

The National Insecticide Treated Nets Programme (NATNETS), Tanzania

Under Five Catch-Up and National Net Re-Treatment Campaign 2008

Nick Brown, Christian Lengeler, Alex Mwita



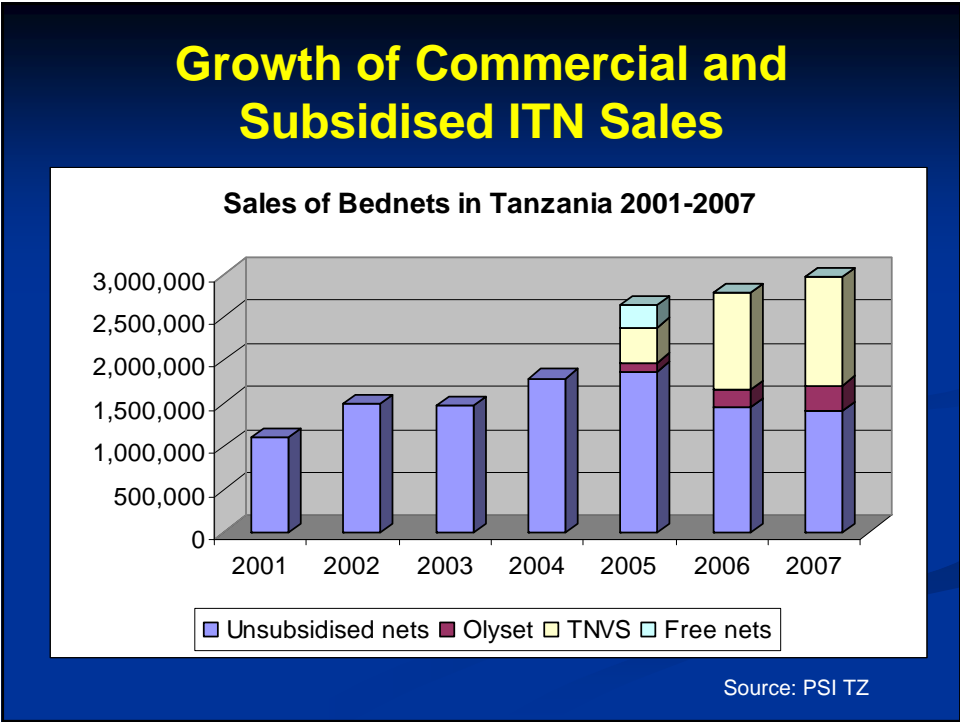
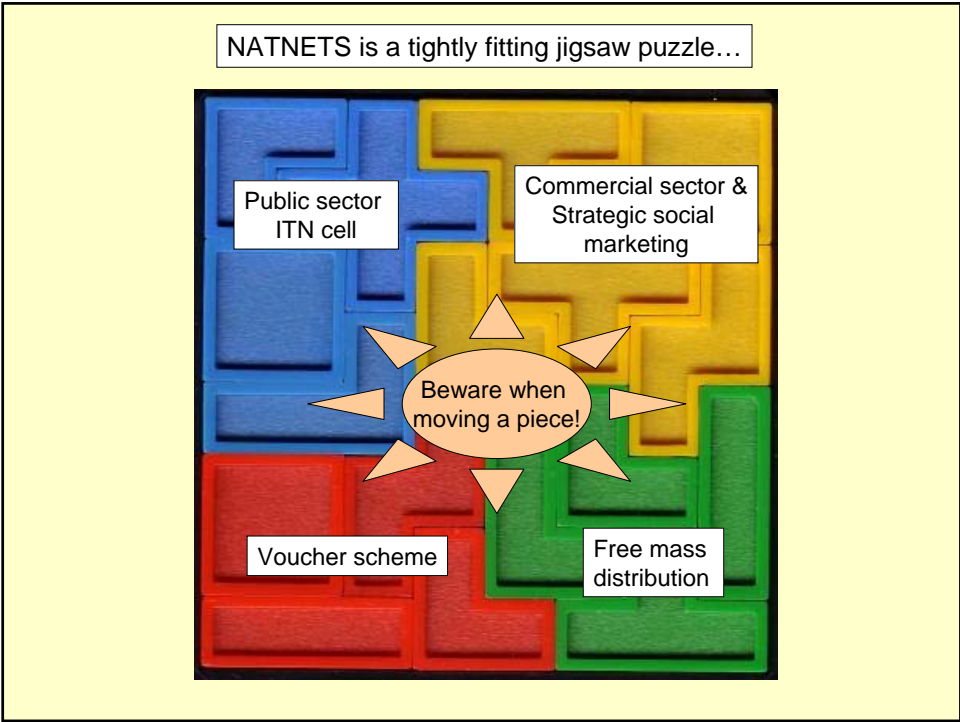
National ITN Programme, Tanzania (NATNETS)



