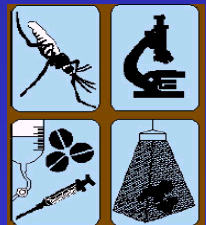


**ILI KUZUIA MALARIA  
DAIMA TUMIA  
CHANDARUA  
KILICHOTIWA DAWA**

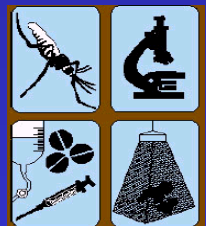


# TANZANIA

# National ITN Voucher Scheme

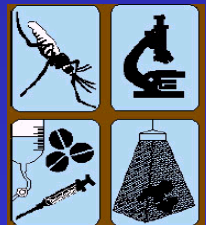
## Experiences and Lessons to date

TANZANIA  
National Malaria Control Programme



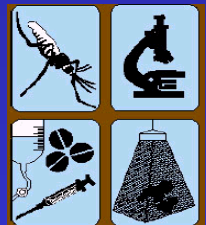
# Background

- Commercial sales already high
- National ITN Voucher scheme
- Vouchers targeted to all pregnant women
- Targets 1.6 M expectant mothers annually
- Supply 1.6 M infants with free Rx kits
- Implemented by MoH through NMCP
  - With NGOs, District Councils, Commercial partners



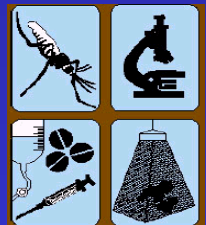
# Funding

- 5 year plan –\$ 12M for 2 years secured
- Demand creation and district promotion
  - Yr 1: \$864,000; Yr 2: \$2.11M
- Subsidy development/co-ordination \$1.2M
- Vouchers
  - Yr 1: \$220,000; Yr 2: \$3.55M
- Free insecticide
  - Yr 1: \$1.34M; Yr 2: \$2.72M



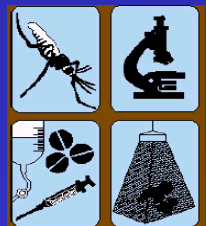
# Initial ITN Strategy

- No significant direct subsidy in early years
  - Allow market equilibrium to be established
  - Determine who was truly excluded
  - Target subsidies using models tested during scale up



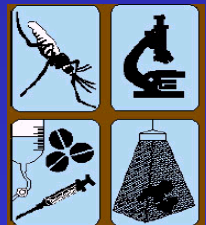
# GFATM Linkage

- Pressure to move to free nets and insecticide
- Threat to commercial sustainability
- How best to use ‘potential’ new money
- Voucher scheme developed by pre-existing multi-stakeholder Task Force



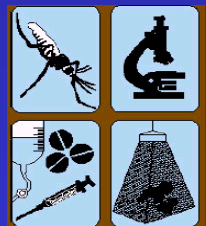
# Global Fund Process

- Proposal produced by the NMCP multi-stakeholder Task Force on Scaling up ITNs
- Approved by Global Fund Country Coordinating Mechanism
- Submitted to GFATM March 2002
- GFATM Assessment of PR September 2003
- Negotiations with GFATM October 2003
- Grant agreement signed November 30<sup>th</sup> 2002



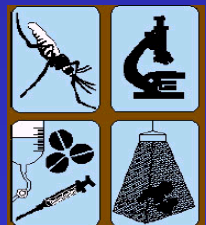
# Rational

- Provides **added value** to the existing Plan and activities – intimately dependent on the other components
- Does **Not** undermine the commercial sector progress
- Will accelerate attainment of the targets already set in the Malaria MTSP and the ITN Strategy



# Scheme Outline

- Equitable targeting to highest risk groups
  - Pregnant women and infants
- Voucher / subsidy scheme
  - linked to uptake of essential health interventions
    - antenatal clinic attendance, EPI uptake
  - high value to encourage uptake
  - Health staff distribute vouchers, private sector encash voucher



# Vouchers

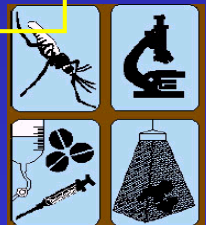
- benefits
  - encourages private sector sales and rural penetration
  - will not destabilise market
  - readily identifiable qualification (pregnancy)
  - limited administration for health staff
  - could pull in earlier antenatal attendance and lift EPI coverage
- risks
  - Fraud, high value → high risk
  - Retailer refusal to honour vouchers
  - Private sector refusal to co-operate
  - Who uses the ITN in the home ?
  - Use for, non ITN, 'essential' commodities



# Targets

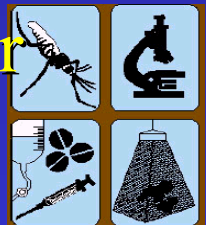
- 80% coverage is achievable in mid term
- Short term - target those carrying greatest burden

By 2006: at least 60 % of children under 5 years of age and 70% of pregnant women are protected by a treated net.



