

ITN Quarterly Report

Editorial

This is the last ITN quarterly prepared by Lorenzo Witherspoon, who left the malaria world to join TB in July. We wish him good luck and success for this new venture.

Taxes and tariffs have long been identified as a potential impediment to ITNs affordability to the poor. Accordingly, the Heads of States committed in the Abuja Declaration to reduce or suppress them. However, progress in this area has been disappointing, and it is time now to mobilize more energy to achieve results. MMSS is mobilized, and working with partners to prepare guidelines on this.

On the bright side, and for the first time, there were more LLINs produced by international institutions than ITNs so far in 2006: the production has increased, and there are good hopes that the shortage situation will progressively be overcome.

Inside this issue:

Kenya Brief

..... P. 2

LLINs update MMSS at WIN

..... P. 3

LLINs Demand curve

..... P. 5

Spotlight on Manufacturers' activities

..... P. 5&6

Issue 4

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Broken Promise? Taxes and Tariffs on Insecticide Treated Mosquito Nets

By **Martin Alilio and Halima Mwenesi, NetMark**

Many countries in Africa still have taxes and tariffs that are affecting the production, distribution and access to ITNs. At the same time, several best practices to address taxes and tariffs exist in the region and can be shared with the goal of harmonizing approaches. Additionally, advocacy tools exist that can stimulate policy dialogue at regional and country levels. One example of such tools is the *MoreNets* computer model developed by the Academy for Educational Development in 2004. *MoreNets* was developed to assist decision makers and planners mobilize support to take action to eliminate tariffs and taxes and to promote ownership and use of ITNs. *MoreNets* model provides a framework for discussion of the benefits of removing taxes and tariffs on ITNs. Such modeling allows for solid quantitative epidemiological and economic data from a multitude of sources in Africa to be used to convince policymakers to change the tariff situation.

Ongoing efforts

To help African countries meet the target of the Abuja declaration for the removal of taxes and tariffs on ITNs RBM partnership has been focusing on advocacy at the regional and country level. The efforts made thus far include:

NetMark and the East, Central and Southern Africa Health Community (ECSA-HC) con-

ducted a regional workshop on taxes and tariffs for the Southern and Eastern Africa. The participants discussed the status of taxes and tariffs on ITNs in the participating countries and analyze opportunities and constraints. The workshop was also used to train "advance" teams to develop advocacy strategies and activities to be implemented in each of the participating countries. The workshop was held in Johannesburg, South Africa in November, 2004 and brought together the public health and tariff experts from Tanzania, Uganda, Democratic Republic of Congo, Burundi, Ethiopia, Malawi, Zimbabwe, and the participants from the East, Central and Southern African Health Community (ECSA) and the Africa Regional office of the World Health Organization (WHO) and the Southern Africa Malaria Coalition (SAMC).

More recently, NetMark in collaboration with West African Health Organization (WAHO) organized a similar workshop for the west African region which brought together public health and tariff experts from Benin, Burkina Faso, Cameroon, Ghana, Nigeria, Niger, Togo, Sierra Leone; and the participants from the Action for West Africa Region Reproductive Health and Child Survival Project (AWARE-RH), Academy for Educational Development (AED), The Economic Community of West African States (ECOWAS), United States Agency for Inter-

national Development (USAID). The workshop held in Accra, Ghana, in September 2005.

NetMark has also been training key stakeholders on advocacy at the country level. In September, 2005 for example, NetMark in collaboration with other RBM partners organized a training Bujumbura where participants were introduced and used the *MoreNets* computer model to lobby the policy makers to remove taxes and tariffs on ITNs in Burundi. The workshop involved parliamentarians, officials from the ministries of health, commerce and industry, finance, planning and reconstruction, National solidarity, human rights and gender, delegates from UN agencies (WHO and UNICEF); and delegates from NGOs within the country.

