

RBM Partnership To End Malaria

Vector Control Working Group

Theme: Vector Control at a Crossroads
Innovating for Impact In a Resource-Constrained Era

Welcome to the 21st Annual Workshop

3rd March 2026, Nairobi, Kenya

RBM Partnership To End Malaria

Vector Control Working Group

3rd March 2026

Session 1: Introductions, objectives, key updates

Dr Corine Ngufor, Dr El Hadji Amadou Niang (co-chairs of VCWG)

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3rd March 2026

Welcome remarks

Dr Corine Ngufor, Dr El Hadji Amadou Niang (co-chairs of VCWG)

A warm welcome and thank you for joining the 21st Annual RBM VCWG workshop here in Nairobi, Kenya

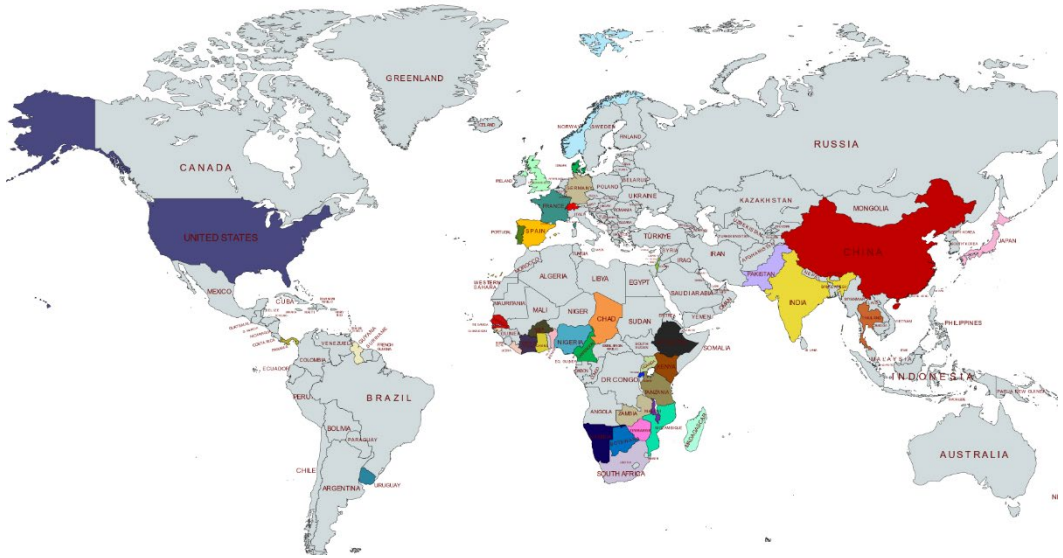
- **Change from meeting to workshop**

Theme: Vector Control at a Crossroads: Innovating for Impact in a Resource Constrained Era

RBM Partnership To End Malaria | Vector Control Working Group

VCWG – 20th annual meeting 2025 – Cotonou, Benin





VCWG 20th annual meeting, March 2025:
200 participants from 40 countries
(33 malaria-affected countries)
- Celebrated our resilience over 2 decades of progress

Meeting presentations and photos are available on the RBM website

KEY ACHIEVEMENTS IN 2025 – DESPITE FUNDING SETBACKS

1. Restructuring of the VCWG – reduced number of Task Teams from 4 to 3

2. Adapted our workplans in response to funding cuts

3. Supported the organization of the Vector control centered Innovation Day at CSRPC meetings in Kenya and Senegal – highlighted spatial emanators and modified mosquitoes

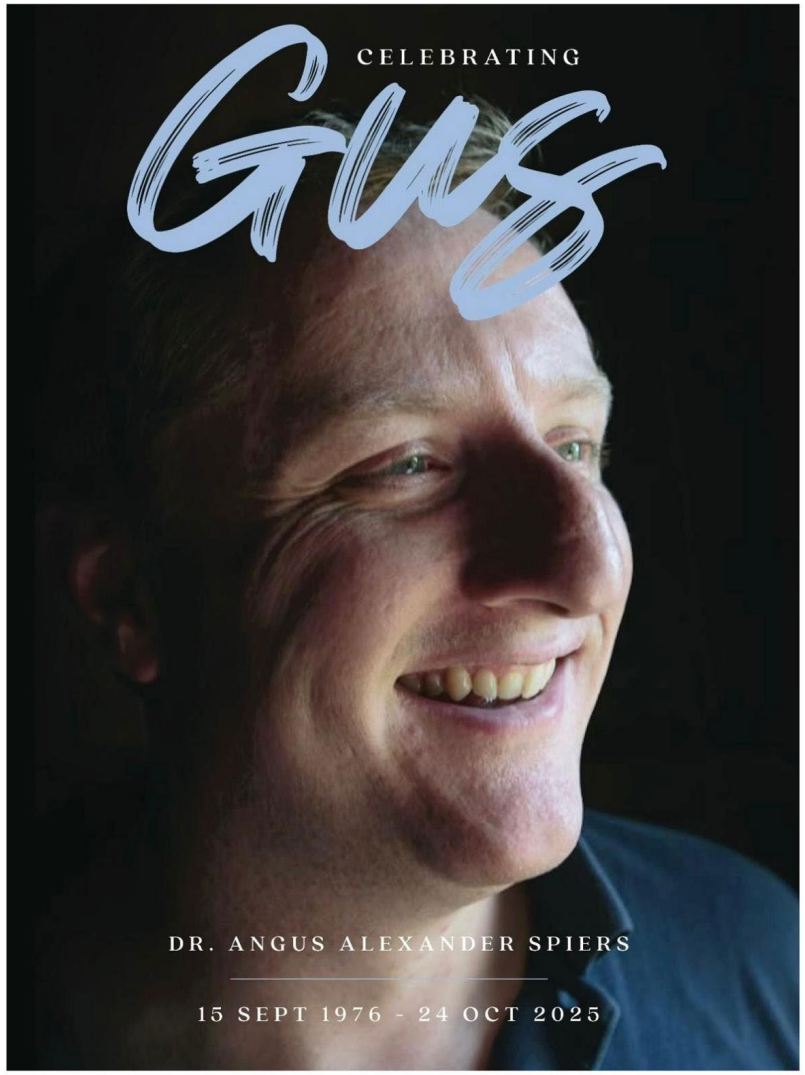
4. Organised key webinars etc on 1. Improving ITN post-market ITN surveillance (WS1 TT2), 2. New Tools that address outdoor/early biting (WS2 TT2), 3. Vector control in humanitarian emergencies (WS3 TT3).

5. Organised surveys to highlight and reflect on the reduced coverage with IRS

6. Participated in RBM high level meetings and board meetings to find solutions to the malaria funding crises.

PASSING OF TWO VALUED COLLEAGUES
- Active members of the VCWG

Dr Angus Spiers – October 2025



- *Angus was a visionary leader in global health with a tireless dedication to malaria prevention and vector control.*
- *As the Director of Innovation to Impact (I2I), he bridged the gap between scientific innovation and policy.*
- *He will be remembered not only for his brilliant professional impact but for the warmth, humor, and optimism he brought to the fight against disease.*

Dr Prosper Chaki – January 2026



- *Prosper was a distinguished African medical entomologist*
- *As Executive Director of PAMCA (2014–2024) he helped substantially advance and expand its vision.*
- *He was widely respected for his humility, leadership, and dedication to eradication of control of vector-borne diseases across Africa.*

A MINUTE OF SILENCE

– our thoughts and prayers to their loved ones

The VCWG remains committed to advancing and sustaining the legacy to which they so meaningfully contributed

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3rd March 2025

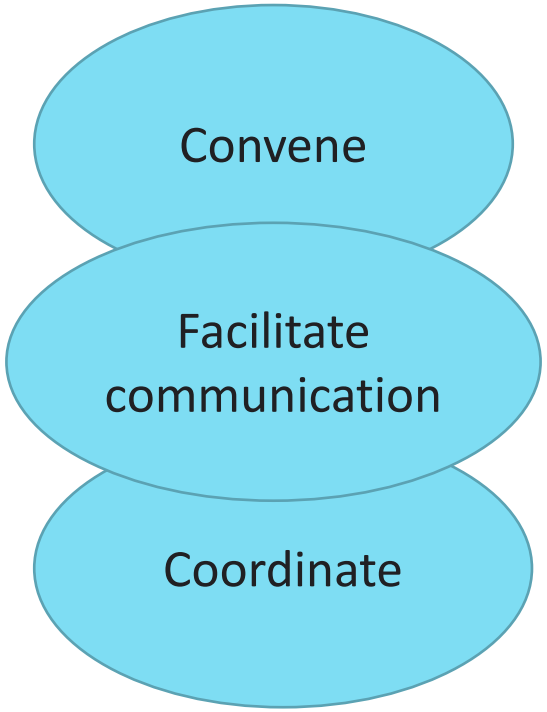
Objectives and structure of the VCWG

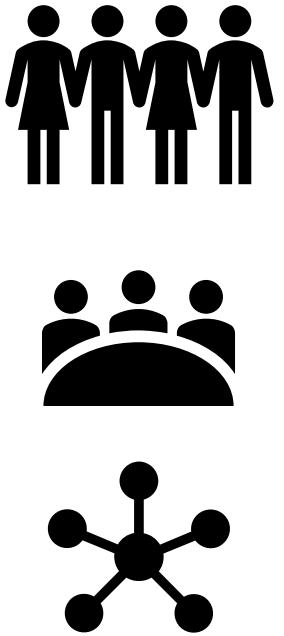
Dr Corine Ngufor, Dr El Hadji Amadou Niang (co-chairs of VCWG)

Objectives of the RBM – Vector Control Working Group

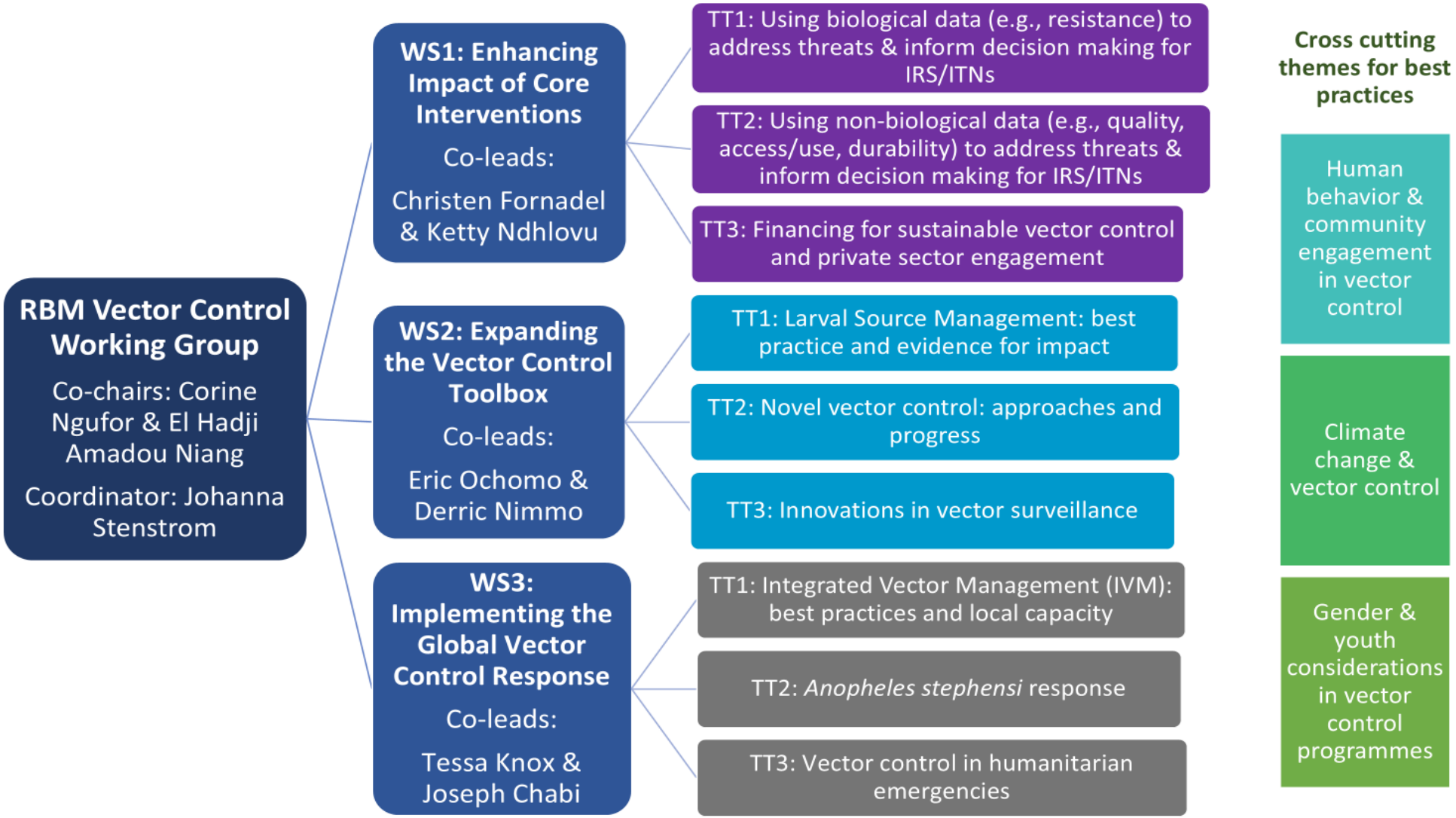
Purpose:
- To align RBM partners on best practices to reach and maintain universal coverage with effective vector control interventions.
- To support the implementation of Vector Control Guidance generated by WHO and to galvanise efforts towards achieving specific country and global malaria elimination targets.

MEMBERS
- National programs
- Product manufacturers
- Academia
- Implementers
- Policy makers
- Multi-laterals
- CSOs





Updated structure of the RBM – Vector Control Working Group



VCWG is organized around 3 workstreams; each with three themes of output. Task Teams focus on topics under each of these themes in each WS

- WS 1: Enhancing the Impact of Core Interventions
- WS 2: Expanding the Vector Control Toolbox
- WS 3: Implementing the Global Vector Control Response

1. Identify gaps, capacity needs and research priorities
2. Policy clarification and evaluation pathways
3. Operational scale up and support

Detailed workplans have been developed for each workstream

Workstream 1: Enhancing the Impact of core interventions (ITNs and IRS)

Task team 1:

Using biological data (e.g., resistance) to address threats and inform decision making for IRS/ITNs

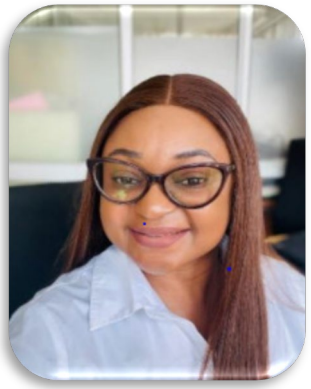
Task team 2:

Using non-biological data (e.g., quality, access/use, durability) to address threats and inform decision making for IRS/ITNs

Task team 3:

Financing for sustainable vector control and private sector engagement





Co-leads

Christen Fornadel, IVCC Christen.Fornadel@ivcc.com

Ketty Ndhlovu, NMEC, Zambia ndhlovu.ketty@gmail.com

Workstream 2: Expanding the vector control toolbox

Task Team 1:

Larval Source Management: best practice and evidence for impact

Task Team 2:

Novel vector control: approaches and progress

Task Team 3:

Innovations in vector surveillance





Co-leads

Derric Nimmo, IVCC derric.nimmo@ivcc.com

Eric Ochomo, KEMRI eochomo@kemri.go.ke

Workstream 3: Implementing the Global Vector Control Response

Task Team 1:

Integrated Vector Management (IVM): best practices and local capacity

Task team 2:

Anopheles stephensi response

Task Team 3:

Vector control in humanitarian emergencies





Co-leads
Joseph Chabi, Abt Global Joseph.Chabi@abtglobal.com
Tessa Knox, PacMOSSI consortium & Consultant to WHO GMP
tessaknox@gmail.com

CROSS CUTTING THEMES FOR BEST PRACTICES

- Human behaviour and community engagement in vector control
- Climate change and vector control
- Gender and youth considerations in vector control programmes

To be considered across VCWG Work Stream and Task Team activities

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To End Malaria

3rd March 2026

Overview of agenda and objectives for VCWG-21 and official opening

Dr Corine Ngufor, Dr El Hadji Amadou Niang (co-chairs of VCWG)

Agenda in a nutshell

Theme: **Vector Control at a Crossroads Innovating for Impact In a Resource-Constrained Era**

Monday 3rd March

Morning: Plenary Updates from the vector control community
Afternoon: Work Stream 1: Enhancing the Impact of Core Interventions

Tuesday 4th March

Morning: Work Stream 2: Expanding the Vector Control Toolbox
Afternoon: Work Stream 3: Implementing the Global Vector Control Response

Wednesday 5th March

Morning:

- Exhibitor 3-minute pitch
- IRS workshop
- Special discussions on ITNs
- Closing

Todays Agenda

Day 1: Updates from the Malaria Vector Control Community

Monday 2 March 2026		
17:30 - 19:30	**Arrivals, registrations**	
Tuesday 3 March 2026		
7:00 - 8:30	**Arrivals, registrations**	
Session 1	**Plenary: introductions, objectives, key updates**	**Chairs: Corine Ngufor & El Hadji Amadou Niang, VCWG**
8:30-8:40	Welcome Introduction of participants	Corine Ngufor, VCWG El Hadji Amadou Niang, VCWG
8:40-8:50	Overview of agenda and objectives for VCWG-21	Corine Ngufor, VCWG
8:50 – 8:55 8:55 – 9:00	**Opening Remarks** Dr. Patrick Amoth, the Deputy Director General, Kenya Ministry of Health Dr Michael Charles – CEO, RBM Partnership to End Malaria	
9:00 – 9:15	Kenya Host country NMCP presentation	Kibor Keitany, Kenya NMCP
9:15 – 9:45	**Group photo & morning break, selection of coffee, tea, fruit juices, snacks**	

Todays Agenda

Day 1: Updates from the Malaria Vector Control Community

9:45 – 10:05	Update from RBM Partnership to End Malaria	Patrick Okello & Konstantina Boutsika, RBM Partnership to End Malaria
10:05 – 10:25	Updates from WHO Vector Control Unit	Lauren Carrington, WHO MNT
10:25 – 10:45	Global Fund financing update	Kate Kolaczinski, The Global Fund
10:45 – 11:05	Update from Gates Foundation	Helen Jamet, Gates Foundation
11:05 – 11:25	Update from Unitaid	Jan Kolaczinski, Unitaid
11:25 – 11:45	Updates from WHO Prequalification Program for VCPs	Dominic Schuler & Geraldine Foster, WHO-PQT/VCP
11:45- 12:00	Q&A	Moderators: Corine Ngufor & El Hadji Amadou Niang, VCWG
12:00 – 14:00	**Buffet lunch/Networking / Poster viewing**	

Todays Agenda

Day 1: Work stream 1 session – Enhancing the impact of core Interventions

Work Steam 1 - Enhancing the Impact of Core Interventions **Co-Leads: Christen Fornadel & Ketty Ndhlovu**	
14:00 – 18:00	Task Team 1: The evolution of insecticide resistance and resistance monitoring
	Task Team 2: Optimizing ITN coverage
	Task Team 3: Engagement and mapping of private sector partners to support implementation
18:30	**VCWG & IVCC Poolside Cocktail**

The detailed agenda of Work Stream 1 is available on the Website or Attendee Web & App.

Wednesday 4th March Agenda

Day 2: Work stream 2 session

Work Steam 2 - Expanding the Vector Control Toolbox **Co-Leads: Derric Nimmo & Eric Ochomo**	
08:30 – 11:30	Task Team 1: Larval source management
	Task Team 2: Innovations in vector control
	Task Team 3: Innovations in vector surveillance

The detailed agenda of Work Stream 2 is available on the Website or Attendee Web & App.

