

Vector Control Working Group

Global Fund Perspective on Vector Control – Next Funding Cycle

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2 BILLION NETS!

- Historical funding of interventions
- Focus for the next funding cycle
- Vector control-specific issues



Proportion of Global Fund country budgets for vector control: 2017-2019

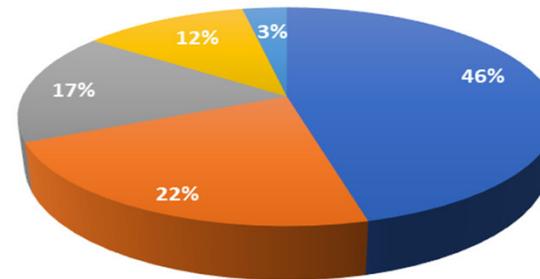
What did countries prioritize in NFM1 and NFM2?

- 1) Case management: ACT/RDT for public facilities
- 2) Vector control: Nets>>>IRS
- 3) Other interventions: SMC, MIP, iCCM

→ Nearly 80% of the \$325m portfolio optimization malaria funds went to vector control

GF malaria budget by modules (2017-2019)

Data as of 4/2/2020

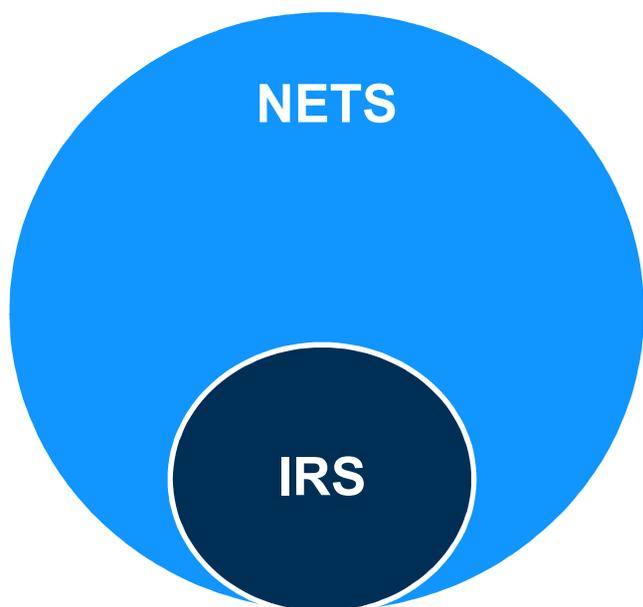


■ Vector control
■ Case management
■ Program management
■ RSSH

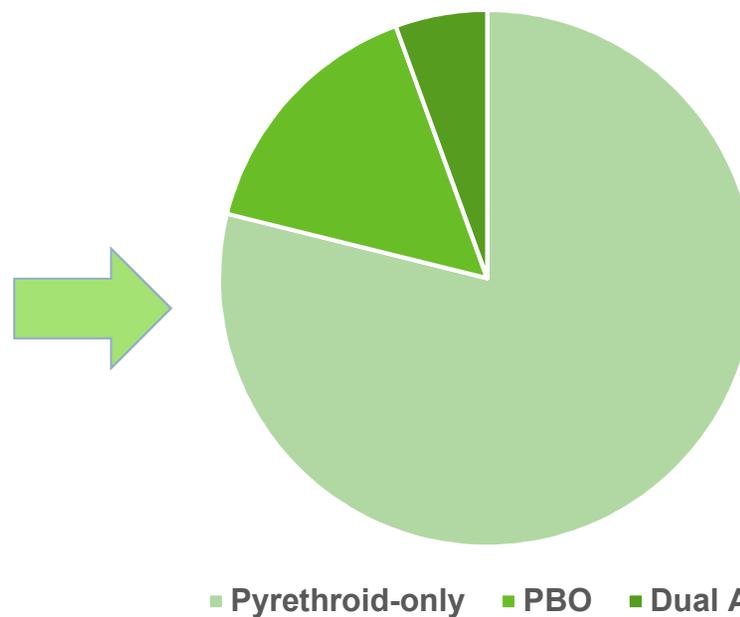
LLIN - mass campaign	\$1 292 489 952
LLIN - continuous distribution	\$216 919 759
IRS	\$193 899 808
IEC/BCC (Vector Control)	\$45 056 089
Entomologic monitoring	\$17 935 747
Other vector control measures	\$5 023 997
Removing human rights & gender related barriers to vector control programs	\$1 570 719
Total	\$1 772 896 071

