



**Minutes of the
Second Meeting of the RBM Partnership
Working Group on Scaling-up Insecticide Treated
Materials
(WIN)**

**Nairobi, Kenya
1-3 February, 2005**



Collected Recommendations & Observations

For RBM WIN and Other Working Groups

- Linkages between RBM Working Groups (WGs) require strengthening. This can be achieved through members' joint representation on more than one WG. It was proposed that WIN be represented on the Malaria in Pregnancy WG. In addition, opportunities for improved information sharing, including the potential for meetings between WG Chairs should be explored.
- Communication and information exchange between WIN and sub-regional networks and country partnerships requires strengthening. It was proposed that WG Chairs should be included on sub-regional network mailing lists to receive updates and products, for example the EARN Annual Report.
- WIN has produced several high quality outputs but dissemination and adoption of these products by the media, some members of the RBM partnership and national and international decision-makers has not been effective. WIN will examine ways to package and disseminate its products in a more user-friendly and effective manner. This will be addressed by broadening the remit of the sub-group on strategic frameworks to include support for communication and advocacy. However, all members of the RBM Partnership (Secretariat, working groups, sub-regional networks, country partnerships) have a role to play.
- Consensus was reached on the final version of the second edition of the Strategic Framework and incorporates the concerns of countries and some partners that it was unbalanced between public and commercial sector distribution models. The Strategic Framework will be finalised by end of February 2005
- WIN will prepare a synthesis of evidence on cost-effectiveness and feasibility of indoor residual spraying (IRS)
- WIN will document demand creation, local production, and net coverage in relation to tax and tariff regimes across sub-Saharan Africa
- The proposal to create an additional WIN satellite group to examine quality assurance and quality control issues for ITNs and LLINs was adopted.
- WIN should clearly articulate its role within the overall M&E framework and discuss this with MERG, the other WGs, and the RBM Board
- WIN will prepare the proposed Research Agenda for ITNs (Annex 2) for circulation to sub-regional networks and others for follow-up with countries in order to gain consensus. The finalised research agenda will then be submitted to the RBM Partnership Secretariat and the RBM Board to explore funding opportunities for those areas not funded. The followup of these activities will be assured by the M&E satellite group.
- The potential role of ITN "champions" to promote ITNs and LLINs, along the line of UNICEF Ambassadors was felt to be worthy of further exploration.

For RBM Secretariat and RBM Board

- Work plans, proposed products and preliminary budgets were prepared for submission to the RBM Secretariat and RBM Board (Annex 1)
- Reduction and/or removal of taxes and tariffs on ITNs and public health insecticides remains an issue, with only half of the countries having taken positive action to date. The RBM Board is requested to approach the African Union to raise this issue amongst its members
- In support of more effective information dissemination and in recognition of the lack of high-speed internet access in many countries, it was proposed that the entire contents of the RBM website be distributed by RBM on a quarterly basis to countries and partners as a CD-ROM.

For RBM Partners

- Experiences of what works and what does not for ITN scaling-up at national level needs to be collated and effectively disseminated to RBM partners and decision-makers.



For WHO

- WIN suggests that WHO prepare a technical statement for wide dissemination in response to the forthcoming publication of the CDC LLIN (Olyset) paper reporting on net regeneration following washing. WIN agrees that there is no need to revise the existing WHO recommendations on LLINs in response to the findings of the CDC study
- WHO should prepare and disseminate a human and environmental safety statement in relation to LLINs to be released possibly around publication of the Global Malaria Report / Africa Malaria Day
- Malaria is on the agenda of the forthcoming July 2005 Heads of State meeting, providing a clear opportunity for Ministers of Health and others to raise the taxes and tariffs issue. It was proposed that WHO could potentially identify a Minister of Health to raise the issue at the World Health Assembly

For RBM MMSS

- WIN will follow up with Malaria Medicines and Supplies Services (MMSS) and Management Sciences for Health (MSH) on integrated procurement forecasting tools and on the issue of documenting best practices in tendering and procurement of ITNs
- It was proposed that the issue of bid bonds, and their effects on production and supply of ITNs, could be raised with MMSS for follow-up with the World Bank, World Trade Organization (WTO), etc



1 Day One - 01 February 2005

1.1 Session One – Introductory Session

Don de Savigny of the Swiss Tropical Institute and the Chair of WIN, welcomed participants and thanked the RBM Secretariat for organizing, and UNICEF ESARO for hosting the meeting. His welcoming remarks set the stage for the importance of the meeting. Participants were then asked to introduce themselves. This revealed that 35 were in attendance and that a sufficient quorum of representatives of all constituencies were present. Kabir Cham of WHO, Geneva and Co-Chair of WIN, also welcomed participants and expressed his appreciation to UNICEF ESARO for hosting the meeting, and acknowledged representation of the RBM Secretariat in the person of James Banda.

1.1.1 The Working of the Working Groups - James Banda

James Banda of the RBM Secretariat presented the progress and milestones in the establishment and functioning of the RBM working groups, including recommendations and outputs from recent RBM Board Meetings and Teleconferences. James informed participants that the WGs are now officially recognised as organs of RBM and a commitment to fund them has been agreed by the RBM Board. The RBM Board recommended that additional work on refining TORs and roles and responsibilities of the WGs is required. He also called on the WIN to articulate a purpose statement for the Board.

1.1.1.1 Discussion

The suggestion that WIN should be a WG concerned with all aspects of vector control, as proposed at the SAMC Meeting in Gaborone¹, was raised in the light of the RBM Board's request to WIN to produce a statement on IRS. It was felt that the request from the RBM Board for a statement on IRS should be considered as an opportunity to develop closer links with other appropriate vector control interventions within the framework of integrated vector management (IVM). It was agreed that while WIN was established to look at scaling up, rather than technical aspects of interventions, there exists considerable scope for including a consideration of other vector control strategies within the scaling-up framework. The diverse membership of WIN facilitates a broad-based approach to the issues of scaling-up, including technical, social, and economic aspects as well as partnership and strategic issues. It is indeed important that WIN goes beyond ITN/LLINs. By giving strategic advice on IRS it will become clear that ITNs and IRS are not conflicting but complementary vector control methods. Hence countries can make better decisions on the type and mix of vector control interventions that is most locally appropriate to reach MDGs.

1.1.2 Overview of WIN Progress and Products: - Don de Savigny

Don de Savigny reminded the WIN of RBM's global mission for working groups, and the current Terms of Reference for the WIN (Boxes 1 and 2). He then gave a quick overview of progress in the 16 months since the first WIN meeting. He pointed out that despite the earlier uncertainty over RBM Board approval of the first year's Workplan, and the lack of formal funding of the plan, that the WIN had persevered through the strength of the partners to deliver on most of the planned products. These included publication on the RBM Partners' website and/or other distribution mechanisms of two consensus statements (ITNs & IRS; ITNs in Pregnancy) and two resource documents (Targeted Subsidies; Business Plan for LLINs); a major meeting of the private and public sectors to advance the strategic business model for LLINs; assistance at the launch of the first African production of Olyset nets (A-Z Textiles); evaluation of the acceptability of Olyset nets; a framework of M&E indicators for scaling up in development; and a partners workshop on taxes & tariffs. He also highlighted the widening scope of work to include strategic advice for IRS scale-up where appropriate, and the role that the WIN had started to play. The current pipeline of products also includes the 2nd Edition of the Strategic Framework, and a derivative guidance document on targeted subsidies, both of which are expected in Q1 of 2005.