Wednesday 4th March Agenda

Day 2: Work stream 3 session

Work Steam 3 - Implementing the Global Vector Control Response **Co-Leads: Tessa Knox & Joseph Chabi**	
2:00 – 17:45	**Task Team 1: Integrated Vector Management (IVM): best practices and local capacity**
	Task Team 2: *Anopheles stephensi* response
	Task Team 3: Vector control in humanitarian emergencies

The detailed agenda of Work Stream 3 is available on the Website or Attendee Web & App.

Thursday 5th March Agenda

Day 3: IRS workshop and others

Thursday 5 March 2026		
	Half Day – From evidence to action: Country roadmaps and VCWG priorities	
8:30 – 9:15	Exhibitors – 3-minute pitch	Exhibitors, Industry Partners
9:15 – 9:30	Impact of Vector Control over 25 years: MAP Atlas	Tamsin Symons, Malaria Atlas Project
9:30 - 11:00	IRS-focused workshop: Title: Reversing the decline in IRS coverage: practical pathways for sustained impact under resource constraints.	Moderated by Corine Ngufor & El Hadji Amadou Niang, VCWG Co-chairs
11:00 – 11:15	**Morning break, coffee, selection of teas, fruit juices, snacks**	
11:15 – 11:50	Investigating decarbonization and reduction in plastics linked to vector control products - WHO led project under the Unitaid Climate and Health Initiative.	Eleanore Sternberg, Trop Health
11:50 – 12:15	Integrated malaria Vector Control: NTDs, malaria vaccines etc.	Corine Ngufor and El Hadji Niang, VCWG Co-chairs
12:15 – 13:15	Closing plenary and next steps **Workshop synthesis, agreed actions, and way forward** Summary of key messages, deliverables, and follow-up actions across all Work Streams	Corine Ngufor and El Hadji Niang, VCWG Co-chairs
13:15	**End of day and VCWG-21**	
13:15 – 14:30	**Buffet lunch**	
14:30 – 17:00	**Field trip (optional) – International Centre of Insect Physiology and Ecology (icipe), Duduville campus.**	

HOUSEKEEPING

1. Reminder of the VCWG Code of Conduct
2. E posters
3. Coffee Breaks
4. Lunchtime
5. Restrooms
6. **Internet access**
7. **Exhibitions**
8. **Interpreters**
9. **Newsletters**
10. **Registration package**

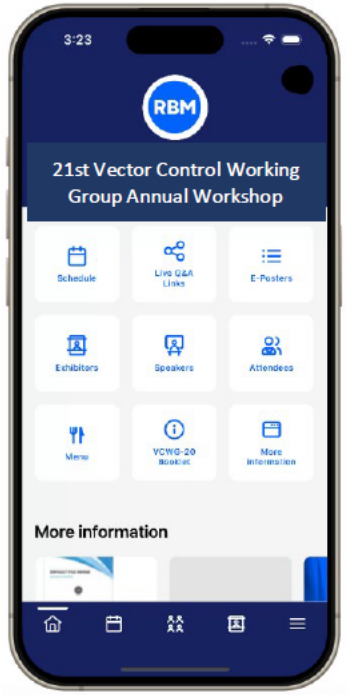
Dos
- **Respectful**
- **Collaborative**
- **Considerate**

Don’ts
- **Personal attacks**
- **Harassment, bullying**
- **Disruptive**
- **Unauthorised recordings**

Attendee App on Smartphone

Update your profile, search for daily schedule, send messages, schedule appointments, and access more information

1. Download/Update App (GooglePay or AppStore) **"Cvent Event"**
2. Open the App
3. Search for the event "Vector Control"
4. Find "21st Vector Control Working Group Annual Workshop"
5. Download the event
6. Log in (name and email which you have registered)
7. Enter the verification code which will be sent to your email



- Daily Schedule
- Speaker information
- Live Q&A links
- Exhibitor information
- E-Poster list
- Floor plan
- List of Participants
- Useful information

Attendee Web

Update your profile, search for daily schedule, and access more information

1. Go to https://eur.cvent.me/aQ4x4e
2. Add your name and email (name and email which you have registered)
3. Enter the verification code which will be sent to your email

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Contacts

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Participation of selected participants from malaria-affected countries is supported through funding from the Swiss Agency for Development and Cooperation (SDC) and the GlobMal Phase 4 project, implemented by Swiss TPH and the RBM Partnership to End Malaria, as well as sponsorship contributions from industry and research partners participating in the exhibition fair.

https://endmalaria.org/our-work-working-groups/vector-control

RBM Partnership To End Malaria | Vector Control Working Group

SPONSORS AND EXHIBITORS































OPENING REMARKS

8:50 – 8:55 8:55 – 9:00	**Opening Remarks** The Ministry of Health, (Hon. Aden Bare Duale, EGH. Kenya - Progress Towards Malaria Elimination in Kenya Dr Michael Charles – CEO, RBM Partnership to End Malaria	
9:00 – 9:15	Kenya Host country NMCP presentation	Kibor Keitany, Kenya NMCP

RBM Partnership
To End Malaria

3 March 2026

Opening Remarks

- Dr. Patrick Amoth, the Deputy Director General, Kenya Ministry of Health
- Dr Michael Charles – CEO, RBM Partnership to End Malaria

RBM Partnership
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3 March 2026

Kenya Host country NMCP presentation

Kibor Keitany, Kenya NMCP



Ministry of Health

Progress Towards Malaria Elimination in Kenya

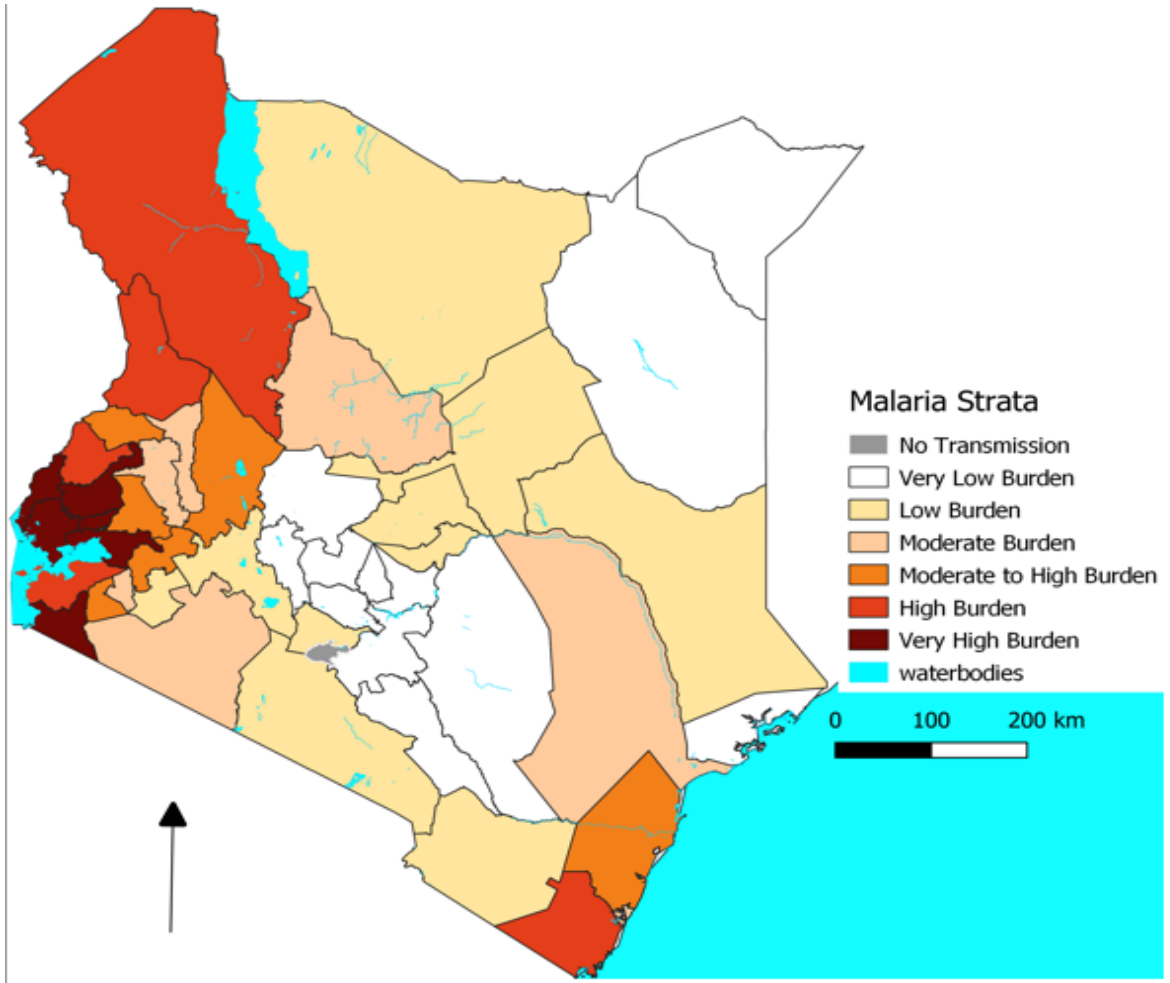
National Malaria Control Programme

2nd March 2026

Malaria Burden in Kenya

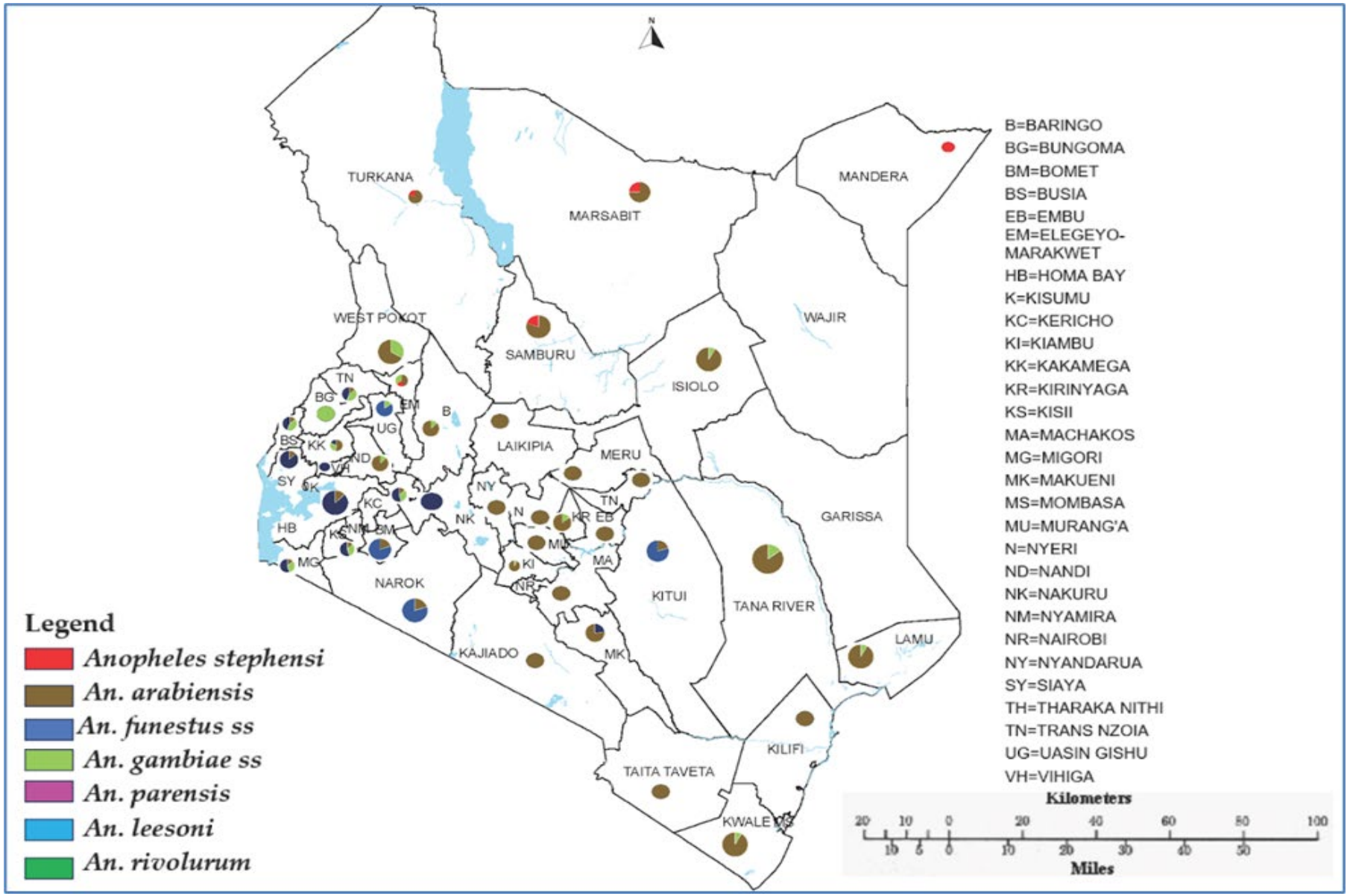
- Kenya Population- Approx. 54 Million
- Malaria remains a major public health problem
- Approximately 70% of the population have a low transmission (<1% prevalence) for malaria
- Main parasite:
  - *Plasmodium falciparum > 70%*
  - *Mixed: P. vivax, P. Malariae*
- High-risk groups:
  - Under 5, and School going children
  - Pregnant women

Kenya Malaria Stratification Map, 2024



COUNTY	Stratum Name
Busia Kakamega Kisumu Migori Siaya Vihiga	Very High Burden
Bungoma Homa Bay Kwale Turkana West Pokot	High Burden
Baringo Kericho Kilifi Kisii Nandi Trans Nzoia	Moderate to High Burd
Elgeyo Marakwet Mombasa Narok Nyamira Samburu Tana River Uasin Gishu	Moderate Burden
Bomet Garissa Isiolo Kajiado Kiambu Marsabit Meru Nakuru Taita Taveta Tharaka Nithi	Low Burden
Embu Kirinyaga Kitui Laikipia Lamu Machakos Makueni Mandera Muranga Nyandarua Nyeri Wajir	Very Low Burden
Nairobi	No Transmission

The Vector map



Kenya Malaria Control Strategy

- The Kenya Malaria Strategy (KMS) 2023–2027 aims:
  - To reduce malaria **incidence by 80%**
  - To reduce **malaria-related deaths by 90%**
  - To **interrupt indigenous transmission** in selected low-burden counties.

- Focuses on scaling up vector control, strengthening case management, improving malaria chemoprevention, enhancing surveillance and elimination, reinforcing epidemic preparedness and commodity security.

- Achieving these targets will require closing prevention gaps, sustain high testing and treatment coverage, and use data-driven, county-specific interventions to accelerate progress toward elimination.

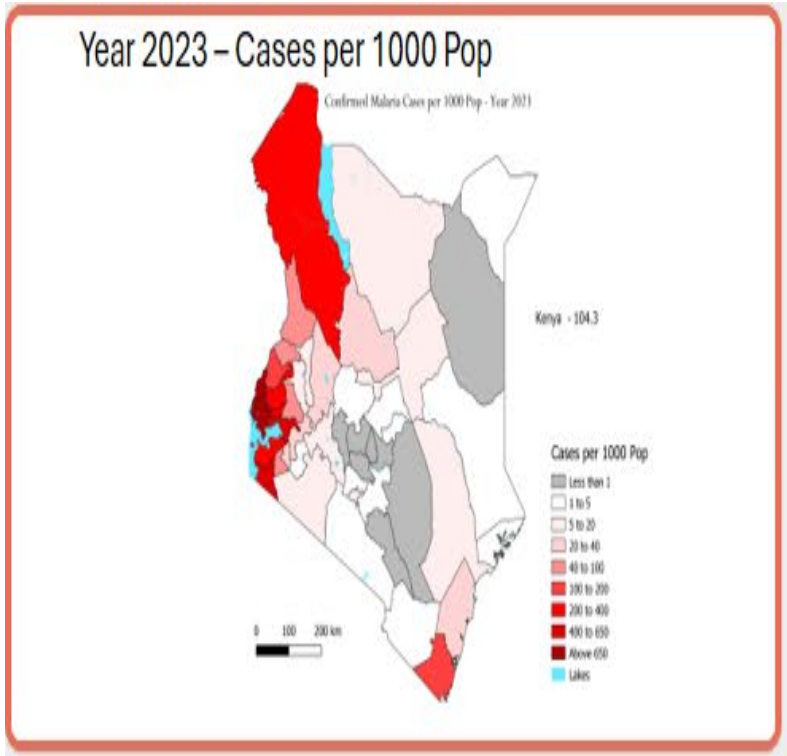
Malaria Strategic interventions

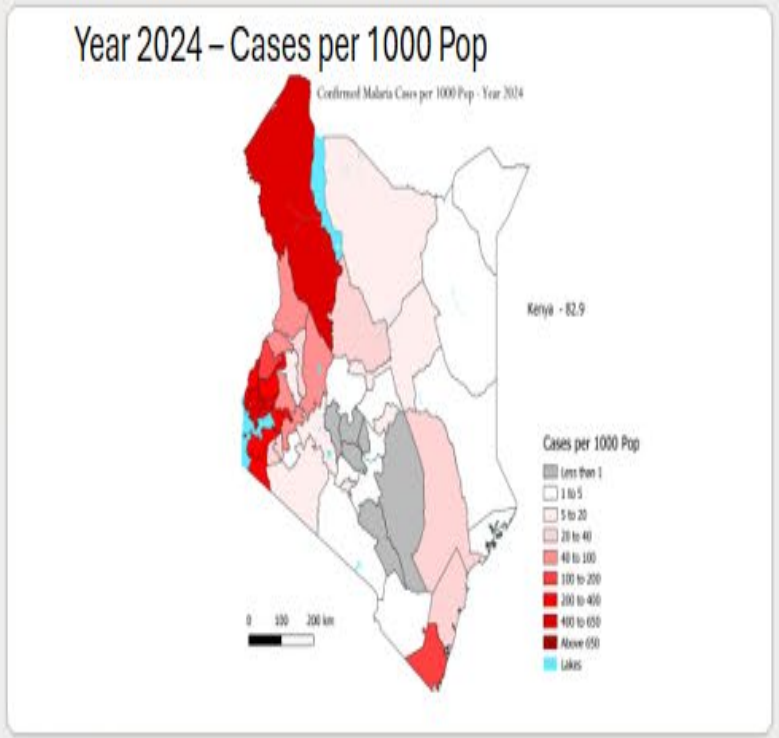
- Vector control
- Chemoprevention
- Case management
- Social behavioral change
- Surveillance Monitoring and Evaluation
- Operational Research
- Elimination
- Procurement Supply Management
- Program Management

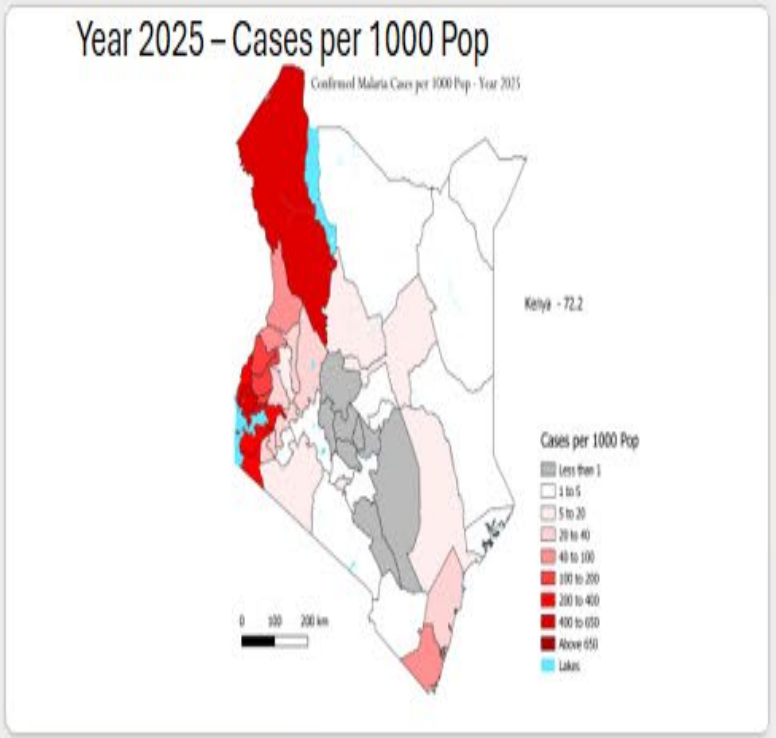
Achievements

- Increased LLIN ownership and usage
- Reduction in malaria incidence from 105 confirmed malaria cases /1000 population in 2023 to 72/1000 population in 2025
- Improved stocks for key malaria commodities at the health facilities. However, there were reported stockouts of SP in the first quarter of 2025 and artesunate injection in Jan-Feb 2026 at the central warehouse.
- IRS in Busia and Siaya counties has resulted to resulted to decline of malaria incidence

