

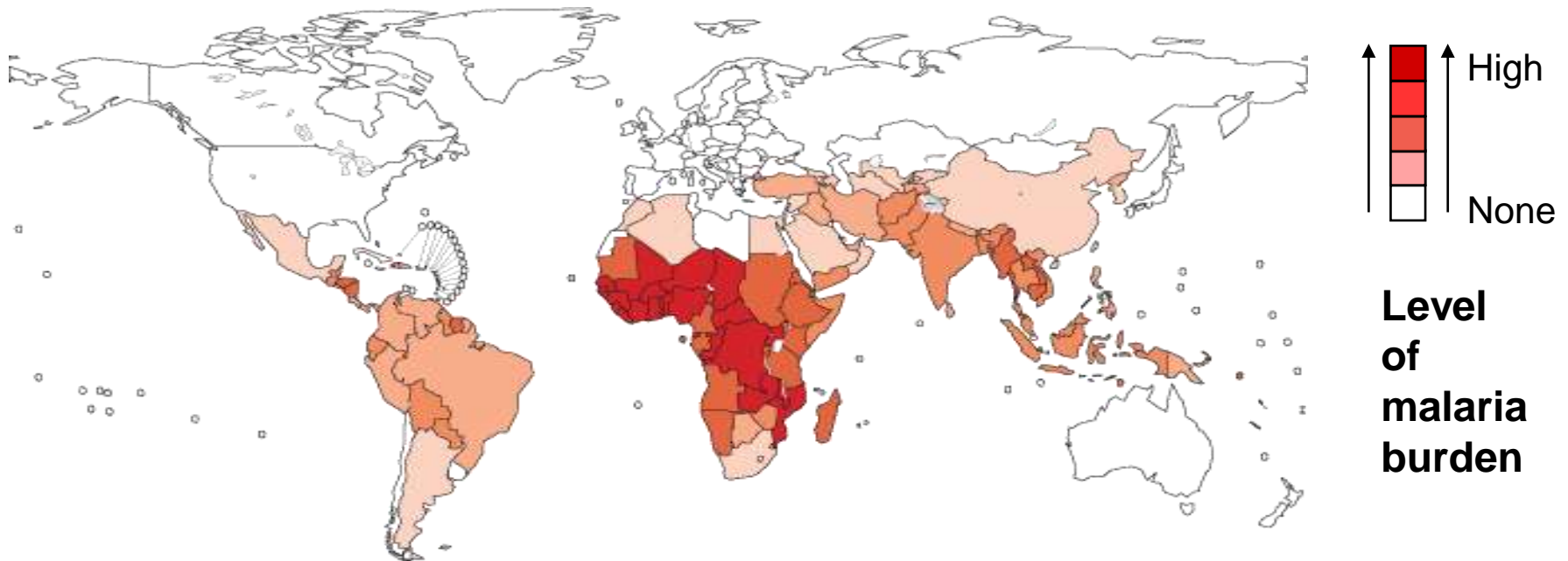
Overview of UNICEF's Procurement of LLINs: Key Challenges and Sustaining Gains

UNICEF LLIN Suppliers' Meeting
UNICEF SUPPLY DIVISION
28 October, 2010

unite for
children



Malaria imposes a staggering worldwide burden



Death toll

- An estimated 1 million deaths annually; one child every 40 seconds

Incidence

- An estimated 250 million malaria episodes in 2008 (WHO)

