

A conversation with Malaria Consortium, March 24, 2017

Participants

- Charles Nelson – Chief Executive, Malaria Consortium
- Dr. Kolawole Maxwell – Country Director, Nigeria, Malaria Consortium
- Maddy Marasciulo – U.S. Business Development Lead and Global Case Management Specialist, Malaria Consortium
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Charles Nelson, Dr. Kolawole Maxwell, and Maddy Marasciulo.

Summary

GiveWell spoke with Mr. Nelson, Dr. Maxwell, and Ms. Marasciulo of Malaria Consortium as part of an investigation into long-lasting insecticide-treated net (LLIN) distribution programs in Nigeria. Conversation topics included Malaria Consortium's LLIN distribution work, room for more funding, and possible models for a potential Good Ventures-funded LLIN distribution in Nigeria.

Malaria Consortium's LLIN distribution work

Procuring and distributing nets

Until recently, Malaria Consortium was conducting LLIN distribution work as part of two programs in Nigeria:

- **Support to National Malaria Program (SuNMaP)**, funded by the United Kingdom's Department for International Development (DFID). Malaria Consortium helped to organize and coordinate some of these distributions.
- **Malaria Action Program for States (MAPS)**, funded by USAID. Malaria Consortium was the primary implementing organization for the net distributions and other elements of MAPS.

Through these two programs, Malaria Consortium was operating in 19 of 38 states in Nigeria and covered 19 million people with LLINs. Over the period of the programs, it has distributed 7 million LLINs in mass campaigns and 4 million through continuous distribution programs. The most recent LLIN distributions that Malaria Consortium conducted in Nigeria were in Benue State in March 2016 via MAPS.

SuNMaP and MAPS projects have both ended. USAID and DFID have started the procurement process for follow-on programs, but currently there are no active large country malaria projects similar to SuNMaP and MAPS. Since its work on this in recent years has been primarily via these two programs, Malaria Consortium is

currently not directly responsible for LLIN distributions in Nigeria. However, as head of the Integrated Vector Management Subcommittee (IVM-SC), it is actively involved in other ongoing LLIN campaigns in the country. If USAID or DFID programs similar to SuNMaP and MAPS are awarded to Malaria Consortium as an implementing partner, it hopes to continue work on LLIN distributions in many of the states where it was previously working.

State support team

Malaria Consortium led other partners in supporting the National Malaria Elimination Program (NMEP) to establish several previously funded positions in a state support team, which oversees LLIN distribution campaigns across the country. In some of the states where Malaria Consortium was operating, UNICEF and the Global Fund provided some of the commodities for the distributions. In some of these distributions, Malaria Consortium provided state-level technical support. Malaria Consortium also works with several local organizations in Nigeria, including the Health Reform Foundation of Nigeria (HERFON), the Federation of Muslim Women's Associations in Nigeria (FOMWAN), and the Christian Health Association of Nigeria (CHAN), on LLIN campaigns as well as other work.

Staff at country office in Nigeria

Since MAPS and SuNMaP have both ended, Malaria Consortium has reduced its staff at its country office in Nigeria from about 130 to about 40; it hopes to increase its staff to close to its previous size if new funding and projects become available. The roughly 90 staff members who were let go included support staff, managers, and technical officers from each field office, and a few staff from the national office. Many senior technical staff at the national office are continuing to work with Malaria Consortium on new programs.

Malaria Consortium established its Nigeria office in 2012 (but has been operating in Nigeria since 2008) and has been building its capacity as an organization. Its country office includes finance, technical, management, communications, operations, and administrative teams, as well as a reserve team of short-term consultants with whom Malaria Consortium regularly works on several specific projects. Despite MAPS and SuNMaP ending, Malaria Consortium's core country office staff are working on other malaria, community health, pneumonia, and nutrition projects, and the reserve team continues to work in Nigeria with both Malaria Consortium and its partner organizations. Malaria Consortium is working to build the capacity of the reserve team.

Room for more funding

Net gap

In order to inform a recent application for funding from the Global Fund, the Nigerian government conducted an analysis of the quantity of nets and other commodities required in the country, broken down by state and by year through 2022. This analysis found that the total country requirement between now and 2020 is about 206 million nets. Of these 206 million nets, about 159 million have been committed, leaving a gap of about 47 million nets that will be needed to maintain universal coverage through 2020.