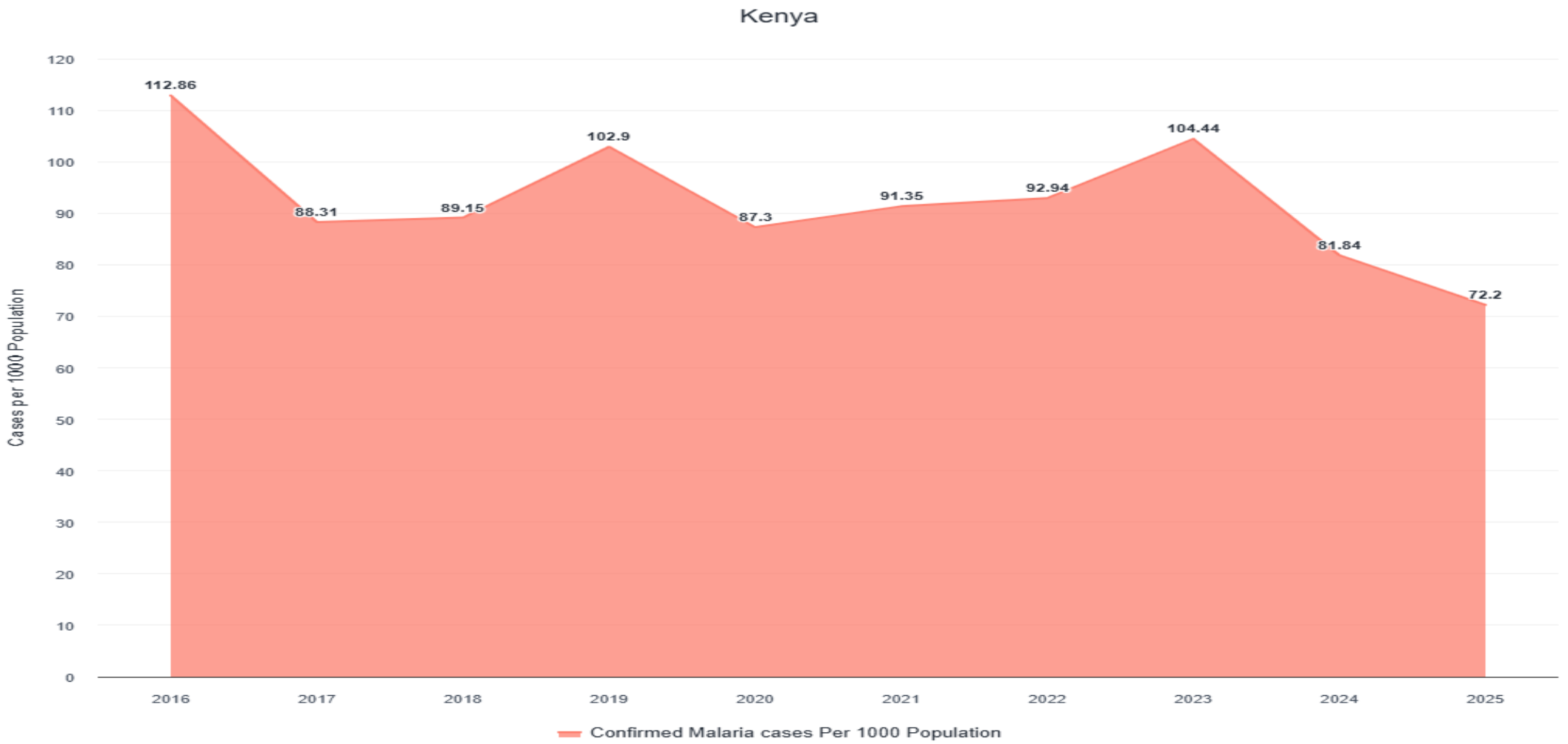
Trends of Malaria Incidence (2023-2025)



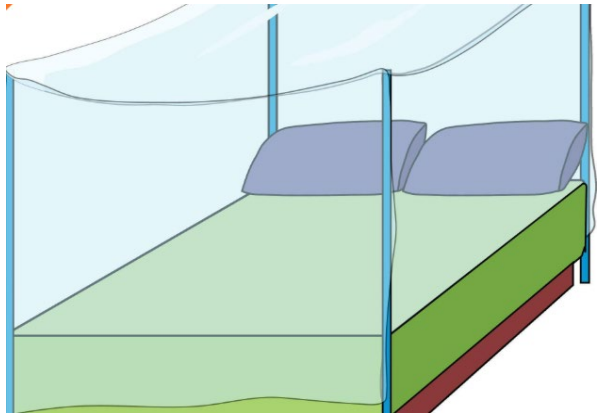




Trends of Malaria Incidence in Kenya



Digimal Data – Mass Net Campaign 2024



14,627,269 nets distributed

94% - Coverage





4,568,576 households

28,099,563 Population protected

Indoor Residual Spraying			
County	Target structures	Sprayed structures	Spray coverage
Busia	247129	244947	94.20%
Siaya	255556	264620	96.50%

> Population protected: 2m

Best practices and lessons

- Integrated approaches including combining multiple vector control strategies in a particular area enhances effectiveness and resilience against evolving vectors.
- Digitization of malaria preventive data is important in ensuring effective monitoring of malaria prevention interventions
- Legislation at the county level can contribute toward securing resources that support health systems and service delivery, including those that benefit malaria control and elimination.
- High-level engagement can increase visibility, resources, ownership and accountability for malaria.

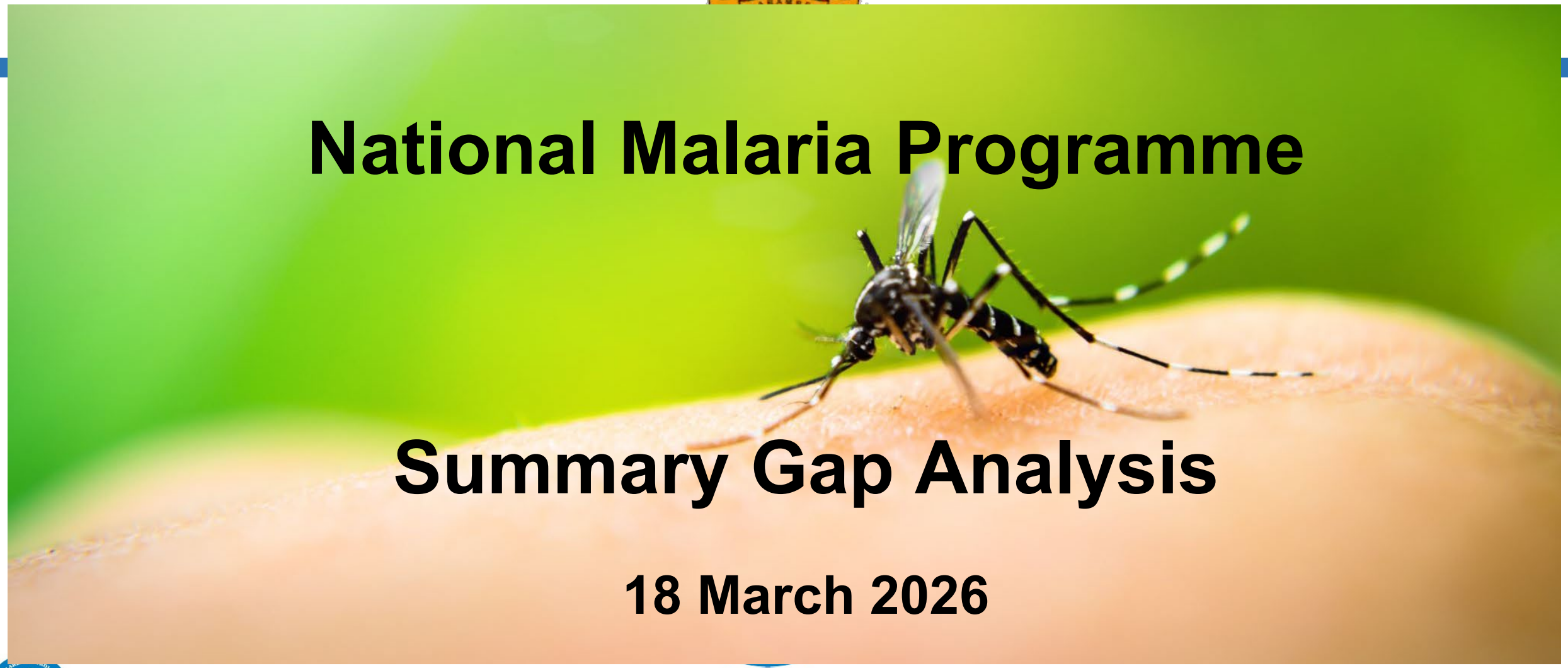
Financial Landscape

- The **total funding required** to fully implement planned malaria interventions is **KSh 17.7 billion annually**.
- However, for the **2025/26** the **available financing currently stands at KSh 2.66 billion**, leaving a **resource gap of KSh 15.02 billion**.
- This means that only **15 percent of the total required resources are currently financed**, with an 85 percent shortfall.
- Approximately 82 percent of malaria financing is directed toward vector control interventions.

Challenges

- Climate change increasing mosquito breeding
- New malaria vectors
- Insecticide resistance
- Drug resistance concerns
- Funding gaps
- Cross-border transmission
- Population movement

National Malaria Programme



Summary Gap Analysis

18 March 2026

Resource Requirement for 2025/2026 to 2027/2028 (KSh Millions)

Strategic Objective	Sum of Year 3	Sum of Year 4	Sum of Year 5
Objective 1. Vector Control	160,710	173,329	184,069
Objective 2. Chemoprevention and vaccines	3,766	4,368	4,643
Objective 3. Malaria Case management	15,663	26,729	14,868
Objective 4. SBC for utilization of malaria interventions.	4,686	5,762	5,624
Objective 5. Malaria surveillance and Research	3,986	2,841	2,872
Objective 6. Elimination	1,047	805	802
Objective 7. Programme management and Supply Chain	4,080	4,252	4,685
Grand Total	**193,938**	**218,086**	**217,563**

Requirements, Available Resources and Gaps (Ksh. Millions)

	2025/2026	2026/2027	2027/2028
Resource Requirements	**193,938**	**218,086**	**217,563**
Total Available (Govt and Partners)	43,371	91,622	26,541
Gaps	**150,567**	**126,464**	**191,022**

The Context

External Financing contraction	Strategic Shifts	Programmatic Needs	Fiscal Contrainsts
• Progressive decline in USG funding • Knock-on Effect on Global Fund with rollover adjustments • Unpredictability of other external funding.	• Introduction and mainstreaming of newer high impact interventions; Seasonal Malaria Chemopreventio n, more costly nets.	• Sustaining Gains and targeting high burden areas • Increasing cost of implementation • Need for Robust surveillance systems (including Case Based Surveillance) to inform investment	• Competing priorities within health sector • Limited scope to rapid absorption of externally funded interventions.

Implications



Malaria is fundamental to UHC agenda

Disproportionately affects the most vulnerable in society

Under funded malaria programme increases out of pocket and undermines equity.

Sustaining momentum is essential to delivery of UHC



Potential Impact of Gaps

Reversal of gains in illness and deaths due to malaria

Increased workload at primary and referral health facilities

High longer-terms costs due to resurgence and outbreak response

Opportunities going Forward

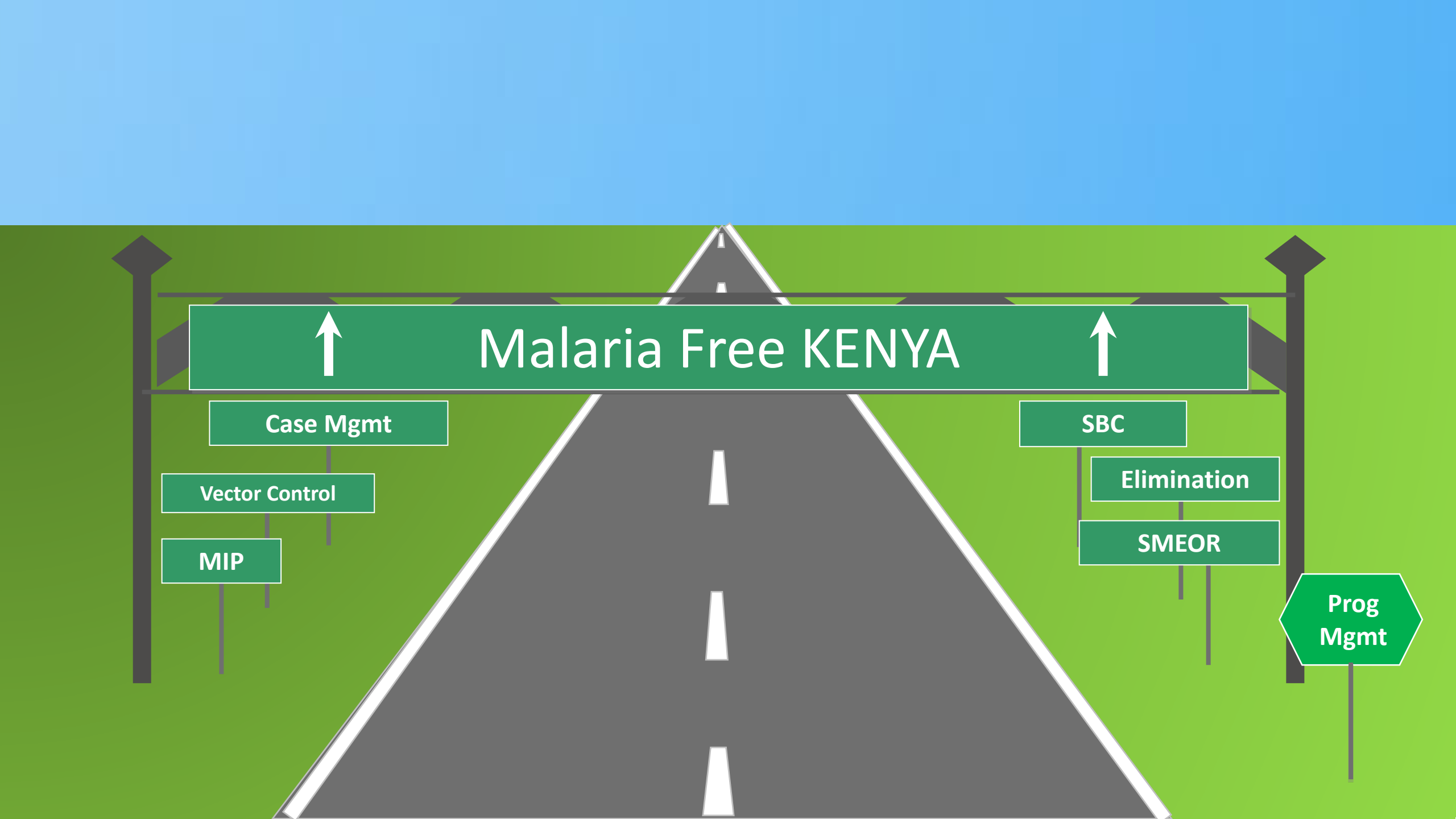
Prioritize	Protect	Leverage	Align	Strengthen
Prioritize malaria within domestic health financing	Protect high-impact interventions amid constrained resources	Leverage malaria investments to strengthen: • Community health platforms • Supply chains • Surveillance and data use	Align malaria financing decisions with broader UHC and primary healthcare	Strengthen integration of malaria interventions within UHC benefit and delivery platforms

Future Directions

- Expand malaria vaccine to other high transmission areas
- Digital surveillance systems
- Integrated vector management
- Community-led elimination strategies
- Focus on high-burden counties

Conclusion

- Kenya has made **significant progress**, but malaria elimination is still a work in progress.
- Sustained funding, innovation, and community engagement are critical.
- Elimination is achievable with continued commitment.


Malaria Free KENYA
Case Mgmt
Vector Control
MIP
SBC
Elimination
SMEOR
Prog Mgmt

RBM Partnership
To End Malaria

3 March 2025

Group photo & morning break

RBM Partnership
To End Malaria

3 March 2026

Update from RBM Partnership to End Malaria (remoted)

Patrick Okello & Konstantina Boutsika, RBM Partnership to End Malaria

RBM Partnership to End Malaria

VCWG-21



RBM Structure & Strategy

A brief overview

RBM Partnership To End Malaria 30

RBM Partnership: 500+ partners coordinated in action against malaria

Mission

To accelerate the fight against malaria by strengthening **partnerships**, **advocacy**, and **coordination**

Core Functions

Coordination



align global, regional and national malaria efforts

Advocacy



keep malaria high in the agenda and advocate for increased resource mobilization

Technical Support



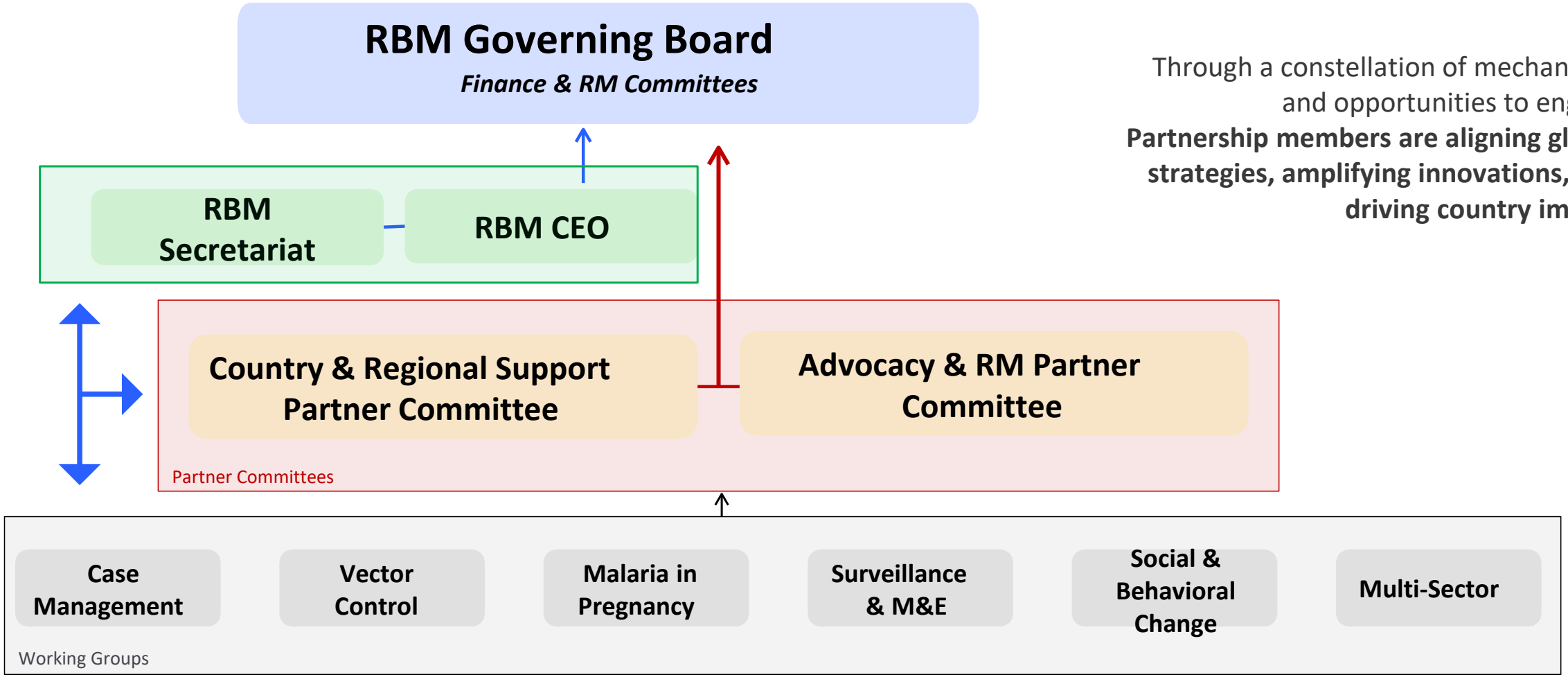
provide countries with guidance and expertise

History and Evolution

- **1998–2004:** Initial Years and Foundational Progress – RBM established by WHO, UNICEF, UNDP, and the World Bank.
- **2005–2010:** Building Momentum – Global Fund scales up financing, RBM creates Working Groups, Global Malaria Action Plan launched in 2008
- **2011–2015:** Accelerating Progress Toward Eradication, introduction of the High Burden to High Impact (HBHI) approach
- **2016–2018:** Strategic Transition and Renewed Focus, with Global Technical Strategy for Malaria 2016–2030, rebranding to RBM Partnership to End Malaria
- **2019–2025:** Scaling Up Advocacy and Innovation – launch of Zero Malaria Starts with Me 2023, pandemic challenges progress, governance review leads to new representative Board.