In 1999, regular ITN use was well below 10%. A national ITN stakeholder partnership was created under the leadership of the National Malaria Control Programme (NMCP - Ministry of Health and Social Welfare).

A *National Strategic Plan* was produced by the MoHSW & UNICEF and approved in 2000, creating the national ITN initiative (NATNETS). It consists currently of **four main components**:

1. An ITN coordination cell within the NMCP (SDC / Swiss Tropical Institute). (2002-present)
2. A strategic social marketing programme to support the commercial ITN sector - SMARTNET (DfID/RNE, implemented by Population Services International); treated nets for sale everywhere for \$ 3-6. (2002-2007)
3. A subsidy scheme targeting pregnant women and infants with vouchers (GFATM, implemented by Mennonite Economic Development Associates) – price reduction of \$ 2.5 (2004-present)
4. A mass free distribution to all children under 5 years in 2008 and mass re-treatment campaign (PMI, GFATM, WB) (2008)

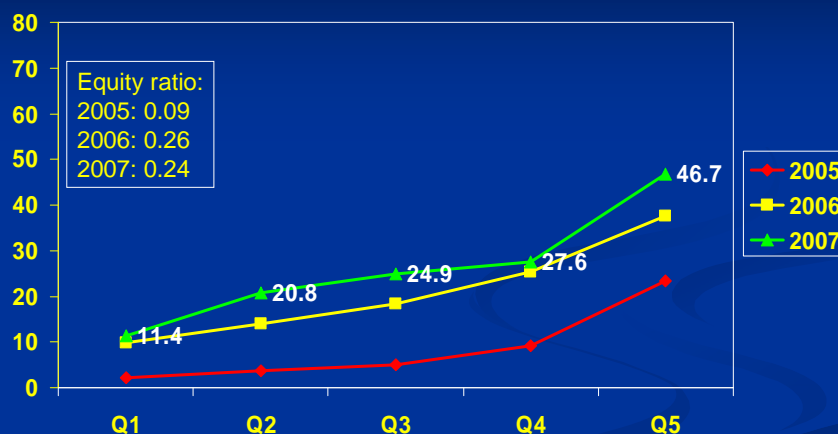


% Net use 2005-7, children under 5 years of age who used a net last night

	2005	2006	2007
	N=5567	N=5815	N=6298
Any net	28 (24-31)	41 (37-45)	46 (43-51)
ITN	15 (13-18)	21.1 (19-23)	26 (23-28)

Source: LSHTM / IHRDC

Net use, ITN, children < 5 years by Socio-Economic Status



Also: geographic disparities

Source: LSHTM / IHRDC

New Activities in 2008

Following an intense debate among all stakeholders in spring of 2007, the following new initiatives were planned and funded for 2008:

- 1. Upgrading of Pregnant Women and Infant Vouchers**
- 2. National Net Re-treatment Campaign**
- 3. Under-Five Catch-up Campaign**

New Activities in 2008 (1)

