

# Updates on Country & Regional Support Partner Committee Activities

National Malaria Programmes and Partners Annual Meeting, 2023

# CRSPC Purpose

The CRSPC provides a platform to engage the RBM Partnership community in coordinating support to countries and regions as they execute their malaria control and elimination programmes.

**Support is based on country demand and is tailored to suit the requirements, existing capacity and partner support**

**The CRSPC operates a triage mechanism to ensure that support does not compete with or duplicate existing mechanisms that are working effectively**

**Consultants are sourced from within the region where they are working (south south collaboration)**

# CRSPC Roles and Responsibilities

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## Technical Strategies and Implementation Plans

### Role of the CRSPC

Co-ordinate support for the development and validation of technically sound, implementable, country-led malaria control and elimination strategies, and sustained financial plans

### Example support provided

- Malaria Programme Reviews
- Updating National malaria strategic plans
- Regional strategies and plans

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## Resolve Implementation Bottlenecks

Co-ordinate an early warning system that **identifies bottlenecks** both proactively and reactively and implement a rapid response mechanism to support countries to overcome these implementation bottlenecks

- COVID-19 mitigation
- Planning and implementing campaigns (LLINs, SMC, IRS)
- High Burden High Impact
- Emergencies and upsurges
- Zero Malaria Starts with Me!
- Data sharing for joint problem solving

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## Resource Mobilisation

Co-ordinate and provide technical assistance and implementation support for comprehensive financial gap analyses, development of funding proposals and investment requests, fostering country coalitions, and coordinating engagement with donors at all levels to address bottlenecks and gaps

- Financial gap analyses
- Global Fund funding requests
- Identifying flexibility within existing sources of funding
- Innovating financing including End Malaria Funds

# Africa is at the Centre of the Current Malaria Threats

## 1 Very Significant Resource Gaps

Countries have identified **>US\$1.5 billion in resource gaps to sustain essential malaria services in 2026**. Without additional resources, malaria interventions will not be sustained even at current (inadequate) levels of coverage—and there is a risk of a significant resurgence. Overall malaria programmes are under-resourced by >50% and this whole gap must be filled if we are to meet our targets

## 2 Increasing Biological Threats

High levels of insecticide and antimalarial drug resistance are spreading across Africa; invasion of *Anopheles stephensi* mosquito threatens increased urban malaria transmission; and genetic deletions enable the parasite to evade rapid diagnostic tests. New, more impactful interventions are being prioritised, but resources are insufficient to scale up and get ahead of resistance

## 3 Malaria Risk Increasing with Climate Change

The effects of Climate Change (e.g., increased flooding in Pakistan, cyclones in Mozambique) affect mosquito populations by increasing breeding sites and transmission and disrupt the delivery of essential, life-saving malaria services

## 4 Humanitarian Emergencies

Malaria is impacted by humanitarian emergencies which can lead to displaced populations and disrupted services, which make malaria programming more challenging

CRSPC is on standby to support countries to address these challenges

# 1 Support countries in the design of quality, prioritized programmes at country and regional levels

## Support the design of quality, prioritized programmes at the country level

- CRSPC in collaboration with WHO, CRSPC provides support to countries in developing NSPs and in conducting MPRs
- CRSPC also supports countries in the Malaria Matchbox implementation to identify and address CRG barriers

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- Align malaria planning with the broader health and development agenda, and support to resource mobilization.
  - Opportunity to incorporate a mix of new tools and best practices, including strategy to ensure access to everyone.
  - Enable countries to design policies, set new targets and improve their coordination systems, including incorporation of CRG programming

## Building regional capacity in Africa and Southeast Asia

- Regional bodies: EAC (GLMI), SADC, SaME, and SEA were supported in the development of the Malaria Strategic plans, coordination activities, and others
- Recruited focal points in EAC, SADC and WAHO to enhance regional capacity

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- Align malaria planning with the broader health and development agenda, and support to resource mobilization.
  - Mainstream malaria in the agenda of the regional economic communities including at Head of State, minister and technical level

Support provided

Impact



## 2 Facilitate timely access to implementation support to address bottlenecks and gaps

### Implementation support to address bottlenecks and gaps

Implementation support is provided to countries through international and local consultants and facilitation of in-country dialogue through support to local meeting costs

- Support includes:
- Planning ITN campaigns (through AMP)
- Planning SMC and IRS campaigns
- Addressing upsurges and emergencies
- Development of communication and behaviour change strategies
- Launch and implementation of Zero Malaria Starts with Me campaigns
- Support to the development of private sector case management strategies

- High absorptive capacity of existing resources
- Timely implementation of campaigns
- Timely response to malaria upsurges
- Malaria maintained high on the advocacy and resource mobilization agenda
- Increased efficiencies in malaria programming

Support provided

Impact

### 3 Support countries with mobilizing and prioritizing domestic and other resources: Gap analysis Updates

Support provided

- CRSPC supports countries in the preparation of their programmatic and financial gap analysis
- The country gap analysis is compiled by CRSPC is available through the RBM dashboard
- Support to Global Fund funding requests (ongoing): Orientation meeting, support to in-country consultations, country dialogue and recruitment of local consultants and international consultants, Mock TRP meetings to facilitate country peer review of draft applications.; Remote expert review of final draft funding applications and support to assist countries to achieve timely grant signature (Grant making).
- Support in the development of development bank funding concept notes and other donor proposals
- Support to End Malaria Councils and Funds.