Global Fund support for vector control 2017-2019 – broken down

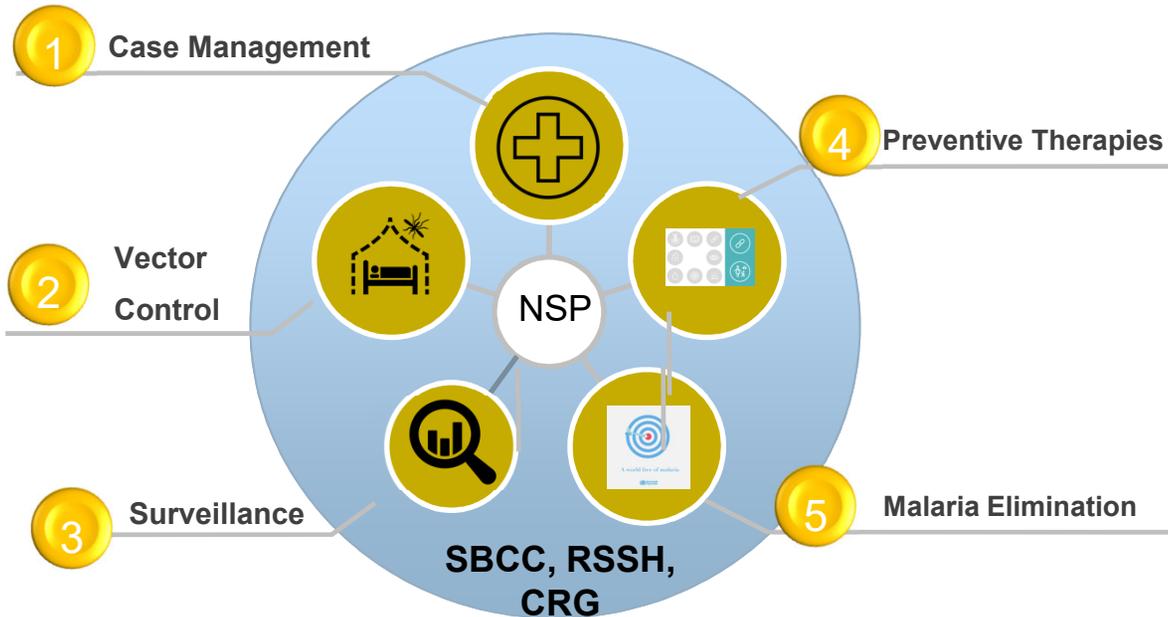
VECTOR CONTROL (Illustrative only)



NETS 2019 numbers based on procurement date (order placed with manufacturer) GF PPM data



Focus for 2020-2022



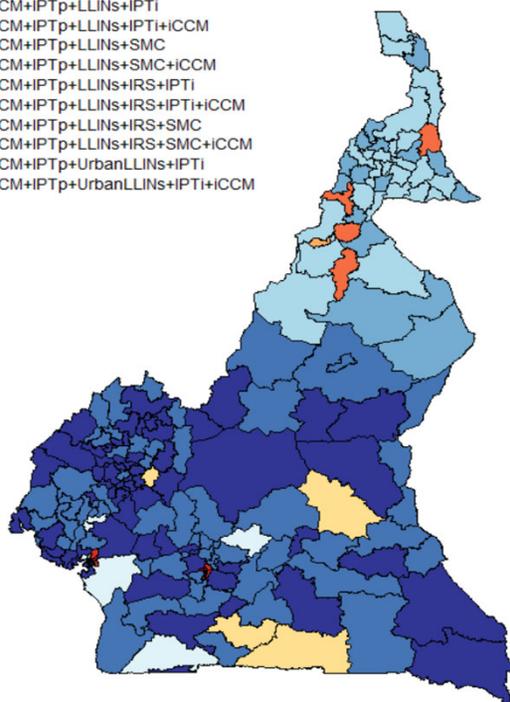
* Work towards these priorities should support the National Malaria Strategic Plan
CRG = Community, Rights and Gender