Health impacts

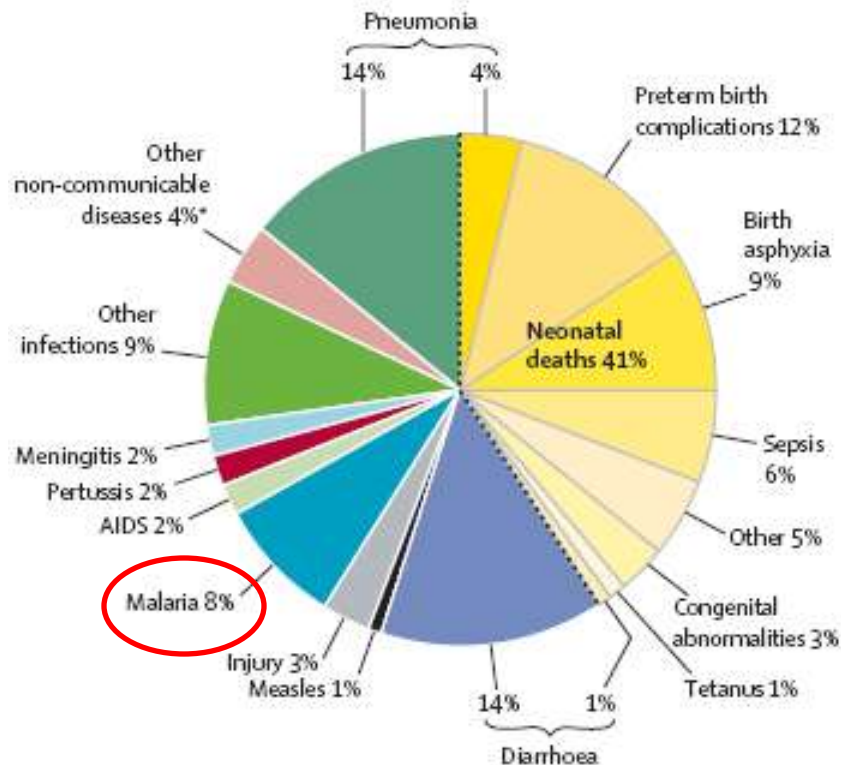
- Debilitating fevers, low birth weights, anemia, epilepsy—and death

Economic impacts

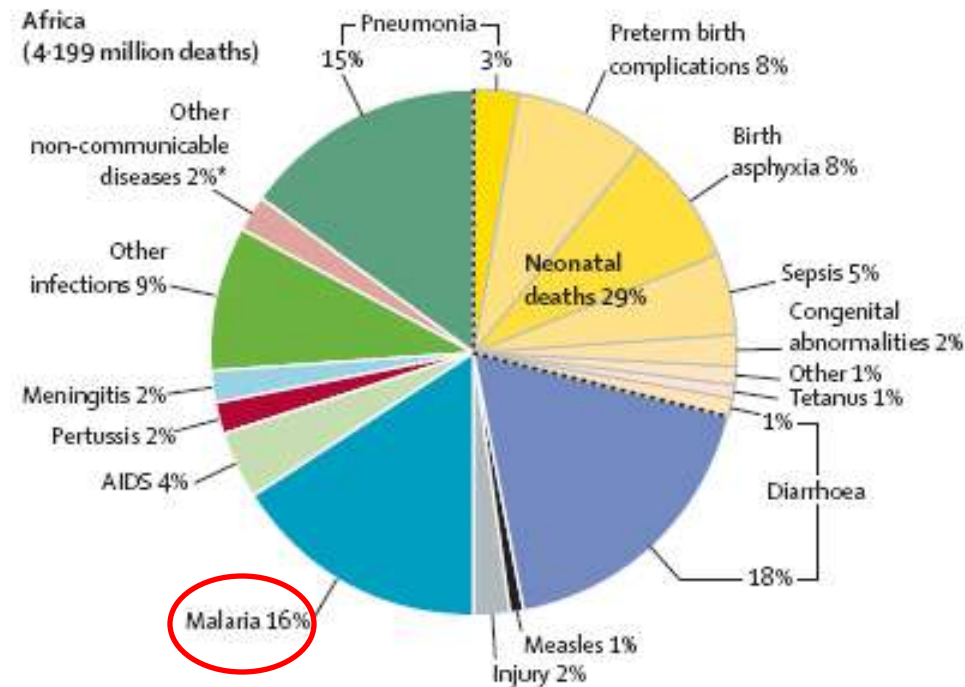
- Reduced current productivity resulting from days and often weeks of missed work, reduced foreign direct investment and tourism
- Constraints on future growth resulting from reduced investments in human capital (missed schooling, higher fertility rates)