Fungibility with government funding

Malaria Consortium staff do not think that additional external funding would cause the government to spend less of its own funding on malaria, if it is managed well. There may be opportunities at both the federal and state government levels to offer matching funds to get the government to co-fund Malaria Consortium's activities.

Possible models for a GiveWell-funded LLIN distribution in Nigeria

Malaria Consortium staff expect that all potential models would include collaboration with the NMEP, the State Malaria Elimination Program (SMEP), local partners, and community stakeholders. Possible models for the distribution could also involve:

- Distributing one-third of the needed LLINs each year for a particular region, so that each sub-area is re-covered every 3 years and Malaria Consortium could operate on a cycle of continuous activity.
- Focusing on a certain state or local government area (LGA) for a larger, shorter-term distribution campaign.

Malaria Consortium's role in LLIN distributions

Malaria Consortium has several roles related to LLIN distributions:

- Creating an LLIN coordinating network in each state, which is typically a partnership between the state government, a security agent, NGOs, traditional leaders, and religious leaders.
- Technical oversight, including training staff on tasks such as monitoring & evaluation and distribution of commodities; logistics; and demand creation, which includes messaging before, during, and after a distribution.
- Mobilization of LLIN and net card distribution and demonstration of net hanging at distribution points.
- Management of donor funds for LLIN distributions.

The distributions themselves are conducted by Malaria Consortium, in collaboration with state health officials and local partner organizations. For example, in predominantly Muslim areas where men may not be allowed to enter all houses, female staff of FOMWAN conduct community-based training in the households to demonstrate how to hang the nets properly and provide net cards. Often, members of FOMWAN first visit houses and direct the inhabitants to a distribution point where they can collect their LLINs.

Possible collaboration with the Against Malaria Foundation

It might be possible to use a model in which the Against Malaria Foundation (AMF) buys LLINs and supplies them to Malaria Consortium in Nigeria, which would take advantage of AMF's pre-existing relationships with suppliers and avoid the need to negotiate with the suppliers over net pricing. Malaria Consortium has used this model previously.

Possible project size

It would be possible for Malaria Consortium to scale up to do a distribution campaign involving tens of millions of nets. Malaria Consortium would work closely with NMEPs and SMEPs to ensure careful planning and coordination and ensure that LLINs are distributed in areas with net gaps. This would require getting resources in place at the right time, finding necessary partner organizations, and working with SMEPs to identify specific LGAs and communities not targeted for distribution. For context, Malaria Consortium is planning to facilitate a national distribution of 25 million LLINs in Uganda in 10 months. It is currently in the process of putting the funding through; the nets will be funded by AMF, the Global Fund, DFID, UNICEF, and the President's Malaria Initiative (PMI). It expects to be able to facilitate a distribution on a similar scale in Nigeria, if it had funding to do so.

On the low end, it would not make sense to do a distribution smaller than about 1 million nets, since most states require at least this many nets and since small distributions are typically less efficient and less cost-effective than larger ones (though a small distribution that is part of a well-integrated campaign can have a high impact if it is filling a gap in an area that would otherwise not receive LLINs.)

Monitoring & evaluation

Compliance (i.e. net use) tends to be lower in southern Nigeria than in the north. Malaria Consortium is investigating the reasons why people in southern Nigeria who have nets do not necessarily sleep under them. This investigation will inform its demand creation activities. Malaria Consortium is in discussions with its commercial sector partners to see whether they can meet the demand for differently-shaped nets. Non-compliance with net use in the northern part of the country is generally related to not having a net, as opposed to not using them.

In designing a distribution campaign, it would make sense to focus on the northern part of the country, because this is a generally lower income area; there are fewer problems getting people to use the nets; the malaria burden is high; and there is an outstanding net gap in this area.

Type of survey that would be used in a GiveWell-funded distribution

In a GiveWell-funded distribution, Malaria Consortium would plan to conduct a net retention survey, which it typically does 4-6 months after the distribution. These surveys are useful because they give information on coverage levels and reasons why people are or are not using the nets. This information has been useful for designing demand creation programs to ensure that people use the nets.

Timeline for a potential GiveWell-funded distribution

A GiveWell-funded distribution could begin in 2018 at the earliest, in part because it would take some time to get the right quantity of nets manufactured and to get the nets cleared at the port in Nigeria. Malaria Consortium usually aims to distribute nets between December and June to avoid doing this work during the rainy season, since the nets are delivered via large trucks that have trouble traveling to remote areas during this season.

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