- Successful replenishment allows for a re-assessment of strategies and opportunities to get back on track / drive for more impact
 - Efficiencies, best practices, innovations developed during NFM2 are a solid foundation for using any additional funding to push ourselves further (HBHI approach)
- **Key focus of upcoming funding requests should be on:**
 - What malaria interventions should be deployed where? And why?
 - What is the access, coverage and use of malaria interventions? And how can you improve?
- **72** country and regional malaria grants will be supported
- **Catalytic investments:** Malaria Elimination • Drug Resistance • Accelerated introduction of new LLINs • RTS,S Vaccine

What interventions should be deployed where?

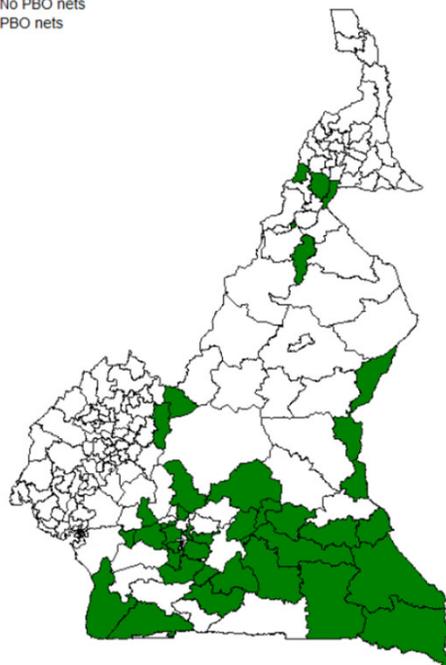
Sub-national tailoring for efficient resource allocation (HBHI approach)

- Intervention**
- CM+IPTp+LLINs+IPTI
 - CM+IPTp+LLINs+HPTI+ICCM
 - CM+IPTp+LLINs+SMC
 - CM+IPTp+LLINs+SMC+ICCM
 - CM+IPTp+LLINs+HRS+IPTI
 - CM+IPTp+LLINs+HRS+HPTI+ICCM
 - CM+IPTp+LLINs+HRS+SMC
 - CM+IPTp+LLINs+HRS+SMC+ICCM
 - CM+IPTp+UrbanLLINs+IPTI
 - CM+IPTp+UrbanLLINs+HPTI+ICCM

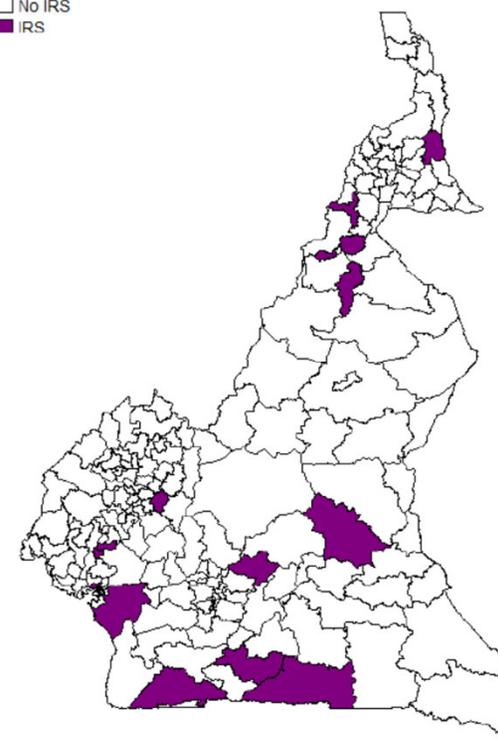


Percentage of the population in districts suitable for PBOs: 12.6%

- Intervention**
- No PBO nets
 - PBO nets



- Intervention**
- No IRS
 - IRS



Vector Control: What interventions should be deployed where and why?