¹ "Priorities and Progress Towards Abuja Targets 2005 and Beyond". Southern Africa Joint Consultation and Planning Meeting, 26-30 July 2004, Gaborone, Botswana



Box 1. RBM's Global Mission for Working Groups

- Synthesis and build consensus on strategic issues
- Disseminate consensus statements to SRNs
- Promote use of consensus statements by members
- Advise RBM Board on best practices for scale-up
- Update strategic frameworks regularly
- Develop and promote implementation of WG work-plans
- Provide *ad hoc* guidance and backstopping to SRNs

Box 2. RBM WIN Terms of Reference for assisting ITN and Appropriate Vector Control National Scale-up

- Facilitate consensus on strategies
- Synthesize knowledge and advocate best practices
- Facilitate capacity of RBM SRNs to respond
- Identify emerging implementation research questions
- Contribute to ITN M&E Indicators
- Promote public private partnerships and targeted subsidies for provision of nets and insecticide

1.1.3 Objectives and Outcomes of the Meeting - Kabir Cham

Kabir Cham introduced the provisional objectives and proposed outcomes of the meeting and these were accepted by participants

1.1.3.1 Objectives

- Review progress and products
- Gain consensus and finalize the revised ITN strategic framework document
- Update and support action on key issues of the Business meeting on LLINs
- Review framework on M & E for national scale ITN programmes
- Review and discuss lessons learnt from the response of RBM sub-regional networks
- Outline emerging implementation research questions for large-scale ITN implementation
- Set work plan and budget for 2005

1.1.3.2 Expected Outcomes

- Revised ITN strategic framework finalised
- Key issues from the Business meeting on LLINs reviewed and partnership action plan supported
- Key ITN-related issues for M & E for national ITN scaling-up reviewed
- Improved linkages with sub-regional networks to respond to country needs for national ITN scale-up
- Consensus on priority WIN implementation research issues established and consortium funding strategy explored
- Work plan and budget for 2005 developed

1.1.4 Highlights and Late breaking News from Partners

The WIN Chair moderated a new session this year aimed at engaging everyone early in the meeting in reflecting on recent successes in order to generate a sense of the momentum being experienced in scaling up ITNs. During this session, participants were requested to provide informal updates of



progress, recent developments, and future opportunities. Some key highlights and recent developments are listed below

Cameroon

Recent evidence from Cameroon suggests that their free net treatment campaign has encouraged increased demand for and uptake of nets.

Eritrea

Eritrea has already reached the Abuja target for 2005 exceeding 60% ITNs through a combination of targeted free delivery of nets to vulnerable groups, subsidised sales, and free mass re-treatment campaigns.

Kenya

PSI's ITN programme for heavily subsidised distribution of ITNs through ANC, as per the Malawi model, was launched in November 2004. Very high demand is being experienced and this has led to increases in uptake of other ANC services, including immunisation. More than 300,000 ITNs were delivered in November, and a total of 3 million is expected during 2005.

Malawi

A two-year time-limited system of free net re-treatment campaigns is being integrated into national child health days. To date 1-1.5 million kits have been distributed and a national survey carried out by UNICEF in 2004 reported unconfirmed re-treatment rates of 70%.

Mali

Mali is providing ITNs through a range of channels, including free distribution through ANC services, social marketing, free re-treatment, and commercial sales of re-treatment kits. Broad partnership, including with the private sector has resulted in more than 70% of children being protected, although it is acknowledged that intensive efforts to improve re-treatment rates are still required. Mali has a long-standing history of net use and local production of un-treated nets has played a key role, particularly in the poorest quintile, where 80% of nets are produced by small-scale tailors in local markets.

Tanzania

Statistics from the Tanzania SMARTNET Project showed that in the 18 months since January 2003, Tanzanians purchased 2.3 million unsubsidized nets bundled with insecticide on the commercial market, plus an additional 2.5 million net treatment kits. This means that 8 million households consumed 4.8 million net treatments in the period prior to the introduction of the Tanzania National Voucher Scheme that is detailed in Section 2.1.1.

The Tanzania Essential Health Interventions Project (TEHIP) is now completed after demonstrating in three districts and a population of over 750,000 people, impressive results in reducing under-five mortality by 55% and adult mortality by 18% through support to priority interventions via the health system, including malaria prevention and integrated health care for under-fives. Use of existing tools and modest increases in available resources (US\$ 0.90 per capita) have been demonstrated to achieve significant impact.

Private Sector

The Tanzania private sector reported that ITN production is rapidly increasing, with the opening of several new production facilities and ambitious plans to scale up production, including of new LLIN technologies. Many requests have been received by the RBM Board private sector representative for advice on scaling up production, etc.

Vestergaard Frandsen reported on its aggressive scale-up plan, which will see an extra 150,000 LLINs produced per month bringing its global production to around 2 million nets per month by July 2005, ahead of schedule. New machines have been purchased, more factory space in Viet Nam is being rented and training is being carried out.

Uganda



The Malaria Consortium, East and Southern Africa reported on a highly successful free net re-treatment scheme carried out in Uganda during 2004, in which RBM partners at country level worked together to retreat 480,000 nets through MOH structures and community volunteers in 20/56 districts, achieving 74% re-treatment coverage of existing nets in those districts. The model will be implemented in other countries during 2005, including Zanzibar.

UNICEF

UNICEF reported that it will shortly appoint a new Executive Director and is developing a new health and nutrition strategy, to which partner input will be sought. UNICEF is currently hosting the global child survival partnership secretariat and a World conference on child survival will be held in London in 2005. UNICEF is planning to carry out Multiple Indicator Cluster Surveys (MICS) in more than 30 countries in 2005.

WHO

WHO/UNICEF/IFRC and countries, with support from the Netherlands, are working together to support joint programming of ITN delivery alongside immunisation in Burkina Faso, Guinea Bissau, Mali, The Gambia, Togo, and Madagascar.

It was reported that malaria is on the agenda of WHO's Executive Board and a draft resolution to the World Health Assembly in May 2005 is being prepared. The resolution will recommend 80% coverage of malaria preventive and curative interventions by 2010, and 60% coverage with preventive measures as soon as possible, with a focus on highly subsidised or free interventions.

1.2 Session Two – Satellite Groups

Session Two was concerned with updating participants in greater detail on progress since the previous meeting through full reports from each of the WIN satellite groups.

1.2.1 Strategic and Tactical Frameworks – Melanie Renshaw

Melanie Renshaw reviewed progress in relation to the products and outputs of the WIN, including the Strategic Framework for Scaling-up Insecticide-treated Netting Programmes in Africa, which had attracted significant input from many partners. It had reached its seventeenth draft and was submitted for finalisation during this meeting. WIN statements on ITNs & IRS, and on ITNs in relation to malaria in pregnancy have been developed and disseminated to some extent. The report of the Targeted Subsidies Workshop, held in Lusaka, Zambia, in May 2003 has been finalised and is available on the WIN page of the RBM website at <http://rbm.who.int/partnership>. The derivative guidance document on targeted subsidies aimed at malaria control programme managers and partners is expected to be completed in first quarter 2005. Developing linkages between WIN and other WGs has occurred through WIN members attending the Monitoring and Evaluation Reference Group (MERG) meetings and Malaria in Pregnancy (MIP) meetings, MERG members attending WIN meetings, and collaboration between WIN and the Malaria in Pregnancy WG on the ITN consensus statement. Concerns were raised that the products of WIN have not been disseminated widely enough and absorbed into the consciousness of policy-makers, the media, the general public, and in some cases, even RBM partners. This has resulted in misconceptions and rumours in the press and at other levels that ITNs are not achieving impact at national scale, are not killing mosquitoes and cannot be taken to scale.

1.2.1.1 Discussion

The roles of WIN, the Communications WG, the RBM Secretariat and the wider partnership in disseminating information and getting it adopted and absorbed were discussed. It was agreed that WIN has responsibility to package its products in a more accessible way for policy and decision makers. The potential role of ITN "champions" to promote ITNs and LLINs, along the line of UNICEF Ambassadors was felt to be worthy of further exploration. Full and effective use of global, regional and sub-regional forums to advocate and lobby for ITNs/LLINs is required. It was noted that advocates and lobbyists in other areas, e.g. IRS have been markedly more successful at publicising their agenda than WIN and



other partners involved in ITNs. It was felt that the varied membership of WIN presents a clear opportunity to reach specific target audiences (e.g. WHO and its relationship with Ministers of Health). This issue will be addressed by the expanded Strategic Frameworks sub-group but requires support from the broader partnership.

1.2.2 LLIN Satellite Group - Pierre Guillet

Pierre Guillet presented an update on progress and developments in relation to LLIN technologies. In addition to the two products already provisionally recommended, Olyset and Permanet 2.0, two new products concerned with insecticide coating of net fibres have been submitted to WHOPES (KO-Tab 123 and a product developed by BASF). In addition, two new products concerned with incorporation of insecticide into yarn are at an advanced stage of development. One involves the production of a yarn treated with alphacypermethrin for use by any existing net manufacturer to produce an LLIN. In the second product (DuPont) the insecticide is incorporated into the yarn after extrusion of fibres and knitting of nets and is a post-production process. More than five companies are actively developing other LLIN products

Results obtained by CDC in Kisumu, Kenya show that the permethrin based Olyset LLINs did not regenerate sufficiently fast to maintain efficacy as measured by mosquito mortality/knockdown assessed through WHO cone tests. The CDC results demonstrate a clear discrepancy with WHOPES and other independent studies. Multi-centre studies to determine the extent of the issue are on-going. WHO cone tests are only one method by which efficacy of LLINs can be established. Further standardisation and agreement on appropriate efficacy testing is required and a meeting is being convened by WHO in Geneva in early April 2005, which will include development of a new protocol for Phase 1, 2 and 3 testing.

