



Report to:
Commercial Sector Case Study

Case Study 1

Strengthening commercial retail of LLIN through partnership with professional associations and business member-based organisations:

The SuNMaP Nigeria Experience

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Abbreviations and Acronyms

ACT	Artemisinin Combination Therapy
ACPN	Association of Community Pharmacists of Nigeria
AGPMPN	Association of General and Private Medical Practitioners in Nigeria
CHA	Christian Health Association of Nigeria
DfID	Department for International Development
LLIN	Long Lasting Insecticidal Nets
M4P	Making Markets Work for the Poor
NAPPMED	National Association of Proprietary and Patent Medicine Vendors
NGN	Nigerian Nira
PPMVs	Proprietary and Patent Medicine Vendors
RDT	Rapid Diagnostic Test
SuNMaP	Support to National Malaria Programme

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The contents of this report are the sole responsibility of its authors and do not necessarily reflect the views of the Partnership managing SuNMaP or the UK Department for International Development.

SECTION 2

2.1 Background

The Support to National Malaria Programme (SuNMaP) funded by UKAid Department for International Development (DfID) is working with civil society, the public sector and the commercial sector in Nigeria to tackle the challenges of Malaria. The programme has a specific focus on preparing the commercial sector and civil society in Nigeria for their long-term role in malaria control. Key outputs of the programme include: building national capacity for policy development, planning and coordination, harmonization of the support of the different agencies, improved population coverage of effective measures for prevention and treatment of malaria, and operational research that provides the evidence base for more effective strategies on prevention and treatment. The five-year programme (2008-2013) is currently in a costed extension for the period of 2013-2015. The programme is being implemented by Malaria Consortium in partnership with several international and local organisations that include Health Partners International (HPI) and GRID Consulting.

Since 2011, SuNMaP has applied the 'Making Markets Work for the Poor' ('M4P') approach to facilitate systemic, large-scale and sustainable development in the commercial market for malaria commodities, which includes Long Lasting Insecticidal Nets (LLINs), Rapid Diagnostic Test Kits (RDTs) and Artemisinin Combination Therapies (ACTs) respectively for prevention, diagnosis and treatment of malaria. Montrose and Innovision Consulting have been supporting the SuNMaP commercial sector team to design, manage and evaluate the interventions in the commercial market.

Following a rigorous market analysis in 2011 of the LLIN commercial market, it was concluded that the commercial manufacturers, importers and distributors in Nigeria had weak distribution channels and retail presence and had limited engagement in creating demand and awareness for the product. Much of the investment from the private sector was being diverted to securing deals to supply the Nigerian government and donor-funded programmes for mass distribution of free LLINs, and routine campaigns targeting pregnant women and children under five. To strengthen the distribution and retail channels and to improve commercial sector engagement in creating market awareness and demand, the programme started to intervene on several strategic intervention areas. One of the strategies is to facilitate collaboration and partnership between selected private sector importers and distributors of LLIN and networks of pharmacists and medical professionals. These networks of professional organisations provide an excellent opportunity to extend the distribution and retail network for LLIN across Nigeria, and also to increase awareness among the consumers on the value of LLIN.

This case study is the first in a series to be produced by the SuNMaP commercial sector team and advisors. The purpose of these case studies is to share the technical approach of SuNMaP to resolving market systems challenges in the commercial malaria commodity market in Nigeria and the learning resulting from the interventions. This first case study details the approach that SuNMaP followed to facilitate partnerships with the medical industry representative bodies in

Nigeria and underscores some of the challenges and learning that could facilitate the design and implementation of similar interventions by practitioners to develop sustainable commercial markets for malaria commodities.

2.1 Rationale: Why partner with professional organisations?

Medical industry representative bodies such as professional associations are gatekeepers with respect to working directly with their membership – e.g. doctors, nurses, pharmacists and drug wholesalers and retailers. They are also strong influencers in setting the range of practices across their sector. As individuals, medical professionals, informal drug wholesalers and retailers are most often the first point of contact for the treatment of suspected malaria cases. As such they strongly influence consumers' behaviour and purchasing decisions¹ – including the purchase and use of LLIN. Furthermore, in Nigeria LLINs are widely available in pharmacies, which are usually the preferred retail outlet for the customers. However, the LLIN market assessment conducted in 2011 revealed that the medical professionals in Nigeria, including doctors, nurses, pharmacists and informal drug sellers - such as the Proprietary and Patent Medicine Vendors (PPMVs) - were not educating their patients and customers on the need to purchase and use LLIN. Moreover, mystery shopping exercises revealed that the pharmacists and PPMVs themselves had limited knowledge on the use and value of LLIN.

