

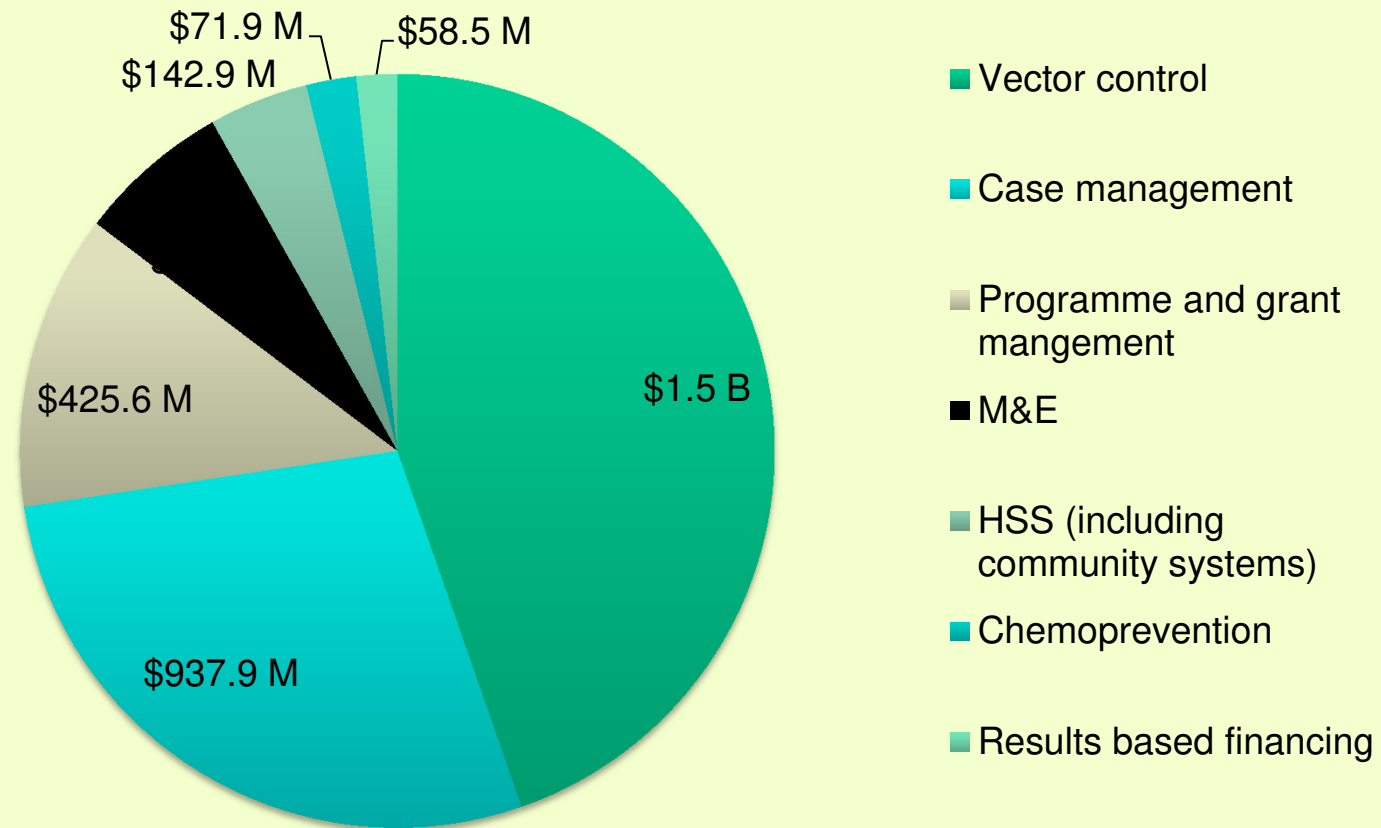
Prioritization for ITN distribution in resource- constrained settings