Permanet 2.0 production capacity is expected to reach 21 million per year by June 2005. Olyset production in China is expected to reach 5 million by mid-2005, with production by AtoZ in Arusha, Tanzania rising to 1.8 million by mid-2005. A gap between demand and production is likely to persist at least during the first six months of 2005. Additional WHOPES approved products are expected in 2006.

Olyset technology transfer to AtoZ Textiles in Arusha was officially launched in November 2004 under the brand name "MagicPower". These nets are available in several colours, shapes and sizes. Initial production utilised a polymer/insecticide masterbatch imported from Japan, but this masterbatch is now being produced locally. In addition, the weight of the nets has been reduced from 50g/m² to 40g/m², which has reduced costs without affecting physical characteristics.

There is strong consumer demand for products that address the issue of nuisance biting by non-vector mosquitoes, including *Culex*. In addition, persistence of nuisance biting can lead to adverse user perceptions on the effectiveness of LLINs, even though they may be effectively controlling vector *Anopheles*.

The frequency of observations of the major pyrethroid resistance gene (*kdr*) is rapidly increasing in West Africa and a response to this is urgently required, although ITNs remain effective even in the face of relatively high resistance due to effects on the mosquito's ability to blood-feed that still reduce the incidence of malaria morbidity as shown in studies in northern Ivory Coast. Current approaches include the use of non-pyrethroid insecticides for net treatment, either alone or in combination with other pyrethroids.

1.2.2.1 Discussion

The major discussion point which arose from the first presentation concerned the imminent publication of the CDC Olyset efficacy results and the need for a published response from WHO. CDC and WHO have already discussed the issue and have agreed that there is no need to revise current recommendations on LLINs to implementing partners, including countries. It was agreed that WIN has a responsibility to address the issue as it relates to scaling up of ITNs. In conclusion, WIN will request WHO to prepare a technical statement in response to the forthcoming publication of the CDC paper.



The statement should ideally be finalised and circulated to key partners before the publication of the CDC article. WIN agrees that there is no need to revise the existing WHO recommendations on LLINs in response to the findings of the CDC study.

Participants confirmed that management of insecticide resistance is increasingly becoming an issue at country level, specifically in relation to culicines in urban settings. It was reported that users, particularly in urban areas in Tanzania and Kenya are already observing a decrease in effectiveness of ITNs against nuisance biting mosquitoes and this could potentially adversely affect efforts to scale up. It was suggested that five years may represent a realistic timeframe during which insecticide resistance will become a serious problem. A proposed solution is the use of non-pyrethroid insecticide or combinations of insecticides for net treatment

1.2.3 Monitoring and Evaluation Working Group – Jayne Webster

Coverage and Equity of Coverage. Jayne Webster presented results of a desk-based study looking at coverage of never-treated and ever-treated nets across socio-economic quintiles obtained from Demographic and Health Surveys (DHS) and MICS. These coverage data were compared with coverage data for routine EPI as a proxy for public sector health delivery programmes designed to maximise coverage and equity.

The hypotheses tested were:

- Public health programmes and projects that distribute mostly treated nets will achieve greater equity of coverage than local commercial markets that sell mostly untreated nets
- Coverage achievable by local commercial markets in untreated nets will be less equitable than that of childhood immunisation through EPI

The following assumptions were adopted in the study:

- The majority of treated nets are distributed through public health programmes and projects
- The majority of untreated nets are distributed through local commercial markets.

Equity was determined by use of a Lorenz Curve Concentration Index and the following results were obtained:

- Coverage of untreated nets and EPI was significantly more equitable than coverage of ITNs across the 26 countries
- Despite marked regional variations, untreated net coverage was comparable in equity to EPI coverage

The study made the following conclusions:

- The public health importance of unsubsidised commercial markets in untreated nets has been underestimated
- To date, untreated nets delivered through commercial markets cover a greater proportion of the population than ITNs delivered through public health programmes and projects
- Untreated nets delivered through commercial markets reach a greater proportion of the poor than ITNs delivered through public health programmes and projects
- Nets sold at commercial prices have achieved equitable and sometimes markedly pro-poor coverage in some countries of West, Central and Sahelian Africa.

1.2.3.1 Discussion

The presentation generated considerable discussion among participants, particularly regarding the conclusions that were drawn from the data. Several participants raised the issue that studies have shown a very poor correlation between reported net treatment and actual net treatment, as determined by insecticide assay. Caution was expressed that we may just be measuring ability of richer owners to report correctly whether or not a net had been treated. The conclusion that free distribution of nets through health systems is not a prerequisite for equitable coverage was challenged. It was noted that the dataset used reflected the situation following the 1999 Dar-es-Salaam International ITNs Conference, when the majority of net distributions in east and southern Africa, even those through



health facilities, were not free and were not specifically designed to address equity. In addition, many of the early interventions were primarily designed to introduce users to what was effectively a new and unfamiliar product and it is recognised that wealthier socio-economic groups tend to adopt new products earlier. It was also noted that the current situation may be very different from that described in the study at the time the DHS and MICS were undertaken.

The identification of appropriate mechanisms to measure changes in equitable distribution is required as poorest:least poor equity ratios, as used in the present study, would not be appropriate for measuring changes in equity over time. It was noted that in several West African countries, the extent of the biting nuisance problem is what drives net ownership and biting nuisance is more of a problem for poorer communities.

Given that ownership of untreated nets is high in many West African countries, even among the poorest quintiles, there is a clear need to treat these nets with insecticide. However, it is not clear what mechanisms would be appropriate to reach these populations, as the study also showed that even free health services, including EPI, are biased towards richer socio-economic quintiles. In addition, the factors motivating individuals to purchase a net from local commercial markets may not apply to net treatment. A potential solution could be pre-treatment of nets prior to distribution through local commercial markets.

1.2.4 Enabling Environments – Halima Mwenesi

Halima Mwenesi, representing NetMark, presented recent efforts to enhance policy dialogue and collaboration for the elimination of taxes and tariffs on ITNs and associated materials. In spite of 43 countries having agreed to reduce and/or waive taxes and tariffs at the Abuja Summit, to date less than half have done so (Figure 1). NetMark, working with AED, ECSA-HC and REDSO in East and Southern Africa and with AED and WARP in West Africa has defined policy change processes, identified key individuals and has identified and “recruited” champions to lead advocacy efforts at national level. A mathematical model has been developed as an advocacy and training tool to demonstrate the potential impact of reduction of T&T on ITN accessibility and utilisation (coverage, effectiveness), public health burden, economic burden, and Government revenue collection returns. Regional workshops on taxes and tariffs have been held and impact assessment studies are being undertaken to assess the impact of reduction/removal of taxes and tariffs on overall ITN programs.