Malaria, is a major killer of children under five years of age

Worldwide: 8% of deaths are caused by Malaria



Africa: 16% of deaths are caused by Malaria



Source: Global causes of child deaths - CHERG 2010, WHO UNICEF estimates, as published in Black et al. 2008 'Global, regional, and national causes of child mortality in 2008: a systematic analysis'. The Lancet, June 2010.

Global Strategic Objectives

- **RBM Partnership (1998)**: halve the burden of malaria by 2010
- **Abuja coverage targets (2000)**: by 2005, achieve a 60% coverage of all at-risk populations with suitable curative and preventive measures & at least 15% of government budget should be allocated to health sector
- **Millennium Development Goals (2000)** by 2015:
 - MDG 4 Reduce Child Mortality;
 - MDG 5 Improve Maternal Health;
 - MDG 6 Combat HIV/AIDS, Malaria and Other Diseases; particularly ***Halt and begin to reverse the incidence of malaria and other major diseases;***
- **UN Special Envoy's Call: (2008)**: by 2010, 100% of at-risk populations benefit from major preventive and curative interventions – particularly coverage with LLINs

Global Malaria Action Plan (RBM) 2005-2015

2010 Targets

- 80% of people at risk from malaria are protected;
- 80% of malaria patients are diagnosed and treated within 24 hours of onset of symptoms;
- Reduce the malaria burden by 50% compared to 2000 baseline.

2015 Targets

- Malaria morbidity and mortality are reduced by 75% in comparison to 2005 baseline;
- Malaria-related Millenium Development Goals are achieved.

Partnerships

- RBM: Secretariat and Working Groups (PSM, VCWG, HWG)
- Alliance for Malaria Prevention (planning)
- WHO: Global Malaria Programme, AFRO, EMRO, and other regional offices
- US-President's Malaria Initiative (US-PMI)
- World Bank Malaria Booster Programme & IDA Financing
- Global Fund
- UNITAID
- UN Special Envoy's Office (UNSE) /African Leader's Malaria Alliance (ALMA)
- Bilaterals: USAID, EC, JICA, DFID

Thirty-five countries are responsible for 98% of the total malaria deaths worldwide...

To achieve the 2010 and 2015 targets, achieving malaria control goals in the following countries is essential:

30 countries in Africa: Nigeria, Democratic Republic of Congo, Uganda, Ethiopia, Tanzania, Sudan, Niger, Kenya, Burkina Faso, Ghana, Mali, Cameroon, Angola, Cote d'Ivoire, Mozambique, Chad, Guinea, Zambia, Malawi, Benin, Senegal, Sierra Leone, Burundi, Togo, Liberia, Rwanda, Congo (Brazzaville), Central African Republic, Somalia, and Guinea Bissau

5 countries in Asia-Pacific: India, Myanmar, Bangladesh, Indonesia and Papua New Guinea