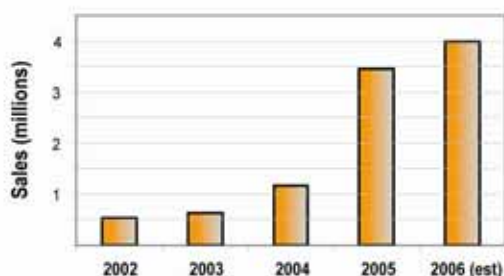
These regional and country specific workshops were convened to review the progress achieved toward the implementation of the Abuja Summit resolution on taxes and tariffs and discussed advocacy strategies to put the issue back onto the global public health agenda and received funding support from USAID through the USAID's Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA) and The USAID's West Africa Regional Program (WARP).

<http://netmarkafrica.org/Policy/netmark.html>

Kenya Brief: by PSI Malaria Control: Mosquito net coverage of vulnerable groups reaches 50% in Kenya

Nationwide distribution of up to 3.5 million insecticide treated nets (ITNs) per year has led to a rapid increase in coverage of vulnerable groups in the malaria endemic provinces of Kenya. By targeting heavily subsidized ITNs to vulnerable groups attending antenatal clinics (ANCs), as well as promoting sales through the commercial sector, coverage has reached 46% of children under five and 50% of pregnant women in three key malaria endemic provinces.

Fig 1. Kenya ITN programme sales (2002-2006)



An intensive ITN delivery programme implemented by the Kenyan Ministry of Health and PSI/Kenya is proving highly successful. The programme, which is the largest of its kind in the world, was launched in 2002 with funding from the British Department for International Development (DFID) and the US Agency for International Development (USAID).

After four years of programme activity, several studies are showing a dramatic increase in ITN use among pregnant women and children under 5 years (See Figure 2). A survey conducted by the Kenya Medical Research Institute/Wellcome Trust collaborative programme in 2005 also showed an increase in children under 5 sleeping under a treated net from 3% in 2002 to 24% in 2005. "In light of this dramatic increase Kenya is on track to achieve the 2010 Abuja ITN coverage target" says Prof. Bob Snow who conducted the study.

THE KENYA ITN DELIVERY MODEL

Over 6 million ITNs were delivered nationwide between 2002 and 2005, and approximately 4 million more are targeted for delivery in 2006 (See Fig 1). Of the nets delivered so far, 42% were long lasting insecticidal nets (LLINs) and 85% of those delivered from now on will be LLINs.

This programme demonstrates that with the right partnerships and an effective and responsive delivery strategy, rapid increases in net coverage amongst vulnerable groups can be achieved and sustained. A key lesson of success is the development of an appropriate strategy that makes best use of the comparative advantages of different partners; public sector, commercial sector, and NGOs/FBOs.

The delivery strategy utilizes public and private outlets. Pregnant women and children under 5 years can access ITNs at a heavily subsidized price (US\$0.60) through health facilities (antenatal clinics). People living in high risk rural areas may access

ITNs for the subsidized price of US\$1.20 through rural shops or NGOs, and those living in more prosperous urban centers may purchase nets in the commercial sector for about USD\$4.

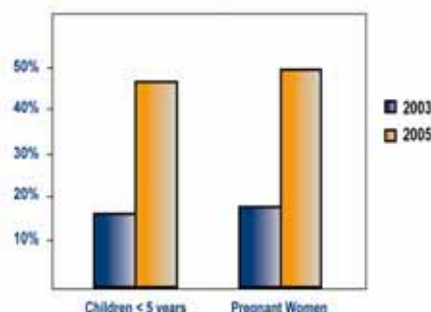
Key lessons learnt from the program include:

- **Coordinated partnership is essential**
- **Building capacity among healthcare providers provides a backbone to the system**
- **Expanding and improving commercial sector ITN delivery complements the public sector by allowing increasing outlets, and developing private sector markets**
- **NGO partnerships further expand ITN delivery to target those in the most remote areas, and who might find the subsidized price a barrier.**

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Fig 2. Percentage of vulnerable groups in three endemic provinces protected the previous night by a mosquito net



Notes:

2003 data is from DHS, compiled for Coast, Western and Nyanza Provinces

2005 data is from a PSI national survey of 3,192 respondents. Results presented for Coast, Western, and Nyanza Provinces