# ITN VOUCHERS

- Eligibility
  - All pregnant women attending Ante-Natal clinic for the first time
- MCHC Staff
  - explain voucher system to pregnant woman and give a voucher
- Records
  - ante-natal card marked
  - Name and voucher number entered in register
  - Name and ward entered on voucher stub

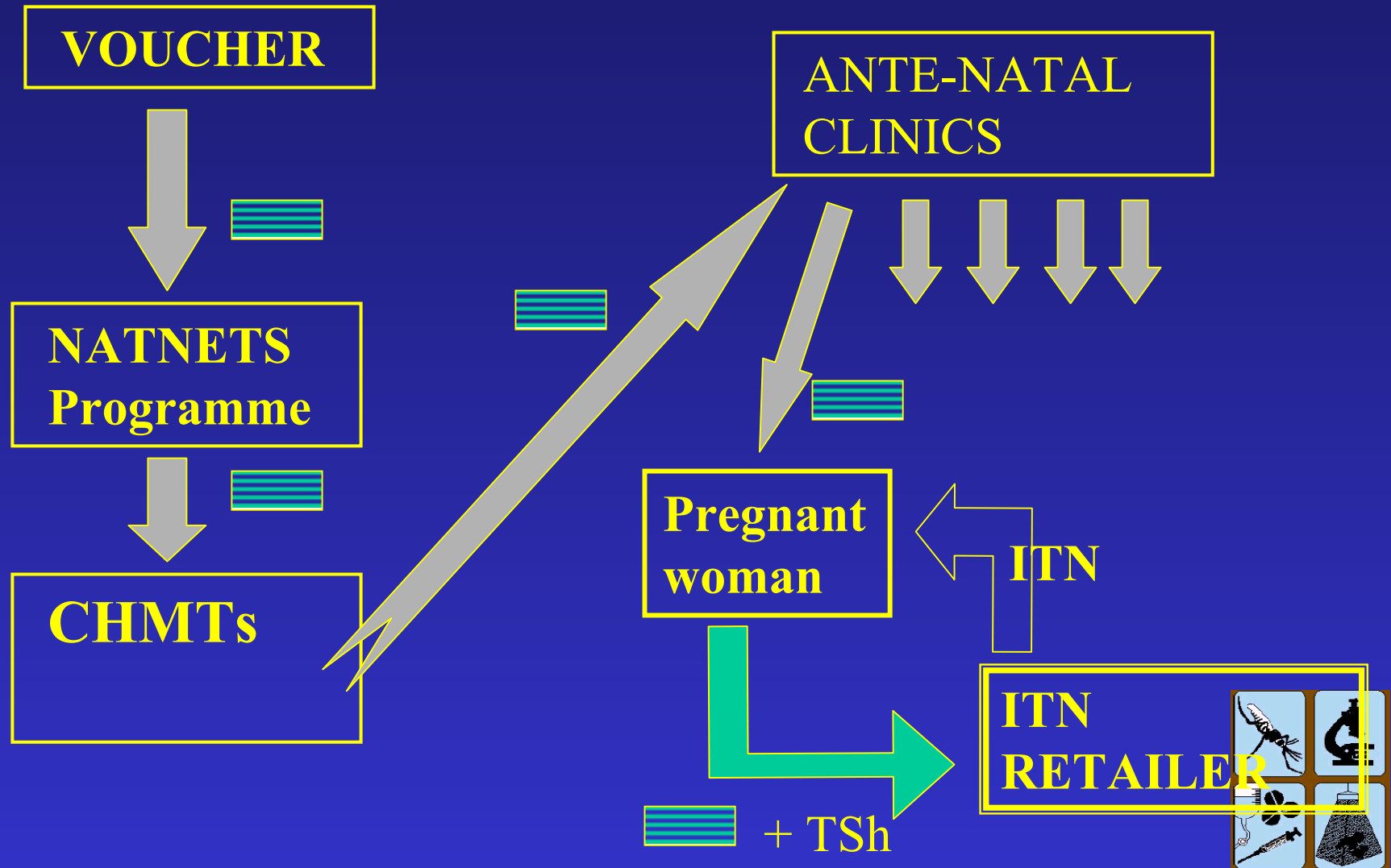


# ITN VOUCHERS

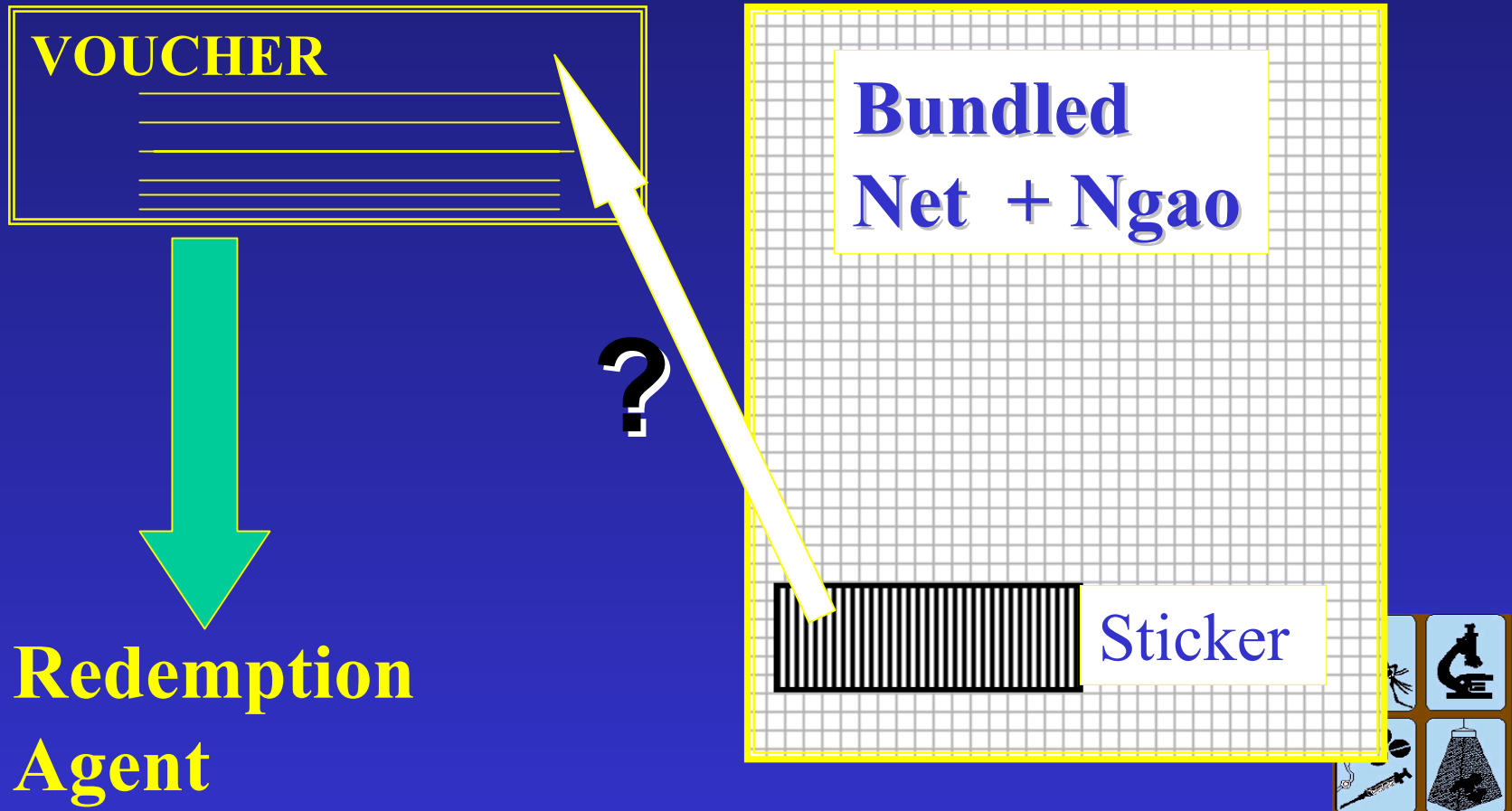
- Value
  - Probably TSh 2,000/= or TSh 2,500/=
- Redemption
  - Pregnant woman takes voucher to retailer selling nets (who is willing to participate)
  - Gives voucher to retailer + pays difference in price (cash) for the net that she wants to buy.
- Danger
  - retailers will inflate prices for women using vouchers so it is up to communities to know the usual retail price of nets and not allow this; market forces should help to control artificial inflation



