Mass campaigns have been the backbone of net distributions for the past 20 years. Although the World Health Organization recommends that countries use a combination of mass campaigns and continuous distribution (the distribution of insecticide treated nets (ITNs) through antenatal care (ANC), immunization services (EPI), schools, community-based workers, or sales) [1], many countries are unsure of which combination may be most appropriate or how to most effectively time the rollout of additional channels. Given this uncertainty, it may be tempting to stick to what one knows best. But a decade of research shows that continuous distribution CAN be worth the challenges of introducing a new distribution system.

1. Numerous peer-reviewed journal articles have shown that continuous distribution can maintain coverage and save lives for about the same cost as mass campaigns. [2, 3, 4, 5, 6]. A Madagascar study found that malaria incidence decreased by 14% in areas served by a community distribution program, while sites that only had mass campaigns every three years saw a 12% increase. Families in sites with community distribution were able to access nets as babies were born and as nets wore out, while in the mass campaign sites, malaria cases rebounded in the second and third years between campaigns [7]. Another study found that school distribution was able to supply households missed by the campaign [3]. On the financial side, recent cost-effectiveness research has found that some CD systems are expected to perform at similar levels of efficiency to repeated mass campaigns [8]. How then should countries proceed with determining what ITN distribution channels to use?

2. First, optimize ANC and EPI distribution. Most countries’ national malaria strategic plans already include distributing nets through ANC and EPI, usually in addition to mass, school, or another distribution channel. A cost-effectiveness study of 57 mass and continuous distribution programs shows that ANC and EPI distributions are more cost-effective than any type of distribution for averting loss of disability-adjusted life years, death, and cases of malaria [8]. This makes sense because women and children under 5 are especially vulnerable to malaria, and ITN distribution through ANC and EPI services can target them better, especially in years without mass distributions. However, research shows that in the 16-17 countries that report this data to WHO, 45% of women attending ANC and 66% of infants attending EPI do not receive a net [9]. Ghana, which now reaches 89% and 87% of pregnant women and children with ITNs during ANC and EPI, shows that optimizing these channels is possible [10].
3. Then choose your ITN delivery strategy. After you reach high coverage with a mass campaign, decide if you will do recurrent mass campaigns, or replace it with school or community distribution (ANC and EPI distribution should remain constant). All three (recurrent mass, school, or community) are valid options, and the choice mainly depends on the country’s capacity in three areas:

   a. ability to conduct mass campaigns,
   b. quality of student enrollment data, and
   c. the reach and functionality of community-based agents such as community health workers or religious or traditional leaders [11].

If a country’s most recent mass campaign was disorganized, significantly delayed due to organizational reasons, or ITNs were tracked poorly, it is unlikely that a new continuous distribution strategy will be easier to implement. If the campaign largely hit its targets and ITNs were tracked reasonably well, the health system may be able handle new channels. Countries or regions with high rates of school enrollment and fairly complete student enrollment data may wish to consider once-annual school distributions and skip the hassle of mass campaign registrations. Similarly, countries or regions with extensive community networks and confidence in those agents’ ability to submit data may wish to use community distribution, and, like Madagascar, avoid dips in coverage between mass campaigns [12]. Trainings for school and community distribution are usually only half-a-day to a day, and overall implementation is about as complicated (or less) compared to mass distribution [13]. Implementation is made easier by the continuous nature of the programs, which means that workers do not need to be reoriented or tasked with additional duties every three years.

ANC and EPI net distribution save the most lives and must be prioritized as the cornerstone of any country’s distribution strategy, in addition to recurrent mass, school, or community distribution. Most countries already include ANC and EPI in their strategy but they have difficulty maintaining consistent supply chains, and all too often, ITNs are taken from ANC and EPI to fill gaps in mass campaigns [14]. While choosing between repeated mass, school, or community distributions requires a good understanding of the operational context, the data show that all three options are equally cost-effective ways to reach and maintain high levels of ITN access [15].

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