LLINs Production & Availability Update Q 2+3 -2006

Worldwide Olyset® Manufacturing and Supply Position		
Month (2006)	Manufacturing capacity (number of nets)	Percentage of capacity covered by confirmed order in hand on 31.03.2006
April	1.2 Million	100%
May	1.3 Million	80%
June	1.5 Million	100%
July	1.5 Million	85%
August	1.5 Million	60%
September	1.5 Million	60%

Worldwide Permanet® 2.0. Manufacturing and Supply Position		
Month (2006)	Manufacturing capacity (number of nets)	Percentage of capacity covered by confirmed order in hand on 7.04.2006
April	3.19 Million	100%
May	3.34 Million	95%
June	3.80 Million	82%
July	3.85 Million	53%
August	3.96 Million	61%
September	3.96 Million	58%

MMSS at Working Group for ITNs (WIN) - Basel, Switzerland

MMSS participated in a recent meeting of the *Roll Back Malaria Partnership's Working Group for ITN scale-up (WIN)* in Basel, Switzerland, March 1-3, 2006. This WIN meeting was attended by 50 representatives of endemic countries, the private sector, the research community, the NGO community as well as WHO, UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The meeting provided the partnership with an opportunity: to share the latest information on progress in national scale-up ITN (and especially LLIN) coverage; to identify current bottle-necks in supply and

demand, and to refine strategic directions and update the partnership's work plan. Substantial recent ITN and LLIN coverage gains were reported for a number of countries including Togo, Niger, Malawi, Kenya, Tanzania and Papua New Guinea. These national achievements used diverse delivery models recommended in the latest edition of the RBM Strategic Framework for Scaling-up ITNs including mass distribution campaigns, direct distribution, social marketing and targeted vouchers. Considerable progress had also been made in integrating ITN delivery with other programs such as

ante-natal care and immunization. The meeting heard from the private sector that supply-side issues were resolving quickly as substantially increased LLIN production was approaching and possibly exceeding current demand. In recognition of the growing interest in some countries to apply indoor residual spraying, the working group decided to expand membership to examine best practices for strategic scale-up of IRS where warranted. The new name of the group is now the *RBM Partnership Working Group for Scalable Malaria Vector Control*.

Update on Nets Funding and Procurement

WHO Sub-Region	Country	Total Minimum Need (1)	Total Global Need (2)	Total ITN/LLIN financed (#, 2005-2007) (3)	Total ITNs or LLINs procured from January 2006 to August 2006	Funded nets (ITNs or LLINs) still to purchase	MINIMUM GAP (part of the total minimum need not funded yet) (4)	MINIMUM GAP PERCENTAGE	GLOBAL GAP (part of the global need not funded yet)	GLOBAL GAP PERCENTAGE	
Africa - East	Burundi	1'452'990	6'604'500	1'354'013	573'849	780'164	98'977	7%	5'250'487	79%	
	Comoros	163'800	819'000	89'750	0	89'750	74'050	45%	729'250	89%	
	Djibouti	135'265	711'920	15'000	0	15'000	120'265	89%	696'920	98%	
	Eritrea	952'182	4'534'200	148'200	619'871	0	803'982	84%	4'386'000	97%	
	Ethiopia	10'654'695	50'736'640	8'644'291	7'942'168	702'123	20'104'040	19%	42'092'349	83%	
	Kenya	5731'690	27'293'760	18'154'200	10'920'000	7'234'200	0	91'39'560	33%	0	
	Rwanda	1'301'194	6'196'160	1'439'674	2'807'272	0	0	4'756'486	77%	0	
	Somalia	1'658'427	7'210'550	1'153'500	300'000	853'500	504'927	30%	6'057'050	84%	
	Sudan (North)	2'367'170	13'924'530	333'333	0	333'333	2'033'837	86%	13'591'197	98%	
	Sudan (South)	706'692	4'157'010	873'766	515'000	358'766	0	3'283'244	79%	0	
	Uganda	7'196'452	27'678'660	2'734'475	4'538'704	0	4'461'977	62%	24'944'185	90%	
	UR Tanzania (+Zanzibar)	7'695'744	38'478'720	2'020'523	670'858	1'349'665	5'675'221	74%	36'458'197	95%	
	Angola	3891'413	16'214'220	3'077'809	2'397'847	679'962	813'604	21%	13'136'411	81%	
	Boswana	106'020	706'800	0	0	0	106'020	100%	706'800	100%	
Africa - Southern	Madagascar	3'852'173	18'343'680	4'554'552	5'795'747	0	0	74%	13'789'128	75%	
	Malawi	2'867'773	13'035'330	8'516'685	1'985'965	6'530'720	0	21%	4'518'645	35%	
	Mozambique	4'237'590	20'179'000	2'653'231	789'022	1'864'209	1'584'359	37%	17'525'769	87%	
	Namibia	217'431	1'358'940	393'205	6'079	387'126	0	62%	965'735	71%	
	South Africa	621'400	4'780'000	0	0	0	621'400	100%	4'780'000	100%	
	Swaziland	49'632	310'200	10'000	0	10'000	39'632	80%	300'200	97%	
	Zambia	2'466'942	11'747'340	5'869'993	3'414'601	2'455'392	0	100%	5'877'347	50%	
	Zimbabwe	1'047'520	6'547'000	898'140	205'815	692'325	149'380	14%	5'648'860	86%	
	TOTAL		59'374'195	281'568'160	62'934'340	43'482'798	24'336'235	19'098'035	32%	218'633'820	78%

