PSI Malaria Control Update

WIN Meeting, Basel Switzerland
October 24 – 26, 2007
Our Vision

National governments and donors view PSI as a key partner in implementing ITN and ACT programs in malaria endemic countries. They request our technical support for policy development, planning and implementation. They utilize our capacity to distribute appropriately packaged products through multiple channels at national scale and to promote appropriate malaria prevention and treatment behavior amongst vulnerable groups.
What does this mean?

• Every country has a “context”
• Challenge is reaching malaria control targets within the prevailing environment
• PSI programs work with NMCP and partners to develop sound strategic plan to achieve maximum coverage
• PSI programs work with NMCP partners to scale up interventions
What does it look like?

- Programs are tailored to suit the specific country context
- Mix typically includes mass distribution for rapid scale up in coverage supplemented by ANC / private sector engagement for “keep up”
- PSI supports each of these strategies in different places
Mali: Mass Distribution

- The MoH delivered 200,000 LLINs through integrated campaign in 2 regions in July 2007
- Results: Post campaign coverage shows ~80% of under 5’s slept under a campaign net the night before
- From December will deliver 2 million LLINs to remaining 7 regions
- Partners: NMCP, UNICEF, USAID, WHO, Hellen Keller Intl
- Other programs: Rwanda, Uganda, DRC, Sudan, Tanzania; planning stages for additional countries with M&M
Kenya: Expanding ANC Delivery

- PSI/K shifting from highly subsidized to free delivery through ANCs in 53 districts
- Close coordination with MoH
- Goes beyond “net delivery”
- Other programs: 17 countries
Madagascar: Private Sector

• Complementary distribution strategy in Madagascar:
  – MoH dist. of free nets to PWUF through health centers and campaigns
  – PSI dist. through two channels (target = PWUF):
    • Traditional commercial sector: +5k sales points nationally (55% of distribution)
    • Community Health Agents: +5k CHAs in endemic zones (45% of distribution)

• Benefits
  – Inc. health impact, rural penetration, equity of coverage (TRaC)
  – Income generation for incentivized CHAs, +2 million PSI nets since Jan 2004
Challenges

• Mixed messages

• Reinforcing good “keep up” systems while scaling up through “catch up”
A few words on Kenya…

• CDC study completed and findings presented
• Looking at bednet ownership and usage pre/post campaign
• Targeted 100 villages in 20 districts
Conclusions / Next Steps

• Many groups have every right to be proud of their efforts.
• The survey teams
  – Consistent, valid results.
• PSI/Social Marketing Efforts: Achieved good coverage – pre-survey ITN ownership was close to 40%
• The Distribution team: a third of all nets owned in Kenya are campaign nets.
  – 2/3rds of target population came to get nets.
Conclusions / Next Steps

• The job is not finished – the Abuja target is 80%
• More Nets need to be distributed.
• Need to begin IEC campaign, emphasizing importance of hanging and sleeping under ITN every night, especially under 5s and pregnant women.
• Have LLIN and conventional net trade outs?
• Need to find out why campaign nets are not being hung, develop an intervention
• Need to consider when the next Evaluation survey should be, given future activities.