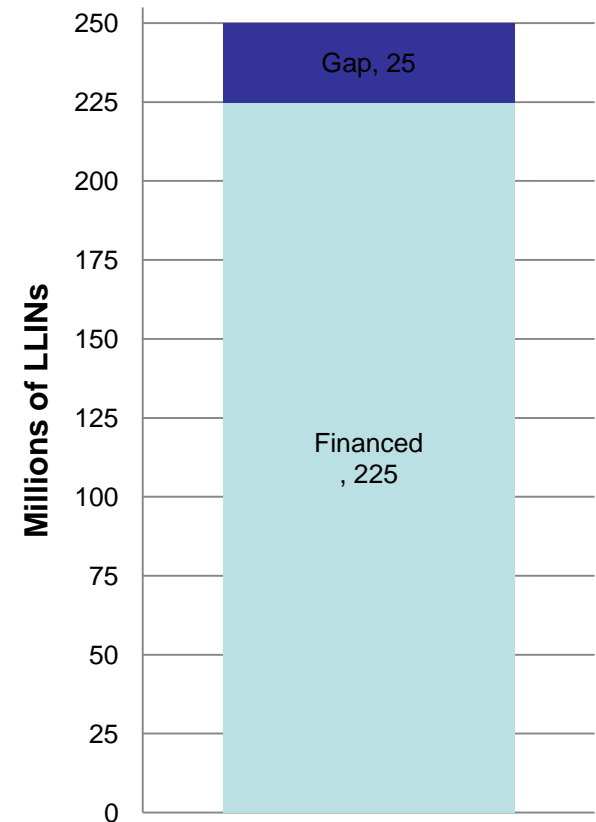
Progress to date

Globally

In 2008, it was estimated that **730 million** LLINs would be needed to meet universal coverage goals by 2010 (1 net for every 2 persons at risk, according to WMR ppn data)

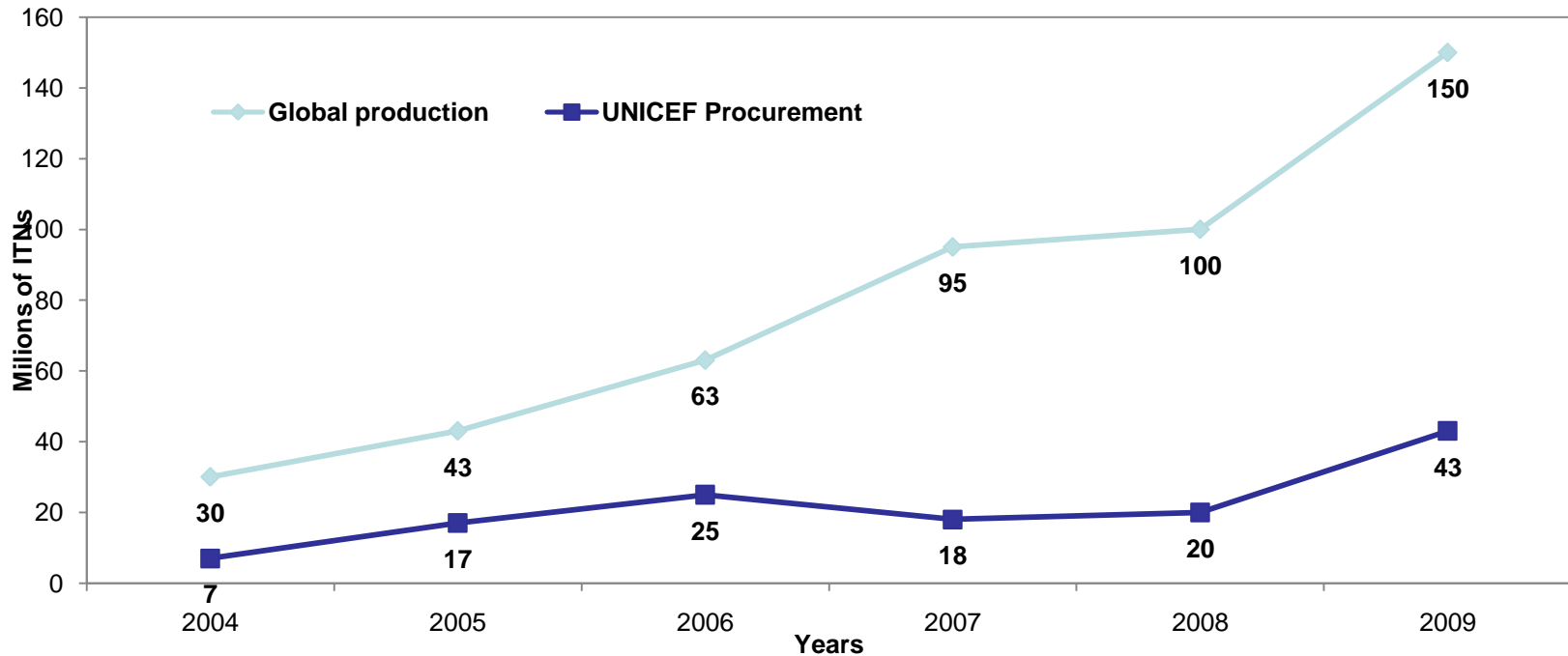
Achievements:

- By the end of 2009, manufacturer data showed that 55% coverage in SSA had been achieved
- As of March 2010, the total global need to achieve universal coverage by 31 Dec 2010 was estimated at 348 million LLINs
- Currently, it is estimated that **250 million LLINs are needed in SS Africa** to meet universal coverage targets. As of July 2010, approximately 225 million nets have been financed or pledged, leaving an **overall gap of 25 million LLINs.**



UNICEF – majority of nets have passed through routine systems

Global production and UNICEF procurement of insecticide-treated mosquito nets 2004-2009



GLOBAL PRODUCTION

- In 2008, global production exceeded demand

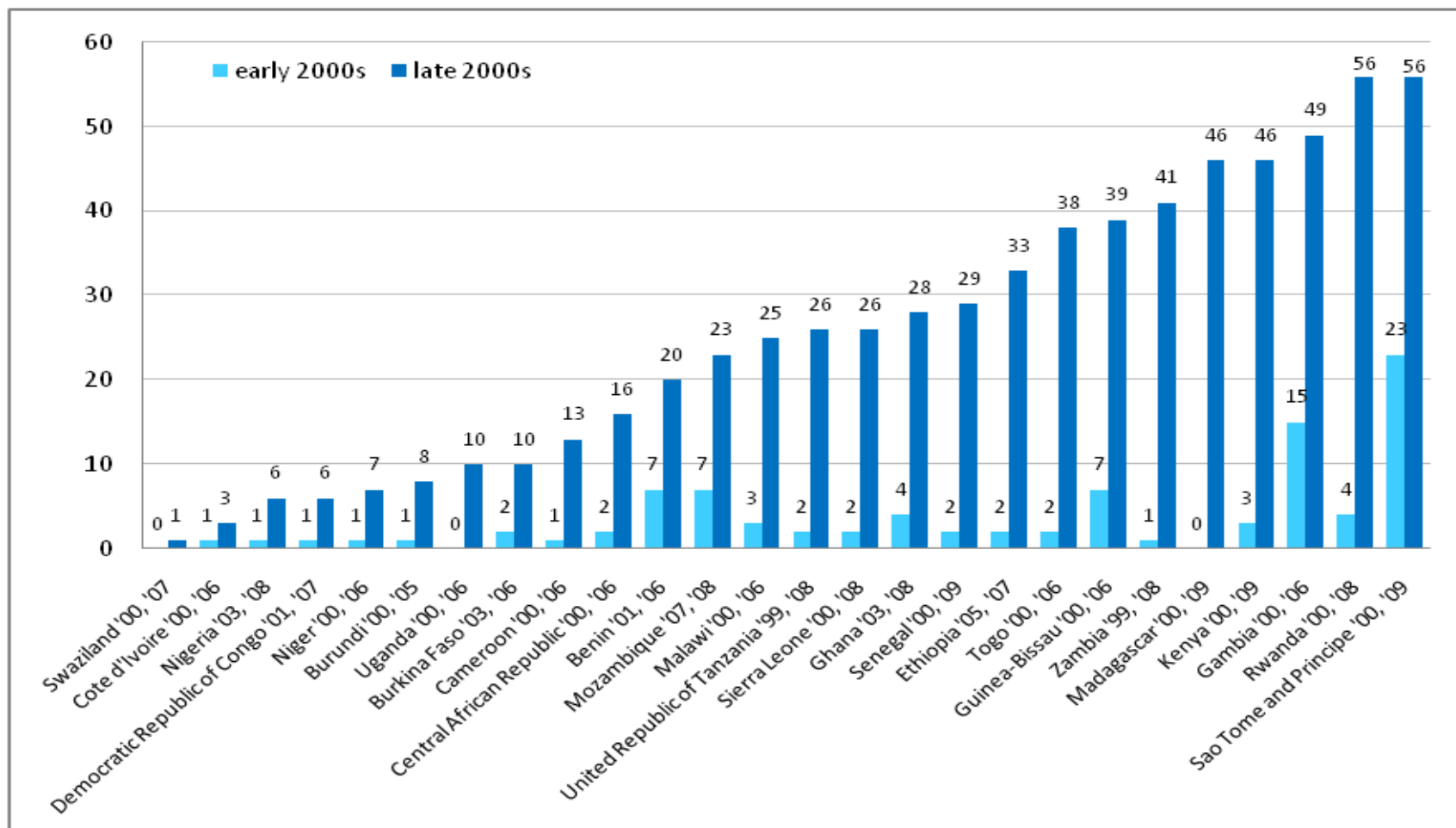
UNICEF PROCUREMENT

- UNICEF largest procurer of LLINs: 83 million out of 143 million LLINs distributed in Africa in the last 3 years
- 2010 is a different landscape with VPP

Rapid progress in scaling up ITN use in sub-Saharan Africa

Proportion of children under five years of age sleeping under an insecticide-treated mosquito net (ITN), all African countries with two or more comparable points

Prevention