Sources: compilation of figures from The Global Fund to fight AIDS, Tuberculosis and Malaria, the Roll Back Malaria Department of the World Health Organization, World Health Organization Global Atlas, and partners of Malaria Medicines and Supplies Services.

(1) = Total vulnerable population at risk; pregnant women and children under 5 years of age living in malarious areas

(2) = Global need = total population at risk, equals to total population living in malarious area in the country

(3) = addition of The Global Fund to fight AIDS, Tuberculosis and Malaria funds + other identified sources

(4) = Note that this gap remains theoretical; LLINs or ITNs have been procured, but it is not certain that they have been distributed to population at risk in priority.

Data from the two other African subregions can be found in the previous issue of MMSS ITN Report (see <http://www.rollbackmalaria.org/>), under Malaria Medicines & Supplies Services and Document library).

LLIN Demand curve

	Manufacturing (& Sales) Perspective	Highly Subsidized/Social Marketing Perspective	Institutional Buyer Perspective	Distribution Perspective
Size	190(w)×180(l)×150(h)	160(w)×180(l)×150(h)	150(h)×180(l)×190(w) - with occasional requests for child and extra large sizes	160(w)×180(l)×150(h)
Shape	Rectangular	Rectangular	Rectangular	Rectangular
Colors	White & Blue	White	White	White
Weaving	Traditionally 75 denier, but 100 in past 12 months	100 denier	75 denier (90%)	75 denier

Sumitomo Chemical donates bed nets!

Sumitomo Chemical has donated over 330,000 Olyset® anti-malaria bed nets – worth around \$2 million – to the Millennium Villages in sub-Saharan Africa, enabling at least half a million people to be protected from exposure to malaria. Millennium Villages are at the heart of Millennium Promise, a non-profit organization focused on the eradication of extreme poverty.

Sumitomo Chemical has committed over 330,000 of its ground-breaking Olyset anti-malaria bed-nets (worth approximately \$2 million) to the Millennium Villages project in Africa. One hundred villages with individual populations of around 5,000 people will each receive the nets, protecting around half a million people from the threat of malaria. The Millennium Villages are located in ten different countries: Ethiopia, Ghana, Kenya,

Malawi, Mali, Nigeria, Rwanda, Senegal, Tanzania and Uganda.

Sumitomo's Olyset Net is guaranteed to last for at least five years without need of treatment. It is tough, tear-proof and completely washable, and offers maximum ventilation for optimum protection and comfort.