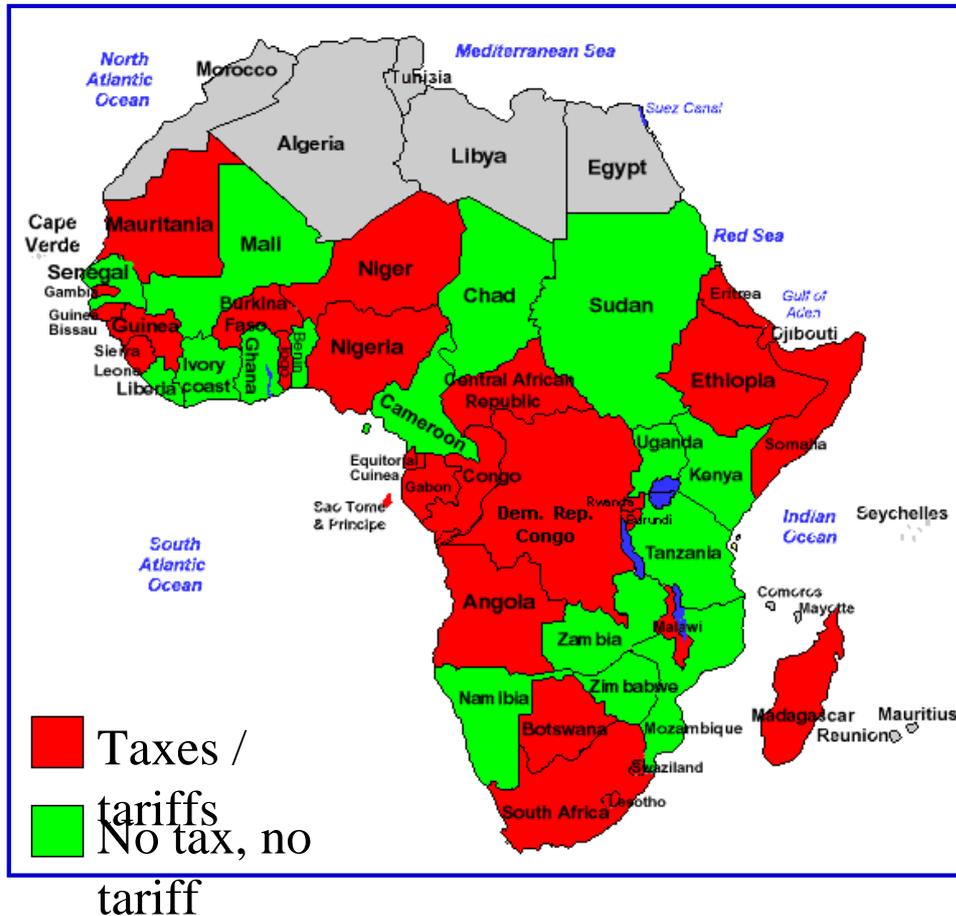


Figure 1: Tax and tariffs status in Africa. Source RBM

1.2.4.1 Discussion

Mechanisms and fora for following up on the commitment of Heads of State to reduce and/or remove taxes and tariffs on ITNs and related products were discussed. It was reported that annual reporting to the African Union (AU) is the official mechanism for following up on all aspects of the Abuja Declaration. In addition, the Abuja Summit called for an extraordinary meeting of the AU to review progress, but it was not known if this meeting would take place during 2005. It was noted that malaria is on the agenda of the forthcoming July 2005 Heads of State meeting and this is a clear opportunity for Ministers of Health, Ministers of Finance and others to raise the taxes and tariffs issue. In addition, a proposal to identify a Minister of Health to raise the issue at the World Health Assembly was suggested.

The influence of external institutions, including the World Bank and the International Monetary Fund (IMF), on national policy decisions was noted. It was acknowledged that Ministers of Health do not currently have sufficient convincing data to enable them to argue effectively on the benefits of favourable tax and tariff policies on increased ITN demand, production, coverage, prices, etc. and the extent of any potential effects on revenue collection. NetMark is currently working on documenting this and Albert Kilian (USAID, Uganda) has some “before and after” data for Uganda. A Boston University research team was reported to have found little correlation and a non-linear relationship between tax and tariff levels and demand. It was suggested that the private sector could play a key role in dialogue around this issue, as they are able in many cases to lobby on a different level to international organisations and other development partners. The potential for high-level political lobbying was discussed with the example of Denmark and India, where taxes and tariffs were on the agenda of an official state visit by the Danish Crown Prince to India. Placing an issue on the agenda of a state visit



automatically requires follow-up at ambassadorial level and could represent an opportunity to raise the issue at Head of State level.

A proposal was put forward that the RBM Secretariat should provide the RBM Board with documentation and feedback on the taxes and tariffs issue targeted at Heads of State, for follow-up by the RBM Board.

1.3 Session Three – Consensus on Revised Strategic Framework

This session was concerned with gaining consensus among participants on the latest version of the revised Strategic Framework. There was considerable discussion and several sections were re-drafted in plenary and small group work. All comments will be incorporated into the final draft, which will be circulated to WIN members by mid-February 2005, with final comments to be received by end February.

2 Day Two – 02 February 2005

2.1 Session Four – National Scale-up Experiences

2.1.1 Public Sector Support to Private Sector Distribution of Highly Subsidized ITNs. The case of the Tanzania NATNETS and the National Voucher Scheme - Karen Kramer & Alex Mwita

Karen Kramer and Alex Mwita presented an update on experiences gained with Tanzania's National ITN programme under the NatNets program that includes both the SmartNet strategy of demand creation and facilitating the commercial sector, and the recently launched National ITN Voucher Scheme (TNVS) which depends in part on the commercial sector. Prior to the launch of the TNVS, ITN coverage among under-fives was reported to have risen from 15% in 2001 to 26% by 2003 through a publicly promoted but unsubsidized commercial market for nets with subsidized insecticide. Overall net coverage in this target group was 53% in 2003 and ITN coverage is expected to reach 60% during 2005 with the help of the TNVS. By the same mechanism, ITN coverage among pregnant women has risen from 8% to 21%. With distribution of highly subsidised ITNs through ANC clinics under the TNVS, ITN coverage in this target group is also expected to exceed 60% during 2005. The TNVS was launched at the end of 2004 and first quarter figures indicate that more than 40,000 vouchers have already been redeemed (80% redemption). Vouchers provide an approximate 80% reduction in the cost of the ITN to the target group. Wholesalers and retailers have reported a 30% – 70% increase in ITN sales and there has been a dramatic increase in the number of ITN retail outlets. Although only preliminary data are available for the TNVS, data from the pilot scheme, which was undertaken in two districts prior to national launch indicated that over 75% of women who received a voucher used it to purchase an ITN and there was evidence that ANC attendance was occurring earlier in pregnancy. Alternative mechanisms for voucher distribution are being investigated in order to reach the 10% of pregnant women who currently do not attend ANC services. Demographic surveillance systems in Tanzania are poised to measure the health impact of increased coverage.

2.1.1.1 Discussion

The impressive increases in ITN coverage among target groups between 2001-2003 was commended and was highlighted as an achievement of the RBM partnership at country level. Increased funding through the GFATM in support of the TNVS is expected to result in continuing rapid increases in coverage.

The Tanzania team was asked to describe what actions they had taken to address the potential problem of voucher forgery raised at the Lusaka meeting in May 2003. It was reported that vouchers are bar-coded, allowing their distribution and redemption locations to be traced. In addition, the voucher is made on UV absorbent paper and incorporates microprinting and watermarks, which cannot be photocopied. Several checking systems are in place, including tracing of mothers through her ANC card



number, which is copied onto the voucher. The cross-referenced ANC card must be presented at the point of redemption.

In response to a question regarding stock-outs, it was reported that stock-outs have occurred in retail outlets due to the suddenly higher demand for nets and this was being addressed through continuous dialogue with manufacturers to increase production and distribution. There has also been some evidence of quality control problems with some manufacturers.

Payment of wholesalers for redeemed vouchers has been out-sourced and as a result, the time frame for payment is currently only one week and this is seen as a crucial factor in the success of the programme.

It was reported that all national ITN manufacturers are involved in the TNVS, but the extent of their involvement and activities differs among the different companies.

The extent to which locally-produced Olyset LLINs had been taken up by consumers was raised, but in reply it was reported that Olysets are not yet available on the Tanzanian domestic market. The TNVS is looking at ways to encourage the purchase of LLINs. Olyset will be socially marketed in three regions and further investigation into appropriate subsidies is being undertaken. Permanet 2.0 is not yet available on the market due to product registration delays.

It was suggested that increased product choice appears to stimulate demand (e.g. Ghana) and further information on product choice in the Tanzanian situation was requested. In response it was reported that choice may be limited at individual retailers, as for example, AtoZ retailers sell only AtoZ nets, albeit in a range of sizes and colours. There is evidence that women are opting to choose larger nets, which are perceived as being better value.

The issue of increased workload on health staff in managing the voucher scheme was raised. It was reported that considerable advocacy was undertaken to ensure that the national programme was clearly identified as a government undertaking, forming part of routine health staff responsibilities. To date there have been no complaints relating to increased workload.

Non-redemption of vouchers was recognised as being a potential problem for the TNVS and this is currently under investigation. Several possible reasons for non-redemption exist, including lack of availability of ITNs at local retailer on the day the woman attempted to redeem her voucher, the woman could be delaying purchase until household income has increased, the woman may feel that she is unable to afford even the subsidised price, or she may already have sufficient ITNs, etc.

On the question of retreatment, 8 million Tanzanian households consumed 4.8 million net treatments last year. All nets sold in Tanzania are bundled with insecticide and studies show that 90% of the bundled insecticide is used in the first six months of net use.

2.1.2 NGO Free Distribution. The case of Rotary Against Malaria in PNG – Ron Seddon

Ron Seddon presented on the efforts of Rotary Against Malaria (RAM) to scale up ITN coverage in PNG, supported by GFATM funding. ITNs for malaria prevention in PNG have been promoted since 1986, although coverage remained patchy and low. In 1995, ITN distribution was transferred to NGOs and the private sector. In 2004 PNG was successful with a 4th Round proposal to the GFATM, receiving US\$ 20 million for ITNs or LLINs for malaria control (2004-2009). The aim of the programme is to achieve full coverage with ITNs in all malaria endemic areas in PNG, and to improve diagnosis and treatment. LLINs have been adopted in preference to conventional ITNs in recognition of the problems in accessing many rural communities in PNG. LLINs are being distributed free of charge to villagers, in combination with strengthened health promotion activities using multiple mass media channels. It is expected to take five years to achieve full coverage with this approach.