RBM Partnership To End Malaria 30

RBM Partnership: A Platform for Coordinated Global Action



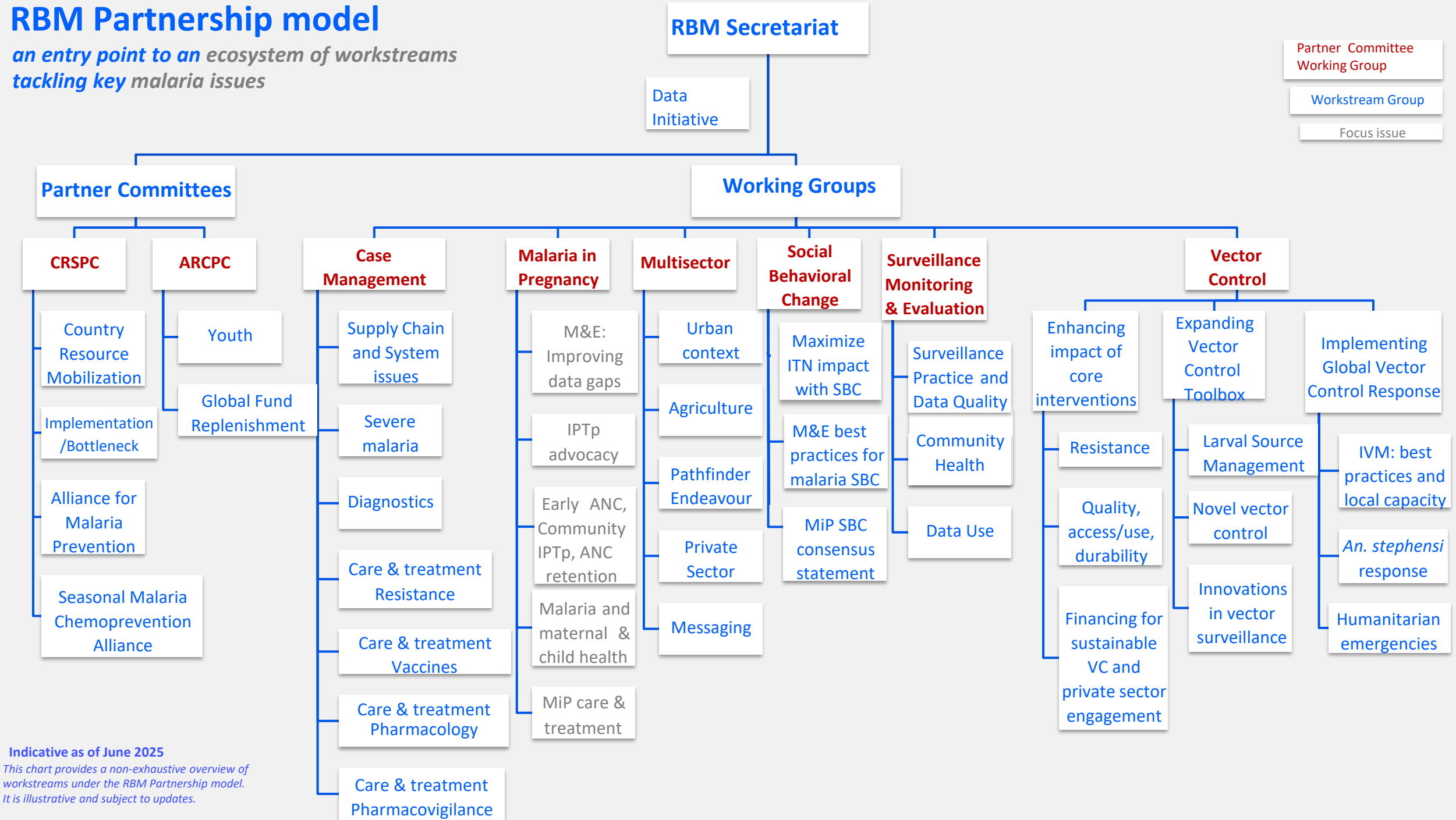
Through a constellation of mechanisms and opportunities to engage **Partnership members are aligning global strategies, amplifying innovations, and driving country impact**

RBM connects 500+ partners across its structures, enabling country-led malaria elimination efforts

RBM Partnership To End Malaria 30

RBM Partnership model

an entry point to an ecosystem of workstreams tackling key malaria issues

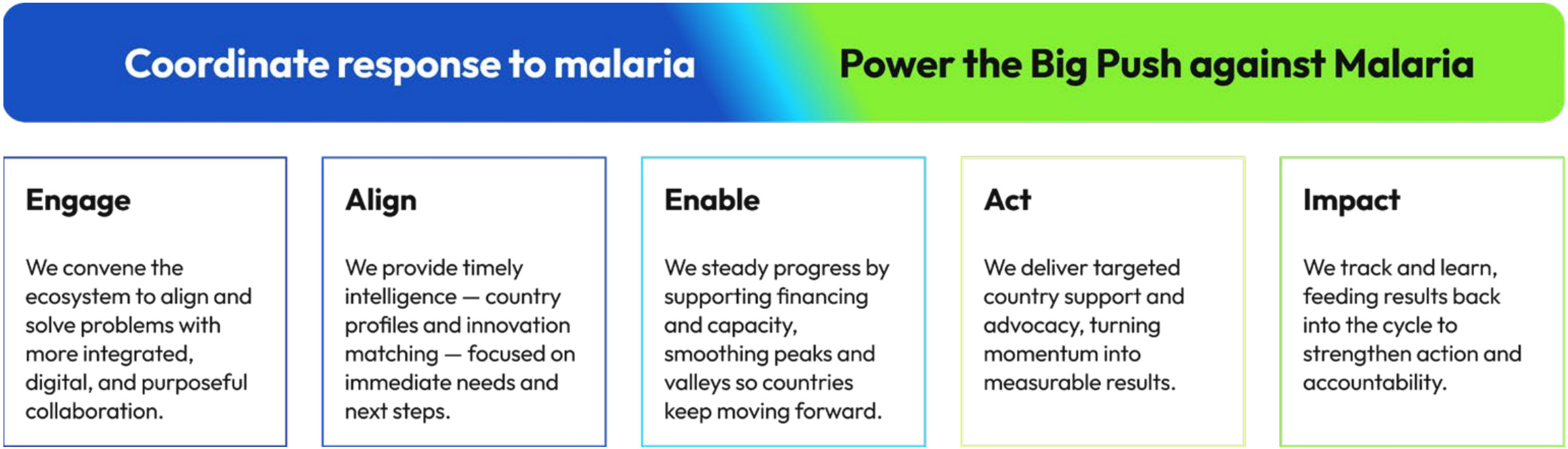


Indicative as of June 2025

This chart provides a non-exhaustive overview of workstreams under the RBM Partnership model. It is illustrative and subject to updates.

RBM Partnership Strategic Framework 2026-2030 | Unity30

RBM's new approach under the Unity30 Strategic Framework shifts away from static objectives and "enablers" toward an action-oriented framework. It is built for a world where conditions are shifting — financing shortfalls, political focus, biological threats, and extreme weather — and where the Partnership must adapt quickly to keep malaria elimination on track.

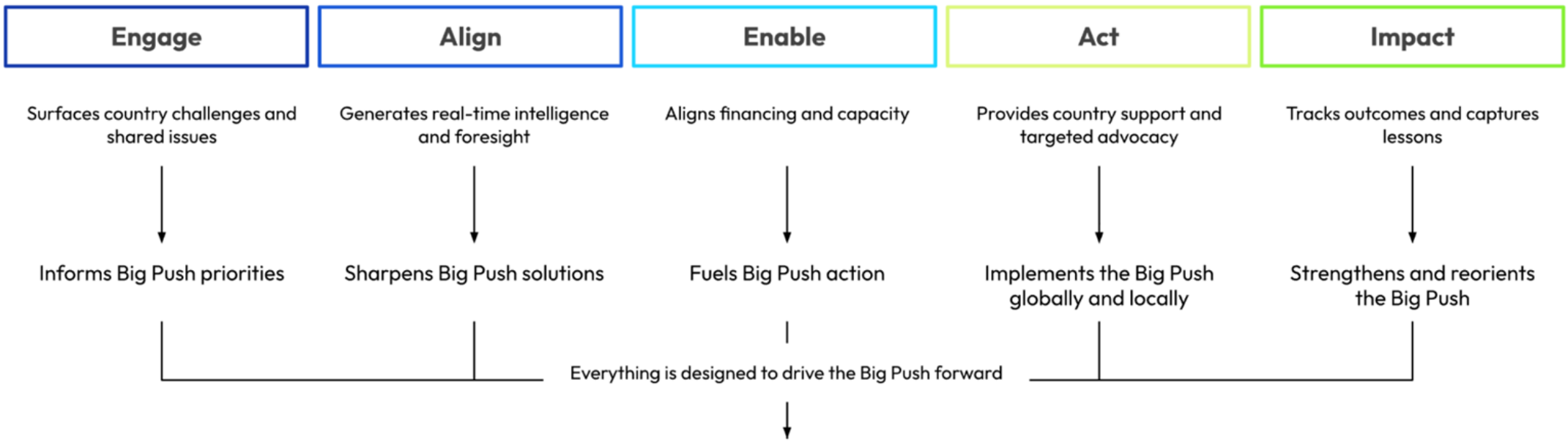


RBM Partnership To End Malaria 30

RBM Partnership

Unity 2030

What / How we do it



Powering the

Big Push against Malaria

RBM Partnership To End Malaria 30



Big Push against Malaria

A brief overview

RBM Partnership To End Malaria

Countries and regions provide critical leadership and are pushing towards eradication, **but the broader support of the ecosystem can be fragmented**.

By bringing different actors' pushes together into a shared direction of travel, **we can move from fragmentation to the momentum needed for global eradication:**

the Big Push against Malaria.



The Big Push against Malaria is a global effort headed by RBM.

We will only become eradication-ready if all actors are pushing in the same direction: aligned behind endemic country leadership, coordinated around shared priorities, and supported by sustained political commitment and financing.

300+ stakeholders across 170 organizations in and beyond the malaria ecosystem are behind the push



Logos non-exhaustive

The Big Push against Malaria:

- Aligns global, regional, and national actors behind **country malaria plans**
- Identifies priority actions that need to be taken **in the next five years**
- **Addresses 80-90% of priorities** from the Yaoundé Declaration and the Lusaka Agenda
- **Sets a common agenda** for RBM's collaboration with the global health ecosystem
- Frames work under **six pillars** to coordinate actors and their strengths

RBM 2030

The Big Push against Malaria: Six pillars

1.

Improve coordination between global, regional, and country partners for efficient resource use

1.1
Implement **national costed, optimized, operational plans** for malaria that are nested within health and other sectoral planning

1.2
Global and regional health initiatives and partners align with and support national costed optimized operational plans for malaria

1.3
Stakeholders at all levels coordinate support for **evolving priority topics,** leveraging their comparative advantage

2.

Advance national leadership and accountability of an integrated malaria response

2.1
Strengthen **accountability mechanisms** to ensure malaria political and financial commitments are met within the broader health agenda

2.2
Ensure **malaria integration** into broader health & multisectoral approaches

2.3
Enhance existing capacity at all levels to enable integrated, multi-sectoral approaches and accountability

3.

Strengthen data systems and enable data-driven decisions for equity, resource optimization and intervention deployment

3.1
Protect and strengthen surveillance, monitoring, and evaluation capacity and capabilities, including for biological threats and financing

3.2
Ensure that **country-owned data systems** are strengthened

3.3
Strengthen the coordinated use of data to inform planning, prioritisation implementation, and resource optimisation

4.

Increase equitable access, acceptability & quality of interventions

4.1
Expand **coverage of quality malaria interventions** via context-appropriate public and/or private sector channels

4.2
Strengthen the system to respond to **malaria upsurges and outbreaks**, and provide support to people living in complex operating environments

4.3
Accelerate deployment of appropriate strategies and products to **address biological threats**

5.

Develop and prepare for rapid introduction of new fit-for-purpose tools

5.1
Strengthen **investment in and development of transformational tools** which incorporate end-user input to increase impact and acceptability

5.2
Streamline global, regional, and country **regulatory & policy processes** to expedite **approval** and launch of new products

5.3
Ensure sustainable, accessible, affordable new products through market-shaping mechanisms, including regional manufacturing

5.4
Strengthen country **adoption and scale-up** of new tools

6.

Protect funding for malaria and advocate for new resources

6.1
Ensure **malaria is appropriately included in national sustainable health finance** strategies / plans which are adapted to economic and health context and protect the most vulnerable

6.2
Strengthen country **capacity** to access and effectively deploy **malaria financing**

6.3
Ensure that malaria is prioritized within **existing and new external financing** and that funds are transparent and predictable



VCWG & Big Push

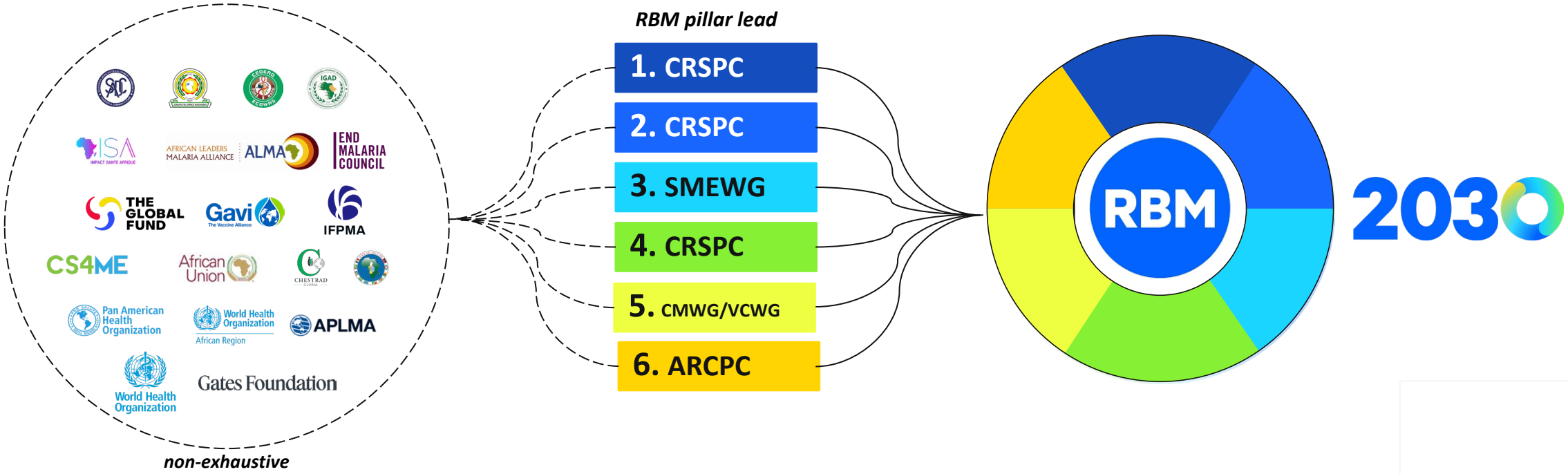
A joint implementation model

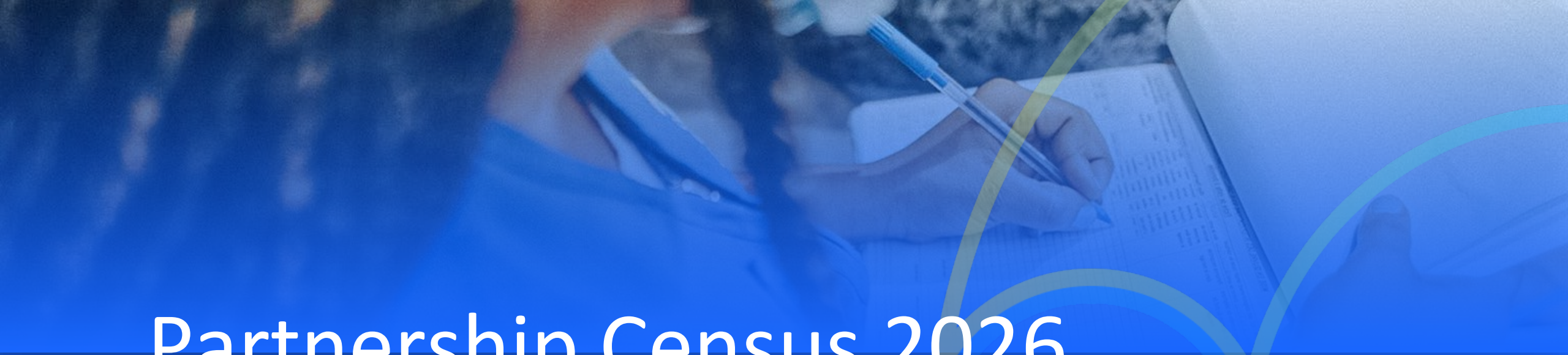
RBM Partnership To End Malaria 30

How we'll work together under existing RBM structures

Each pillar will be coordinated through the relevant **RBM partner committees and working groups**, which will convene partners and track progress against agreed priority actions, guided by the RBM Partnership Strategic Framework, *Unity2030*.

Updates on **partners' contributions to each pillar will be routinely collected** using existing reporting processes. The goal of this structure is to minimise reporting burden while creating opportunities for knowledge sharing.





