Universal access and use to insecticide treated nets (ITNs) is a central goal for malaria-endemic countries. According to the 2018 World Malaria Report only 50% of people at risk of malaria are using ITNs. This seemingly low figure, however, oversimplifies the true need [1]. Across Sub-Saharan Africa, most people with access to ITNs are using them (85%) [2]. When households do not have enough ITNs, they tend to prioritize the most vulnerable groups (pregnant women and children under 5) [3, 4]. People at greatest risk (such as those in areas with high parasitemia rates and the rural poor) are, in fact, using ITNs [5]. What then, needs to be done?

Instead of promoting ITN use across the board, countries have several options: boosting ITN access, prolonging ITN lifespans or targeting ITN use social and behavior change (SBC) to specific groups and at specific times.

1. **Increase access to ITNs.** Since most people with access to ITNs are using them, it makes sense to increase access to ITNs. According to the 2018 World Malaria report, only 56% of people at risk for malaria have access to an ITN. Although this rate increased between 2010 and 2016, it stayed about the same between 2016 and 2017. ITN use has also plateaued at 50% [1]. One way to increase access is to improve the completeness of registration during mass distributions; another is to remove caps so large households can receive as many nets as they need [7].

2. **Make ITNs last longer (or make new ones available as soon they wear out).** People can’t use ITNs when they are too worn out, and much of the time, they have no control over when they get a new ITN. Affordable ITNs are not widely available, and ITN distribution dates are not within their control. Encouraging households to take care of their ITNs can help ITNs last longer [8, 9]. Promoting ITN care can therefore prolong access to an ITN. Another option is to deploy continuous distribution channels that allow people to obtain a new ITN as soon as they need one [10, 11].
3. **Find out who is NOT using ITNs, when and where.** As the new “high burden to high impact” strategy notes, the malaria community needs to shift from a one-size-fits all approach and better use data to achieve maximum impact [12]. People who are less likely to use ITNs tend to be urban and wealthier, and this may be because they have lower risk of malaria, and better access to treatment, fans, and screens. Some areas, however, have low ITN use-to-access ratios yet have high rates of parasitemia (such as northern Ghana and southern Nigeria). These types of areas and audience segments need to be prioritized for ITN use messaging. Another approach is to promote ITN use during the dry season, since ITN use-to-access ratios tend to decline during these periods in most places. Identifying when and where these dips happen will be the first step to boosting year-round ITN use [5].

Increasing access to ITNs, making ITNs last longer, and targeting SBC efforts to the populations and seasons with low net-use-to-access levels are evidence-based strategies for boosting overall ITN use rates.