2.1.2.1 Discussion

The PNG Country Co-ordinating Mechanism (CCM) was able to fast-track LLIN procurement by securing a Certificate of Expediency from the government and avoiding the need for a tender process. Rotary Club members were considered to have been vital in securing the Certificate. Discussions then broadened beyond the PNG experience to cover the bidding process in general, and bid bonds in particular. Bid bonds are lodged with government authorities as a guarantee and are considered by manufacturers to be a source of considerable delays in the award of contracts. In addition, the bonds require that production is booked to that particular procurer and products cannot be sold to an alternative buyer. It was proposed that the issue of bid bonds could be raised with MMSS for follow-up with the World Bank, World Trade Organization (WTO), etc.

The issue of long-term planning beyond GFATM was raised by participants and it was reported that funds generated through full cost sales are being reinvested in a "sustainability fund" and would be available to support continuation of the project beyond GFATM. Rotary Clubs are also "adopting" villages and absorbing all distribution and related costs.

Cost estimates for the distribution were calculated based on the cost of shipping bulk containers to individual districts, plus an additional US\$0.50 per net irrespective of which district they were allocated to. Actual costs incurred for distribution are not yet known.

2.1.3 Sustained National Scale Public Sector Targeting of ITNs. The Case of PSI in Malawi – Des Chavasse

Des Chavasse's presentation began with a description of PSI's ITN strategy, which it refers to as "coverage plus", and which focuses on rapid risk group coverage, building markets through sustained demand, market segmentation (product, price and channel), development of appropriate national strategies, and programme evolution. In wealthier segments of the population, the approach is one of cost recovery and brand licensing, while for less wealthy populations, the approach involves expanding targeted subsidy. The total number of nets distributed by PSI programmes in 2004 was 4.6 million, of which 32% were LLINs. PSI expects to distribute 6.8 million nets in 2005, with LLINs comprising almost 40% of the total. The Malawi model was then described in more detail. The Malawi model consists of full cost recovery sales of a branded product through commercial outlets targeting urban and peri-urban populations, alongside a targeted subsidy component delivered through rural health facilities. Since November 2002 ITN sales through health facilities have consistently averaged 80,000-110,000 per month and target group coverage was estimated to be 55% among children under five and 50% among pregnant women, as of December 2004. The economic cost per ITN distributed shows a linear relationship with number of ITNs sold and has decreased from more than US\$5 in 1999, to less than US\$2 in 2004.

2.1.3.1 Discussion

The methods used to determine cost-effectiveness of the Malawi model were discussed. The method used was standardised and is increasingly being applied to other models in other countries, allowing for direct comparison. The method uses total economic costs, which are annualised and discounted at 3%, and considers monies contributed by individuals receiving the nets to be costs, not revenues.

In response to a question on PSI's exit strategy or plans to hand over the model, it was stated that currently there are no plans, as the public sector is happy for PSI to continue to operate the model for the foreseeable future. This delivery mechanism has in fact been incorporated into the national policy and strategy for taking ITNs to scale, and in 2005 will be funded nationally using GFATM funds.

2.1.4 Public-sector Free ITN Distribution with Routine Immunisation. The case of district scale experiences in West Africa – Mark Young

Mark Young presented data and findings from the Accelerated Child Survival and Development (ACSD) programme being implemented at sub-national scale in 11 countries in West Africa, which includes ITN distribution through MCH clinics as a component of a package of cost-effective child survival



interventions. A high impact package is being delivered in selected districts in four countries: Benin, Ghana, Mali and Senegal and comprises: Immunization Plus (EPI, VitA, ITNs); IMCI (management of malaria, pneumonia, diarrhoea, with a focus on community-based interventions); and ANC “Plus” (ITNs, IPT, TTV, IFA). A limited package is being implemented in additional districts in the above four countries and selected districts in the other seven countries and consists of Immunization Plus, ITNs and introduction of IPT for pregnant women. Routine EPI services are the entry point for implementation of other interventions and routine immunization is being strengthened through fixed and mobile strategies for enhanced outreach. ITNs are provided at first ANC visit and as an incentive to complete DPT3 or measles vaccination. Net re-treatment campaigns are held every 6-12 months, usually linked with the “Plus” activity Vit A supplementation. In addition IPT for pregnant women is being provided and an operational research programme on infant IPT (IPTi) is being undertaken as operational research.

Country	ITN delivery channel	Cost of ITN to end-user	Re-treatment
Mali	Pregnant women through ANC Children 0-11 m at completion of vaccination	No cost*	Campaign days
Senegal	Pregnant women at 1 st ANC Children fully vaccinated Community associations in 2 districts	1,000 FCFA (US\$ 1.50)	Campaign days
Benin	Pregnant women through ANC Children fully vaccinated at U5 clinics	1,500 FCFA (US\$ 2.00)	Campaign days
Ghana	Pregnant women and children through routine MCH services (ANC, EPI)	Highly subsidised	Campaign Days

*A charge is made for the ANC and the vaccination card (US\$ 0.50 – US\$ 1.00)

ITN coverage among under-fives has approximately doubled in ACSD districts. In countries where DPT3 and/or ANC coverage was previously relatively low coverage has increased substantially. The child survival package approach is currently being expanded to countries in eastern and southern Africa, and also India.

2.1.4.1 Discussion

Participants noted that in fact this was not the first demonstration of success achieved through a well-designed and well-funded MCH programme. The problem is in securing sufficient funding to enable the approach to become fully embedded in national policies and at national scale. UNICEF, along with other UN agencies and development partners is hopeful that its advocacy efforts and focus on achievement of the MDGs will lead to increased resource availability and the adoption of integrated child survival programmes by governments.

It was generally accepted by participants that the EPI/ANC integrated approach is probably the main avenue by which increased coverage of vulnerable groups can be achieved. WHO, for example, strongly recognises this and sees particular advantages in programme integration for attracting funding.

The potential for monitoring mortality in the ACSD through the existing demographic surveillance sites was queried, but curiously there was no overlap between ACSD districts and these surveillance districts in the programme described (exception Ghana).

2.1.5 Free ITNs in Measles Vaccination Campaigns. The case of Measles and Malaria Partnership, Togo – Kabir Cham on behalf of IFRC

Kabir Cham presented the results and lessons learned from the recent integration of ITN distribution with a measles vaccination campaign at national level in Togo. The programme targeted in excess of 900,000 children under five years for measles and polio vaccines plus the anthelmintic mebendazole. In addition, 730,000 households with under-fives were targeted to receive ITNs. Implementation was carried out through 1,000 vaccination/distribution points in 35 districts, involving 50 hospitals and 20,000 health workers and volunteers. A component of system strengthening was incorporated, including the provision of bicycle and motorbikes to district level. LLINs were distributed by volunteers to those attending the vaccination service points, following administration of the polio and measles



vaccine and the mebendazole. Intensive household follow-up by health workers and volunteers is on-going and will be continued monthly for up to 6 months to ensure nets are hanging correctly and are being used properly. The programme achieved more than 95% coverage for all four interventions in all districts, except Lomé, where coverage for each intervention was around 90%. Further monitoring and evaluation will be undertaken by external campaign monitors and observers and will include exit interviews of caretakers, surveillance data (AFRO/CDC/MoH), a LSTM community-based impact survey (pre- and post-campaign), a LSHTM campaign cost analysis (Feb-Mar 2005), further collection of coverage data in January and June 2005, and a University of Geneva social mobilisation study in February 2005.

2.1.5.1 Discussion

It was revealed that there had been considerable discussion and even disagreement over the most appropriate method of allocating ITNs in order to achieve maximum epidemiological impact. Should the nets have been distributed per household (as happened in Lomé), or per child under five? It was suggested that WIN may be an appropriate body to consider such strategic issues and advise future campaigns based on data obtained from the planned future evaluations.