Partnership Census 2026

A joint implementation model

RBM Partnership To End Malaria 30

As part of the RBM Strategic Plan for 2030 and Big Push rollout we need to more deeply understand the partnership

This means performing a census to:

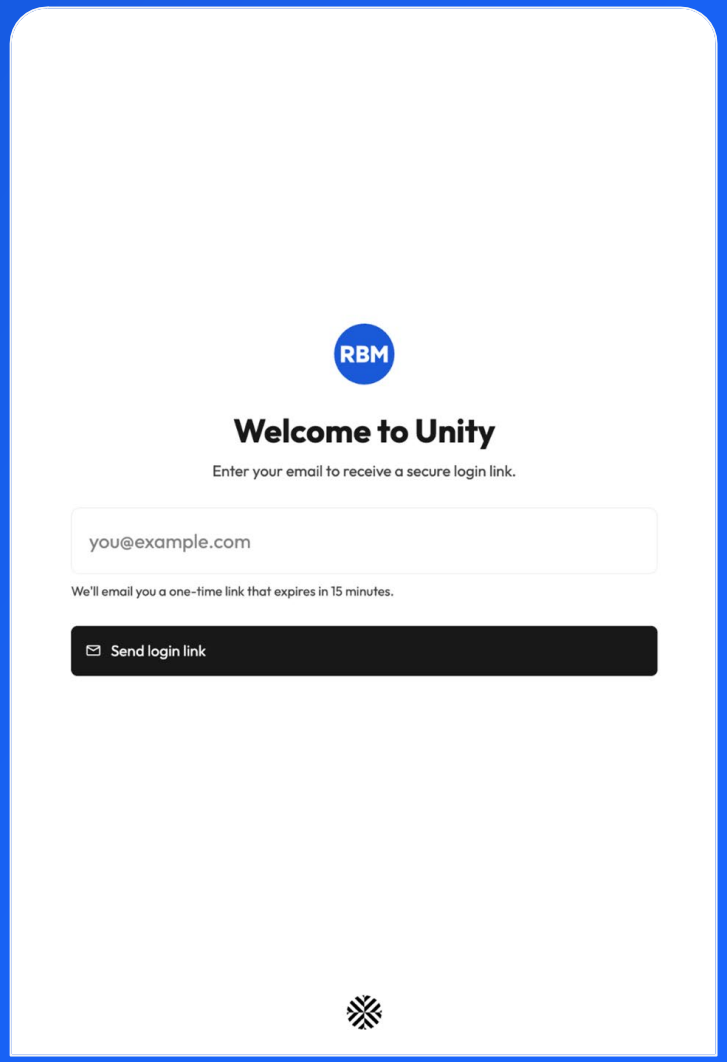
- Understand ongoing partner activity
- Visualize actual composition of Partnership
- Facilitate coordination within and across Big Push pillars

RBM CENSUS 2026

Access: Users will be invited to join a platform to fill out the census in EN, ES, FR or PT.

Platform: The census will create a platform for smart coordination.

Timeline: You will receive an invite in mid-March 2026.



RBM Partnership To End Malaria 30

Thank you for your attention



RBM Partnership
To End Malaria

3 March 2026

Updates from WHO Vector Control Unit

Lauren Carrington, WHO GMP

WHO updates on vector control

Lauren Carrington, PhD
Technical Officer
carringtonl@who.int

Vector, Disease Control, Elimination & Eradication unit
Malaria & Neglected Tropical Diseases department

World Health Organization

VCWG meeting
Nairobi, Kenya
03-MAR-2026

Outline

- Organisational changes at WHO
  - Impacts on vector control and department structure
- Recent and forthcoming publications
- Updates around the guideline development process
  - Recent guideline updates
  - Upcoming meetings
  - Changes to VC evaluation process
  - Future plans

World Health Organization

WHO organisational changes in 2025



Restructuring and reduction of workforce



More focused scope of work, higher impact outputs



Integrated and cross-cutting programmes

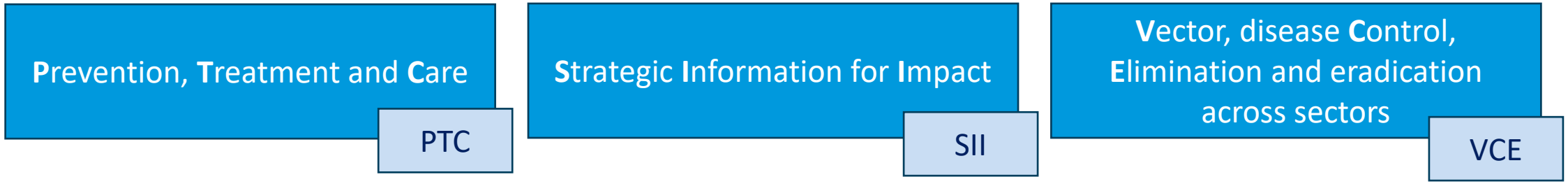


GMP & NTD programmes merged → Malaria & Neglected Tropical Diseases **(MNT)**

World Health Organization

Malaria & Neglected Tropical Diseases department

Merging of:
2 departments with 8 units →
1 department with 3 units



World Health Organization

Impact on the vector control space at WHO

- Smaller work force
  - 3 people responsible for malaria + *Aedes*-borne diseases + supporting other diseases
- Smaller budget, reduced scope of work to align with resource limitations
- Greater collaboration across vector-borne diseases
- Dissolution of VCAG, (re-)alignment with WHO guideline development processes

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Forthcoming publications

Very soon…

- ITN durability technical consultation report
- Optimising IRS technical consultation report
- LSM operational manual
- IRS operational manual (*French*)

Soon…

- Protocol for discriminating concentrations
- *Anopheles stephensi* elimination strategy
- IVM handbook
- GPIRM
- Operational manual on Wolbachia
- Operational manual on spatial emanators
- Integrated surveillance on vectors

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Recent and forthcoming activities

Ongoing activities

- MINT tool
- Malaria Threats Map
- *An. stephensi* quarterly calls
- *Aedes* IR data mapping

Forthcoming activities

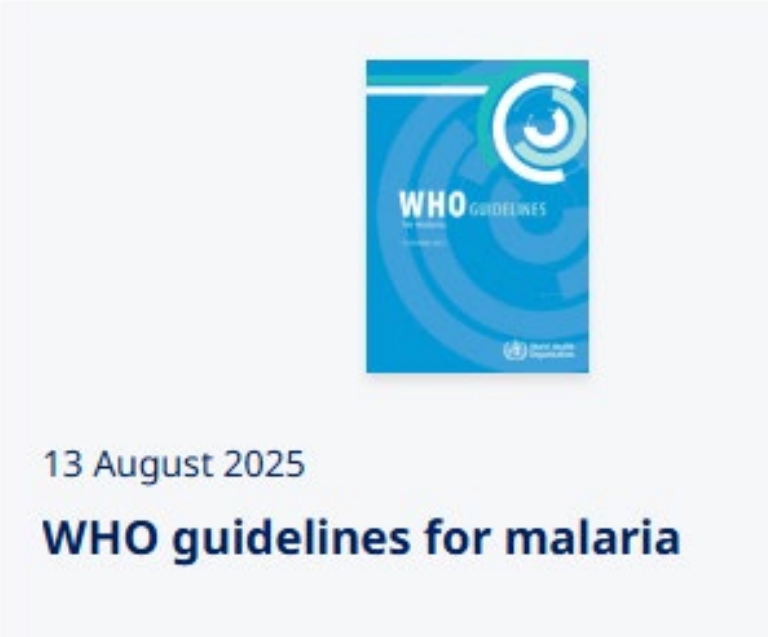
- Joint Meeting for Pesticide Management (JMPM)
- Update to manual for monitoring Insecticide resistance
  - chlorfenapyr, broflanilide and isocycloseram discriminating doses

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Vector control tools and guideline updates

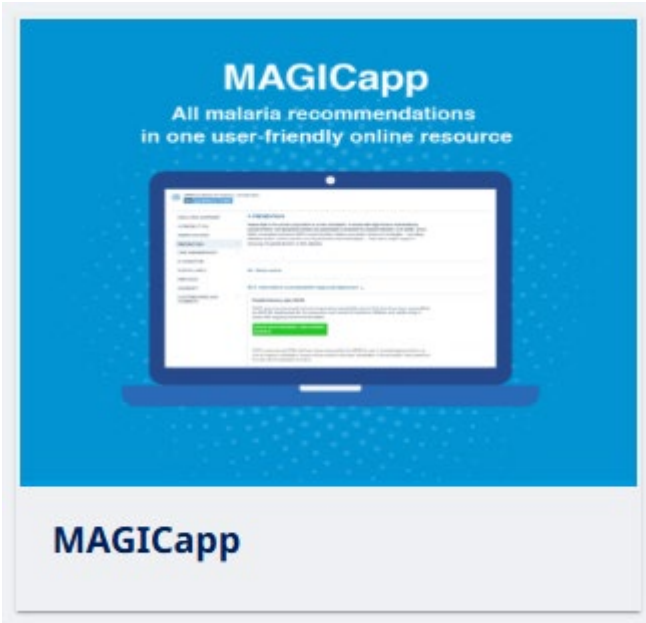
World Health Organization

Guidelines access



https://www.who.int/publications/i/item/guidelines-for-malaria

https://app.magicapp.org/#/guidelines
→ World Health Organization





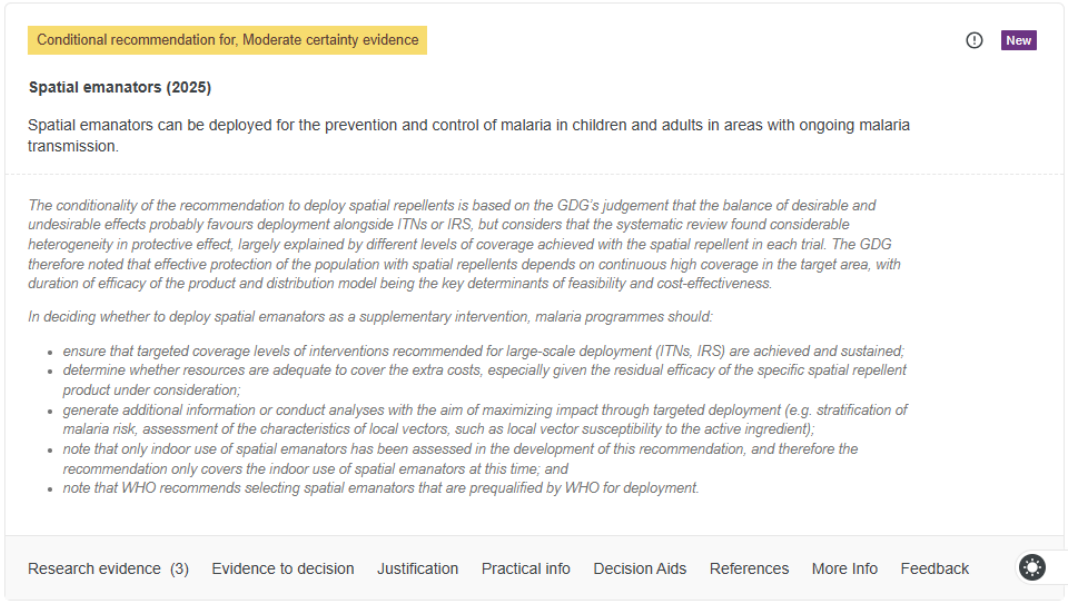
World Health Organization

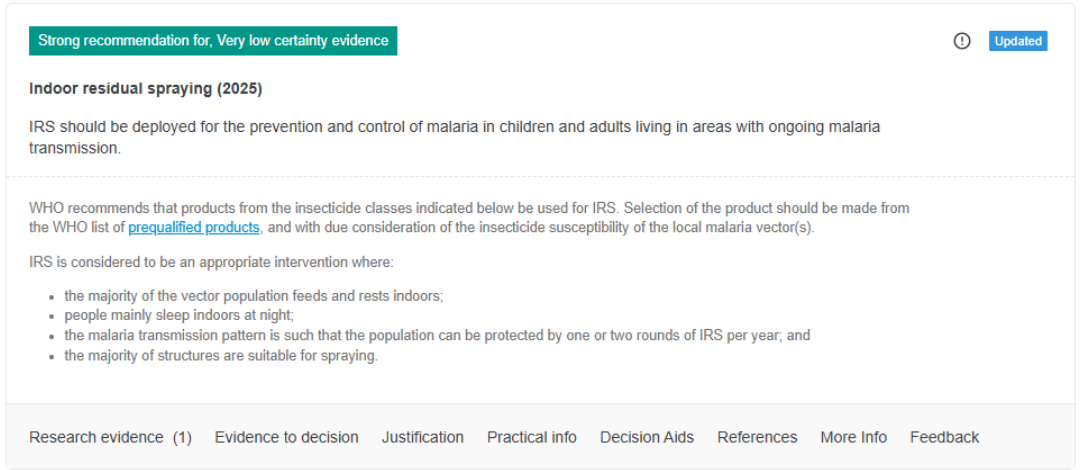
Recent guideline updates

August 2025

- **NEW** recommendation for **spatial emanators**
  - Recommended for use with background interventions
  - Observed heterogeneity in coverage
  - Key evidence gaps: stand-alone use, outdoor, complex emergency settings, relative cost-effectiveness

- **UPDATED** recommendation for **Indoor Residual Spraying**
  - Inclusion of two new insecticide classes (pyrrole, isoxazoline)





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Next GDG meeting

- June 2026 – GDG meeting
  - Consolidated systematic review on ITNs
  - Systematic review on endectocides

World Health Organization

Guideline development process for vector control

World Health Organization

Dissolution of Vector Control Advisory Group (VCAG)

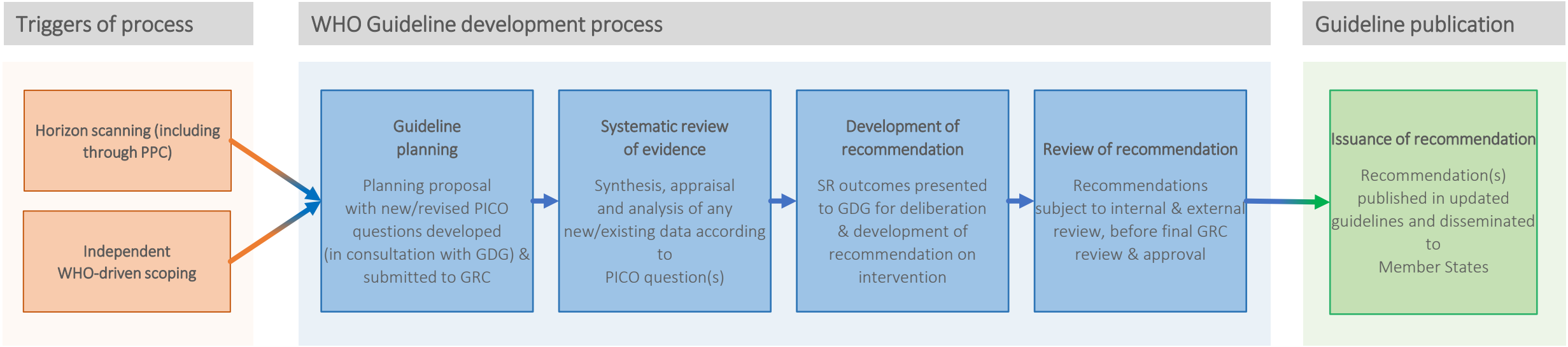
- VCAG served WHO from 2012 to 2025, supporting the review of:
  - ~120 submissions for 38 interventions across 20 intervention classes at 21 meetings

Institutional decision to dissolve the advisory group:

- Organisational need to refocus on core institutional mandates, for which WHO has unique remit
- Streamlining of processes needed – WHO guideline development process well established to guide VC activities
- Perception of inconsistent outcomes across same VC evaluation processes
  - VCAG assessed 'public health value', one trial at a time
  - GDG assesses entire body of evidence - health benefits and harms + contextual factors

World Health Organization

Vector control guideline process



World Health Organization

Vector control guideline process

- Triggers
  - No longer a requirement for 2 trials to be conducted
  - WHO initiates reviews when there is an identified need, or outstanding question of efficacy
  - Considerations of current priorities, available resources, and data still important
- Systematic review and meta-analysis
  - Health benefits & harms: multiple outcomes assessed across all eligible studies
  - Contextual factors: Assessment of factors to inform likelihood of impact on the ground and sustainability of deployment
- Appraisal of evidence using 'GRADE'
  - multi-dimensional assessment of studies and certainty of evidence
- Best available evidence
  - WHO recommendations based on best available evidence, with certainty assessment indicated accordingly
- Research/evidence gaps
  - Systematic identification of evidence gaps to guide future research, inform subsequent updates
- Living recommendations
  - Some recommendations to be maintained in 'living mode'

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*GRADE: Grading of Recommendation Assessment, Development and Evaluation

Establishment of an **integrated vector control GDG** and **guideline**

World Health Organization

Establishment of an **integrated vector control GDG**

- Many VC interventions are potentially **cross-cutting**
- Not all VBDs focus on vector control, as not a priority, considered feasible, or cost-effective
- Evidence-based recommendations for use are not available for all VBDs

VISION

- **Integrated GDG** for vector control
  - Serving all VBDs (including presumed, or partial)
  - Addressing agnostic VC issues as needed
- **Integrated guidelines** for vector control
  - Relevant consolidated, evidence-based, disease-specific recommendations for each intervention
  - Ensure all recommendations are compliant with WHO & GRADE methodology
- **Standing GDG** available to address questions as they arise
  - Membership expertise across all diseases and core (disease agnostic) disciplines
  - Approach to support cross-learning and improved consistency (temporally and across diseases)
- **Multi-year workplan** that progressively addresses all interventions for relevant diseases
  - Selected recommendations will be maintained in 'living' mode

World Health Organization

Benefits of an integrated processes and output

For countries:

- One clear, authoritative source of recommendations for all vector-borne diseases
  - Cross-referencing to disease-specific treatment, care guidelines
- Elevates aspect of VC for many VB NTDs that is currently not prioritised
- Improved consistency in methodologies, evidence review, decision thresholds
- Support implementation of IVM principles
  - Integration across diseases, not just within a disease control programme
- Integrated guidelines will map interventions across all VBDs
  - Facilitates and promotes cross-learning
  - Improves decision-making and efficient use of resources
- Supports cross-disease dialogue, engagement, integration, synergistic procurement

For manufacturers:

- Potential for additional evidence-based recommendations that may support expansion of products to other diseases

For WHO:

- Countless benefits and improved efficiencies – technical, financial, administrative….
- Multiple diseases to share infrastructure, more efficient use of in-house resources
- Aligns with organisational goal for integration
- Promotes GVCR and foundational principles of IVM

World Health Organization

Intervention mapping across disease…

Disease	Vectors/intermediate hosts	ITNs	Residual surface treatment	Larval source management	Spatial emanators	Personal protection	Space spraying	Endectocides	Population replacement	Population suppression	Traps	Housing modifications	Environmental modification / management	Molluscicides
MALARIA	*Anopheles* mosquitoes	■	■	■	■	■	■	■	■	■	■	■		
AEDES-BORNE DISEASES	*Aedes* mosquitoes	■	■	■	■	■	■		■	■	■	■	■	
LYMPHATIC FILARIASIS	Multiple genera of mosquitoes	■	■	■	■	■	■	■	■	■	■	■	■	
BURULI ULCER	*Aedes* mosquitoes	■		■	■	■	■		■	■		■		
ONCHOCERCIASIS	Blackflies			■		■	■				■		■	
LOA LOA	Chrysops					■	■				■		■	
LEISHMANIASIS	Phlebotomines	■	■		■	■	■					■	■	
HUMAN AFRICAN TRYPANOSOMIASIS	Tsetse flies					■	■			■	■	■		
CHAGAS DISEASE	Triatome bugs	■	■			■					■	■	■	
TRACHOMA	Muscid flies		■			■		■						
SCHISTOSOMIASIS	Fresh water snails			■									■	■
GUINEA WORM DISEASE	Copepods					■								■

World Health Organization

Thank you

For more information, please contact:

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Title Technical Officer, MNT/VCE unit
Email carringtonl@who.int

World Health Organization

RBM Partnership
To End Malaria

3 March 2026

Global Fund financing update

Kate Kolaczinski, The Global Fund

RBM Partnership
To End Malaria

3 March 2026

Update from Gates Foundation

Helen Jamet, Gates Foundation

The Road to 2045

The role of vector control in pathways to malaria eradication

Helen Jamet

3 March 2026

Gates Foundation

Our role

We work with partners worldwide to tackle critical problems

Creating market incentives for life-saving products by supporting the development and delivery of vaccines, treatments, bednets and other innovative tools for those most in need.



Spurring innovation that improves the human condition by stepping in where governments can't, and businesses won't, like in the development of gene drive.



Strengthening collaboration by bringing together the public, private and philanthropic sectors to save and transform lives around the world.



Generating high-quality data and evidence that drives progress by showing what's working and what isn't.



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Our work

We work with partners worldwide to tackle critical problems. We build partnerships that bring together resources, expertise, and vision—working with the best organizations around the globe to identify issues, find answers, and drive change.

Everything we do is focused on helping those who would otherwise be unfairly left behind, by putting people in charge of their own futures and enable them to achieve their full potential.



