#### AED CENTER FOR PRIVATE SECTOR HEALTH INITIATIVES



### Malaria



Malaria is among the world's most persistent infectious diseases, with an estimated 250 million cases and nearly 1 million deaths occurring annually. Malaria is particularly devastating in Africa, where it kills a child every 45 seconds and costs an estimated 12 billion dollars annually in treatment, lost productivity, and other direct losses.

Increased access, consistent and correct use of long-lasting insecticide-treated nets (LLINs), and malaria treatment, among other interventions, substantially reduce malarial illness and death, particularly among pregnant women and children under five years old—both disproportionately affected by this disease. Effective interventions leverage and integrate efforts of the public and private sectors, both the for-profit and nongovernmental sectors, as well as the faith-based community.

AED was at the forefront of early initiatives to involve the private sector in the prevention of malaria through the USAID-funded NetMark Project, a cornerstone of the President's Malaria Initiative in sub-Saharan Africa.

Under the new five-year, Malaria Action Program for States (MAPS) in Nigeria, AED aims to ensure increased use of LLINs by pregnant women and children under the age of five, through behavior change communications and improved supply chain management. In addition, MAPS will help improve malaria case management in both private and public health care facilities by increasing the use of diagnostics tools and intermittent preventive treatment for pregnant women, and strengthening program management, including monitoring and evaluation.

Other recent AED projects involving the private sector include the Malaria Taxes and Tariffs Advocacy Project (M-TAP) funded by the Bill & Melinda Gates Foundation and consumer research on the proper use of anti-malarial medicines funded by the Genevabased Medicines for Malaria Venture (MMV).

#### Building sustainable markets for insecticide-treated nets

The NetMark Project was a groundbreaking initiative tasked with creating sustainable commercial markets for insecticide treated nets (ITNs) in seven African countries. AED partnered with multinational net and insecticide manufacturers, national product distributors, and national

malaria control programs to make quality ITNs widely available at affordable prices. AED's public education efforts reached over 200 million people and commercial partners sold over 60 million ITNs consisting of 26 different brands in seven countries between 2002 and 2009. For those unable to afford the full commercial price, AED created a discount voucher system that 2.1 million families used to purchase ITNs from commercial shops at discounts ranging from 40 to 100 percent.

To build local capacity and to ensure sustainability, NetMark worked with many African businesses to improve their planning and management skills, resulting in increased credit and elimination of stock-outs. AED helped manufacturers conduct consumer research, including product acceptability and willingness to pay studies.

Taking advantage of AED's "joint investment, joint risk" approach, in which public funds were used to partially offset the risk of for-profit businesses to launch a brand new consumer product in an untested market,

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commercial partners matched USAID's overall \$67.5 million investment with \$90 million of private investment over the life of the project. While USAID no longer funds NetMark, commercial manufacturers and distributors—now totaling more than 40 in these seven countries—continue to manufacture, market and sell ITNs.

#### Facilitating technology transfers to local manufacturers

AED's commercial distribution partners initially relied mostly on imported ITNs. NetMark, however, encouraged local manufacturers to meet international standards so they could become suppliers to the ITN program. The project's textile engineers conducted factory assessments and quality improvement studies with all major net manufacturers in Africa. AED created a unique partnership with Bayer Environmental Science and SiamDutch Netting Company to create an LLIN production process which was made available in the public domain. This process led to the opening of a \$5 million LLIN factory (Tana Netting) in Thailand with a production capacity of 3 million nets a year. Since the opening of the Tana Netting facility, AED has helped install the LLIN treatment process at Sunflag Nigeria, a factory with the capacity to treat 800,000 LLINs a year.

In Nigeria, AED helped several net-stitcher associations identify sources of World Health Organization-approved netting, insecticide kits, bag sealers, and—as they became available—LLIN treatment kits. ITN production by these stitchers went from zero in

2004 to 2.1 million in 2008. In Uganda, AED helped broker a partnership between two Ugandan companies and US-based Clarke Mosquito Control. Clarke provided rolls of its polyethylene netting and packaging to Mosquito Net Village, a net sewing complex, and AED helped conduct an industrial trial of locally sewn polyethylene LLINs.

### Working with industry on product development

AED helps companies conduct consumer research to guide the development of new antimalarial products. MMV contracted AED to conduct consumer research to ensure the proper use of a new combination anti-malaria therapy developed by a South Korean pharmaceutical company. AED not only designed the usability and labeling studies, but also helped create packaging, labels, and instructional inserts designed for illiterate or semi-literate consumers.

## Raising awareness at the community level

Under the Tanzania Marketing and Communications for AIDS, Reproductive Health and Child Survival Project, AED implemented a malaria prevention campaign in Zanzibar and its surrounding islands. Through the *Kataa Malaria* (Reject Malaria) campaign, developed in conjunction with the Zanzibar Malaria Control Program, more than 400,000 people were reached through a house-to-house outreach effort, and 250,000 nets were distributed and hung over beds.

One of the Zanzibar islands reported that in the first nine months of 2006, the number of malaria cases was almost 90 percent lower than in the previous year.

Using AED's Social and Behavior Change Communication (SBCC) <sup>i</sup> framework, the MAPS Project will be working closely with local Nigerian institutions to implement targeted campaigns and achieve lasting, positive change in malaria-related behaviors.

# Creating an enabling environment for commercial distribution of ITNs

Through the NetMark project, AED implemented a major advocacy effort to convince African nations to include the commercial sector in their malaria plans and to reduce taxes and tariffs on ITNs. The M-TAP Project is using evidence-based policymaking to identify and minimize the negative impact of taxes and tariffs, as well as nontariff barriers, on anti-malarial commodities, including ITNs and LLINs, raw materials and machinery for ITN production, artemisinin-based combination therapy, malaria prevention medicines, insecticides for indoor residual spraying, and rapid diagnostic tests.

The mission of the AED Center for Private Sector Health Initiatives (CPSHI) is to improve the health and well being of people in developing countries—particularly those at the "base of the pyramid"—by facilitating beneficial partnerships between the public and private sectors to provide information, services, and products that are affordable, accessible, and high quality.

CPSHI is part of AED, a nonprofit organization working globally to improve education, health, civil society, and the environment—the foundation of thriving societies. Focusing on the underserved, AED's worldwide staff of 2,000 implements more than 300 programs serving people in all 50 United States and more than 150 countries. In collaboration with local and national partners, AED fosters sustainable results through practical, comprehensive approaches to social and economic challenges.



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i SBCC is: an interactive, researched, and planned process aimed at changing social conditions/norms and individual behaviors; that requires a socio-ecological model for analysis of not only knowledge and motivation but also social/gender norms, skills, and an enabling environment; and that operates through three key elements: Advocacy, Social Mobilization, and Behavior Change Communication.