Published in final edited form as:

Trends Parasitol. 2001 May ; 17(5): 215.

Social marketing of insecticide-treated bednets

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Social marketing is the practice of applying marketing principles to products and services with a societal benefit. Abdulla *et al.*¹ report on the results of the Kilombero Net project (KINET), a social marketing programme for the 'Zuia Mbu' ('prevent mosquitoes') brand of insecticide-treated bednets (ITBNs) in the Kilombero and Ulanga districts of south-western Tanzania. ITBNs were sold through public and private outlets, as well as through a network of community vendors, whose efforts were supported by a local advertising campaign. The impact was assessed in 18 villages in three consecutive annual surveys, initiated in July 1997 with the start of the KINET project. These surveys recorded ITBN usage, haemoglobin level, anaemia, parasitaemia and splenomegaly in a total of 748 children, all under two years of age.

An unequivocal increase in net ownership (from 58 to 83%; ITBN from 10 to 61%) and consequent improvements in mean haemoglobin levels (from 80 to 89 g l⁻¹) were demonstrated during the survey period. More importantly, the proportions of children with anaemia were reduced (from 49 to 26%). Surprisingly, there were also reductions in parasitaemia (from 63 to 38%) and splenomegaly (from 86 to 49%). These results are all the more impressive as this is an area of high perennial malaria transmission. Interestingly, similar results have been achieved in areas of less intense transmission, although much more marginal impacts on the prevalence of infection in this age group have been demonstrated in other areas of intense holoendemic transmission². There are many potential confounding factors to the impact of insecticide-treated materials², but the crucial point is that the success reported in this study was achieved on a large scale, with the local population being persuaded to pay \$5 per net.

On this evidence, ITBNs combined with social marketing look to be a tool of high potential in integrated malaria control strategies for sub-Saharan Africa. There are two small caveats to add to this conclusion, however. First, the price of the nets was adjusted to the ability to pay, with especially vulnerable groups such as pregnant mothers and young children given further incentives to buy nets with voucher discounts. Cost recovery was therefore incomplete. Moreover, total project costs are not equivalent to consumer costs in social marketing programmes, so it should be realized that ITBNs will probably still need significant external subsidy. Second, the study provides no information on the impact of KINETs on childhood malaria mortality. Similar decreases in childhood mortality would substantially strengthen the case for such interventions, but the complex relationship between morbidity improvements and mortality outcomes mean that this desirable scenario can in no way be assumed. We look forward to publication of the child survival results, which are currently being analysed (C. Lengeler, pers. commun.).

References

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