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“Any goal short of eradicating malaria is accepting malaria; it’s making peace with malaria; its rich countries saying: ‘We don’t need to eradicate malaria around the world as long as we’ve eliminated malaria in our own countries. That's just unacceptable.”

Melinda Gates, 2007



Our goal is to eradicate malaria while saving as many lives as possible between now and then

1 DRIVE DOWN BURDEN

In the short- and medium- term, **scale surveillance + data-driven sub-national optimization, chemoprevention & case management in high burden settings** to reduce deaths and cases

2 SHORTEN THE ENDGAME

Create enabling environment for winning endgame in high endemic SSA by **investing in next-generation surveillance systems and accelerating endgame R&D** today

3 GET AHEAD OF RESISTANCE

Mitigate emergence of drug & insecticide resistance by **developing a robust pipeline of AIs and analyzing entomological and genetic data** to quickly respond to threats

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Malaria Investment Portfolio



Research & Development

Vector Control (insecticidal interventions & genetic based vector control)

Drugs

Diagnostics

Biologics

Vaccines



Surveillance, Data & Epidemiology

Routine systems and data

Novel tools & strategies

Surveillance partnerships

Data & modeling platforms



Strategic Partnerships & Country Engagement

Subnational tailoring

Access to quality care

Operational partnerships

Market access & policy

New product uptake



Global Policy & Advocacy

Leadership & accountability

Traditional donors

Emerging donors

Country political momentum

Social acceptance of new tools



Digital Health for Malaria Eradication

Campaign digitization

Digital case management

Innovation and R&D

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“I will give away virtually all my wealth through the Gates Foundation over the next 20 years to the cause of saving and improving lives around the world…and on December 31, 2045, the foundation will close its doors permanently.”

Bill Gates, 2025

Three goals for 2045……

1. No mother or child dies of a preventable cause.
2. The next generation grows up in a world without deadly infectious diseases.
3. Hundreds of millions of people break free from poverty, putting more countries on the path to prosperity.

…and malaria eradication is critical to all of them

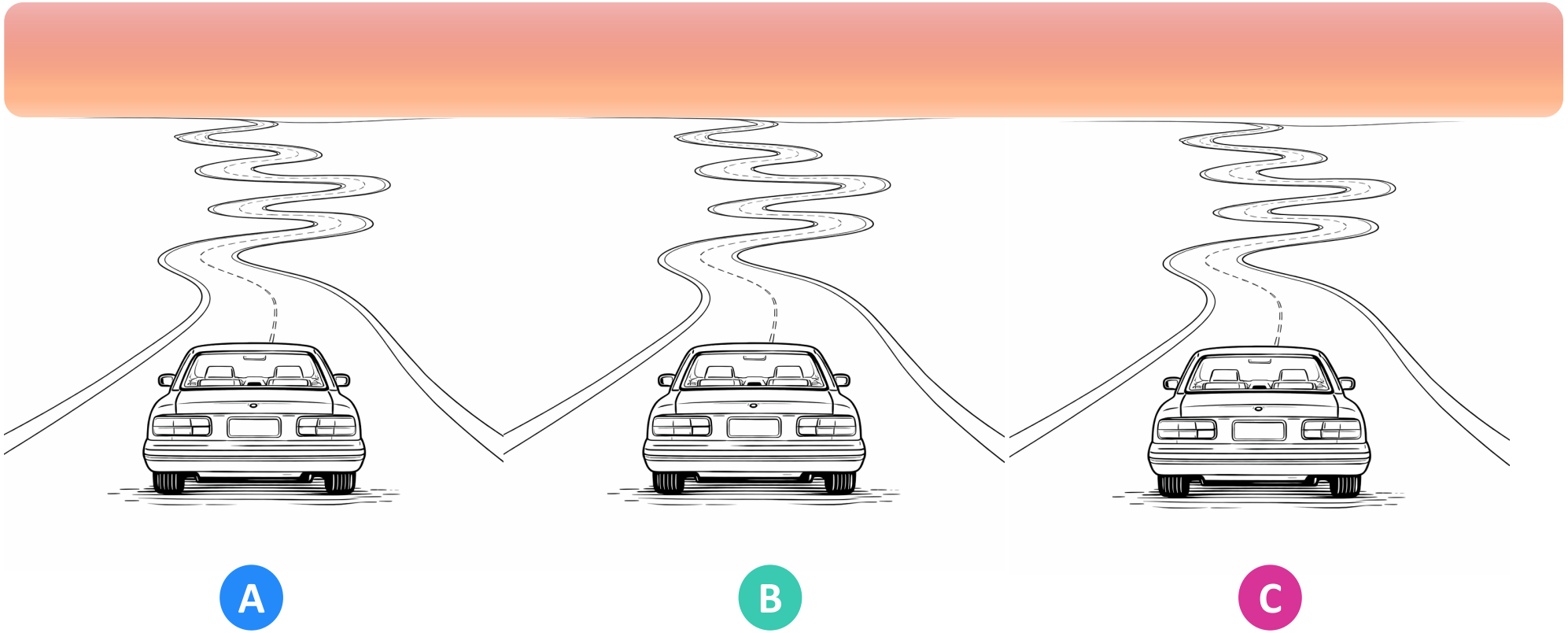
- Prevents **hundreds of thousands** of children's deaths every year
- Eradicates one of the **deadliest infectious diseases** in human history
- Prevents **billions of missed hours** of work and schooling, and pressures on health systems, to enable economic growth

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Malaria Eradication Strategy – Plans A, B & C

Assume strong core systems remain in place across all plans:

Robust case management, resilient **vector control (especially LLINs)** and high-quality surveillance/data systems



Plan A: Gene Drive – led eradication

Self-sustaining gene drive targeting dominant malaria vectors to permanently reduce mosquito populations or transmission capacity. This approach directly collapses transmission (Rc → 1 or below), even in ultra–high-transmission settings where other tools struggle

Fastest, cheapest, most permanent

Least dependency on health systems

Strongest chance of “rapid endgame”

Regulatory, societal, political acceptance

Readiness for fast-follow-on tools to prevent rebound

Heavy investment across sectors



Plan B: Vaccine – led eradication

High-efficacy, durable second-generation malaria vaccine capable of interrupting transmission across all age groups, including adults who contribute disproportionately to the infectious reservoir

Political & social familiarity

Potential to dramatically reduce burden & transmission

Requirements include high efficacy (>90%), long durability, **very high population coverage across all ages**

Continued **vector control** needed to keep R_c low

Low probability of success – need to balance R&D risk



Plan C: Layered Next-Generation Tools

Combines multiple next gen tools - LAIs, endectocides, improved LLINs, spatial repellents, SERC drugs, self-limited GM mosquitoes—layered to reduce transmission incrementally where Plans A or B fall short

Hedges against obstacles in Plan A or B

Resilience ~ vaccine underperformance or stalling of gene drive adoption

Critical to maintain progress/prevent backsliding

Operationally complex & delivery dependent

Slower & more expensive

Highly sensitive to health system performance, coverage and cost control

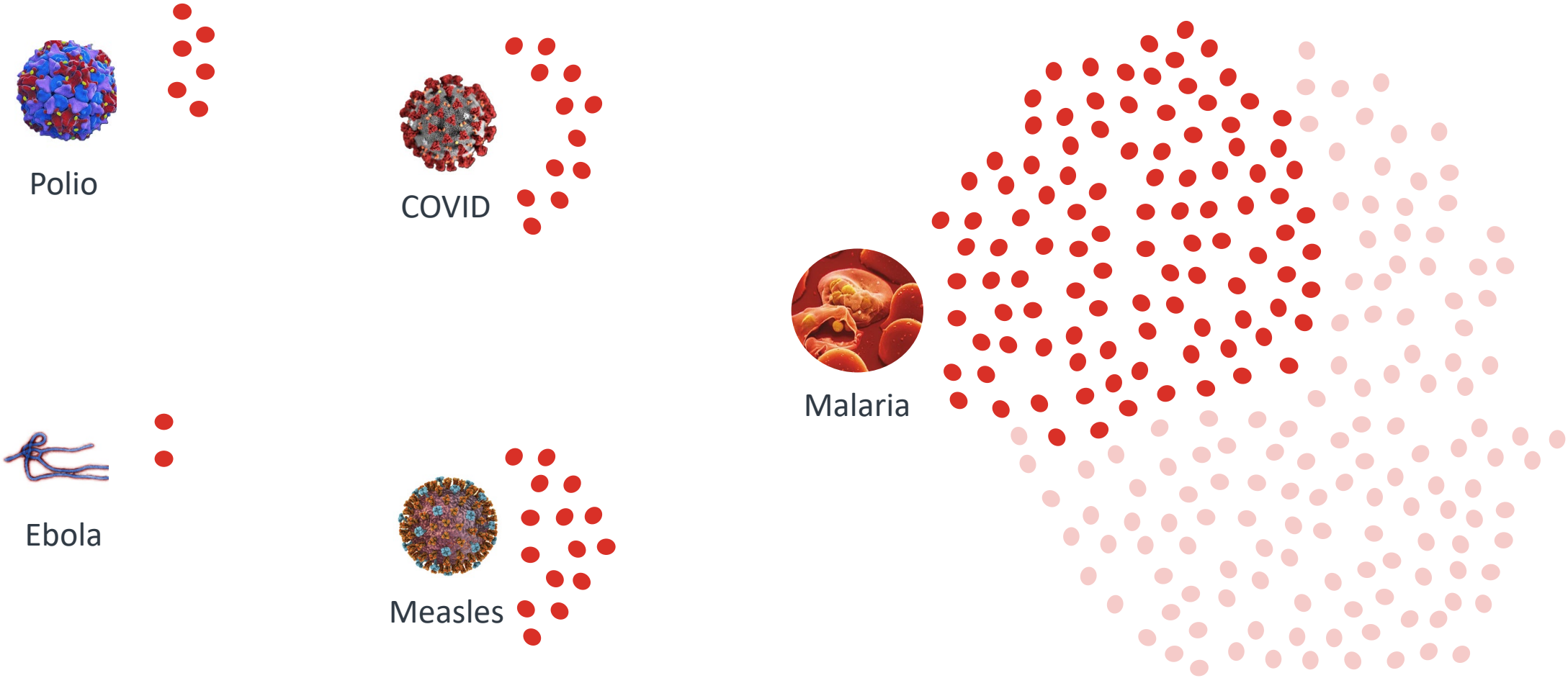








R_0 and reducing transmission enough to finish the job

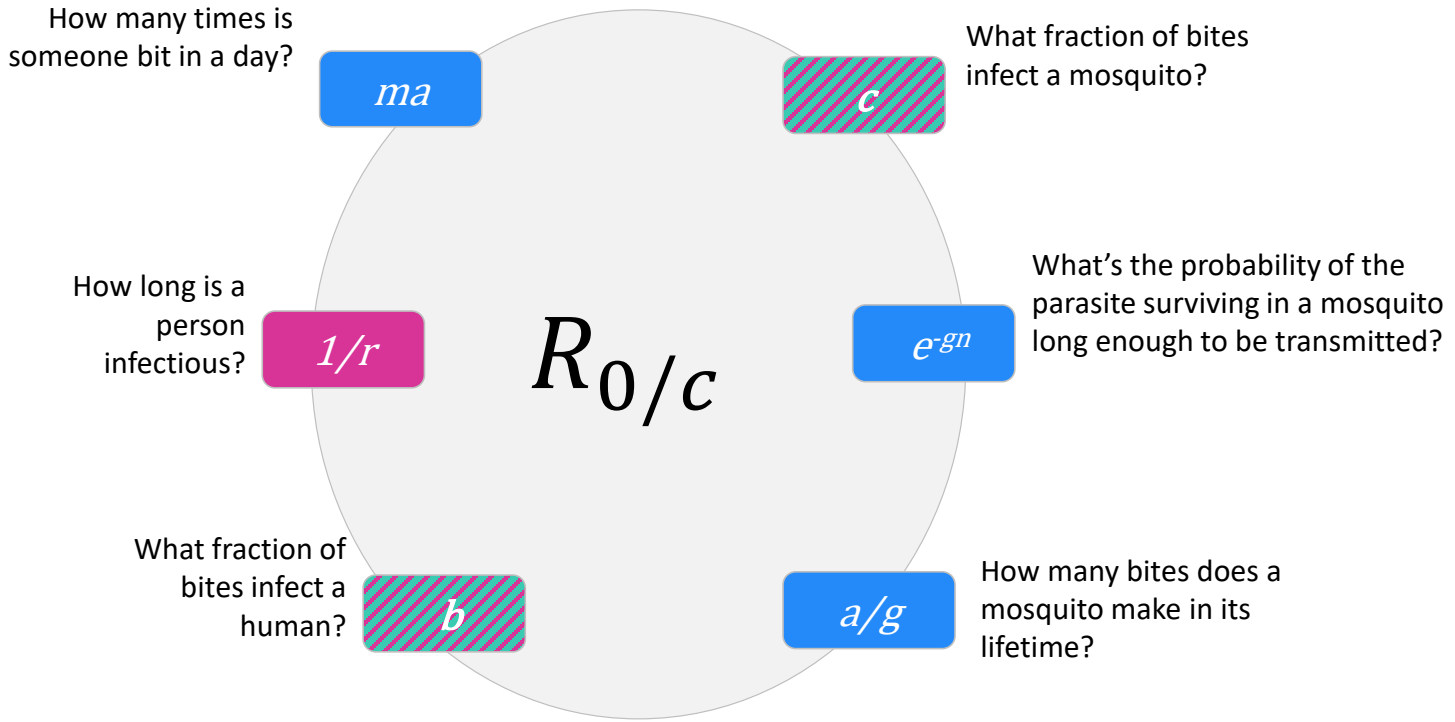


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Which interventions have the most burden reduction potential?

Each intervention acts through one or more of three impact levers to reduce burden: transmission blocking, parasite clearance, and immunity-boosting and can be mapped against the malaria transmission cycle and the corresponding parameters in Ross-Macdonald:

$$R_{0/c} = \frac{ma^2bce^{-gn}}{gr}$$



- Gene drive
- Self-limited GMM
- Insecticidal vector control
- Tech-enabled LSM
- Endectocides
- SERC
- Case management (Dx+Tx)
- 2nd-generation vaccine
- SMC
- LAI
- 2nd gen mAb

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Mapping plans A, B and C to the Ross McDonald Model

The context in which interventions are deployed also has a profound impact on their chance of success, meaning that each plan must be tailored to the appropriate local context.

$$R_{0/c} = \frac{ma^2bce^{-gn}}{gr}$$

Plan A (gene drive) knocks out the dominant malaria vector in a region, reducing mosquito density & biting rate, reducing mosquito to human transmission and vice-versa, and/or reducing mosquito survival.

$$R_{0/c} = \frac{ma^2bce^{-gn}}{gr}$$

Plan B (second-gen vaccine) predominantly acts via reducing mosquito to human transmission. Other tools – especially **vector control** approaches – are needed to meaningfully impact Rc via other parameters.

$$R_{0/c} = \frac{ma^2bce^{-gn}}{gr}$$

Plan C (endectocides, LAIs/mAb, SERC) uses tools that, when layered, address the whole equation; however, the operational challenges in implementing these to achieve maximum potential effect are profound.

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Portfolio of key vector control innovations & use cases

Gene drive: Self-sustaining suppression / replacement of dominant malaria vectors to reduce transmission without requiring systemic changes

Self-limited GMM: Short-term, localized mosquito suppression without self-propagation, supplementing gene drive

Next-gen IRS: Prolong IRS effects and combat resistance with new insecticides

Dual AI LLINs: Restoring bed net effectiveness in insecticide-resistant areas using multiple insecticides

Tech-enabled LSM: Digitally targeted breeding sites to reduce mosquito density at source

Spatial emanators: Repelling/ killing mosquitoes within homes, supplementing ITNs / other methods

Long-acting endectocides:

Killing mosquitoes feeding on treated humans for weeks to months, supplementing LAIs / vaccines

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If you want to go fast,
go alone.
If you want to go far,
go together.

—African Proverb

Gates Foundation

RBM Partnership
To End Malaria

3 March 2026

Update from Unitaid

Jan Kolaczinski, Unitaid

Vector Control Overview

21st RBM VCWG Annual Workshop

3 March 2026

Who we are

Unitaid saves lives by making new health products available and affordable for people in low- and middle-income countries. We identify innovative treatments, tests and other tools, help tackle the market barriers that are holding them back and get them to the people who need them most.

"Thanks to Unitaid, more people across Africa have access to the best HIV treatments at a fraction of the original price. Young children have been cured of tuberculosis with high-quality formulations that are easy to administer. Millions of young people are better protected against malaria through large-scale seasonal delivery of medicines, an approach that has dramatically reduced child mortality without raising costs."
United Nations Secretary-General António Guterres





Strategic Objectives

1
Accelerate the introduction and adoption of key health **products**

2
Create systematic conditions for sustainable, equitable **access**

3
Foster inclusive and demand-driven **partnerships** for innovation



Unitaid's Programmatic Priorities Current Strategy (2023-2027)

HIV & co-infections	TB	Malaria	Women & children's health	Respond to global health emergencies
Sustain effectiveness of prevention, treatment	Enable TB prevention tools for high-risk groups	Introduce and optimize prevention tools	Improve access to better tools for safe pregnancy, birth for women & newborns	Improve quality of clinical care packages for COVID-19
Optimize and enable scale of AHD packages of care	Accelerate access to new detection tools	Improve access to quality case management		
Drive HCV elimination through testing, prevention	Accelerate adoption of new drugs and regimens			
Increase access to screen & treat for cervical cancer, STIs	Improve child survival with triage and treatment tools			
Accelerate access to self-testing and integrated diagnostics				Decentralize testing and treatment for COVID-19
Long-acting and new technologies				
Intellectual property, regulatory and innovative supply models				

INDICATIVE FUTURE OUTLOOK - SUBJECT TO CHANGE

Programmatic priority	2024	2025	2026	2027	2028	2029
Introduce and optimize prevention tools	**Plus Project (PSI)** – Multi-country demonstration project to generate evidence and catalyze uptake of Perennial Malaria Chemoprevention					
	AEGIS (UND) – Multi-country demonstration project to generate evidence and catalyze uptake of spatial emanators					
	Spatial Emanators GAD	**CANVeCT (CRID) –** Expanded use of spatial emanators to protect vulnerable communities by generating critical evidence on effectiveness, including as a standalone intervention and in humanitarian settings				
	Spatial Emanators GAD			**CONVINCE (STPH)** – Spatial emanators – project scope under discussion		
		GMM mosquitos				
				2027 Investment Plan opportunity – Potential future GAD and project in malaria, pending endorsed AfI and EB go-ahead/approval. Content area dependent on highest priority opportunity identified through landscape development		
Improve access to quality case management		**Private sector CM landscape**				
	PAVE (MMV) – Introduce new screening and treatment tools for *P. vivax* malaria			**Next-gen diagnostics landscape**		
		STOP-AMDR (Jhpiego) – Multi-country demonstration project to generate evidence and catalyze uptake of multiple first line therapy approaches for malaria case management				
Cross-cutting	**Enabler (WHO)** – Vector control, chemoprevention, *P.vivax*			**Enabler (WHO)** – Vector control, AMDR, diagnostics		
			Launch transparency – Spatial emanators, ACTs for AMDR response			
		MedSuRe (USP) - Regional production of therapeutics in Africa incl. malaria				

Malaria portfolio prioritisation cascade

Areas considered for scoping/investment

- Monoclonal antibodies for malaria prevention
- Private sector case management
- Next-gen malaria diagnostics
- Genetically modified mosquitos
- New malaria treatments
- Insecticide-treated baby wraps

Prioritized landscape development

- **Genetically modified mosquito Landscape**
- **Private Sector case management Landscape**
- **Next-gen malaria diagnostics Landscape**

2027 Investment Plan opportunity
from highest priority opportunity identified through landscape development & partner discussion

Key

Ongoing project | Grant Agreement Development | New area landscaping | Potential future investment

AEGIS Outcomes

WHO conditional recommendation of spatial emanators for malaria prevention in combination with ITNs (indoor use)

WHO prequalification of first-in-class and next generation products (SC Johnson's Mosquito Shield™ and Guardian™)

- Systematic review, guidelines development and prequalification processes **supported by Unitaid funding** through our WHO Enabler and WHO PQ Grants





New Investment Under Development

Multi-faceted, multi-year investment of up to US$ 35M

Key objectives:

1. Catalyze the market and scale-up of SEs
2. Generate operational evidence on specific use cases (humanitarian & urban settings) to inform operational guidelines
3. Support evolution of guidance, incl. WHO recommendation(s) to include standalone use of SEs

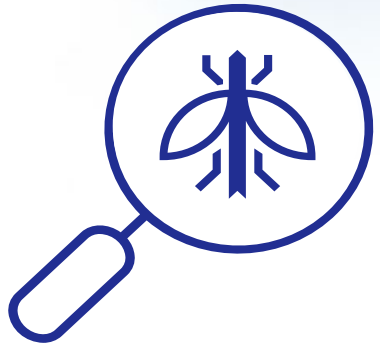
Coordinated closely with all key stakeholders

Implementation Research

Evidence Synthesis

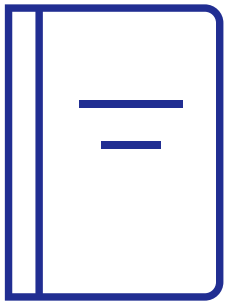
Unitaid commissioned a review to determine the extent, content and quality of operational evidence generated on SEs to date. Establishing a **living review** that can be readily updated once further data become available.

