfalls

# Marcy's annual take-home messages: Maximize averted malaria cases with available funds



***Reduce or minimize harm:***

- **Modify targets to achieve highest impact with available resources**

***Control the denominator to help control campaign costs***

- **Understand and account for cost drivers for campaigns.**
- **Triangulate your data sources to aim for the best denominator estimates!**

***Reducing costs doesn't mean missing targets***

- **Assess what's feasible to mitigate**
- **Look everywhere for cost savings to achieve targets**

# AMP tools to support transition from status quo



**GUIDANCE ON CHANNEL SELECTION FOR DISTRIBUTION OF INSECTICIDE-TREATED NETS**

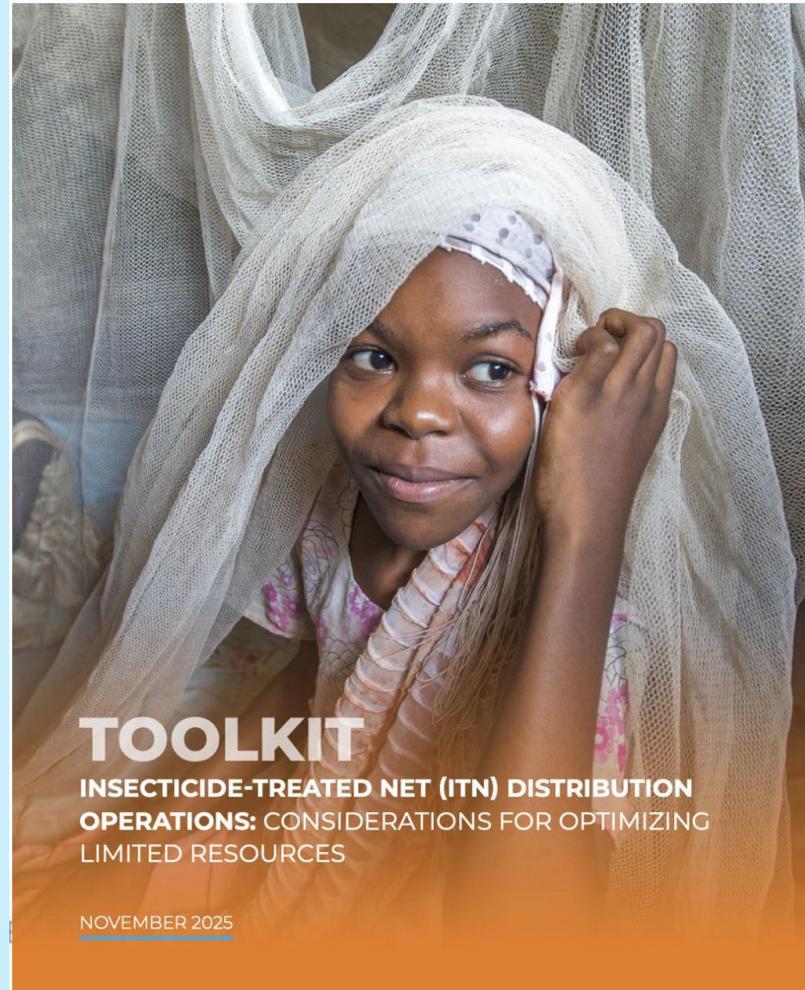
AUGUST 2025

DÉCEMBRE 2025



**MÉTHODES ALTERNATIVES AUX BONS POUR LA DISTRIBUTION DE MOUSTIQUAIRES IMPRÉGNÉES D'INSECTICIDE (MII) DANS LE CADRE D'UNE CAMPAGNE MII NUMÉRISÉE : OPTIONS ET GUIDE DE DÉCISION**

**app** | Alliance pour la Prévention du Paludisme  
Élargir la possession et l'utilisation de moustiquaires



**TOOLKIT**

**INSECTICIDE-TREATED NET (ITN) DISTRIBUTION OPERATIONS: CONSIDERATIONS FOR OPTIMIZING LIMITED RESOURCES**

NOVEMBER 2025



**PLANO DE AVALIAÇÃO E MITIGAÇÃO DE RISCOS PARA UMA CAMPANHA DE DISTRIBUIÇÃO DE MTI**

NOVEMBRO DE 2025

**amp** | The Alliance for Malaria Prevention  
Expanding the ownership and use of mosquito nets



**STRENGTHENING INSECTICIDE-TREATED NET (ITN) DISTRIBUTION THROUGH ROUTINE HEALTH SERVICES: Planning and operational considerations**

FEBRUARY 2026

**amp** | The Alliance for Malaria Prevention  
Expanding the ownership and use of mosquito nets

# No turning back— ADAPT TO SUCCEED!

- Aren't going back to a well-resourced future in the short-term
- Need to innovate, experiment, decide what works for impact on malaria
- Need to share better practices and things that don't work to help adaptation for vector control
- Integration critical—avoid silos
- PM Carney: “Nostalgia is not a strategy, but we believe that from the fracture, we can build something bigger, better, stronger, more just”

--Marcy Erskine AMP, Robin Nandy UNICEF



# Our AMP and Rotary Honorees 2026