- All country requests for funding should be grounded in a national vector control strategy which is:
 - Based on up-to-date entomologic and epidemiologic data
 - In line with WHO global guidance on malaria control or with specific descriptions of why local decisions may differ
 - Aiming to ensure universal coverage **of at risk populations** with at least one core vector control intervention (IRS or ITNs).
- Routine entomological surveillance remains critical and should be included for funding (if not already covered)
- Net durability monitoring and QA for IRS should accompany interventions
- An insecticide resistance monitoring and management plan based on the WHO framework is also important



Defining your population at risk: country example: Cameroon HBHI analysis

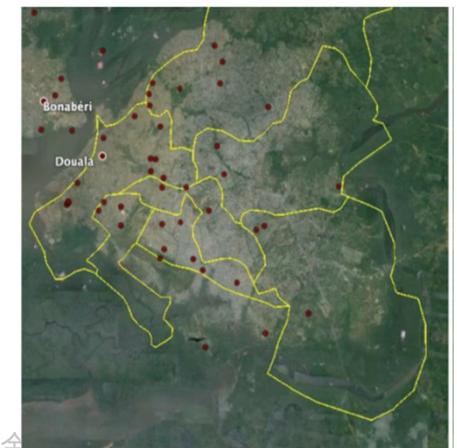
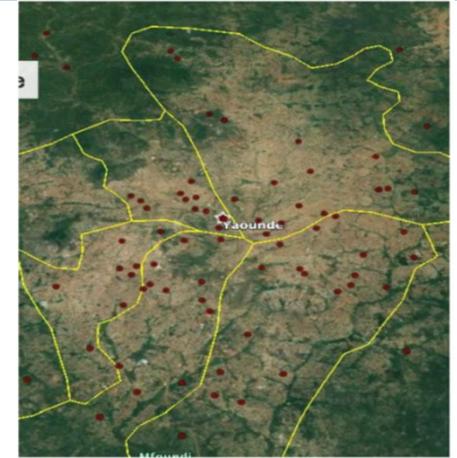
Historically, Cameroon has prioritized national level universal coverage with LLINS including urban areas

2 urban areas (Yaoundé and Douala) have 1080 health facilities, serving a total population of about 5 million.

In 2018 these health facilities reported about 450,000 confirmed malaria cases, of which 17% were among children under the age of five years.

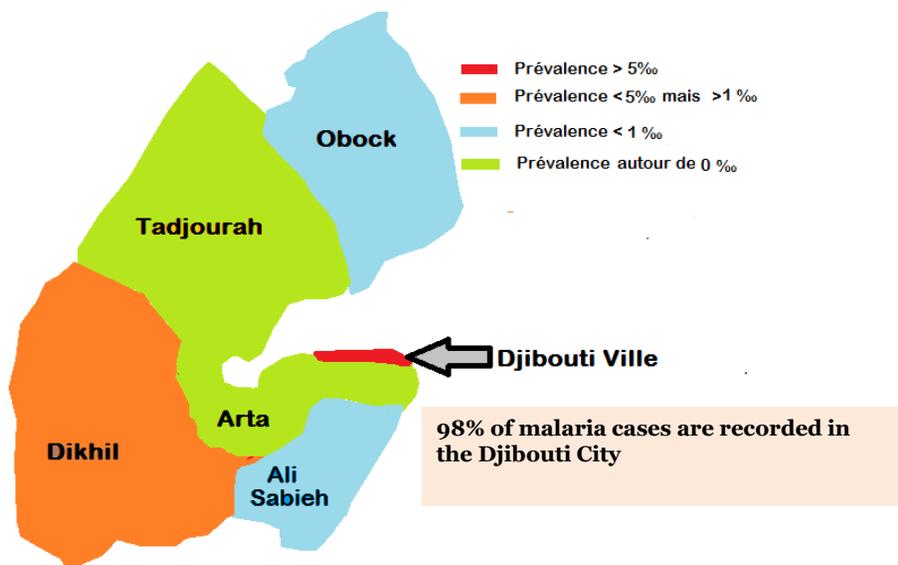
- Analysis suggests some level of clustering with 80% of cases reported from 390 health facilities.
- Next step: geocoding to allow for microstratification. This will likely reveal hotspots of malaria and likely inform more efficient targeting of resources.

