The Pathfinder Endeavour

Part II: Next Steps

MSWG-5 meeting Accra, Ghana, 10/FEB/2023

Workstream III: Steering Group and Secretariat
Four quick sections

- Rationale and roll-out
- Financing
- Selection of districts
- Illustrative example of Uganda
Rationale and roll-out
Rationale ...

• **We are on course to miss the 2030 case reduction goals** – and achievements so far are not sustainable

• **Most experience to date** has been with *health-sector-alone* and *selective multisectoral action*, sometimes by individual sectoral actors engaging by doing ‘health sector’ work.

• **Comprehensive multisectoral action** is needed to strengthen and enhance the resilience and sustainability of the *institutional, social, economic, and environmental systems* that underpin and shape specific and general health of populations and how health is distributed.

• **Drivers** – ‘leave no one behind and sustainability’; a ‘*malaria free world*’; and ‘*co-benefits*’ – while enabling political, technical, and public *accountability* with direct and real-time engagement of *citizens*.

• **New ways of working together are needed** – each sector and agent should do what it does best – but in a *malaria smart way*.

• **The Pathfinder Endeavour** provides a structured ‘*try, learn and share*’ process for sustainable results in real world.

  • The onus is local systems, governments and communities in the districts that are *furthest behind*.
  • The process includes *intercountry and interdistrict cross-learning* with five steps to becoming malaria smart.
  • It goes through *four phases* over a period of two and a half year.
  • It finds new ways of working together for *scale up and replication*. 
<table>
<thead>
<tr>
<th>Roll-out Plan / preliminary steps and timeline</th>
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<tr>
<td><strong>Testing and review of Rapid Appraisal Tool – RATPath (Ongoing)</strong></td>
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<td><strong>Tools for each of the five steps to becoming malaria smart – scan for existing tools</strong></td>
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<td><strong>Indicative commitment by countries</strong></td>
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<td><strong>Workshop to review / identify tool-gaps</strong></td>
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<td><strong>Adjust existing / develop new tools</strong></td>
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<td><strong>Formal country commitment (November 2023)</strong></td>
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<td><strong>Pre-assignment – application of the RATPath (December 2023)</strong></td>
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<td><strong>First intercountry cross-learning workshop (February 2024)</strong></td>
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Formal country commitment

National strategic plan – includes multisectoral action

Pathfinder Champion Team – MoLG, MoH/NMCP and UNDP

Inclusion in GC7 funding request
Financing
Budget estimate (2023 – 2025)

**Back office** *(four to ten countries)*

- General USD 131,000
- Tools workshop USD 65,000
- Evaluation USD 20,000

**Intercountry cross-learning workshops** *(batch of four countries)*

- Travel, accommodation, etc. USD 170,000

**In-country programming** *(each country)*

- In-country facilitation USD 30,000
- In-country cross-learning USD 144,000
- In-district programming USD 204,000
Mapping to GF guidance and inf. documents...

- National Strategic Plan
- GF Grant Application
- Implementation
- Impact Assessment
- Cross-cutting areas:
  - HIV/AIDS
  - TB
  - Malaria
  - RSSH

RSSH = Resilient and Sustainable Systems for Health
Programme Essentials ...
(Pathfinder highlights on GF guidance notes)

• Ensure *sub-nationally* tailored planning considers *factors beyond malaria epidemiology* such as health systems, access to services, equity, human rights, gender equality (EHRGE), cultural, geographic, climatic, etc.

• Promote evidence-based prioritization for product selection, implementation modality and timing, and frequency of delivery with a focus on ensuring sustained high coverage among the *highest risk populations*.

• Understand and address *key barriers to access*.

• Improve and evolve surveillance and *data collection tools and processes* to enable continuous quality improvement (CQI) and accurate surveillance.

• Support *flexibility on implementation strategies* including integration within primary healthcare (PHC) as relevant.

• *Accelerate transmission reduction*. 
Cross-cutting areas ...
(Pathfinder highlights on GF guidance notes)

• Equity, human rights, and gender equality
• Community leadership and engagement
• Social and behavioural change
• Pandemic preparedness and response
• Environment and climate change
• Urban malaria
• Challenging operating environments
• Programme management
• Sustainability of malaria response
**Resilient and Sustainable Systems for Health (RHHS)**

(Pathfinder highlights on GF guidance notes)

**Rising Above Disease-Specific Silos**

<table>
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<tr>
<th>Integrated people-centered services (<em>GF-note</em>)</th>
<th>Comprehensive multisectoral action complements and amplifies:</th>
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<tr>
<td>- Equity in access</td>
<td>- Connects care need, demand and supply.</td>
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<td>- Quality of care</td>
<td>- Engages citizens directly and in real-time.</td>
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<td>- Responsiveness and participation</td>
<td>- Facilitates political, technical, and public accountability.</td>
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<td>- Efficiency</td>
<td>- Fosters collaboration and efficient use of collective resources.</td>
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<td>- Resilience</td>
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- Provides a population health perspective.
- Puts the furthest behind first.
- Catalyzes action on determinants and root-causes.
- Engages public, private, and community structures and capacities.
The Pathfinder embraces and complements conventional malaria interventions, selective sectoral and SDG approaches – unlocks synergies and releases co-benefits

- **Direct resources**
  - Inter-country cross-learning (*UNDP/others- pooled*)
  - Technical assistance (*UNDP/others- pooled*)

- **Direct / indirect resources**
  - In-country cross-learning – direct financing (*UNDP/others- pooled*)
  - In-country cross-learning – in-kind financing (Ministries, local Councils, others)

- **Indirect co-financing** – at least 5 to 10 times what goes in from GF-grant
  - In-country facilitation
  - In-country district programming
GF/RSSH – Module: Health Sector Planning and Governance for Integrated People-centered Services

Selection of districts
Selection of districts ...  
To be confirmed based on ongoing review of rapid appraisal tool

### Process
- **Scan of all districts** in country
- **Identification of 10 districts** for further analysis
- **Nomination of five districts** to present at first intercountry workshop (by each country)
- **Selection of three districts** in each country to participate (by intercountry workshop)

### Final criteria for selection
- **The hardest districts** – in terms of malaria persistence and development challenges
- **The best people** – i.e., the strongest district pathfinder champions
- **The strongest local government commitment** – expressed in terms of a written statement
- **The widest diversity of contexts** – e.g., variety of underlying causes for malaria persistence
Illustrative example of Uganda

Peter
Questions and comments