2.1.6 Summary of Lessons Learned from National Experiences of Scaling-up ITNs

- Redemption rates of ITN vouchers distributed to pregnant women through ANC in Tanzania are high
- The TNVS has stimulated increased commercial sales and the number of retail outlets stocking ITNs
- ANC-linked voucher schemes can increase ANC attendance rates and encourage women to attend earlier in their pregnancy
- Distributions linked to routine immunisation can increase uptake of EPI services
- Alternative mechanisms are required to distribute vouchers or nets to pregnant women and young children who do not currently attend ANC or MCH services
- Effective mechanisms exist to minimise the risk of voucher forgery, including micro-printing and use of watermarks
- Minimising the time between redemption and reimbursement of wholesalers for vouchers received, currently one week, is crucial in maintaining confidence and participation in the programme
- Harnessing representation of private sector and other influential persons can be an effective method to address bureaucratic bottlenecks in tendering and procurement processes for ITN programmes
- High coverage of target groups can be rapidly achieved through a health facility distribution model, even when recipients are expected to contribute financially. An additional advantage of program integration is the possibility of attracting alternative funding
- ITN distribution costs reduce significantly as programmes scale up
- The integrated delivery of cost-effective interventions for child survival is feasible and practical and can result in substantial and rapid increases in coverage, with likely benefits in terms of reduced child and maternal mortality

2.2 Session Five – Report on LLIN Business Meeting, September 2004

This session included a brief review of the LLIN Business Meeting held in Johannesburg in September 2004 and attended by more than 95 participants, the majority of whom were representing the private sector. The meeting was held to present and review the draft strategic plan for LLINs produced by Management Sciences for Health (MSH) in collaboration with RBM, WHO, UNICEF, and the Rockefeller Foundation, with a view to addressing some of the bottlenecks currently restricting LLIN development, production and distribution. Several key recommendations and action points were identified at the LLIN meeting and these were presented to WIN for review and discussion.



It was acknowledged that the LLIN meeting had created considerable interest and enthusiasm among private sector partners, but there is a real need to address the action points and issues raised at the meeting in a timely manner, as any interest created may begin to wane.

2.2.1 Issues, Recommendations and Action Points from the LLIN Business meeting

2.2.1.1 Integrated Forecasting System

An integrated procurement forecasting system is required to facilitate production planning by existing producers and also to illustrate the potential market with a view to encouraging investment and entry by new manufacturers and distributors.

Action: MMSS to work with UNICEF, GFATM, WHO and the private sector to develop an integrated forecasting tool.

Action: Private Sector to work with MMSS towards developing a mechanism for integrated forecasting, initially by contributing to a suppliers' capacity inventory

To date there appears to have been little progress in this area and this is at least partially due to a lack of capacity within MMSS. MSH has been assigned the task of developing a forecasting tool and has been provided with UNICEF's forecasting tool, but no progress has been made. The inclusion of data on ITN/LLIN demand from small, local commercial entities rather than just institutional buyers was seen as desirable, but it was acknowledged that this may be difficult, although it was suggested that manufacturers could potentially provide information on local requirements. Private sector representatives stressed the need for accurate information on procurement timing as this is crucial to production planning and is the area where information is most notably lacking. Pooled procurement was not generally accepted as being the way forward. It was agreed that the WIN LLIN Satellite Group Leader should follow up on these action points with MMSS and MSH.

2.2.1.2 Technology Trust and Investment Facility

A publicly-funded technology trust was proposed to keep industry informed of technological developments, to facilitate access to available technologies, to support safety and health testing, and also to support field testing of new products. It was agreed that the technology trust should not directly support product development.

Action: LLIN satellite group of WIN to investigate the merits of facilitating access to an inventory of potential investors that could support private sector development, production and distribution of LLINs, and also the merits of facilitating access to low interest loans

Several WIN members felt that this was a specific technical area in which it has limited expertise and the proposal was put forward to allocate this activity to external experts in the investment field.

2.2.1.3 Assisting Quality Control

Quality control was recognised as a priority issue for manufacturers and consumers, especially in regard to scaling-up LLINs, where there is potential for unscrupulous manufacturers to market non-LLINs as LLINs. At the international level, procurement agencies including UNICEF and Crown Agents are already playing a key role in carrying out factory inspections and verifying adherence to ISO standards. WHO provides tools to support Quality Control assessment, e.g. specifications and validated test methods to verify those specifications. WHO in collaboration with FAO is also trying to build national capacity through development of quality control guidelines and the establishment of designated collaborating centres to assist those countries without regional or national facilities. It was acknowledged that National Standards Bureaux in many countries have insufficient capacity to carry out effective post-registration quality control.



Recommendation: Encourage GFATM and other donors to contribute to NBS strengthening

Recommendation: Manufacturers to agree to open door policy towards international inspection

The formation of a satellite group within WIN to look at quality control and quality assurance issues was proposed and accepted. The QC/QA satellite group met on day three of the meeting and developed a work plan for 2005-2006.

2.2.1.4 Other Enabling Environment

National registration of LLINs is a serious bottleneck to scaling-up in several African countries, due to the requirement for local safety and efficacy testing of pesticide products.

Action: WHOPES to hold a meeting in 2005 to optimise its testing methodologies towards fast tracking preliminary recommendations of new products and identifying ways to achieve consensus with national registration processes to accelerate national registration.

Taxes and tariffs remain a key issue for increased production and distribution of ITNs and LLINs more than four years post-Abuja.

Action: Partners at international level to follow-up on Abuja declaration on taxes and tariffs. Need for Harmonisation of tax and tariff policies at regional level (SADC, COMESA, etc). Partnership at national level to intensify advocacy and develop local solutions.

Action: Identification of key actors to champion the taxes and tariffs issue at all levels

WIN will request the RBM Board to approach the African Union to raise this issue amongst its members. It was also suggested that a Minister of Health could be identified and charged with raising the issue at the forthcoming World Health Assembly

2.2.1.5 Strategic Planning

The need for national policies and strategies developed through a consensus-building process involving all stakeholders to be respected and adhered to and not changed unilaterally as a result of pressure exerted by influential external players was strongly emphasised. WIN expects that the revised Strategic Framework will contribute to this.

2.2.1.6 New Research Agenda

An implementation research agenda was brainstormed and prioritized during the WIN2 meeting (see session eight below and Annex 1)

2.2.2 Overview of ITN/LLIN Supply and Demand – Pablo Panadero

Pablo Panadero presented supply and demand issues in the ITN market, primarily focussing on institutional demand and UNICEF procurement. LLIN production capacity is expected to match institutional demand in by mid- to end-2005. GFATM allocations are currently funding LLIN procurement of around 20 million LLINs annually and Round 4 proposals included procurement plans for approximately 44 million nets, the majority of which will be LLINs.

2.2.2.1 Discussion

Participants requested further information on the size of UNICEF's emergency stocks of LLINs. In reply it was stated that 100,000 LLINs are currently stored in warehousing in Dubai and orders have been placed to further increase these stocks.



It was acknowledged that long-lasting insecticide treatments are the best solution to address the large numbers of currently un-treated locally made nets that are in use in many countries, particularly in West Africa. However, these products are not currently WHOPEs approved. It may be possible for institutional buyers to procure quantities of KO-Tab 123, for example, prior to WHOPEs approval when data from preliminary field trials becomes available. Relatively small volumes of Permanet were procured by UNICEF prior to WHOPEs recommendation, but were classified as pre-treated nets, rather than long-lasting.

It was stressed that there will likely be serious shortages of LLINs for many countries during the first half of 2005. Existing production, tendering and procurement processes are not fast enough to cope with large demands for nets for delivery in under six months.

2.3 Session Six – Monitoring & Evaluation in Context of Scaling-up

2.3.1 ITN coverage and MERG activities – Nathan Bakayaita

Nathan Bakayaita presented activities of the RBM Monitoring and Evaluation Reference Group (MERG). Currently MERG is focusing its attention on the areas of outcome and impact monitoring, but does not include process and outputs. A Malaria Indicator Survey (MIS) Package for household level coverage assessments has been developed that consists of a stand-alone survey with a focus on core coverage indicators. The Malaria Indicator Survey is also available as a scaled-down module for incorporation into other household survey instruments. MERG recommends that ITN coverage should ideally be assessed through a household net roster within the household survey questionnaire. MERG has also recommended that the definition of an ITN be broadened to cover a period of one year since purchase or (re-) treatment, in combination with net branding questions. Some examples of ITN coverage figures in African countries from DHS were presented.

2.3.1.1 Discussion

Nathan was asked if any work had been done by MERG on developing tools for retail/wholesale analysis. It was stated that MERG had considered the issue but was unable to address it given current resources. Difficulties in standardisation of this kind of market information were also cited.