- **Upgrading of Tanzania National Voucher Scheme (“Keep Up”)**
 - Upgrade in value of pregnant women and infant vouchers to permit purchase of a LLIN
 - Reduction of top-up amount to be paid by beneficiary to Tzs 500 (\$0.40) – from currently Tzs 1000 (\$0.80)
 - Substantial investment in training and behavioural change
 - Funding 1: Pregnant women: GFATM RCC
 - Funding 2: Infants: PMI

New Activities in 2008 (2)

- **Re-treatment of existing (polyester) nets (“Catch Up” 1)**
 - Free
 - 6.5 million nets to be retreated
 - Only 45% treated within last 12 months
 - Re-treatment campaign with “long-lasting” treatment (K-O TAB 1-2-3) in conjunction with Under Five Catch-Up campaign
- **Funding: World Bank**

New Activities in 2008

- **Underfive free net distribution campaign (“Catch-Up” 2)**
- All children aged below five years in all 21 Regions will receive a LLIN at no cost
- 5.2 million LLINs will be procured and distributed
- Distribution will be combined with the national re-treatment campaign

Budget Breakdown: U5 Catch-Up and Net Re-treatment Campaigns

Procurement of LLINs	\$ 33.7 million
Procurement of IRKs	\$ 8.2 million
Distribution to villages	\$ 5.7 million
LLIN & IRK Issuing Costs	\$ 0.5 million
Registration / Preparation	\$ 0.7 million
Training	\$ 0.6 million
Promotion (only marginal cost over existing national BCC programme)	\$ 0.2 million
Audit	\$ 0.2 million
TOTAL	\$ 49.80 mio

Funding: World Bank (\$25.0), GFATM (\$23.7), PMI (\$1.9)
so far... no unmet needs

Procurement

- A series of separate competitive tenders financed by:
 - GFATM (through Logistics Contractor - MEDA)
 - World Bank (through MoHSW Procurement Unit)
 - PMI
- Multiple tenders increase complexity of process and potential delays, including for sub-contractors
- Likely product: Olyset™ nets made in Tanzania

Timing & Rollout

- During second half of 2008 and early 2009
- One zone of average 3 regions each will be handled per month
- Start date uncertain due to:
 - Delay in finalisation of GFATM RCC grant (expected commencement date of new grant: May 1st)
 - Lengthy World Bank procurement procedures (bidding documents currently being finalised)
- Rolling implementation makes coordination with measles vaccination only possible in 1-3 regions out of 21; ongoing discussions with EPI programme.