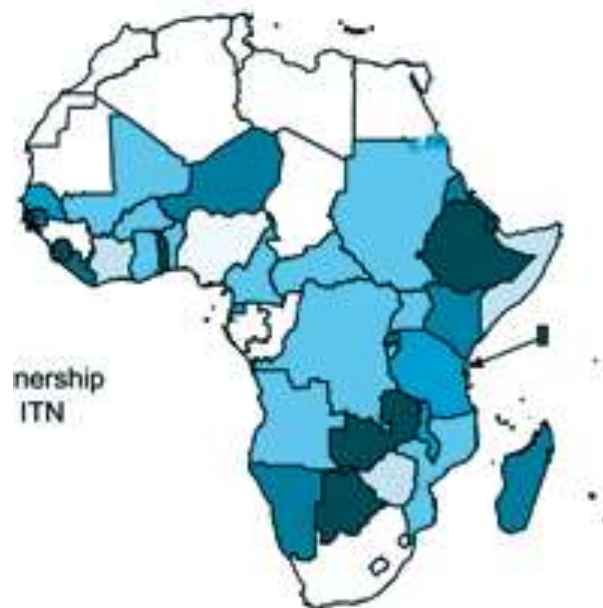
Progress in household owning at least one insecticide treated mosquito net – malaria endemic African countries

Prevention

1999-2004



2005-2009



Household ownership
of at least: one ITN



Source: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), Malaria Indicator Surveys (MIS), and other national surveys with data available as of January 2010.

DELIVERY OF MOSQUITO NETS

- Countries accelerating scale-up by integrating malaria interventions into existing maternal and child health services.
 - Integration supports acceleration of scale-up, improves quality, increases use of public health services and builds health system capacity
- Stand-alone campaigns are also becoming more common, particularly in the era of Universal coverage

Why UNICEF ?

- In country presence
 - Can integrated LLIN delivery into maternal and child health services
 - EPI experience also supports stand alone campaigns
- Years of experience in large scale supply of commodities, particularly LLINs
- Expertise in behaviour change communication
- Expertise in M&E, supply and logistics, technical assistance.