# What happens with a Voucher ?



# What about the retailer ?



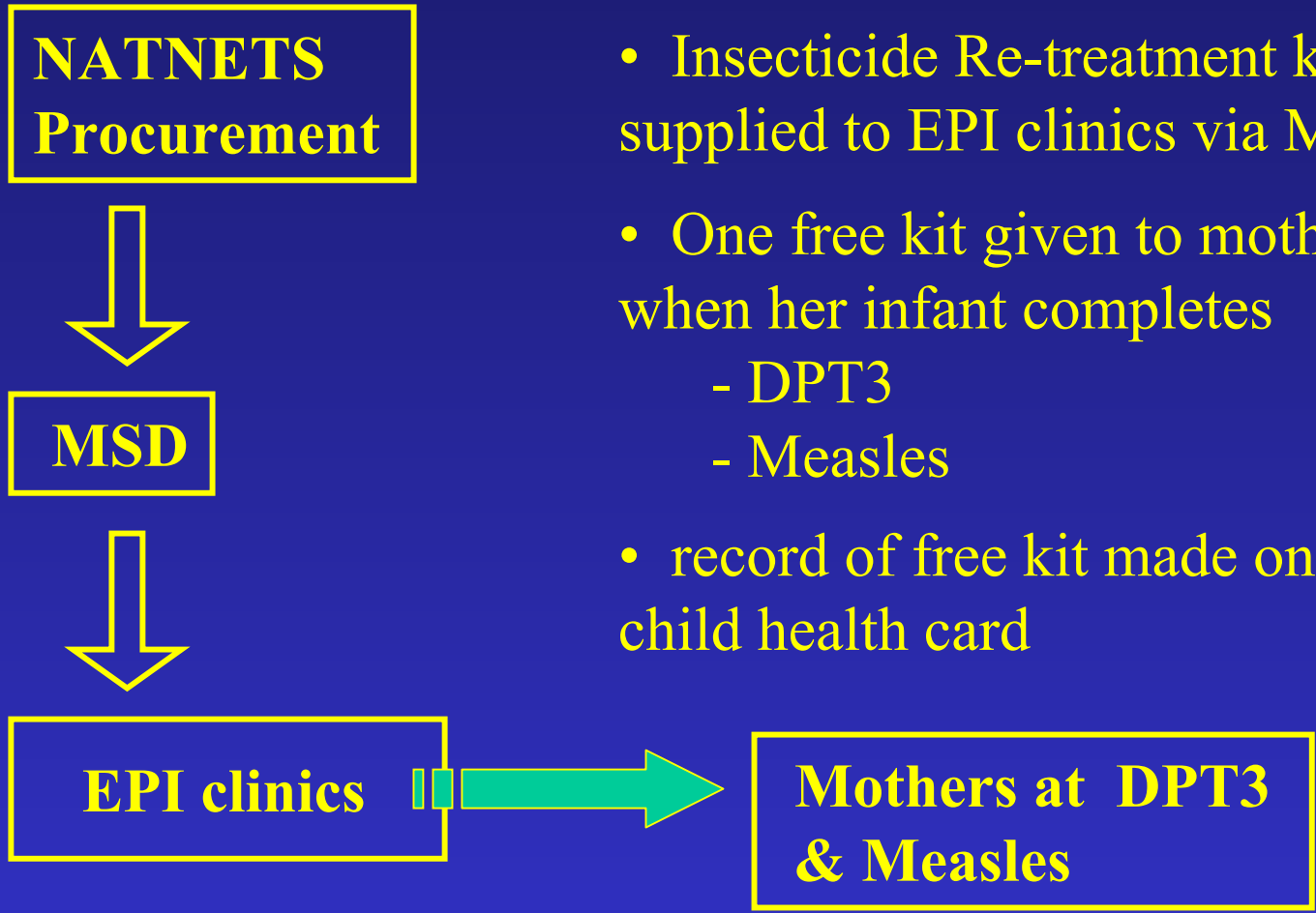
# Insecticide Re-treatment Kits

- **Free kit** given to mothers / carers when their infant completes DPT3 and Measles Imms.  
(possibly also at age 18 months – need a good milestone!)
- Intended to be used on the net bought by the mother, using her voucher, while she was pregnant
- Infants generally sleep with their mothers
- So, helps to continue protection while the infant is most vulnerable
- When mother gets pregnant again she is eligible for another voucher and the old net passes to the child

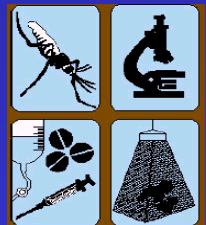


# Insecticide Re-treatment Kits

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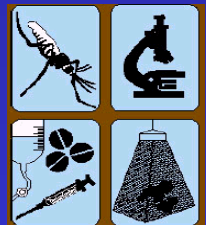


- Insecticide Re-treatment kits supplied to EPI clinics via MSD
- One free kit given to mother when her infant completes
  - DPT3
  - Measles
- record of free kit made on child health card



# Lessons

- MoH commitment - must overcome entrenched dogma (grass cutting, puddle filling), line of least resistance
- MoF commitment / understanding, co-operation (taxation, interim alternative funding instruments)
- Consensus – must get wide stakeholder buy in at an early stage. NGOs, key actors, still feel excluded. NGO malaria forum being convened with CORE support. - Take the Long Term View



## Lessons 2

- Require flexible, responsive funding (a war chest ) **plus** manpower
- Require ability to gain rapid MoH endorsement or gain greater autonomy if timely actions to be taken
- Cash flow obstacles threaten supply side and MoH /NMCP/partner credibility (not acceptable in commercial world, public/private partnerships)