Implementation Arrangements

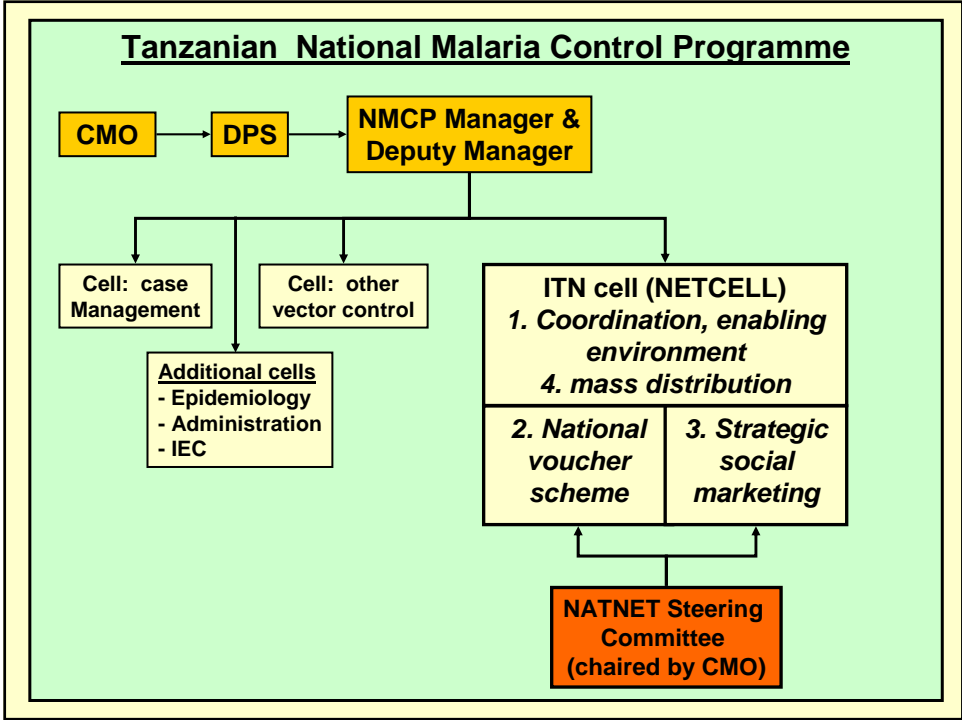
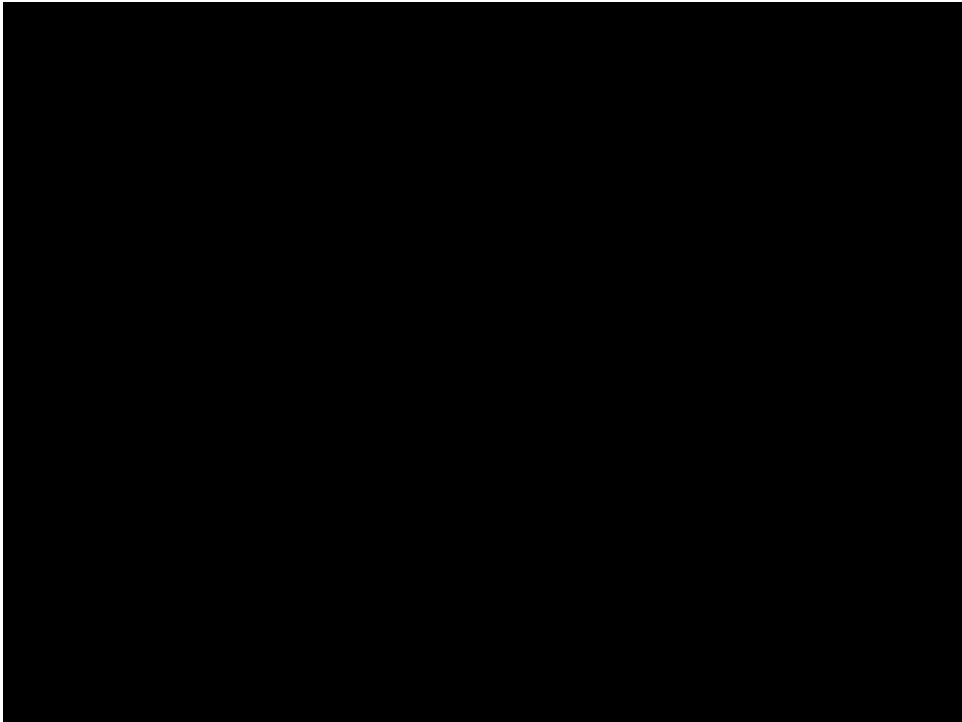
- Distribution will be managed by a Logistics Contractor (MEDA)
- District Executive Directors (DEDs) responsible for registration of eligible children (and nets for re-treatment) through Ward and Village Executive Officers, monitored and facilitated by MEDA and NMCP
- DEDs will report LLIN and IRK requirements to NMCP who will advise the Logistics and IRK Contractors accordingly
- Training Contractor (World Vision) will train Regional, District and Ward officials in all aspects of registration, distribution, issue, re-treatment and record keeping
- Ward Officials will train Village officials and workers
- District Executive Directors will arrange temporary secure storage for LLINs & IRKs prior to distribution to villages

