Prioritization for ITN distribution in resource-constrained settings

Melanie Renshaw
How Countries prioritized their Malaria interventions for GF Funding 2014-2016

<table>
<thead>
<tr>
<th>PRIORITY LEVEL</th>
<th>Public sector facility-based case management</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Universal coverage with vector control (IRS or LLINs with standard tools)</td>
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<tr>
<td>TOP</td>
<td></td>
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<tr>
<td>HIGH</td>
<td>Severe malaria</td>
</tr>
<tr>
<td></td>
<td>Surveillance / monitoring and evaluation</td>
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<td></td>
<td>IPTp</td>
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<tr>
<td>HIGHER-MIDDLE</td>
<td>iCCM</td>
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<tr>
<td>LOWER-MIDDLE</td>
<td>Private sector case management</td>
</tr>
<tr>
<td></td>
<td>SMC</td>
</tr>
<tr>
<td></td>
<td>(for Sahel sub-region countries)</td>
</tr>
<tr>
<td>LOWEST</td>
<td>Larval control</td>
</tr>
</tbody>
</table>
Value of Global Fund NFM support to main malaria control interventions

Total malaria funding confirmed by Oct 2016 under the NFM: $3.4 B
Value of Global Fund NFM support: Above Allocation

Total value of above allocation and incremental funding awards made by Dec 2016 under the NFM: $571.2 M
Vector Control

Total vector control funding confirmed by Oct 2016 under the NFM: $1.5 B

- LLINs - campaign
- LLINs - continuous distribution
- IRS
- IEC/BCC for vector control
- Entomological monitoring
- Other vector control approaches

$966.0 M
$271.6 M
$204.6 M
$14.3 M
$18.3 M
$23.1 M
Vector Control Prioritisation

• Guidance provided to countries included:
  • Ensure universal coverage is sustained and consider frontloading where necessary – maintain the scope and scale of GF funding
  • All populations at risk of malaria transmission should be covered by either IRS or LLINs
  • Ensure equal prioritization for continuous distribution (through ANC and EPI as a minimum) and through mass distribution campaigns where households are provided sufficient LLINs for their household needs every three years.
  • Countries gave equal prioritization to continuous distribution & campaign distribution needs
  • Some countries maintained the scale of their specific intervention requests at the same level as in previous GF proposals i.e. if the GF had only ever contributed a certain percentage to an LLIN campaign, the country maintained this level in the concept note.
Vector Control Prioritisation

• Countries with incompletely funded campaigns had 3 main options:
  1. conduct campaigns in all target regions but only distribute to the most vulnerable groups (e.g. children under five and pregnant women);
  2. reduce the number of LLINs per household, or,
  3. conduct universal coverage campaigns in fewer geographical areas.

• 1 country reduced campaign coverage

• All other countries chose approach 3; retaining universal coverage as the firm goal and making concerted—and in many cases successful—efforts to secure additional funding to fill geographical gaps.

• Countries targeting campaigns to geographical areas prioritized the highest burden areas first. Most countries considered this the best way to both ensure that the most vulnerable are protected first, and the most pragmatic approach to allow coverage to be completed when sufficient funding is secured, i.e. uncovered regions can then be covered, rather than having to conduct subsequent campaigns in regions to top up previous partial population coverage.
• Some countries included overlapping IRS and LLINs in their proposed approach for allocation funds, despite having insufficient funds overall for vector control; in most cases the TRP and GAC reviews led to some adjustments.

• Non-standard LLIN specifications are more expensive and mean LLIN gaps cannot be as easily closed. Whilst some countries presented a plan to procure non-standard LLINs in response to perceived cultural preferences, the Global Fund’s technical team consistently recommended a move to standard specifications to allow more of the population to be covered. This is now a policy at the GF.
What next?

• 2018-2020 malaria allocation leaves a number of countries that will not be able to sustain the scope and scale of GF financed coverage of LLINs through the concept notes leaving an estimated shortfall of 75 million LLINs

• Projecting forward from the Africa country gap analysis, GF allocation and current levels of domestic and bilateral support:

<table>
<thead>
<tr>
<th>Country</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>227,662,191</td>
<td>230,283,983</td>
<td>225,084,329</td>
<td>256,197,610</td>
</tr>
<tr>
<td>Financed</td>
<td>189,576,219</td>
<td>196,661,551</td>
<td>119,007,913</td>
<td>108,387,380</td>
</tr>
<tr>
<td>Gap</td>
<td>38,085,973</td>
<td>33,622,432</td>
<td>106,076,416</td>
<td>147,810,230</td>
</tr>
</tbody>
</table>
What next?

- CRSPC is recommending once more front loading of resources to fill immediate gaps, providing time to fill later gaps in 2020.
- These gaps will be expressed through the “Prioritized Above Allocation Request (PAAR)” to allow the immediate reprogramming of savings during grant making and programming of additional resources freed up through the portfolio optimisation process throughout the grant cycle.
- Additional resource mobilization support will be provided.
How countries prioritized malaria control interventions:

_A review of recipients' decisions under the Global Fund’s New Funding Model, 2014-2017_

African Leaders Malaria Alliance, 2016