

Alignment of the GTS targets and the existing funding: What are the commitments covering and how do we prioritize uncovered needs?

GTS Vector Control Targets

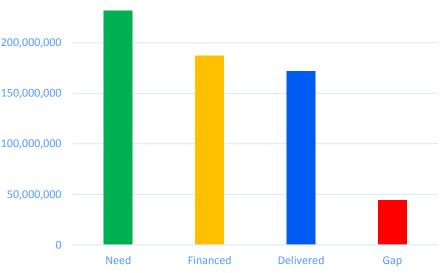
Pillar 1. Ensure universal access to malaria prevention, diagnosis & treatment

Quality-assured vector control can dramatically reduce morbidity and mortality. In areas of moderate-to-high transmission, ensuring universal access of populations at risk to interventions should be a principal objective of national malaria programmes. Structuring programmes in response to stratification of malaria by disease burden and including an analysis of past malaria incidence data, risk determinants related to the human host, parasites, vectors and the environment will enable the tailoring of interventions to the local context and ensure efficient use of resources

- **Maximize the impact of vector control.** Vector control is an essential component of malaria control and elimination. NMCPs need to ensure that all people living in areas where the risk of malaria is high are protected through the provision, use and timely replacement of LLINs.
- Maintain adequate entomological surveillance and monitoring
- Manage insecticide resistance and residual transmission.
- Strengthen capacity for evidence-driven vector control.
- Implement malaria vector control in the context of integrated vector management.

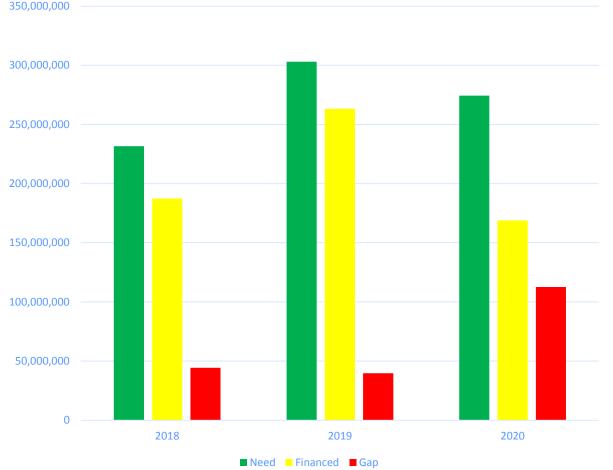
LLIN Needs and Gaps 2018

- ✓ In 2018 countries in Africa estimated that they required 231.6 m LLINs to achieve the coverage outlined in their NSPs (based on GTS targets)
- Countries estimated they had sufficient_{250,000,000} funding to procure >80% of their required LLINs (187 m)
- 172.2 m LLINs were delivered to Africa ^{150,} in 2018
- ✓ Gap of 44 million LLINs remained of which 83% were from two countries
- ✓ Globally, 44 countries estimated that their LLIN funding requirements were fully met in 2018



LLIN Needs and Gaps 2018 -2020

- ✓ In 2019-2020 countries in Africa estimate that they require 577 m LLINs to achieve the coverage in their NSPs (based on GTS targets)
- ✓ Countries estimate they have sufficient funding to procure 432 million LLINs over 2019-2020
- ✓ Gap of 145 m LLINs remains, mostly in 2020



General Observations

- ✓ If we compare the population at risk with the number of LLINs estimated as being required by countries, countries are including sufficient LLINs to achieve universal coverage of their targeted at-risk areas, in accordance with their national strategic plan, supplemented by routine delivery through ANC and EPI and schools, with an average need sufficient for around 150% coverage
- ✓ Countries are following WHO/RBM partnership recommendations and targeting the population at risk; divided by 1.8 (to account for oddnumbered households) and adding a 10% buffer when the most recent census was more than five years ago

Prioritisation

- ✓ When faced with limited resources, countries tend to first prioritise public sector case management in health facilities
- Next, countries tend to prioritise LLIN universal coverage campaigns (or school based distribution) and routine LLIN distribution through ANC and EPI
- ✓ When resources are insufficient for universal coverage of NSP targeted atrisk populations, countries prioritise their highest burden areas first (although this is more difficult in the countries where nets are still being distributed through campaigns on a rolling basis)
- ✓ We have seen examples of a deprioritisation of LLINs to larger urban areas, largely due to a lack of resources, more than a deliberate policy
- ✓ We anticipate that the High Burden High Impact Initiative will support countries to improve stratification and allow better targeting of LLIN campaigns for example away from low burden, urban areas

Resource Mobilization for LLINs

- ✓ According to country data, overall 20% of LLIN funding is from PMI, 50% from the GF, and the remainder from a variety of other sources including domestic resources, DFID, AMF, IDB etc
- Country gaps are being filled through a variety of mechanisms including:
 - ✓ GF reprogramming to fill campaign gaps e.g. Nigeria
 - ✓ GF portfolio optimization: US\$400 million for LLINs is already included in the GF approved PAAR. To date, two thirds of portfolio optimization resources have been awarded for LLINs, showing that filling LLIN gaps remains a key priority
 - Nigeria is working on a USD350 million development bank request to fill gaps in 13 "orphan states" allowing for the procurement of Y LLINs
 - DRC have filled key gaps through the AMF and portfolio optimization

Resource Mobilization for LLINs

- The GF catalytic funding/UNITAID funded New Nets multi-partner project is working to make next generation LLINs more affordable through market shaping, whilst generating the necessary evidence of their added value
- A large number of countries have requested CRPSC assistance in the development of comprehensive resource mobilization plans, and we are working to expand the TA roster to meet these demands

Way forward

- ✓ We anticipate that the High Burden High Impact Initiative will support countries to enhance stratification, allowing countries to better target LLINs, for example away from low burden, urban areas, and will revisit targeting guidance......
 - Whilst awaiting any new targeting recommendations, from WHO, we should continue to prioritise highest burden areas for coverage first and consider not prioritizing low burden urban areas; smaller countries should work towards consolidating rolling campaigns
- ✓ Continue to prioritise LLINs in the GF portfolio optimization and in the next GF applications, rolling out at the end of this year
- ✓ Develop comprehensive resource mobilization strategies to ensure financing sustainability, RBM partnership is ready to support you in this.
- ✓ Ongoing market shaping efforts to make new next generation commodities more affordable including through catalytic funding



28 January, 2019

Thank you