Implementation Arrangements

- Logistics Contractor will identify and contract local LLIN distributors in consultation with DEDs
- Logistics Contractor will be responsible for scheduling and supervising dispatch of LLINs and IRKs to villages, using previously identified distribution routes
- Ward Executive Officers will accompany distributing vehicles and co-ordinate distribution to existing vaccination points known in the community
- Nets & IRKs will be issued by Community Owned Resource Persons (CORPs) and Community Health Workers
- Net Re-treatment will be done in groups under supervision
- Registration Records will be maintained in triplicate to permit verification at District, Ward and Village level

Monitoring & Evaluation

- The NATNETS programme as a whole is monitored every year with an annual household survey, carried out in July and August
- Ten clusters of 30 households in each of 21 sample districts are interviewed (around 6300 HH total)
- From 2008 onwards sample districts will be increased to 26
- For most regions we will have four years of coverage data, disaggregated by age, gender, pregnancy status and socio-economic data prior to the campaign
- From 2008 onwards malaria prevalence data will also be captured from these households using rapid diagnostic tests (RDTs)



NATNETS - a public-private partnership

PUBLIC SECTOR

ENABLING ENVIRONMENT

- Coordination and financing
- Regulatory aspects (insecticide)
- Standards (netting) and consumer protection
- Taxes and tariffs

DEMAND CREATION

- Generic promotion

NON-GOVERNMENTAL ORGAN.

TARGETED SUBSIDY

Vouchers distributed through MCH clinics to every pregnant woman (1.4 mio per year) and every infant; \$ 2.5 discount on an ITN in any shop