In this context, closer partnership and working relations between the LLIN importers and distributors and the professional associations could benefit the market in several ways. First and foremost, it could raise levels of awareness and knowledge amongst the professionals about the need to promote LLIN and the use of the product. Increasing dialogue between the professionals and the patients seeking health advice for malaria could raise awareness amongst consumers to purchase and use LLIN. This could stimulate the demand for LLIN and increase sales through pharmacy and PPMV outlets. In turn, the increase in sales could incentivise the LLIN importers and distributors to continue their engagement with the professionals as a strategy to promote LLIN. The professional associations in this context could provide the entry point for the LLIN importers and distributors to reach out to thousands of customers through medical professionals, pharmacists and PPMVs across Nigeria. The intervention could thus facilitate large-scale, systemic and sustainable change which, based on the M4P approach, is defined as 'the market capability to ensure that the relevant differentiated goods and services continue to be offered to and consumed by the poor beyond the period of the intervention'.

2.3 Intervention Details: How SuNMaP managed the intervention?

SuNMaP is implementing two interventions to facilitate the growth of business relations between LLIN importers and distributors in Nigeria and the professional associations: (i) Partnership with the Association for Community Pharmacists in Nigeria (ACPN) for increased market penetration through pharmacies' networks; and (ii) Supporting LLIN manufacturers and distributors to

¹ See the Nigeria Demographic and Health Survey (2008); the Omnibus Survey (2010)

leverage on the membership networks of the Association of General and Private Medical Practitioners in Nigeria (AGPMPN), and the Christian Health Association of Nigeria (CHAN).

The ACPN represents all pharmacists in Nigeria engaged in the wholesale, retail and dispensing of medical products at community-level. Headquartered in Lagos, the organisation has outreach to 13,922 licensed pharmacists in Nigeria². Partnership with ACPN thus opens up the window to reach out to and engage large numbers of licensed pharmacists to support the promotion and retail of LLIN.

The AGPMPN is the umbrella organisation representing all medical and dental doctors in private practice, operating either as owners or employees. The AGPMPN's membership base and activities span all 36 states in Nigeria. Partnership between the programme and AGPMPN can thus potentially influence the provision of information on use of LLIN at the point of consultation between the doctor and the suspected malaria patient.

Christian Health Association of Nigeria (CHAN) is a not-for-profit service organisation coordinating church sponsored healthcare across Nigeria. With about 400 member institutions (MIs), comprising 140 hospitals, 187 clinics delivering maternal and primary healthcare, 23 rural health programmes and four leprosaria, the organisation reaches out to 4,000 outreach health facilities managed by its MIs. Many of these health facilities are situated in remote rural areas, fulfilling CHAN's stated objectives of "Reaching the Unreached"³. Partnership with CHAN thus means that LLIN importers and distributors can potentially have a wide outreach in remote rural areas.

To promote LLIN through the pharmacists' network, SuNMaP selected Teta Pharmaceuticals as the intervention partner and ACPN as the outreach partner, providing access to pharmacists in the targeted locations. Teta was selected as a preferred partner as the project could use Teta's existing relationship with ACPN in the promotion and distribution of pharmaceutical products. The sales representatives of Teta were already connected to the pharmacists for marketing of pharmaceutical drugs. The intervention could 'piggy-back on the existing system of drug distribution to also support the promotion and distribution of LLIN. In this intervention, the project contract was with Teta, which was tasked to manage the intervention activities that included development of training curricula for the pharmacists on the use and value of LLIN and promotional strategies. Teta was also tasked to produce and distribute branded promotional materials (flyers, points of sale counters and banners). The SuNMaP team supervised the interventions and provided technical input for development of the training content, ensuring quality of the training materials and training facilitation, and development and distribution of promotional materials. The expenses were first borne by Teta and were later reimbursed by SuNMaP. The programme has also been engaged in routine monitoring in the field to analyse impacts resulting from the interventions and the challenges that are restricting progress.

² ACT Watch 2009; The Private Commercial Sector Distribution Channel for Antimalarials in Nigeria.