Impact

- The gap analysis informs the development of the Global Fund applications, development bank funding and other funding requests and is used for advocacy to mobilise additional resources, including from portfolio optimisation (malaria programmes received 57% of PO resources in 2022 and 2023)
- All GC7 grants supported to date are in grant making, with the TRP noting the high quality of the funding requests
- 8 End Malaria Councils and Funds launched to date with 15 more under development

# Priority Activities for 2024

Ensure countries have sufficient funding, capacity and political commitment to implement their National plans

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## Technical Strategies and Implementation Plans

- Support to MPRs and NSPs
- Support to the Malaria Matchbox implementation
- Support to Regional Economic Communities in strengthening the implementation of regional Initiatives and coordination
- Document best practices

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## Implementation Support

- Support to address bottlenecks
- Data sharing to facilitate joint problem solving
- Support implementation of HBHI and Zero Malaria Starts with Me campaigns

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## Resource Mobilisation

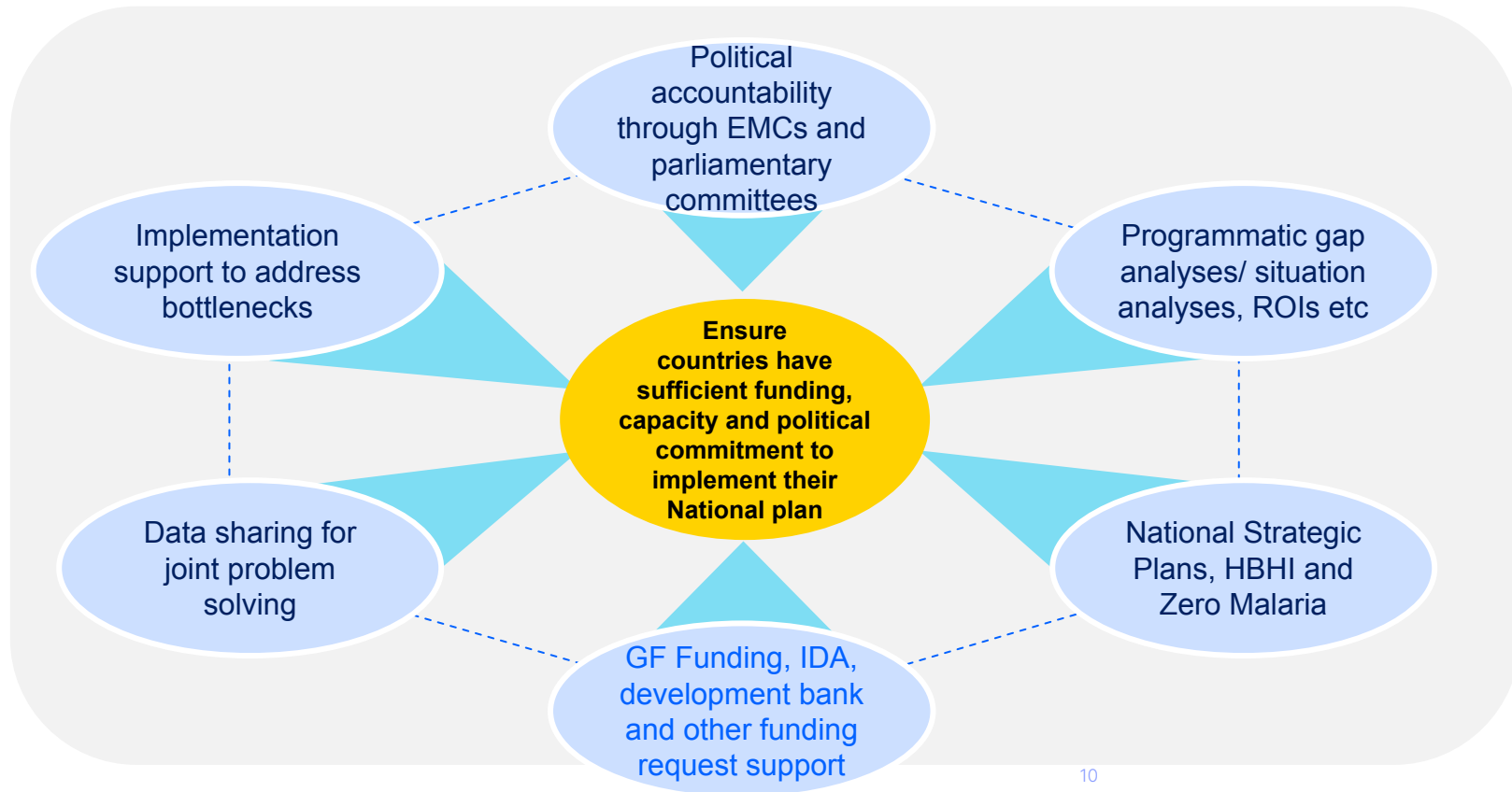
- Support the remaining countries to submit their GC7 funding requests including malaria and RSSH
- Political accountability through EMCs and parliamentary committees
- Domestic Resource mobilization
- IDA and other funding requests including with malaria as a pathfinder for health systems strengthening, PPR and climate change and health



# CRSPC sub-regional malaria programmes and partners meetings

- The meetings will give an opportunity for the countries to share best practices and challenges
- The meeting will also be an opportunity to inform countries on the current malaria prevention control tools, perspectives to better plan and implement – updates from WHO and other partners
- Facilitates the process of planning TA needs
- An opportunity to updates on GF implementation, GF application process, gap analysis updates, updates on Global, regional and continental initiatives.