Millennium Villages are at the heart of Millennium Promise, a non-profit organization focused on the eradication of extreme poverty.

"Millennium Promise is an exciting and innovative project and we are very proud to be associated with it," commented Hiromasa Yonekura, President of Sumitomo Chemical.

"Our deep corporate social commitment to assist the global fight against malaria is fully in line with the noble goals of Millennium Promise."

Professor Jeffrey Sachs, co-chairman of the Millennium Promise, added: "The longevity and Sumitomo guarantee that comes with Olyset provides real hope that the families who receive them will be protected from malaria for many years to come. Having Sumitomo and its Olyset technology on board is integral to our strategy in tackling malaria head on to improve the quality of life in Africa and help break the vicious circle of poverty."

For more information about Sumitomo Chemical's Global Vector Control, please visit <http://www.SumiVector.com>

For more information about Millennium Promise, please visit <http://www.millenniumpromise.org>.



These photos are from the maternity unit in Inhambane hospital where nets were provided by the programme to cover the maternity beds. The Malaria Consortium and the District Health staff spent a day in the hospital with a drill, some nails and string and ensured that each maternity bed had a usable net suspended over it.

Vestergaard-Frandsen Supports World Swim For Malaria

By Rob Maher

Good Numbers

250,000 sponsored swimmers in more than 150 countries; the first US\$1m in the bank – enough to buy 200,000 long lasting insecticidal nets (LLINs); and the first 31,000 LLINs about to be distributed.

Those numbers make better reading than ‘the equivalent of seven jumbo jets full of children dying from malaria every day’, as Rob Mather, the founder of World Swim For Malaria, puts it.

“Most people have no idea this is the daily death toll from malaria. When they find out it shocks them. I have 4 children under 7 years of age and the thought of one of my children curled up in a foetal position about to die from malaria for the want of a mosquito net makes me very angry. It made me want to get a lot of people to swim.”

“I’m not paying you”

World Swim for Malaria (WSM) was launched by Mather on 3rd Dec 2005 with a quarter of a million people swimming in more than 150 countries. That makes it the world’s largest ever participatory swim. It runs until 3rd June so there is still time to take part if you haven’t yet.

Not a bad effort given WSM is run from the front room of Mather’s house in London. Global staff: one.

“It certainly helps keep overheads down” Mather says with a smile. “The few costs we do have are covered by a group of private donors and many organisations have been terrific in helping us for free. That’s how we achieve 100% of the money raised buying nets; a simple message that people understand.”

“I’m shameless” he says with another grin “I have approached organisations asking for help and I’m very polite but I say ‘I’m not paying you; I know who needs the money more than we do.’”

The tactic seems to have worked. Mather has gained significant support from a host of organisations around the world including PriceWaterhouseCoopers (global accounting), Microsoft (technology), Citibank (banking), Speedo (marketing), DHL (logistics) and Vestergaard Frandsen. This is a grassroots initiative that is gaining support by the day and is an interesting blend of entrepreneurial energy and corporate support.

Mikkel Vestergaard Frandsen, Chief Executive at Vestergaard Frandsen: “Rob called me and asked if Vestergaard Frandsen would help with three things: some central financial support; several thousand free nets which would be sent to swims so children in particular could see what they were swimming for; and lastly he asked if all of us at Vestergaard Frandsen would swim. We said yes to all three.”

Mather says he hopes other net manufacturers will offer support too.

Good Result

LLINs are the focus of what WSM are doing because, as Mather puts it “sleeping under a mosquito net is the single most effective way of preventing malaria.”

“The first 31,000 LLINs will be distributed in the next few weeks through 13 distributions in 10 countries being handled by the Red Cross. More distributions will follow.”

“Transparency is at the heart of what we are doing. All of the net distribution programmes will be

listed on the WSM website so everyone can see what is happening with their money. We list every dollar in and every dollar out. Nets will end up over heads and beds and we will prove it.”

And it’s fun

Taking part is meant to be easy and fun. There is even a way of raising money and never having to collect it.