³ <http://channigeria.org/aboutus.html>

For the intervention with medical professionals and health facilities, SuNMaP opted to directly contract with AGPMPN and CHAN and assumed the key responsibilities of organising and managing the workshops while AGPMPN and CHAN were tasked to provide access to their membership. The organisations did not bear any direct cost for the interventions. Teta and other distributors and importers were invited to participate in the workshops and present their products. In this intervention SuNMaP decided not to partner with any specific LLIN importers or distributors. Unlike the ACPN intervention where the products were to be eventually retailed by the pharmacists, the intervention with AGPMPN was implemented to create awareness on different brands available and their use and value among the medical professionals in health facilities so that they could advise their patients accordingly. The patients were then expected to procure LLIN from different shops including the pharmacies where the products were made available by the LLIN importers and distributors. Strategically it was thus important to keep the intervention open to as many LLIN importers and distributors as possible from the onset.

With support from SuNMaP and in collaboration with ACPN, Teta organised three training workshops for the pharmacists in three Local Government Areas (LGAs) (Akowonjo, Ikeja and Ikorodu) in Lagos in October 2012. As many as 105 pharmacists participated in the workshops. Teta then organised another workshop in Surulere in Lagos in February 2013 which was attended by 33 pharmacists. Teta appointed a facilitator for the workshops and developed a presentation on the product features (LLIN), the value of the product, the strengths of the brand 'Permanet', and the promotional strategies that could increase sales for the product. Teta also produced about 150,000 hand flyers, and 60 pull up banners as an incentive to use at points of sale; these materials were distributed to workshop participants and other retailers that were carrying the brand, but not necessarily marketing it well.

SuNMaP, in collaboration with CHAN, organised a workshop in Anambra State, which was attended by 51 health professionals from the State. Participants included doctors, nurses and pharmacists from health facilities of CHAN member institutions (MIs). Another workshop, also in Anambra State, was organised by SuNMaP in collaboration with AGPMPN in September 2012. The workshop was attended by 48 doctors from the State. The workshop contents included guidance on how the prescription of LLIN by the doctors could help promote purchase and use of LLIN. Although SuNMaP invited several LLIN importers and distributors to present their products in the workshops, it was reported that only Teta responded to the invitation and presented the product qualities of Permanet, the brand that Teta was distributing in Nigeria. Harvestfields and CZard, which were respectively distributing Duranet and Interceptor, did not participate in the workshop. The organisations reported that they did not have available stock in the country and had very limited retail presence to respond to the prospective demand in the market.

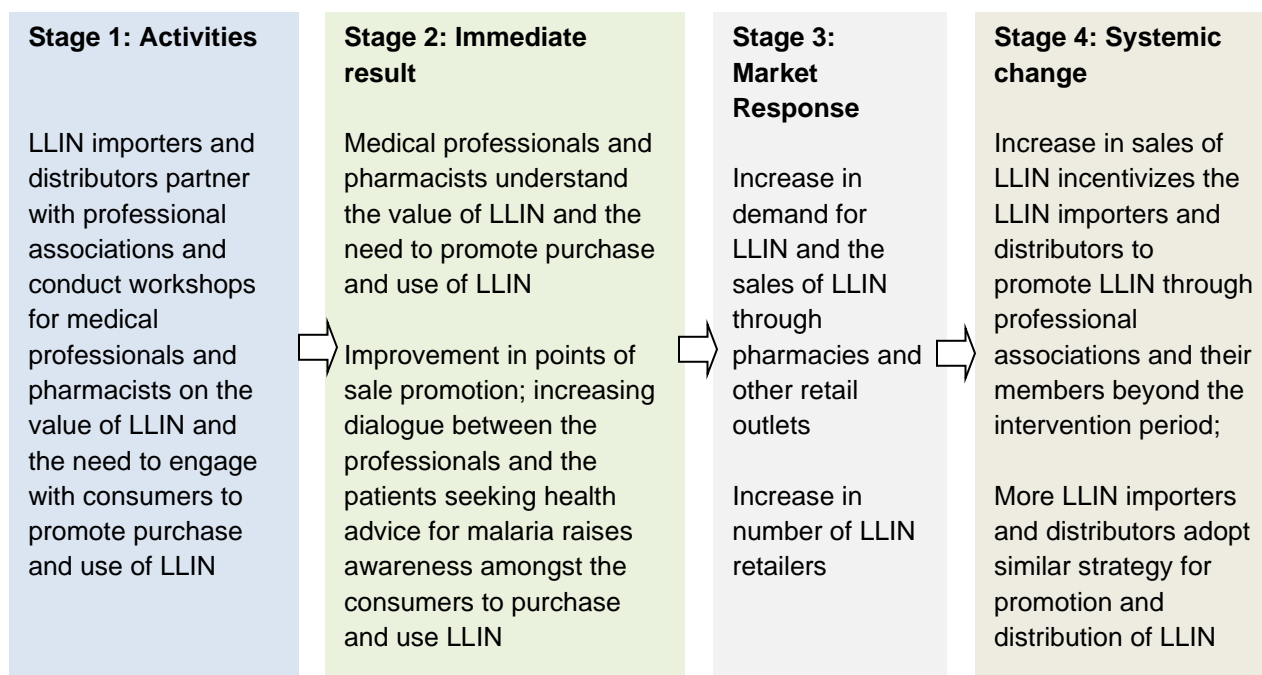
Total expenditure for the intervention with ACPN was NGN 5.98 million (approximately USD 36,000), Teta invested NGN 3.2 million (USD 19,300) and SuNMaP took on NGN 2.7 million (USD 16,250). SuNMaP bore the cost of hall rent, recruitment of the facilitator, training content development and printing. It should be noted here that SuNMaP made the payment based on