A photograph of a group of women and children in traditional attire. In the foreground, a woman wearing a red headscarf and a blue patterned dress is smiling and holding a white and blue cloth. Behind her, another woman in an orange headscarf and grey dress is looking towards the camera. To the right, a young child in a blue patterned dress is visible. The background shows other people in similar traditional clothing, suggesting a community gathering or event.

Going Forward

Sustaining Gains: What is working

- UNICEF has strong policy influence at all levels, particularly at country level
- Technical support
 - UNICEF's ability to deliver malaria commodities, especially to the most vulnerable, is globally recognized
- Global Fund accelerated implementation
- Leveraging resources for commodities and increasing access
- Strong coordination is required at all levels of procurement and supply – especially for LLINs
 - Timing is key
- Delivery to hard to reach areas builds confidence in the supply system

Challenges

Global Fund

- VPP orders are often ad-hoc

- Only PRs are involved in development of PSM plans during grant signature

- CCMs are not looking at overall country programmes to sequence deliveries and harmonize incoming commodities

Programming

- Campaign mentality dominates, not focusing on routine deliveries

- Quantifications (census, populations quantifications)

- Leakage in the system

Financing

- Ensuring timely, sustainable, predictable financing

Supply chain

- Reaching the most vulnerable in an equitable manner

Opportunities for Integrated Support

- **Child Health Days**

- **Integrated Mass Campaigns**

 - Measles & Polio Vaccination campaigns, Vit A, Deworming and Malaria Bednet distribution

 - House to house census and delivery

- **EPI & ANC**

 - Opportunities for routine bednet distribution at first vaccination and during ante-natal visits

- **Outreach: Community Health Workers**

 - Bednet distribution as well as hangup campaigns,

- **Harmonized Funding: National Strategy Applications, IHP+**

 - Introduction of a coordinated system for donor funding for malaria control

 - Leveraging existing and new funding in a coordinated fashion

- **Private Sector**

 - Subsidized delivery

Next Steps

**Increasing net use –
BCC/PSM**

**LLIN delivery through routine
systems (quantifications
and financing)**

**Replacement nets: it is
estimated that 100 M nets
per year needed in
replacement**

Keeping up coverage

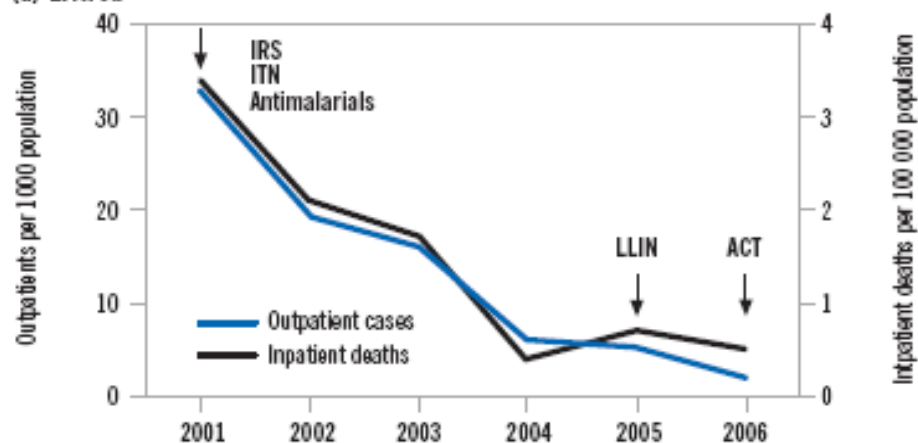
**Scaling up monitoring and
evaluation**