“There are no rules to stop people participating.” Mather says. “It doesn’t matter if there are 3, 33 or 103 of you swimming. There is no fixed distance you have to swim, no fixed day you have to swim, no fixed amount of money you have to raise. Some may choose to swim a kilometre, others a few lengths. Frankly if you want to walk up and down the length of a pool that’s fine by me. You get the idea. It’s *your* swim, you decide.”

“And it’s certainly about having fun. Search for ‘Team Salad Dodger’ on the website and read what they have done! The online **SponsorMe!** facility allows people to create what is effectively an online sponsorship form – which means you never have to collect any money from sponsors and you get sent an email when anyone sponsors you which is fun.”

“All we ask is people register on the WSM website and put a dot on the map for where they are in the world so we can all see who is swimming.”

You?

The big swim runs until 3rd June 2006 so, if you have not yet swum, you still have time to ‘Register. Swim. Be counted.’ M2S2 have registered a swim. And you?

www.WorldSwimForMalaria.com
‘Register. Swim. Be counted.’



**MALARIA
MEDICINES &
SUPPLIES SERVICES**

RBM Partnership Secretariat
Hosted by
World Health Organization
CH-1211 Geneva 27
Switzerland

**More information & data on:
<http://rbm.who.int/mmss>**

MMSS Services & Activities:
Manufacturer Liaison
Supply Advisory Services
Procurement and Supply
Management Plan Assistance
Supplier Development
Supply & Demand Forecasting
Needs Assessment
Identification
Resource Tracking
Industry & Market Intelligence
Technology Transfer
PPP Advisory
Investment Advisory
Donor Assistance & Liaison
Country Support
Partners Advisory

Niger conducts an integrated polio-malaria campaign resulting in a targeted distribution of 2,265,000 long-lasting insecticidal nets (LLINs).

After two years of fund raising undertaken by the International Federation of Red Cross and Red Crescent societies and the Canadian Red Cross and five and a half months of intense preparations, the National Malaria Control and the Polio Eradication programmes of Niger jointly carried out what is so far the largest mass distribution of long lasting insecticidal nets (LLIN) ever undertaken.

Between 19 and 24 December 2005, over 2,000,000 LLINs could be distributed at 3850 distribution sites all throughout the country. Access to the sites was provided at a maximum of 5 km distance from any of the roughly 10,000 villages of Niger, spread over an area twice as large as France. As first step, over 16,000 vaccinators delivered the polio vaccine door to door. Then they targeted the mosquito net distribution by entitling the mothers of the vaccinated children to receive one LLIN each. The entitlement was documented by means of a marking on the left thumb with indelible ink and by a voucher with instructions where to collect the LLIN free of charge.

Thus encouraged the mothers went on their journey to redeem their LLIN. Upon arrival at the site the opposite

thumb was marked as well and the voucher exchanged against the LLIN. The interest of the mothers in obtaining the nets was so high that security was the biggest concern at the distribution sites. Good preparations at these sites made sure of discipline which resulted in speedy delivery in dignified conditions. In the end ninety five percent of the mothers identified succeeded in receiving their net.

The success of Niger polio malaria project was made possible by a large national and international partnership. The necessary funding, cumulatively over \$US15,000,000, was provided by GFATM and CIDA, Rotary International and others. The main implementing agencies directly supporting the Ministry of Health were IFRC, WHO, UNICEF and the Red Cross Societies of Canada, Norway and Niger. A thorough scientific evaluation is now being conducted with the support of CDC and CERMES, a member of the International network of Pasteur Institutes.

Through a series of surveys this evaluation will now assess coverage, correct use and disease impact of the intervention. But it can already be concluded that it was an enormous success logistically. This operation has proven that similar large scale interventions are feasible, even in large countries in Africa with fragile infrastructures. A number of countries have approached this partnership to extend its support to their country. Already similar large-scale interventions have been carried out in Togo and Mozambique or are approaching their final preparation stages, as in Angola and Sierra Leone. More countries are expected to join this new partnership of malaria and EPI, as more funding is now being identified and new vaccination campaign opportunities arise in 2007 and 2008.

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Logistics: important and challenging!