reimbursable expenses; i.e. as per a contractual agreement, Teta had to bear the costs first and SuNMaP reimbursed expenses on review of actual invoices. Costs of refreshments, logistics, and promotional materials were borne by Teta. The rationale was that the promotional materials would become proprietary to Teta, which can then re-design, re-print and distribute based on future need. The training content was seen as a one-time cost that need not be repeated. The total expenditure for the intervention with CHAN and AGPMPN was NGN 253,000 (USD 1,522) and NGN 185,000 (USD 1,113) respectively. The full cost was borne by SuNMaP. The total expenditure for the interventions with ACPN, AGPMPN and CHAN was about NGN 6.4 million (USD 38,500). Of the total cost, SuNMaP spent NGN 3.2 million (USD 18,885) and the partners spent (only Teta), NGN 3.2 million (USD 19,300). Assuming an average cost of NGN 1,250 (USD 7.54) per LLIN the total sales revenue from the LLIN was about NGN 197,531,560 (USD 1,192,430). Calculating for the cost spent by only SuNMaP, the interventions facilitated sales of 157,992 nets at the cost of NGN 61.41 per net (USD 0.37).

2.4 Impacts: What was expected and what was achieved?

SuNMaP expected to demonstrate effective incentives for the LLIN importers and distributors to partner with professional associations in order to strengthen their retail and distribution network and to promote the value of LLIN and the need for purchasing and using the product. The vision for systemic change can be presented in a framework in line with the results chain developed by SuNMaP. As presented in figure 1, the immediate result expected from the intervention was to raise awareness among the medical professionals and pharmacists about the value of LLIN and the need to promote purchase and use of LLIN. It was also expected that the intervention would facilitate improvement of points of sale promotion of LLIN, and increase dialogue between consumers and medical professionals and pharmacists on the value of LLIN. The market response of the immediate impact would be reflected in an increase both in demand for LLIN and in sales through pharmacy and PPMV retail outlets, and in an increase in the number of LLIN retailers. Finally, in the long term it was expected that the increase in retail networks and sales will incentivise the LLIN importers and distributors to promote LLIN through professional associations and their members beyond the intervention period. Furthermore, it will crowd in more LLIN importers and distributors to partner with professional associations to promote LLIN. Figure 1 illustrates the theory of change for the intervention.

Figure 1: Theory of change and Vision for Systemic Change through the Intervention



SuNMaP conducted an impact assessment in March 2013 to review the impacts achieved from its LLIN interventions. The reported impacts were analysed against the envisioned theory of change to determine the degree to which the interventions have resulted in impacts in line with the theory of change. Table 1 details the findings.

Table 1: Review of Progress Against Expected Impacts Within the Period Jan - Dec 2012

Source: Assessment of early signs of impact in the LLIN market, March 2013

Expected impact	Progress reported as of December 2012
	Immediate Result
Medical professionals and pharmacists understand the value of LLIN and the need to promote purchase and use of LLIN	100% of the medical professionals participating in the workshops reported that they understood the importance of promoting LLIN and 86% reported that they understood the importance of prescribing it. 67% of the pharmacists participating in the workshops reported that they understood the value of LLIN
Increasing dialogue between the professionals and the patients seeking health advice for malaria raises awareness amongst the consumers to purchase and use LLIN	60% of the medical professionals participating in the workshops started to prescribe LLIN to their patients after attending the workshop. 88% of the pharmacists participating in the workshops reported increased communication with the customers at points of sale on the value of LLIN
Improvement in points of sale promotion	63% of the pharmacists participating in the ACPN workshop reported improvement in sales displays and promotion