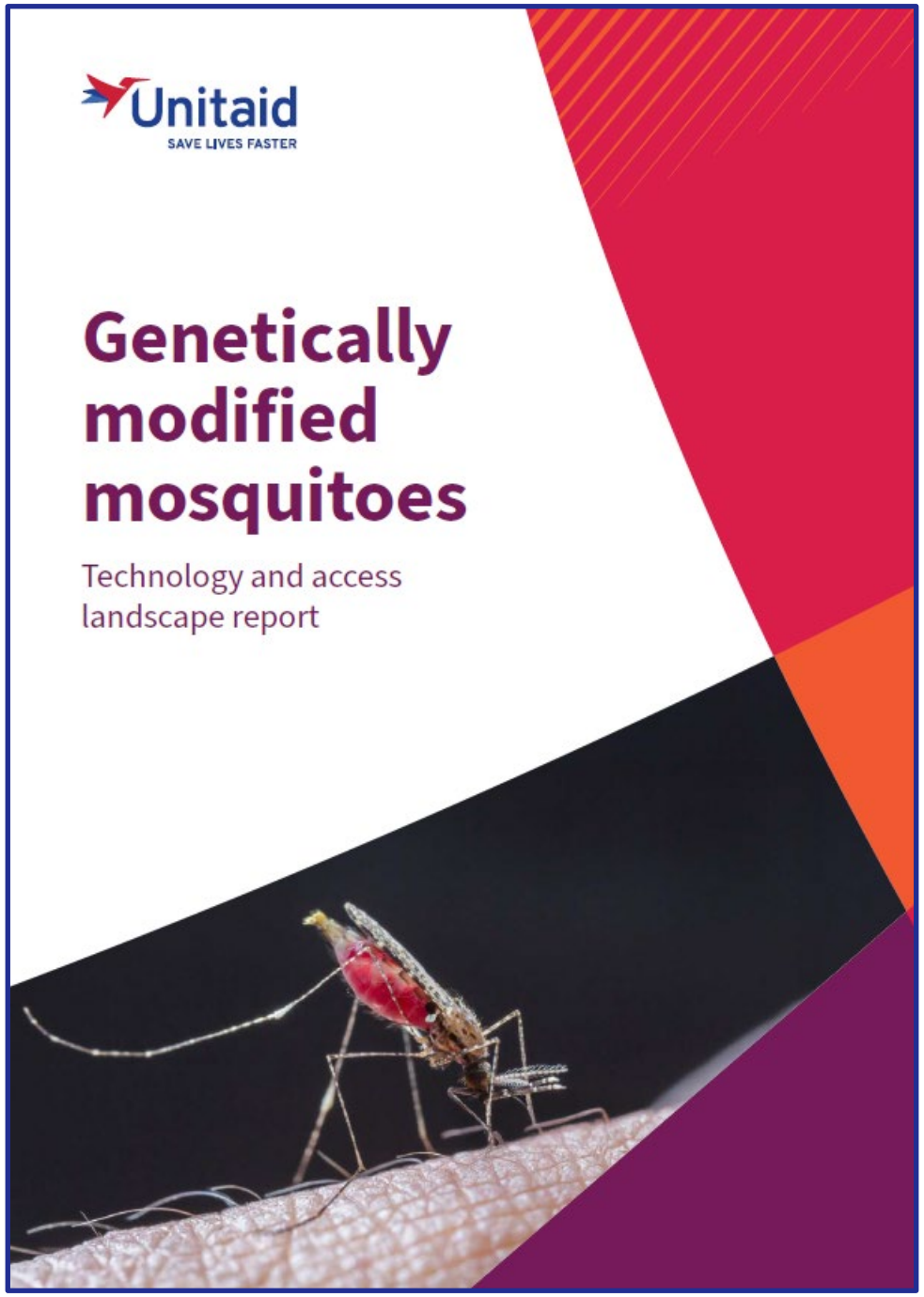
The review is designed to inform first (and subsequent) edition(s) of a **practical manual on SEs** to be developed by WHO MNT.



Guidance

Unitaid is funding WHO's GRC Secretariat to develop a **chapter on implementation research** for the Handbook for Guideline Development in 2026. Aims to clarify the role of implementation research data in the development of WHO recommendations by providing a methodological brief and case examples.




Unitaid
SAVE LIVES FASTER
Genetically modified mosquitoes
Technology and access landscape report

Unitaid

Launch Transparency Initiative

Overarching Hypothesis:
Enhanced transparency can reduce uncertainty, align incentives, and support more timely, evidence-driven decision-making.



Increased coordination encouraging stakeholders to advance faster and more coherent adoption pathways

How it Works: Data gathering and dissemination on pipeline products and regular convening of a broad group of stakeholders to map activities and gaps.



Early indications of problems, enabling partners to avoid delays proactively.

Proof of Concept: Initial phase will be focused on Spatial Emanators and Antimalarials for Multiple Firstline Therapies



Potential to expand in the future if the launch transparency initiative proves effective.

Launch Transparency Initiative

Phase 1: Align with Partners on Approach

- Developing Theory of Change
- Testing market entry milestones to track
- Evaluating different partner engagement models

18-Months Proof-of Concept Phase

Phase 2: Generate Product Transparency and Market Coordination

- Launch dashboards on RBM website
- Convene partners to identify access roadmap gaps

Phase 3:Evaluate Proof-of-Concept

- Assess the outcome of improved transparency for each product area
- Define any continuation or expansion of the approach

We are currently here

Climate & Health

Unitaid's Climate & Health Strategy (Dec 2023) aims to advance lifesaving health product innovations and care models that improve access, deliver health impact, and are climate-smart.

- **For 2025–2026, Unitaid has identified three initial priority areas for C&H investments**
  1. Advancing generic medicine decarbonization through market shaping (work ongoing)
  2. Heat stability of health products under climate scenarios *(CFP closed; investment proposal under review)*
  3. Climate benefits of long-acting technologies (work ongoing)
- **Alongside climate-specific opportunities, Unitaid aims to mainstream climate considerations into its core investments with seed-level funding**
  - Over 10 climate components included in core investments in 2025–2026 across all Unitaid's programmatic priorities (next slides for example)
- **Evidence & Thought Leadership with Key Partners:** Contributing to the evidence gap at the intersection of climate and health working with partners
  - *Milligram to Megaton* study published (2023; included LLINs, ACTs)
  - *Heat proofing health products* (2025), global consultation and technical meeting with ATACH
  - *Global Report on Sustainable Health Supply Chains* (2025), with HCWH and ADB
- **Country-led partnerships:** Contributing country-led global initiatives such as ATACH (steering group member)
- **Good Citizenship:** Committed to doing its part in the net-zero roadmap and supporting the Paris Agreement with an innovative climate action pilot mechanism and strategic partnerships

Strategic framework

How Unitaid defines climate-smart health products



Not harmful

Products that are not harmful to climate and nature, globally and locally, all along their life cycle – from minimized greenhouse gas emissions during manufacturing to responsible recycling.



Resilient

Products that can be manufactured, delivered, stored and used in a way that is resilient to climate and nature risks.



Responsive

Products that address the evolving needs of communities in low- and middle-income countries that are impacted by climate change, including health risks exacerbated by climate change and increases in infectious diseases.



Locally adapted

Products that are delivered as part of locally adapted interventions, based on local context and knowledge, delivered through community-led models, and produced regionally.

Climate & New Vector Control Tools



Spatial emanators

- Potential use across different vectors
- Potentially more suited than ITNs or IRS for displaced and mobile populations (e.g. refugee camps)

Unitaid
SAVE LIVES FASTER

From milligrams to megatons:

A climate and nature assessment of ten key health products

November 2023

unitaid.org

Unitaid
SAVE LIVES FASTER

Climate and Health Strategy

November 2023

unitaid.org

Unitaid
SAVE LIVES FASTER

Climate action roadmap to 2035

Our pathway to net zero



Regional Manufacturing in Africa

Addressing market barriers to unlock sustained confidence in African-made health products

SYSTEM-LEVEL CHALLENGES
(Without Trust)

- **Lack of access to long-term financing:** High risk premiums
- **Market access & demand uncertainty:** Fragmented demand, limited economies of scale
- **Limited access to innovation:** Slow uptake
- **Low confidence in regional products:** Hesitancy to procure local
- **Lack of coherent incentives/trade policies:** Market protectionism



TRUST DIVIDEND
(With Trust)

- **Reduced cost of capital**
- **Reliance-based purchasing**
- **Faster adoption**
- **Acceptance**
- **Regional market integration**

Regulation is the mechanism that converts manufacturing capacity into market confidence and, in turn, into a **trust dividend.**

A platform of US$50m+ to boost regional manufacturing of medicines and diagnostics in Africa seeking to crowd-in additional capital

Medicines Supply Resilience (MedSuRe) Africa

Goal: Manufacturing more quality-assured medicines in Africa to expand equitable access

Consortium: US Pharmacopoeia (USP), Maisha Meds, Market Access Africa, Medicines for All Institute, MPP

Manufacturing to Accelerate Diagnostic Excellence (MADE)

Goal: Strengthening capacity to manufacture quality-assured diagnostics in Africa

Consortium: PATH, ASLM, Solina, UCT, WACI Health

Portfolio highlights:

- ✓ Development, quality assurance and market entry of at least **15 quality-assured products across malaria, HIV and maternal health**
- ✓ Strengthen manufacturing practices across major product platforms, especially **active pharmaceutical ingredients (APIs) and injectables**
- ✓ Support manufacturers to **strategically source inputs and raw materials** that ensure quality and cost-competitiveness
- ✓ Support design and execution of **blended financing solutions** for manufacturers in partnership with **development finance institutions**
- ✓ Improve clinical study capacity for **cost-competitive, quality-assured bioequivalence and bioavailability studies**
- ✓ Establish partnerships to **secure the commitment of manufacturers and improve the capacity to respond to pandemics**
- ✓ **Advancing climate-smart regional manufacturing of critical health products** by promoting lower-carbon, more resilient production and supply chain systems that are better adapted to a warming planet.

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RBM Partnership To End Malaria

3 March 2026

Updates from WHO Prequalification Program for VCPs

Dominic Schuler & Geraldine Foster, WHO-PQT/VCP

Updates from PQT/VCP

Special programme for the prequalification of Vector Control Products
World Health Organization

PQT/VCP Technical Consultation on Gender Mainstreaming in Vector Control Product Regulation

September 23-25, 2025



What is gender mainstreaming?

Gender mainstreaming is a strategy and approach to address the implications for both men and women, of actions, policies, and programmes.

Relevance to VCP regulation

- Historical tendency to conduct studies using only male volunteers
- Studies that involve operational assessment of products typically interview (male) heads of households, who may not be involved in VCP care (and repair)
- Potential exists that there may be sex- or gender-based gaps in the protection

The application of a gender mainstreamed approach to data collection for vector control product regulation will ensure that, where relevant:

- Considerations of gender equity are incorporated into data requirements for pre-market product assessment
- Assessments that are conducted by WHO PQT/VCP include all relevant information, and are robust
- Potential differences in protection, based on the use of implemented products, can be identified and/or investigated.

PQT/VCP technical consultation on gender mainstreaming in VCP regulation

- Three-day consultation (Day 1 open, Days 2 and 3 closed discussions)
- Small expert working group (12 members)
- Experts from fields of entomology research, gender research, pharmaceuticals, procurement, product testing, social science
- Representation from four WHO departments (RPQ, GEM, TDR, MNT)

Objectives

1. To review previous and current initiatives on gender mainstreaming in product regulation in other health sectors, and identify key learnings and approaches that may be applicable to vector control product regulation

2. To conduct a review and consultation of the current guidelines, requirements and guidance of PQT/VCP and identify opportunities for the application of a gender mainstreaming approach.

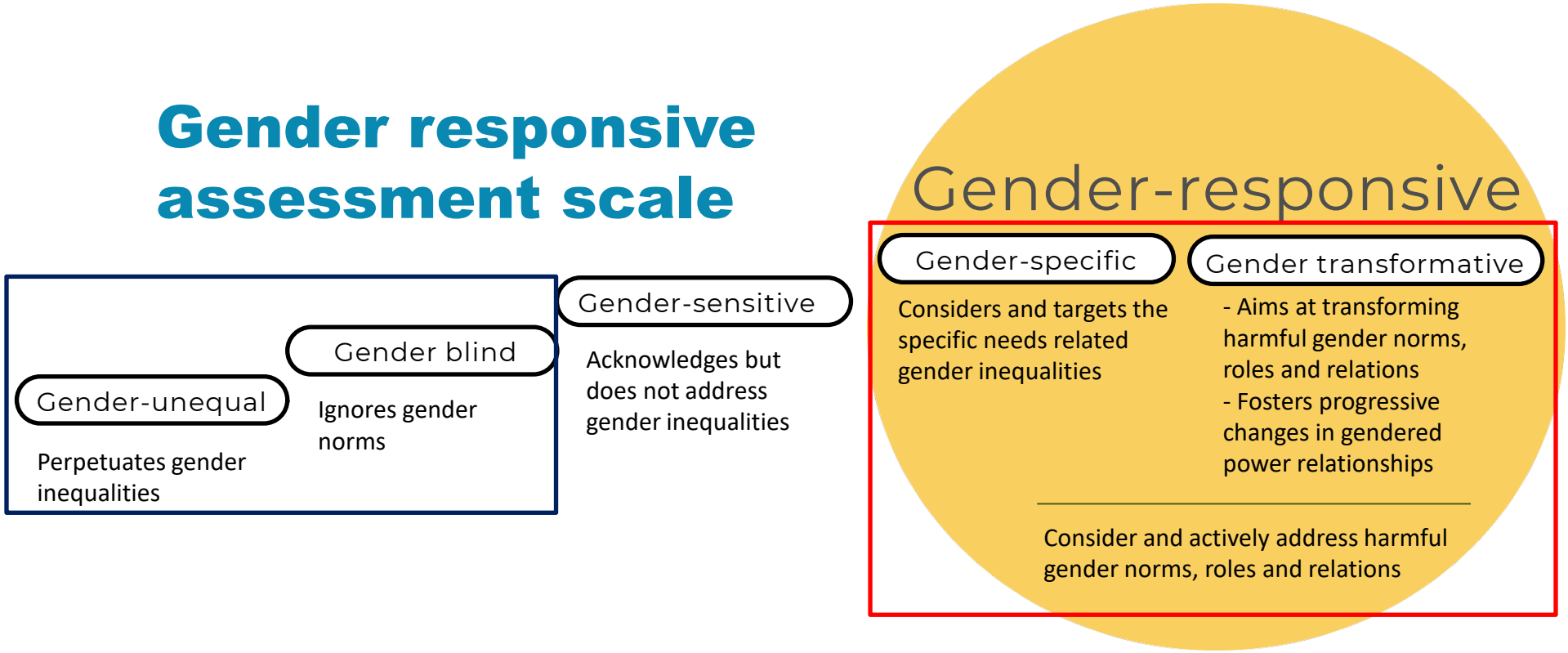
Technical discussions focused on safety and efficacy (not quality)

Key findings

- There is an absence of gender mainstreaming considerations in the current policies and procedures in PQT/VCP.
- An evaluation and literature synthesis on current sex and gender considerations and gaps in product design, regulation and prequalification processes will create the conceptual baseline to support PQT/VCP's identified priorities in this area.
- PQT/VCP should undertake a formal gender audit on existing policies and procedures and conduct a gender responsive analysis on all procedural documents and update documents as per the findings of the analysis.
- All policies adopted by PQT/VCP, for example, policies for quality management systems (QMS) or key performance indicator (KPI) reporting, should be gender mainstreamed and integrated into reporting processes to maintain the accountability of PQT/VCP to gender mainstreaming commitments.
- PQT/VCP should request a minimum of sex-disaggregated data in product dossiers to ensure that potential sex-based differences in protection are not masked by aggregated data analyses.

From analysis to action

Gender responsive assessment scale



Reference: WHO Gender-Responsive Assessment Scale. Gender Mainstreaming for Health Managers (2011)
Source: GEM presentation, Dr Anna Coates, GM TC September 2025

Recommendations

- Identification of practical actions and activities
- 26 recommendations from the expert working group
- Upstream vs downstream recommendations

Theme	Sub-themes
Strategic outlook	
Engagement with external partners	
Application of gender mainstreaming considerations to PQT/VCP procedures and activities	• Current procedures • Review of existing guidance • Expert assessors for PQT/VCP • Engagement with applicants • Training conducted by PQT/VCP
Efficacy data requirements	• Semi-field studies and other studies involving human volunteers or participants • Long-term community studies
Safety data requirements	• Exposure scenarios in Risk Assessment Models for VCPs

Upstream recommendations

Recommendation: PQT/VCP should conduct an internal review of procedures for presubmission meetings with applicants in order to identify opportunities for sensitization to, and planned engagement with, gender mainstreaming aspects of product development.

Recommendation: PQT/VCP should update current implementation guidance to require applicants to report the inclusion and exclusion criteria for, and the characteristics of, volunteers used in each study, and qualitative statements regarding the range of represented characteristics and an interpretation of the robustness of these results with regards to the generalizability of entomological product performance.

Downstream recommendations

Recommendation: PQT/VCP should improve its reporting in efficacy (part 5) WHOPARS to include clear statements about the characteristics of volunteers used in studies.

Recommendation: Clear statements should be added to safety WHOPAR documents that address any mainstreaming efforts or presentation of disaggregated data to reduce the risk of misinterpretation of data and of what is included in the models. These statements should be sufficiently clear and detailed so that stakeholders who wish to conduct a gender sensitivity analysis of a safety WHOPAR are able to do so.

Linkages with ongoing PQT/VCP activities

Recommendation: PQT/VCP should investigate methods to incentivize gender mainstreaming into data generation for premarket assessment, including available options for the provision of accelerated assessment timelines for products that meet certain criteria.

- Potential linkages with the Unitaid climate change activities – similar findings during horizon scanning exercise

Recommendation: In conducting NRA trainings, PQT/VCP should investigate how the gender lens can be applied and what the authority of WHO is to specify the gender balance of participants.

Recommendation: PQT/VCP should investigate methods for the incorporation of gender responsive mentorship into training programmes for NRAs.