PRIVATE SECTOR

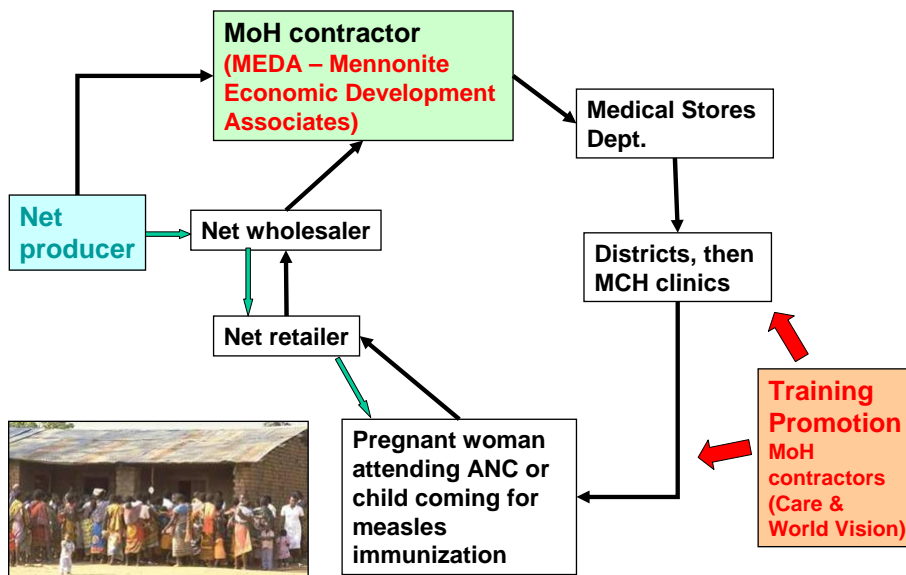
SUPPLY

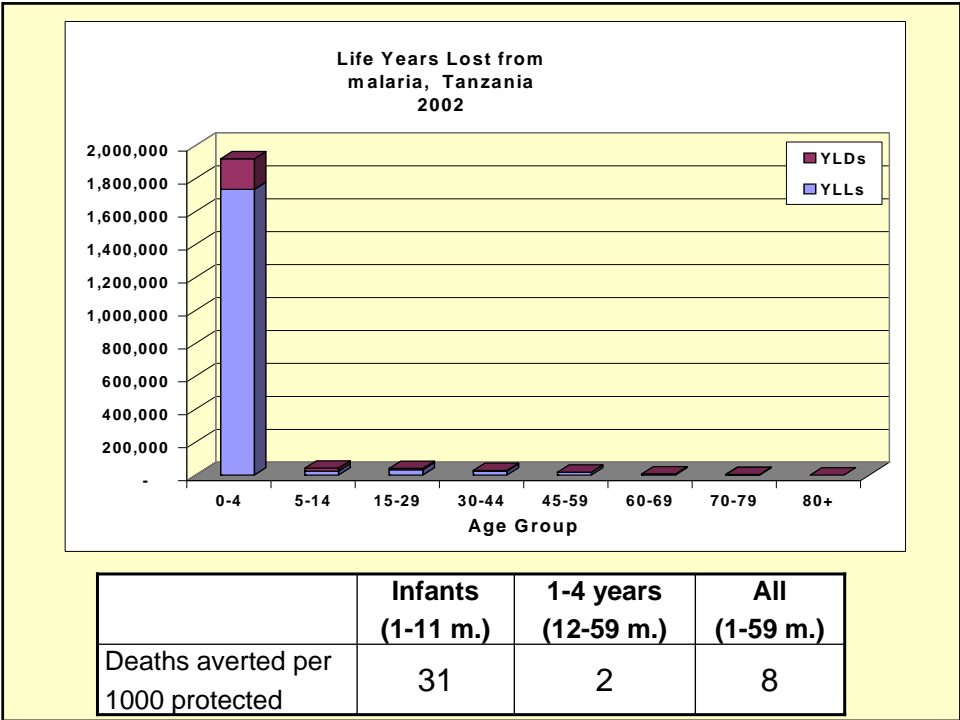
- Production of nets
- Product innovation
- Wholesaling] **Distribution**
- Retailing]
- Branded advertisement

Supported by **SMARTNET**:

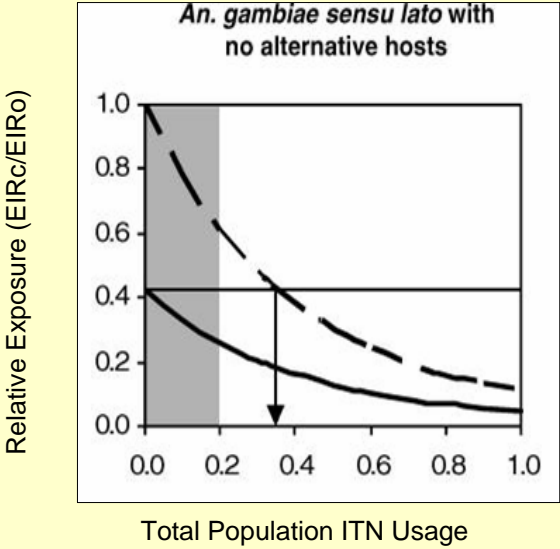
- Sponsored advertisements
- Highly subsidized insecticide
- Transport subsidies
- Technology transfer
- Interactions with government

Tanzania National Voucher Scheme (TNVS)





Personal protection and the mass-effect



Source: Killeen *et al*
PLoS Med. 2007

ITNs: Current main implementation models

Public sector

1. Free distribution of ITNs through health facilities and community groups (Eritrea).
2. Free distribution of ITNs to U5 in the frame of vaccination campaigns (Ghana, Togo, Zambia, Niger, Mozambique, Kenya, Rwanda) or to entire population in separate mass campaigns (Ethiopia).

Commercial / mixed

-
3. A comprehensive market approach (NETMARK project in Senegal, Mali, Ghana Nigeria, Mozambique, Uganda, Zambia, Ethiopia) – with and without subsidies.
 4. Social marketing (Malawi, Kenya) – with subsidized ANC sales, with and without product distribution.
 5. Integrated (**Tanzania**): commercial sector distribution, social marketing with no product distribution and vouchers for pregnant women and infants.