Market Response	
Increase in demand for LLIN and the sales of LLIN through pharmacy and other retail outlets	<p>50% of the pharmacists participating in the workshop reported increase in sales of LLIN</p> <p>Sales by Teta in retail channels were only about 39,588 in 2011. This increased to 157,992 by end of 2012. Of the total volume of sales retailed through commercial channels, 40,122 were sold directly through the ACPN, AGPMPN and CHAN networks.</p>
Increase in number of LLIN retailers	<p>70% of the pharmacists that participated in the workshops, started to carry LLIN in their outlets after participating in the workshops</p> <p>Teta reported that the workshop with ACPN helped them to expand their retail network to 705 retail outlets by March 2013 from its base of 264 outlets in 2011</p>
Systemic Change	
LLIN importers and distributors continue to promote LLIN through professional associations and their members beyond the intervention period	Inspired by the impact, Teta organised a workshop for medical doctors in Ondo state in late 2012 without any financial or technical support from SuNMaP. However, SuNMaP does not have an account of the number of participants. Teta also organised refresher training for the sales representatives as a follow up activity without financial support from SuNMaP. However, there have been no further follow-up from Teta and at the time this case study was written, Teta discontinued supplying LLIN to the retail market because of lack of stock. The company thus also stopped following up with the pharmacists and medical professionals reached out to through the intervention. The direct outreach thus has remained limited
More LLIN importers and distributors adopt the similar strategy for promotion and distribution of LLIN	No impact has been reported on this to date

According to the management of Teta Pharmaceuticals, the intervention supported the organisation to reach out to outlets that were previously untapped. The intervention was also beneficial for promotion of their products.

'The intervention was very good, because through the program we were able to reach a lot of customers we would have not reached on our own, especially the owners of pharmacy outlets. And as a result we were able to get our products (LLIN & other pharmaceuticals) across to them.'

Makinde Oludepo National Sales Manager, Teta Pharmaceuticals

The pharmacists who participated in the training also appreciated the initiative citing that it helped them to have interactions with the representatives of the suppliers (Teta Pharmaceuticals) after the workshop. However, the pharmacists also noted that they have not met the sales representative in recent times and the supply has stopped. One of the pharmacists, Mr. Titus Oranusi, expressed his willingness to become a distributor in his region. This is the kind of interest that the workshop was supposed to generate and on which

Teta Pharmaceuticals was expected to build on following up the support of the programme.

'The workshop was very good. We learnt about the benefits of LLINs. After the workshop, Teta came with a sales person to the pharmacy; someone like a merchandiser. I don't get supplies from them now but I am willing to be a distributor within the area.'

Titus Oranusi, Boncet Pharmacy, Surulere, Lagos

SECTION 3

Lessons Learnt: What worked, what were the challenges and what should be the way forward?

The intervention facilitated reduced dependency of the private sector on programme support and increased their ownership of the intervention activities: One of the project rationales for embracing M4P was to reduce the dependency of the LLIN importers and distributors on SuNMaP programme support, and increase commercial sector ownership, self-reliance and commitment for investment in LLIN market development. SuNMaP reduced the dependency of the market players on the project by shifting several roles and responsibilities for management of the intervention activities to the commercial sector partners. This included organising the events pertinent to the interventions, the partners bearing significant cost of the interventions (more than 50%) thereby reducing the expenses on the donor's budget and increasing the value for money element (which was calculated as USD 0.37 per LLIN retailed through commercial channels).

The intervention demonstrated the impact of partnerships between different private sector actors in the market systems and the need for a multi-dimensional approach to address systemic constraints: Low volume of sales of LLIN in the commercial market is a symptom of market dysfunction caused by interconnected systemic constraints on the demand side (the consumers), the supply side (the manufacturers, importers, distributors and retailers), the support market functions (marketing, information provision) and the rules (the global and local policies on LLIN distribution which includes addressing harmonisation of public and private sector interventions). Due to the interconnectedness of these problems, interventions implemented in isolation to each other e.g. on the demand-side, supply-side, in support functions or rules, fail to be effective and sustainable.