Both MERG and WIN are currently focusing on global level perspectives, as recommended by the RBM external evaluation, rather than country level M&E. However, several members within MERG have raised the issue of country level M&E. There was some discussion as to the relative roles of WIN and MERG in dealing with M&E issues. It was agreed that WIN's primary role is to support countries to assess effectiveness of the different implementation models being used and helping them to use M&E to facilitate going to scale. However, it was noted that in the past MERG has been somewhat possessive regarding all matters relating to M&E and is less willing to collaborate with WIN in this area. It was felt that WIN would benefit from clearly determining its role within the overall M&E framework and communicating this to MERG, the other Working Groups, and the RBM Board.

Sub-regional networks were identified as being the best mechanism for taking broad M&E tools developed at global level and adapting them in the context of country-specific frameworks for M&E. Representatives of EARN confirmed that this was precisely the type of work that sub-regional networks were doing and M&E support to countries is highlighted as a key issue in the EARN 2005 work plan. However, there was concern that global partners and groupings were often bypassing the sub-regional networks and dealing directly with countries.

2.3.2 Selected Findings from NetMark Household Surveys – Halima Mwenesi

Halima Mwenesi presented the findings of recent household surveys conducted in Ghana, Senegal and Nigeria. Key findings of the surveys included:

- Dramatic increases in awareness of ITNs were observed in Senegal and Nigeria, and awareness is now virtually universal in Senegal and Ghana



- Ownership of nets and treated nets has increased substantially in recent years
- Most treated nets are currently treated (within past 12 months), data reliability issues not withstanding
- Ownership of baby nets varies greatly by country and is 40% in Nigeria. Little is known about trends in ownership of these nets over time
- In Senegal one in three children now sleep under a net; the majority sleep under ITNs
- The percentage of pregnant women sleeping under an ITN has risen dramatically, and percentage sleeping under any net has doubled in Senegal and Nigeria
- Net coverage of the poor has increased and has become more equitable in all countries evaluated
- Higher SES groups are slightly more likely to own ITNs
- Urban and rural residents have comparable levels of net and ITN ownership and use
- In Senegal, both commercial and non-commercially provided nets are distributed equitably among socio-economic groups, with approximately double the number of nets coming from the non-commercial sector

2.3.3 M&E Tools and Methods – Jo Lines/Jayne Webster

The first part of this presentation dealt with the purpose of M&E activities at different levels, the types of tool available and the different roles of MERG and WIN. M&E is required to measure operational processes within projects and systems; comparisons and interactions between distribution systems; and overall coverage and progress to goals. The main tool available today is the household survey, which measures coverage by geographic area (incl. urban / rural), by target group including socio-economic status (SES) and biological vulnerability. Tools are under development to better determine the source of nets in households and these tools were discussed by Jayne in the second part of the presentation. It was proposed that WIN's primary role in M&E was to support the measurement of process and activity at both global and regional levels, while MERG's main role is to support measurement of outcomes and impact at these same levels. Additional tools are required to address the following: Market structure, to define net types and delivery systems, including identification of key stakeholders, net tracing, and volumetric market monitoring; Operational processes through tracking and operational surveillance at clinics, shops, and end-users; also cost-effectiveness v sustainability; and equity. Several unresolved issues regarding M&E for ITN scale-up were identified:

- What is a net? - does it include screens, baby nets?
- What is an ITN? Do we include locally made nets in our definition? What is the "treatability" of local nets? When does a net stop being "treated"? Can this be defined in terms of time since treatment, entomological parameters, epidemiology? What is the protective efficacy of untreated nets?
- Provenance – brand, project, commercial. This information is needed in order to compare scaling up strategies. Development of tools is not difficult, but is country specific
- Determination of net life and age of nets, ITNs, Loins.

Jayne described on-going work in Ghana, which is attempting to identify the type and source of nets in households using direct observation by trained observers utilising fabric swatches containing examples of locally available net types. Household surveys were conducted using DHS methodologies and equity was assessed using a concentration index (CI). Analysis of results indicated that

- mosquito net coverage was higher amongst the poorer households (CI= -0.090);
- ITN coverage on the other hand was concentrated in richer households (CI= 0.189);
- 16% of nets observed were made from 'classical mesh netting' and 84% were made from non-standard netting materials.
- Nets made from standard netting were concentrated in the richer households (CI= 0.220), while those made from non-standard netting were found in the poorer households (CI= -0.041)
- Nets manufactured from fabrics other than netting were most strongly biased towards the poor (CI= -0.106)
- Owner reporting of brand name was not reliable, with consequences for this section of current DHS malaria modules

As a result of the studies described, consensus was reached that local markets should be included in the Ghana ITN voucher scheme and three models were proposed: to distribute approved ITNs through local markets; to treat local nets in markets; to bundle local nets with insecticide



2.3.3.1 Discussion

In discussions it was felt that the RBM tools currently available are relatively useful, but their relevance to scaling-up was questioned, particularly in light of new models such as mass free distributions, voucher schemes, integrated distribution, re-treatment campaigns, etc., which are increasingly being used. Methods for comparing and contrasting the M&E components of the different models in use are needed. If the purpose of WIN is to recommend best practice, then an agreed method of monitoring good practice is required, and this may need new tools. A key first step in the process would be collation and dissemination of what is being done in different countries. Different partners are developing their own monitoring systems for the different models and these need to be documented and harmonised where possible. The M&E group within WIN agreed to take on this role of collation, dissemination and harmonisation where feasible. Regional workshops may be useful in this regard. Sub-regional networks could be a valuable source of information on existing M&E activities and methodologies at country level.

It was acknowledged that countries are in many cases struggling to implement integrated M&E and this is not helped by different messages coming from MERG and WIN and the need for consistent messages and approaches was emphasised.

An issue raised was the lack of effective co-ordination between DHS implementers and NMCPs and other interested parties prior to surveys being carried out. DHS working through statistics bureaux, always promises to give advance notice, but have failed to do so in most cases. It was felt that working with DHS at international level must be through MERG, but sub-regional networks and country partnerships could play a role at lower levels. EARN has prepared a matrix of DHS and MICS surveys planned for 2005 in the sub-region and will use this to improve co-ordination.

2.4 Session Seven – Sub-regional Response to Country Needs

2.4.1 EARN Response to Country Needs on ITN Scaling-up – John Chimumbwa

John Chimumbwa, as RBM Secretariat focal person for the Eastern Africa RBM Network (EARN) briefly described the membership, purpose, role and strategic focus of the sub-regional network and then proceeded to describe the types of support provided by EARN members to country programmes to facilitate ITN scaling-up. EARN's support to member countries in the area of ITNs in 2005 will include: ITN policy development and advocacy, review of the relative effectiveness of ITN distribution channels, operational plans and guidelines development, support to procurement of commodities, support to net re-treatment, among others.

2.4.1.1 Discussion

The potential role of EARN and other sub-regional networks in determining country and regional M&E needs in relation to ITNs was discussed. M&E was confirmed as being a priority for technical support identified by countries within EARN, however, precise needs have not yet been clearly defined.

It was agreed that WIN and other Working Groups, through the Chairs, should be included on the circulation list for EARN and other sub-regional network annual reports, etc. In related discussions, it was generally agreed that the RBM website is not necessarily the best way disseminating information, as high speed internet access is not universal in Africa. The suggestion that the entire contents of the RBM website be distributed on a quarterly basis to countries and partners as a CD-ROM was accepted by participants. Another idea is to provide e-mail alerts with relevant links to the web site and beyond.

EARN stressed the importance of having consistent messages and recommendations for countries from all levels of the RBM partnership to minimise confusion at country level. Partners should be discouraged from dealing unilaterally with countries.



3 Day Three – 03 February 2005

3.1 Session Eight - Research Issues for ITN scale up

In this session the Chair led a plenary brainstorming in which participants developed a proposed implementation research agenda for each of the key WIN areas: Strategic Frameworks, LLINs, M&E, Quality Assurance and Quality Control, and Enabling Environments. Priority activities for each of these areas are summarised below. Fuller details of the implementation research agenda are provided as Annex 1. The proposal to create an additional WIN satellite group to examine quality assurance and quality control issues was adopted.

3.1.1.1 LLINs

Priority 1: Evaluation of long-lasting insecticide treatment kits for conventional nets

Others: Developing methods for measuring and indicating the lifespan of LLINs, determining the long-term entomological and epidemiological impact of LLINs, managing insecticide resistance, developing new LLIN technologies, and researching LLIN markets

3.1.1.2 M&E

Priority 1: Develop and test a harmonised M&E protocol for national scale programmes

Others: Developing indicators for sustainability and market transition, defining populations at risk outside sub-Saharan Africa

3.1.1.3 Quality Assurance

Priority 1: Identifying mechanisms for strengthening and streamlining national regulatory systems and regional quality assurance support mechanisms

3.1.1.4 Enabling Environments

Priority 1: Understand barriers to ITN scale-up (household, political, operational, etc)

3.1.1.5 Strategic Frameworks

Priority 1: Advocacy for research to be translated into policy, practice and implementation

Others: Learning from experiences gained in scaling-up

3.1.1.6 Next steps

1. Circulate proposed implementation research agenda to sub-regional networks to refine and gain consensus with countries
2. Identify which research questions are currently being covered, and which need to be addressed
3. Develop a funding strategy and proposals for those areas of the research agenda not currently covered and work with the RBM Secretariat and the RBM Board to identify potential funding sources.