→ **Does everyone in Yaoundé and Douala need nets?**

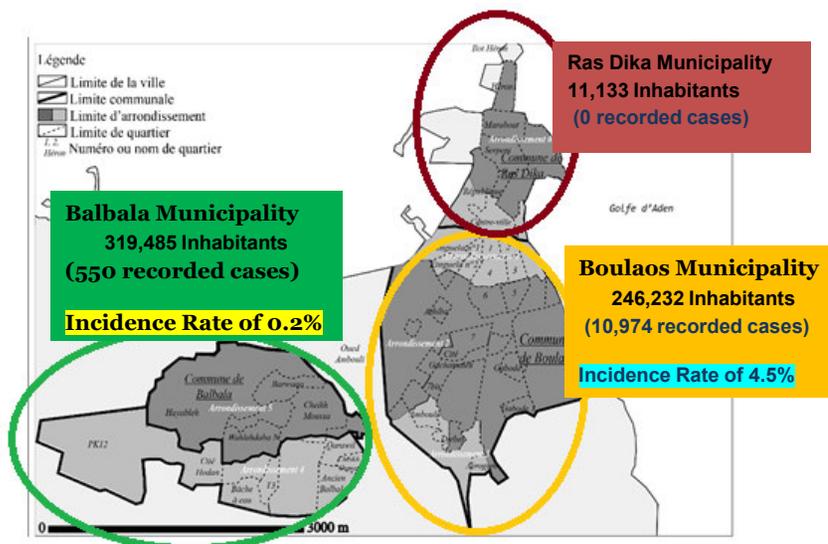


Defining your at risk populations: country example, Djibouti

Map 1: Stratification of malaria in Djibouti



Map 2: Distribution of malaria cases in the 3 Municipalities of Djibouti City

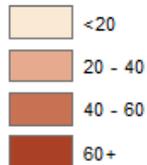


- Djibouti's data indicates that the bulk of their malaria burden is in Djiboutiville and within the city – in 3 municipalities.
- The program ceased national universal coverage with LLINs, maintained case management country-wide and focused vector control (LLINs and IRS) in the 3 affected municipalities in Djiboutiville

Access and use: Improving implementation of malaria



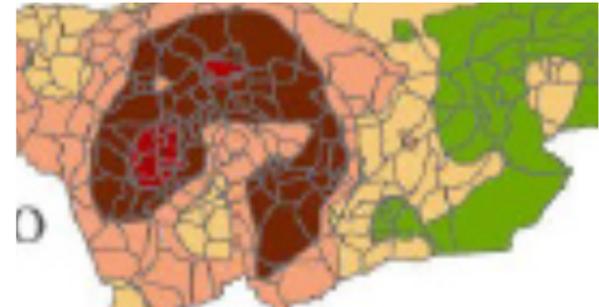
% households with at least 1 LLIN



Evaluating granular data to see where you need to improve quality of service delivery

-What can explain the difference in LLIN coverage across areas and how can we ensure we improve coverage in those not meeting your national target?

-What leads to low usage when people have access to a net? Is it different in different places? Do we need varied approaches to improve usage in different places?