LLIN durability studies

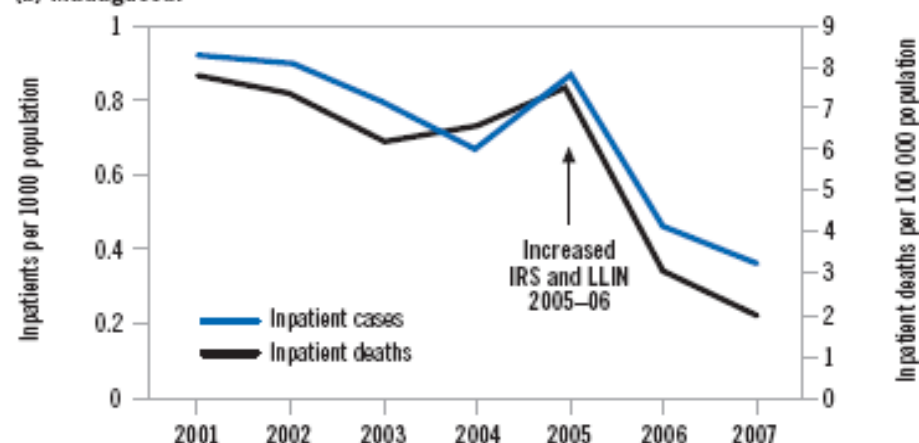


Why is it so important to continue scale up of LLINs and ACTS ?

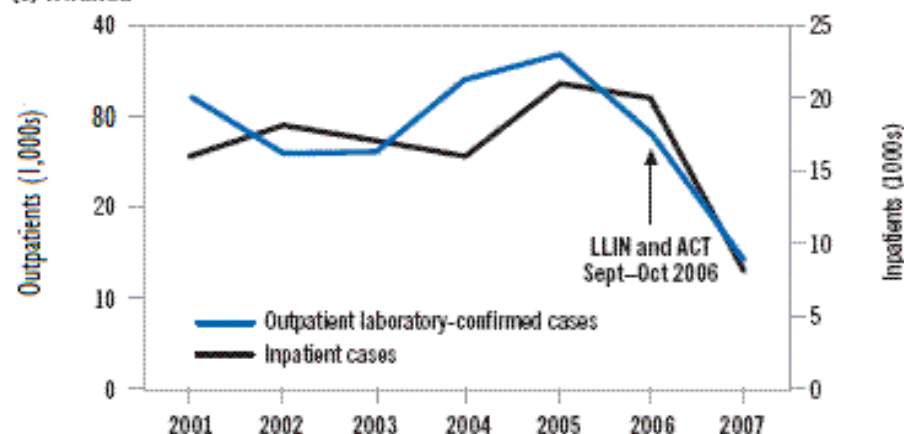
(a) Eritrea



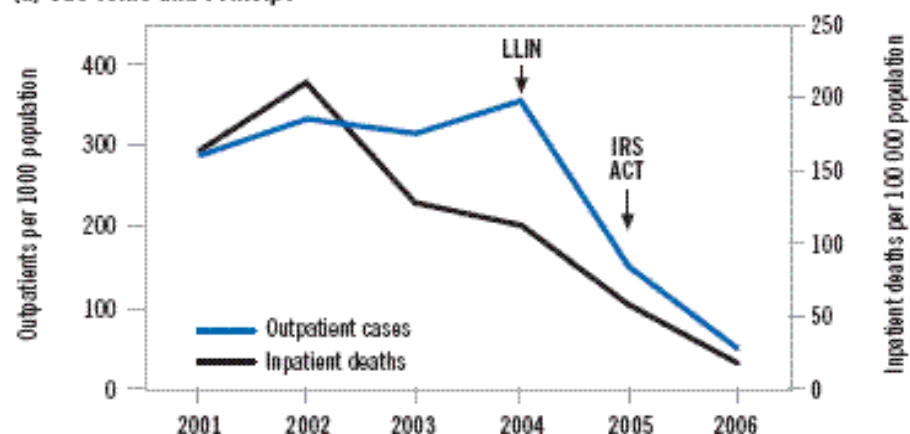
(b) Madagascar



(c) Rwanda



(d) Sao Tome and Principe



Thank you