Melanie Renshaw

How Countries prioritized their Malaria interventions for GF Funding 2014-2016

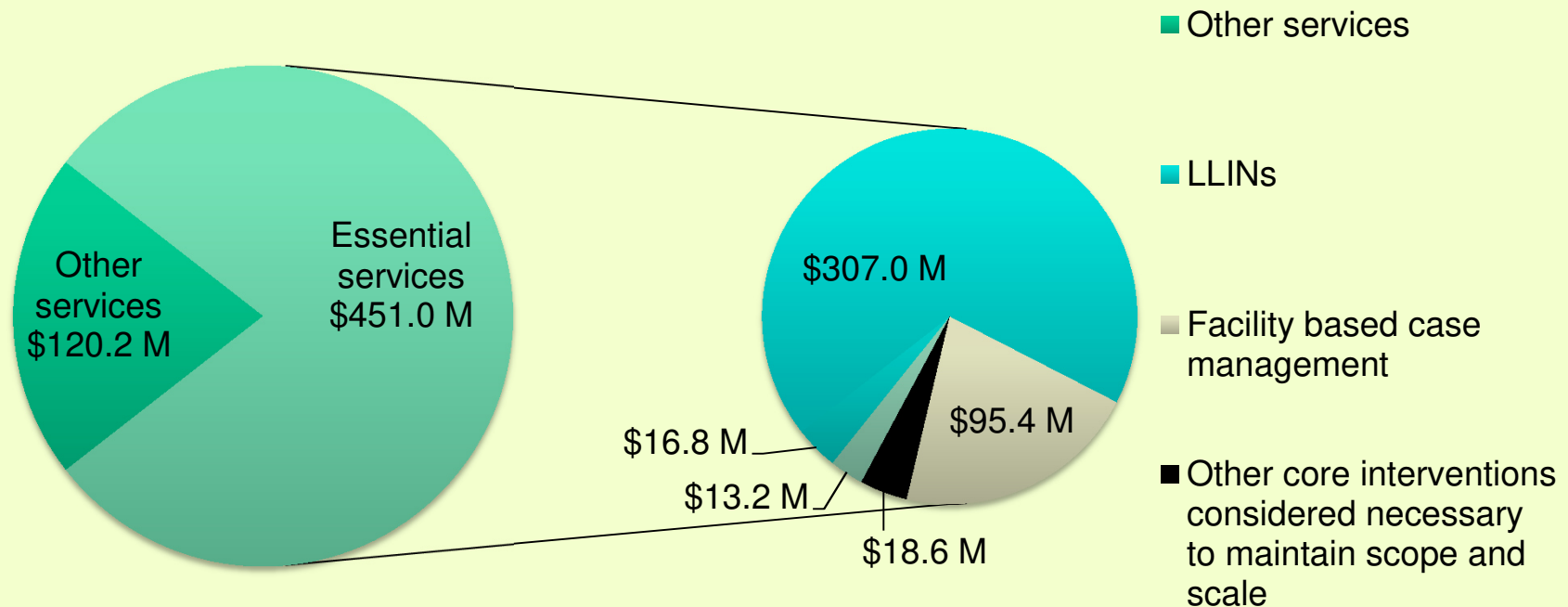
PRIORITY LEVEL	
TOP	Public sector facility-based case management Universal coverage with vector control (IRS or LLINs with standard tools)
HIGH	Severe malaria
	Surveillance / monitoring and evaluation IPTp
HIGHER-MIDDLE	iCCM
LOWER -MIDDLE	Private sector case management SMC
	(for Sahel sub-region countries)
LOWEST	Larval control

Value of Global Fund NFM support to main malaria control interventions



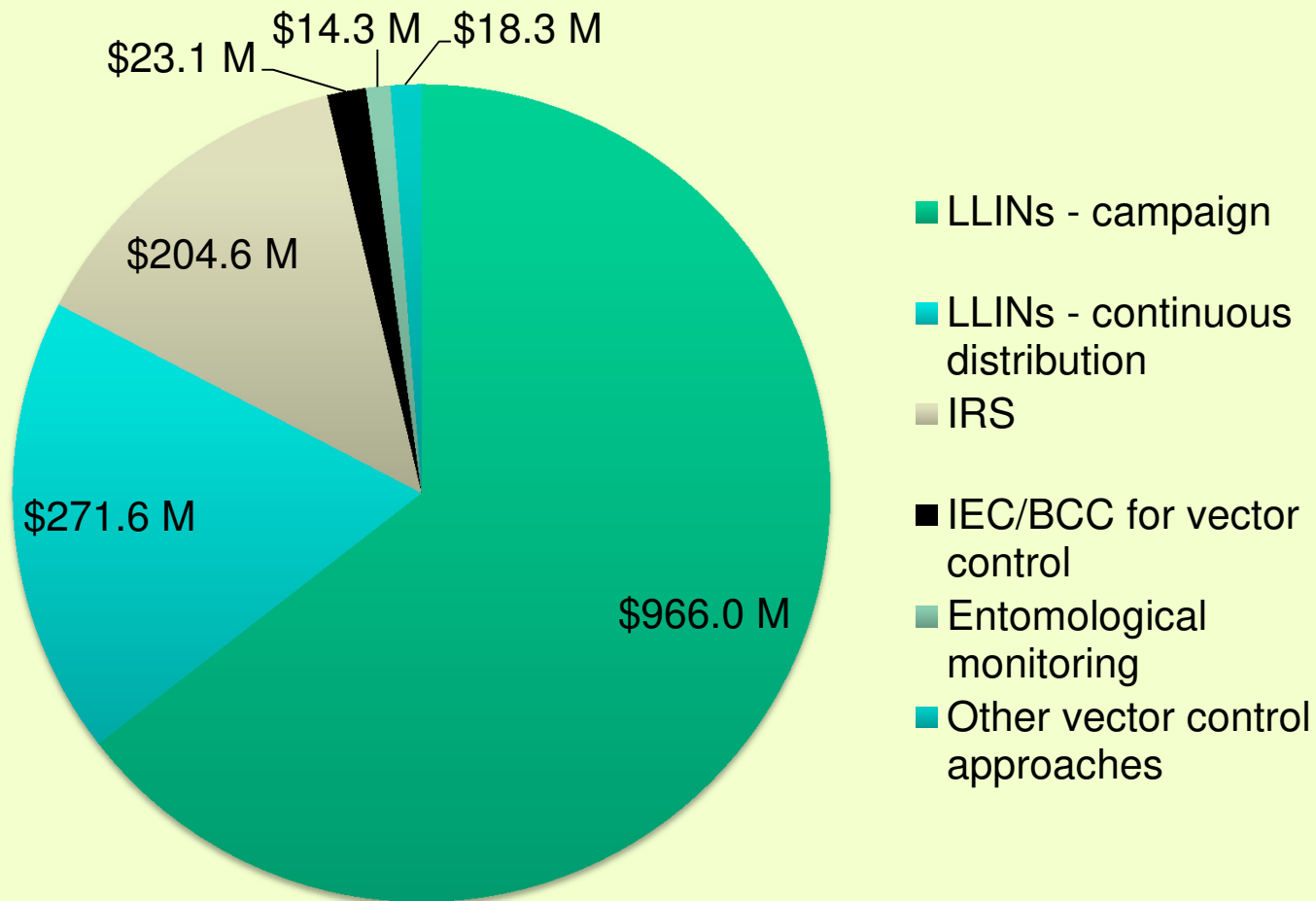
Total malaria funding confirmed by Oct 2016 under the NFM: \$3.4 B