3.2 Sessions Nine and Ten – WIN Products, Work Plans and Budgets, 2005-2006

Each of the WIN satellite groups was asked to prepare a two-year work plan for the period 2005-2006, detailing deliverable products and preliminary estimates of budget requirements. A summary of major products is provided below. Further details are provided as Annex 2. The complete Work Plan and Budget is available as a separate document.

3.2.1.1 Strategic Frameworks and Advocacy

- Revised framework



- Advocacy support package for WIN products
- Systematic review of evidence for IRS cost and effectiveness
- Policy relevant executive summary of Systematic Review of IRS cost and effectiveness

3.2.1.2 LLINs

- Upgrade the LLIN Strategic Plan to an investment plan for financial institutions
- Harmonised national registration process, based on WHOPES

3.2.1.3 M&E and Implementation Research

- WIN draft indicators finalised
- Harmonised protocols for national scale M&E
- Standardized costing framework for comparing programmes
- Develop implementation research agenda with sub-regional networks (SRNs) and advocate for its support

3.2.1.4 Quality Assurance and Quality Control

- QC/QA testing protocols for in-production and post-production random factory inspections

3.2.1.5 Enabling Environments

- Advocacy tool for reduction and/or removal of taxes and tariffs
- Support to development of tendering and procurement best practices guidelines (with MMSS)

3.3 Session Eleven - Any other Business

In response to the RBM Board request for a purpose statement and a decision on whether to incorporate other vector control interventions into the title and remit of WIN, Don de Savigny agreed to draft a statement on this as part of the cover / introduction to the 2005 Work Plan and Budget document.

In support of the recommendation made at the LLIN Business Meeting in Johannesburg in September 2004, WIN requests the RBM Board to issue a statement strongly recommending to all partners that they should respect national policies and strategies and follow CCM procedures in implementing GFATM activities. Nationally agreed policies, strategies and work plans should not be changed unilaterally as a result of pressure exerted by influential external players.

Participants were informed that the World Bank is implementing a new initiative to make available US\$ 500 million to US\$ 1 billion as a grant over five years to support malaria prevention and control, and is looking to identify two or three countries to receive funding. Detailed proposals will be requested.

Participants were provided with a CD-ROM with all PowerPoint presentations made at the Meeting.

It was proposed that the next meeting be held in Accra, Ghana, and Vestergaard Frandsen generously offered to host the meeting. Provisional dates around the third week of September 2005 were suggested and exact dates will be confirmed shortly. A proposal to extend the length of the meeting to four days, in order to give sufficient time for satellite group work, was accepted.

Closing remarks

With no further business, the Chair drew the meeting to a close on schedule with a special vote of thanks to UNICEF ESARO (Melanie Renshaw and Caroline Charles), for the fine job they did of hosting the meeting. A special word of thanks went to Kopano Mukelabai of UNICEF for his long association with the RBM TSN and later WIN and his strong support of the ITN cause as he passed this responsibility to Mark Young for future WIN meetings. Kopano remains an honorary member of the

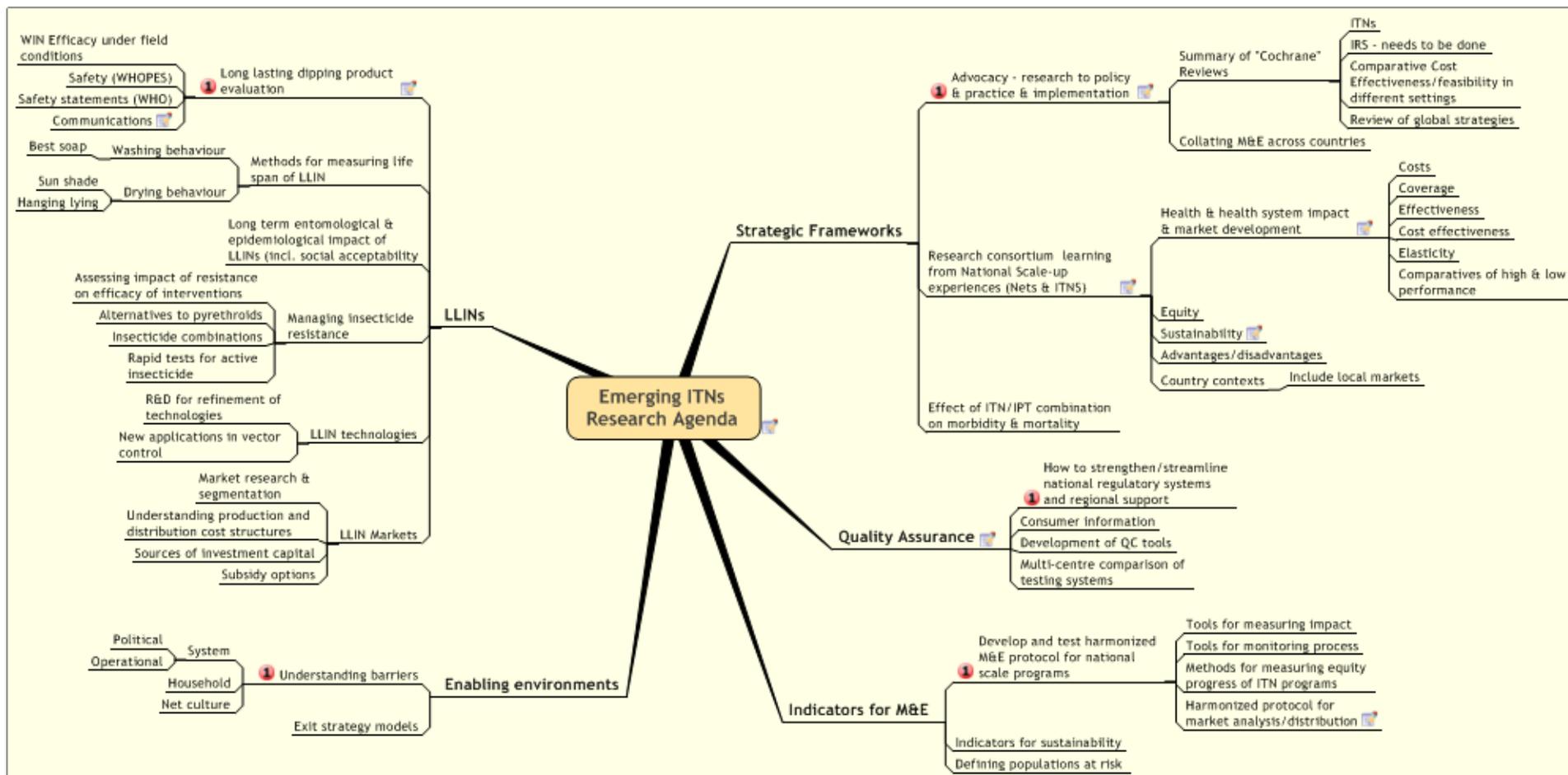


Second RBM WIN Meeting, Nairobi, 1-3 February 2005

WIN. Gratitude was expressed to Vestergaard Frandsen for hosting a reception on the occasion of their 10th anniversary working in Africa. The Chair also thanked the participants for their rich participation, and especially those who prepared such clear presentations as a resource to the meeting and its report. John Silver, the rapporteur was thanked for the difficult task of capturing the detailed deliberations over the three days. Finally the Chair thanked the Co-Chair and the RBM secretariat for their strong support and for sponsoring the country delegates to the Meeting. The Chair closed the meeting with reflection that meeting had really dealt with the very important and substantive issues of taking ITNs to national scale. A remarkable amount of ground was covered in the three short days and future meetings will need to be longer and at shorter intervals to adequately address the increasing pace of scaling up. The meeting was closed on an optimistic note having reviewed many recent accomplishments and having focussed the road ahead for WIN. Clearly there is much momentum underway and the need for the next meeting to be held by September 2005 would be very timely.



Annex 1: ITNs Implementation Research Agenda





ROLL BACK MALARIA PARTNERSHIP

Annex 2: WIN Products 2005-006