LEGEND
ITN USE:ACCESS RATIO

Dark red	0.0-0.2
Red	0.2-0.4
Orange	0.4-0.6
Light orange	0.6-0.8
Yellow	0.8-1.0
Green	>1.0
Grey	No Data

VECTORWORKS
Scaling Up Vector Control for Malaria Prevention



Vector Control: ITNs – strategic considerations



Vector Control

- Net selection:
 - Pyrethroid and PBOs – based on WHO guidance
 - Pre-qualified dual a.i. nets (without WHO policy) – only available through New Nets Pilots
- Countries requested to indicate FULL need for PBO nets (to understand need and potentially address through portfolio optimization)
- Countries deploying PBO nets (or dual a.i. nets as pilots) are strongly recommended not to revert back to pyrethroid-only nets in future

PRACTICAL CONSIDERATIONS: LEAD TIMES

- From requisition to delivery: Global Fund Sourcing Team estimates **180 days**
- Factors affecting actual net procurement lead times:
 - **Type of product:** PBO nets and New Nets may take longer
 - National **product registration** requirements
 - **Geography:** direct access to sea port or land-locked country
 - **Delivery location:** level- and number of delivery points
 - **Importation** process

Strategic Initiative on New Nets – Next Grant Cycle

- WHO policy on dual a.i. nets – 2022?
- 2021-23 grant cycle
 - > \$50M of catalytic funding for the '21-'23 period will allow continued procurement of dual insecticide nets for priority countries in advance of policy.
- 2024-26 grant cycle
 - > Expect at least 1 and possibly 2 dual insecticide nets will have WHO policy and will be included at large scale
 - > Other control tools may also have policy.



Vector Control: IRS and Larval source reduction



Vector Control

Indoor residual spraying: strategic considerations

- IRS continues to be supported as an effective malaria control intervention
- Countries strongly recommended to maintain coverage in previously GF-supported IRS areas
- Must demonstrate sound insecticide-resistance management strategy and routine monitoring of the quality and coverage of IRS
- Must include a waste management strategy and ensure funding for it

Larval source reduction

- Still limited GF support in this area
- If proposed, must be in the context of full coverage of other core malaria interventions and a demonstration of meeting WHO criteria (sites are few, fixed and findable)

Key Resources

Global Fund Funding Request Application Materials and Guidance

<https://www.theglobalfund.org/en/funding-model/applying/materials/>
<https://www.theglobalfund.org/en/funding-model/applying/resources/>

- Includes Malaria Information Note and related Technical Briefs

Use the Global Fund Reference Price when preparing a budget, if commodities are requested, even if the country procures outside the Global Fund's Pooled Procurement Mechanism (PPM). *(Should be updated by the end of Q1 2020)*

<https://www.theglobalfund.org/en/sourcing-management/health-products/>

Thank you for your attention





Vector Control

Insecticide treated nets: operational considerations

- Net characteristics supported: no change, white, blue or green, rectangular nets in standard sizes.
 - Hooks and strings optional and cost-benefit should be considered
 - Can indicate material preference, GF cannot guarantee
 - GF follows WHO guidance on treating pyrethroids as one class and does not support selection within the class
- Standard quantification (1 net/1.8 people → 1 net/every 2 HH members) unless local data indicates a more appropriate ratio to reach the set target
 - Consider alternative data sources and sharing across campaigns to support more accurate quantification (e.g. data from the last mass campaign or data from other campaigns, SMC)
- Net life-span (to inform needs required to maintain coverage) to be planned every 3 years, unless local data suggest otherwise and funding permits

Practical considerations: Indicative LLIN Procurement Lead-Time



Factors affecting actual LLIN procurement lead-times:

- **Type of product:** PBO nets and New Nets may take longer
- National **product registration** requirements
- **Geography:** direct access to sea port or land-locked country
- **Delivery location:** level- and number of delivery points
- **Importation** process