Opportunities for PQT/VCP to lead by example

Recommendation: PQT/VCP should incorporate into its KPI reporting the following:

- Sex breakdown of assessors with active contracts (by scientific discipline)
- Sex breakdown of the assessors assigned to each product application (across disciplines)
- Sex breakdown of total payments made to consultants

	2025	2026				
	Q4	Q1	Q2	Q3	Q4	Q1
Activity						
Prepare meeting report for publication						
Recommendation						
1. Evaluation and literature synthesis						
2. Formal engagement with WHO departments active in gender						
3. Identification of opportunities for gender mainstreaming activities to be included in reporting under GPW 14						
6. Gender audit of current PQT/VCP policies and procedures						
7. Gender responsiveness analysis of all procedural documents						
8. Procedures for adoption of gender mainstreamed policies into QMS and KPI reporting						
9. Investigation of methods to incentivise GM into data generation for premarket assessment						
10. Review of sex- and gender-sepcific language in current implementation guidance documents						
11. Incorporation into KPI reporting of * Sex breakdown of assessors * Sex breakdown of assessors assigned to each product application * Sex breakdown of total payments made to consultants						
12. Internal review of procedures for presubmission meetings						
13. Investigation and incorporation of the gender lens into NRA training						
14. Investigation of methods to incorporate gender responsive mentorship into NRA training						
16. Update of efficacy implementation guidance to require applicants to report volunteer characteristics						
17. Gender sensitiviity analysis of semi-field studies						
18. Improved reporting of part 5 efficacy WHOPARS						
19. Definition of standardised methods for reporting of qualitative data in community studies						
20. Continuation of efforts to identify individuals with pesticide safety/GM/VCP expertise						
21. Capacity building to create pool of individuals with pesticide safety/GM/VCP expertise						
22 - 25. Review and update of default values and risk assessment models						
26. Improved reporting of part 4 safety WHOPARS						

Communication and advocacy

- Joint meeting (Q3 2025)
- RPQ departmental meeting (Q4 2025)
- Presentation to stakeholders during Wednesday webinar (Q4 2025)
- Publication of TC meeting report (Q1 2026)
- Page in VCP website (Q1 2026)
- 2026 Roll Back Malaria Vector Control Working Group Meeting (Q1 2026)
- Publication of evidence synthesis as a position paper (Q3 2026)

Summary

- Gender mainstreaming has not previously been considered in the VCP regulation space
- The current status of VCP hovers somewhere between Gender Unequal and Gender blind on the WHO Gender Responsive Assessment Scale
- Multiple opportunities within VCP regulation to integrate gender mainstreaming considerations
- Implementing recommendations can dovetail with existing activities, incorporating additional perspectives into planning and activity design
- Implementing recommendations does not mean new data requirements for PQ dossiers.

PQT/SPP/VCP updates

VCP Highlights - 2025

Key Performance Indicators – New product assessments for VCPs

- New Product Positive PQ Decisions
  - 2023 – 4 products prequalified (avg 443 days)
  - 2024 – 6 products prequalified (avg 359 days)
  - 2025 – 9 products prequalified (avg 184 days)

- 100% of new dossiers screened within 60 days of submission
- 100% of new dossiers met “time to first action” target of 180 days (all under 50 days)
- Cleared backlog of past-due applications

Increasing decisions and decreasing timelines

2025 Average WHO Review Days from Submission to Closure

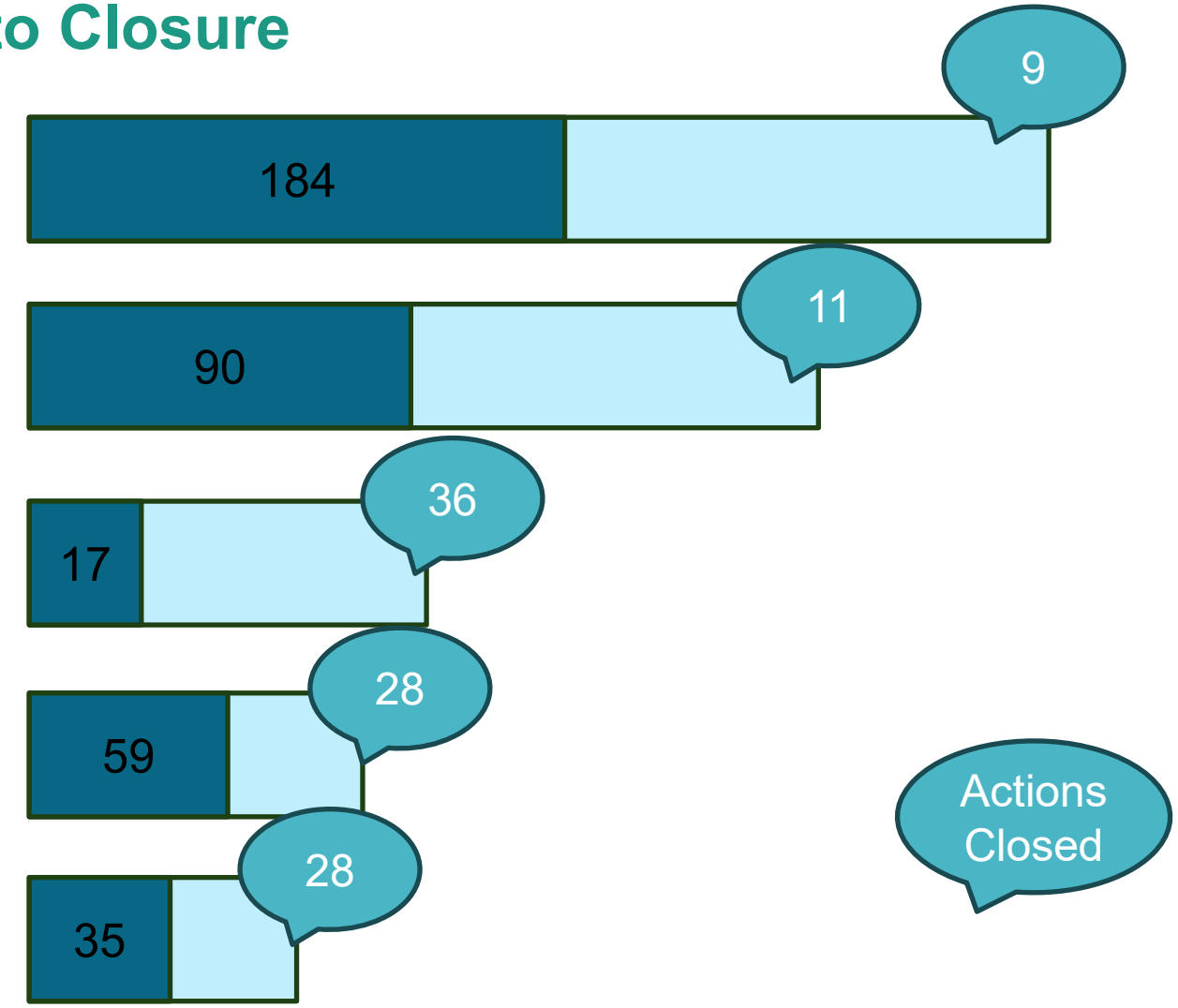
New products:
Target – 365 days
Actual – 184 days

Major Changes:
Target – 270 days
Actual – 90 days

Minor Changes:
Target – 90 days
Actual – 17 days

Protocol Reviews:
Target – 90 days
Actual – 59 days

RDPs:
Target – 60 days
Actual – 35 days



Significant Milestones

Spatial Emanators

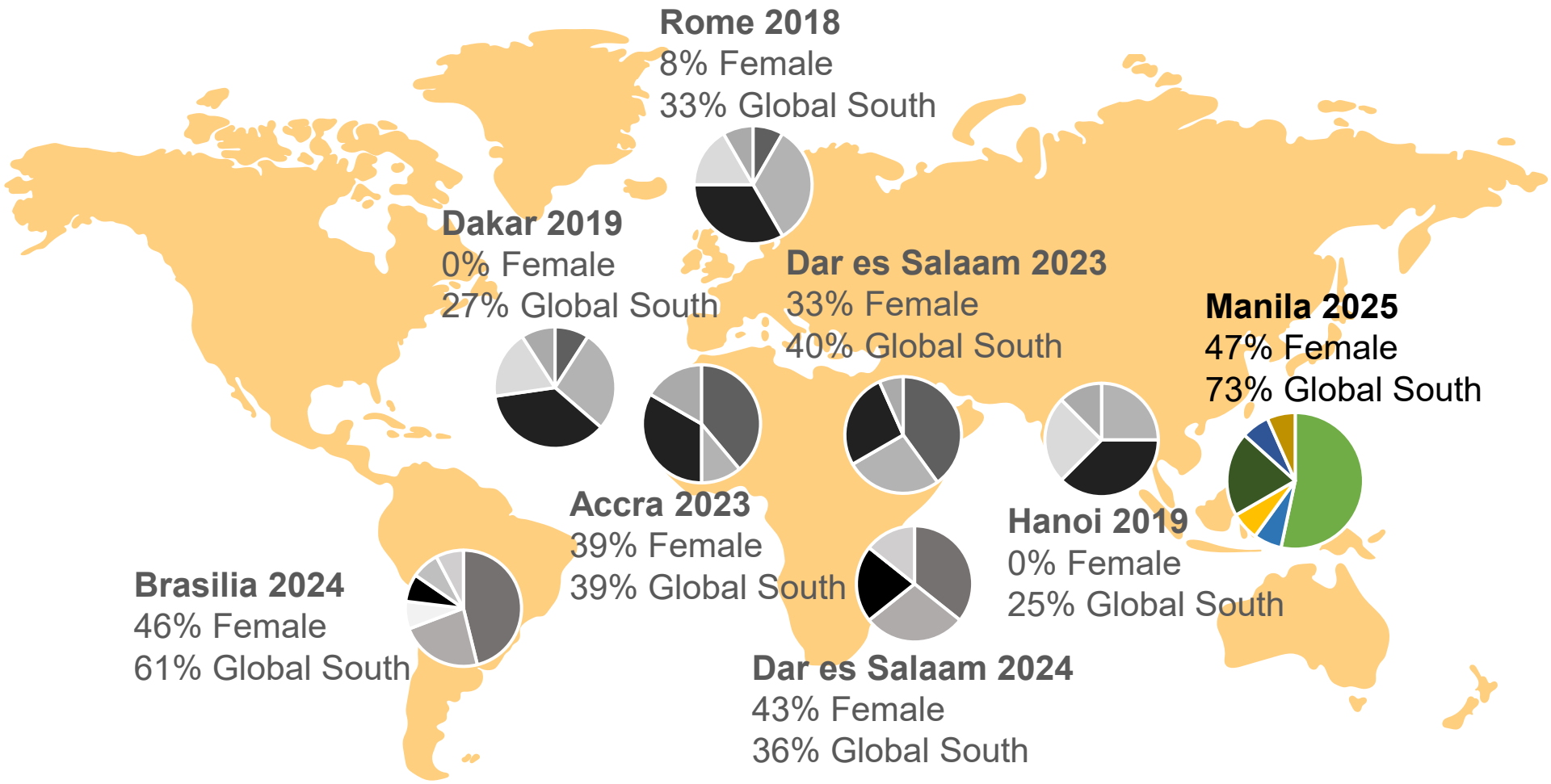
- PQ of 2 spatial emanator products on the same day as the publication of WHO recommendation
- Publication of the Interim guidance for the prequalification assessment of spatial emanator products

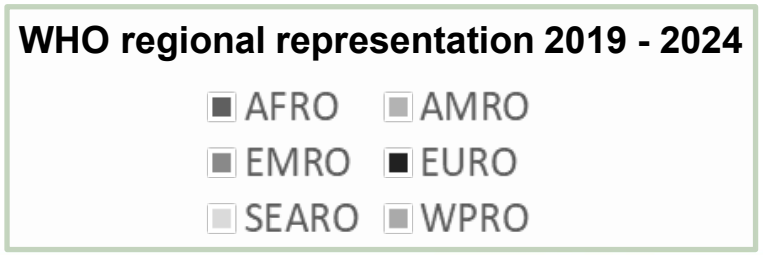
SE Interim Guidance

IRS

- IRS Product review published
- Draft guideline under development
- Need for 33 Implementation guidance documents identified

IRS Product Review





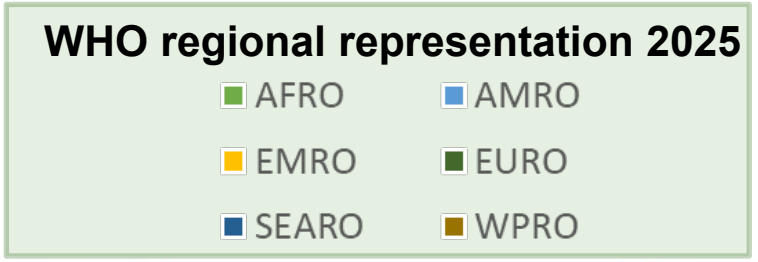


Image by Freeimages.com

LAUNCH - Establishment of procedures for confirmation of compliance of Vector Control Active Ingredients

- Purpose:
  - Establish procedures that allow WHO to rely on the recommendations of JMPS for listing of VCAIs and manage that list through the regulatory lifecycle of the products
  - Ensuring the quality of the active/synergist source materials is critical in ensuring the quality, safety and efficacy of end use products

- Procedures:
  - Title: Overview of the WHO assessment of vector control active ingredient products
  - Link: https://extranet.who.int/prequal/node/36517
  - Last revision: October 2025
  - This process may change the list of acceptable sources of VCAIs, thereby requiring change applications from applicants of prequalified VCPs

JMPS: updated publications

Summary of actions taken from the 24th JMPS meeting (June 2025)

11 updated specifications (WHO and Joint WHO/FAO)

- Broflanilide UL
- Isocycloseram TC
- S-Methoprene TC
- Pyriproxyfen MR
- Chlorfenapyr TC
- Broflanilide WP
- Clothianidin TC
- 1R-trans phenothrin TC
- Flupyradifurone+transfluthrin EW
- Transfluthrin TC
- Isocycloseram WP-SB

Expected next to come:

- Piperonyl Butoxide TC
- Eucalyptus citriodora oil, hydrated, cyclized TK

Country Engagement

- Pilot NRA Training – 9-12 December 2025, WHO Academy Lyon
  - 9 representatives from 3 countries – Ghana, Tanzania, Kenya
  - Focused on the PQ quality dossier of VCPs and how quality informs safety and efficacy assessments.
- First VCP Rotational Fellow – FDA Ghana
- Global launch of Collaborative Registration Procedure (CRP) programme

What is the Collaborative registration procedure (CRP) programme?

- CRP enables the use of confidential WHO PQ assessments by National Regulatory Authorities (NRA) in the process of country registration.
- The use of CRP enables a faster timeline for country level registration.
- CRP is an option for all prequalified VCPs regardless of product type.
- The use of CRP does not interfere with the sovereign decision-making authority of the NRA



What needs to be in place for CRP?

- An agreement between the NRA and WHO must have been established based on the Guidelines for CRP of VCPs.
    - Current countries with established CRP agreements between the NRA and WHO – Kenya, DRC, Tanzania, Ghana, Nigeria, Gambia and Rwanda
- The product must be prequalified.
- When submitting the product application to the NRA, the manufacturer must declare that they are requesting the use of CRP.

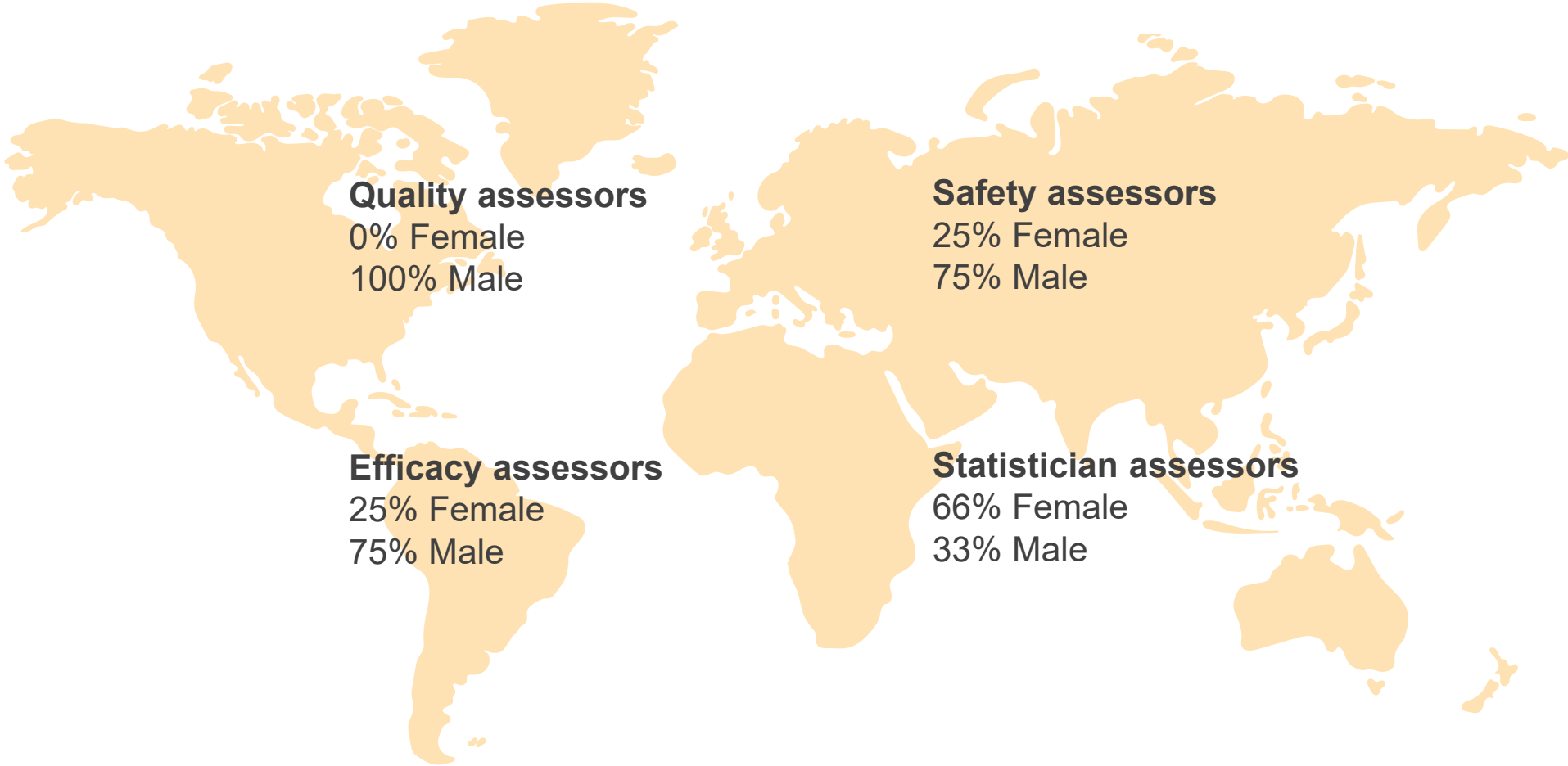
2026

2026 – Focus of workplan

- Prequalification applications
- Improvement of product dossiers – guidance and training
- Technical Advisory Group on Vector Control Product Regulation (TAG-VCPR)
- Horizon scanning for review of PQ programme for VCPs
- Call for applications for roster of consultants
- Guidelines and Implementation Guidance
- Advocacy for CRP
- Continued communication, engagement and advocacy

2026 – Horizon scanning for review of PQ programme for VCPs

- Ensure that the programme is fit for purpose
- Identify assessment pathways to expand the scope of products
- Integration of recommendations from Gender Mainstreaming in VCP regulation initiative
- Integration of findings from work in investigating decarbonization/plastics in ITNs.



Projected consultant contracts in 2026

Approximately 13 assessors, 3 gender mainstreaming consultants, 1 risk management expert

47% female, 53% male

53% Global South

Image by Freeimages.com

Thank-you

Questions, comments, dialogue

RBM Partnership
To End Malaria

3 March 2026

Q&A

Moderator: Corine Ngufor & El Hadji Amadou Niang, VCWG

RBM Partnership
To End Malaria

3 March 2026

Buffet lunch
Networking
E-Poster viewing
(Group A front & B back screen)

RBM Partnership
To End Malaria

3 March 2026

E-Poster Group A & B

See the list