Value of Global Fund NFM support: Above Allocation



Total value of above allocation and incremental funding awards made by Dec 2016 under the NFM: \$571.2 M

Vector Control



Total vector control funding confirmed by Oct 2016 under the NFM: \$1.5 B

Vector Control Prioritisation

- Guidance provided to countries included:
 - Ensure universal coverage is sustained and consider frontloading where necessary – maintain the scope and scale of GF funding
 - All populations at risk of malaria transmission should be covered by either IRS or LLINs
 - Ensure equal prioritization for continuous distribution (through ANC and EPI as a minimum) and through mass distribution campaigns where households are provided sufficient LLINs for their household needs every three years.
- Countries gave equal prioritization to continuous distribution & campaign distribution needs
- Some countries maintained the scale of their specific intervention requests at the same level as in previous GF proposals i.e. if the GF had only ever contributed a certain percentage to an LLIN campaign, the country maintained this level in the concept note.

Vector Control Prioritisation

- Countries with incompletely funded campaigns had 3 main options:
 1. conduct campaigns in all target regions but only distribute to the most vulnerable groups (e.g. children under five and pregnant women);
 2. reduce the number of LLINs per household, or,
 3. conduct universal coverage campaigns in fewer geographical areas.
- 1 country reduced campaign coverage
- All other countries chose approach 3; retaining universal coverage as the firm goal and making concerted—and in many cases successful—efforts to secure additional funding to fill geographical gaps.
- Countries targeting campaigns to geographical areas prioritized the highest burden areas first. Most countries considered this the best way to both ensure that the most vulnerable are protected first, and the most pragmatic approach to allow coverage to be completed when sufficient funding is secured, i.e. uncovered regions can then be covered, rather than having to conduct subsequent campaigns in regions to top up previous partial population coverage.

Vector Control Prioritisation

- Some countries included overlapping IRS and LLINs in their proposed approach for allocation funds, despite having insufficient funds overall for vector control; in most cases the TRP and GAC reviews led to some adjustments
- Non-standard LLIN specifications are more expensive and mean LLIN gaps cannot be as easily closed. Whilst some countries presented a plan to procure non-standard LLINs in response to perceived cultural preferences, the Global Fund's technical team consistently recommended a move to standard specifications to allow more of the population to be covered. This is now a policy at the GF

What next?

- 2018-2020 malaria allocation leaves a number of countries that will not be able to sustain the scope and scale of GF financed coverage of LLINs through the concept notes leaving an estimated shortfall of 75 million LLINs
- Projecting forward from the Africa country gap analysis, GF allocation and current levels of domestic and bilateral support:

Country	2017	2018	2019	2020
Need	227,662,191	230,283,983	225,084,329	256,197,610
Financed	189,576,219	196,661,551	119,007,913	108,387,380
Gap	38,085,973	33,622,432	106,076,416	147,810,230

What next?

- CRSPC is recommending once more front loading of resources to fill immediate gaps, providing time to fill later gaps in 2020
- These gaps will be expressed through the “Prioritized Above Allocation Request (PAAR)” to allow the immediate reprogramming of savings during grant making and programming of additional resources freed up through the portfolio optimisation process throughout the grant cycle
- Additional resource mobilization support will be provided

Reference

How countries prioritized malaria control interventions:

A review of recipients' decisions under the Global Fund's New Funding Model, 2014-2017

African Leaders Malaria Alliance, 2016