# Priority Areas for CRSPC in 2024



## Some of the Technical support provided through CRSPC since the beginning of 2023

Areas of Technical support	Countries/Regions supported
Malaria programme reviews and /or National strategic plans (MPR/NSP)	Angola, Benin, Botswana, Chad, Comoros, Equatorial Guinea, Ethiopia, Nigeria, Sao Tome and Principe, Sierra Leone, South Africa, South Sudan, Sudan, Tanzania and Zanzibar as well as to EAC.
Resolve Implementation bottlenecks	Angola, Botswana, Burkina Faso, Chad, Madagascar, Mauritania, Tanzania, Togo, Uganda, Zimbabwe, EAC, IGAD, SADC
ITNs mass campaign planning and implementation	Benin, Equatorial Guinea, Gabon, Guinea Bissau, Haiti, Liberia, Madagascar, Mali, Mauritania, Nigeria, Pakistan, Sierra Leone, Togo and Uganda
Private sector engagement in malaria case management	Madagascar, Tanzania, Uganda
CRG assessment using malaria matchbox toolkit	Bangladesh, Benin, DRC-phase 2, Ethiopia, Indonesia, Malawi, South Sudan, Tanzania, Togo, and Uganda
Global Fund funding request	Afghanistan, Angola, Benin, Burkina Faso, Burundi, Cabo Verde, CAR, Chad, Côte d'Ivoire, Djibouti, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, India, Kenya, Liberia, Madagascar, Malawi, Mozambique, Namibia, Nepal, Niger, Nigeria, Pakistan, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, Somalia, Solomon Islands, South Sudan, Sudan, Suriname, Tanzania, Togo, Uganda, Zambia, Zanzibar, Zimbabwe

## TA to support Countries in GF Funding Request

- Specific to the TA to the GF funding application process - 43 (out of 45 countries planned) received support through CRSPC (international or national consultant or in-country stakeholder meetings). Out of this 40 supported through international consultants and 18 out of 20 planned received RBM grants to recruit local national consultants and hold in-country stakeholders consultation meetings.
- All the 3 mock TRP workshops planned for Windows 1-3 were conducted. A total of 51 (whilst the plan was 45) countries participated.
- The purpose of the TA was to ensure timely submission of high quality funding proposals and to avoid gaps in implementation - All achieved - Only 1 iteration
- The TA provided for GF funding request will lead to mobilise a total of USD 4 Billion for the countries for 3 year.

# Technical Assistance Request Process

- ***Triage Mechanism:*** First exhaust the potential of different capacities at country or at the regional levels.
- TAs that are on our annual TA plan, OR new TA can be requested
  - ✓ Use [TA Request Form](#), and attache the TORs
- Submit the TA needs (email, letter) to our sub-regional team. TA can also be submitted online through RBM Global Malaria Dashboard
  - ✓ Timing is important esp when it involves travel
  - ✓ Send TA needs such as MPR, NSP to WHO
- TA implementation status update, feedback and concluding

# Technical Assistance Timelines

- **International consultants** (from CRSPC rosters) - request for the TA at least a month before the actual TA start date....
  - ✓ Broader Malaria Senior Specialist
  - ✓ ITN mass campaign planning and implementation consultants
  - ✓ SBCC Consultants
  - ✓ Resource mobilisation Consultant
  - ✓ Advocacy Consultants
  - ✓ Community, Rights and Gender Consultants
  - ✓ Digital Health specialist
  - ✓ Costing Consultants



# Technical Assistance Timelines

- **Local consultants** - CRSPC will transfer funds to the country to MOH or to UN organizations. In both cases, Countries are required to develop Concept note, and sign an agreement with UNOPS. This process will take at least 1 months.
- Link local malaria programme person or local consultant with the international consultant as a process of local capacity building effort.
- If the area of the support requires different areas of expertise, CRSPC can recruit consultants through quick **desk review process** - this can take up to 3 weeks.
- Small grant to facilitate in-country consultation process - 1 months

# Ensure the Quality of TA Provided

**Purpose:** to evaluate the performance of TA providers to ensure that the RBM continues to provide high-quality TA to countries / regions.

- TA should only be based on the requests from Countries.
- Countries would indicate the names of at least 3 consultants whom they prefer to work with.
- Engage with TA providers continuously and identify gaps at least on a weekly bases
- Review the outputs
- Send feedback on the [TA evaluation form](#) (online)

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Thank you