SuNMaP thus took a multi-dimensional approach to the intervention. To address the demand - side constraint - lack of awareness of the consumers about the value of LLIN - the LLIN retailers (pharmacies) and referral groups (medical doctors and nurses) were trained so that they could in turn communicate the value to their customers / suspected malaria patients at the point of

sale or point of consultation. At the same time, Teta was given support to develop and distribute promotional materials to the participating pharmacies; medical doctors and nurses so that they could be more effective on raising awareness amongst their customers. The supply-side constraint - lack of supply of LLIN in commercial outlets - was addressed by supporting Teta to reach out to outlets that were previously untapped by them. This was evidenced by the fact that Teta was able to expand its retail network from 264 in 2011 to 705 by March 2013. It opened the window for deeper systemic changes as evidenced by the interest of one of the participating pharmacies to start distribution in his territory in Lagos. By building on such interest, the LLIN importers and distributors could further expand their market outreach without the programme support.

Revealed the importance for scale-up and harmonisation of public and private sector interventions for systemic changes in the LLIN market: Even though the results have been satisfactory with respect to retail market expansion and sales of LLIN, deeper systemic changes are yet to take place. The number of LLIN importers and distributors in Nigeria has remained low over the programme period. At the time the interventions were implemented in partnership only one commercial sector distributor - Teta (distributing the Permanet brand of LLIN) –was active in the commercial sector market. Even though two more partners, Harvestfields (distributing Duranet) and CZard (distributing Interceptor) had draft contracts with SuNMaP, the organisations did not pursue the contracts citing unavailability of stock for commercial retail. It was later identified that Harvestfields was pursuing contracts from the Federal Government of Nigeria (FDN) to supply LLIN and CZard was pursuing public tenders for Indoor Residual Spray (IRS).

Another possibility is that the interventions could have had greater impact if States and LGAs where free distribution of nets took place at the early stage in 2009 and 2010 were targeted since there could be more demand for replacement nets. The intervention with ACPN was implemented in Lagos right at the point when the free distribution campaign kicked off. Since Lagos was one of the major markets for Teta, they decided to increase their efforts in Lagos instead of going into States such as Kano, which was one of the States targeted for the intervention. The political instability in the North further affected the ability of both the programme and the commercial sector partners to conduct activities in that part of Nigeria. These factors highlight further the importance of strong coordination and collaboration among the public and private sector agencies active in the distribution and promotion of LLIN so that there is a space for the private sector in the commercial market.

To address these challenges, the commercial sector team is currently re-visiting LLIN strategies and learning from the interventions to-date, and is looking to engage a more diversified range of organisations as intervention partners:

- This includes local LLIN manufacturers and net stitchers that (with the right support) could produce and market different net sizes (for example 7 by 7) and shapes (for example conical) that are not available in the market, but are in high demand

- because of cultural preferences for larger beds (especially in the north) and ease of hanging (for conical nets).
- The programme team has also initiated dialogue with leading mattress manufacturers in Nigeria to explore the possibility of developing a new channel for import, distribution and retail of LLIN.
 - Furthermore, the programme is in discussion with two new LLIN importers and distributors who have available stocks of LLIN that could be promoted and retailed through commercial channels.
 - The programme is also facilitating a local manufacturer, Sunflag, to improve the quality of their products through access to technologies and know-how from one of the leading LLIN manufacturers in the world.

SECTION 4

Conclusions: For an M4P strategy to be effective, a programme adopting the approach needs to continuously monitor the market, learn and improve. This case study suggests that the intervention with the professional associations laid the foundation for the SuNMaP commercial sector team to launch further activities linked with scale-up and wider systemic changes. This includes:

- partnership with increasing numbers of LLIN importers and distributors and promoting partnership with professional associations so this is increasingly regarded and replicated as a cost effective strategy for promotion of LLIN and expanding the retail distribution network for LLIN;
- follow-up on new opportunities (for instance pharmacies becoming interested in distribution of LLIN to other pharmacies) so that deeper systemic changes around access and availability can be instigated;
- coordination and collaboration with other public and private sector agencies active in distribution and promotion of LLIN to increase the space for private sector retail market promotion and distribution.

In this regard, the programme has taken the right course by deciding to engage with new partners and to invest in new intervention areas that could build on the learning from the first series of interventions with professional associations. The programme is now also playing a more active role in harmonizing national strategies for distribution of LLIN. It would also be the relevant time-wise for the programme to disseminate the learning from the LLIN intervention and this case study with wider stakeholders in Nigeria in order to stimulate interest and promote the concept of partnership with professional associations for commercial promotion and distribution of LLIN.