



20 February, 2023

CRSPC Guidance on the GF Funding application process

Programme Split and RSSH

- Several countries here today experienced a significant and disproportionate reallocation of resources away from malaria for RSSH in NFM3, leading to gaps in essential services for malaria and where RSSH investments did not necessarily prioritize malaria's key health systems strengthening needs.
- Let us know if the in-country discussions on allocation shifts will create significant programmatic gaps in malaria, are disproportionate, or are not adequately addressing malaria's RSSH needs
- The gap analysis is a key tool for the discussions on the programme split and advocate for malaria RSSH needs to be prioritized.
- Be well versed on what interventions and support can be included under RSSH including both direct and indirect RSSH investments that are critical to the malaria response.

Essential Points: Increasing Emphasis on Sub-National Tailoring

- Explain how the country dialogue prioritised interventions based on a detailed analysis of the country epidemiological stratification. Describe how and why the prioritisation was made
- Use the sub-national stratification where possible to support better targeting of packages of malaria interventions for highest impact. Examples from the current grant period include expanded SMC coverage; microstratification of urban areas to allow for ITN targeting to higher burden areas and away from low burden areas.
- Consider what you need to strengthen delivery of malaria services as issues such as access to care, cultural, socioeconomic, geographic and other factors differ sub-nationally
- Where countries have reduced the burden of malaria due to vector control, the underlying endemicity before scale-up of vector control should be highlighted, so it is clear why vector control needs to be sustained, if you need to justify sustaining the intervention. Where a country is withdrawing vector control, highlight why this will not lead to an upsurge and/or how you will mitigate the impact of any potential upsurges

Sustain (and accelerate) the Gains

- Prioritisation of essential interventions in the allocation: Ensure key priority interventions are included in the allocation request as much as is possible. Application forms now highlight if an intervention is a continuation from the current grant, a scale-up of coverage or is new.
- Be sure to express above allocation needs in the Prioritized Above Allocation Request (PAAR) to allow for the immediate reprogramming of savings during grant making and programming of additional resources potentially freed up through the portfolio optimisation process throughout the grant cycle.
- **The Emergency Fund:** in the event of an emergency and where reprogramming is not possible – an emergency fund request can be made to the GF. Do not include a request for emergency stocks in the funding request (but include sufficient buffer stocks based on the experiences during the COVID-19 pandemic).

Gap Analysis - Cross cutting

- Buffer stock:
 - ITNs - for countries where the census is greater than 5 years old, we recommend including a 10% buffer, or for countries to use data from previous campaigns
 - Case management use consumption and experiences during the COVID-19 pandemic to justify a buffer amount
- Highlight where key and vulnerable populations are included in the gap analysis including IDPs, refugees etc
- Use the NEW commodity prices from the GF and note any increases in costs related to recent inflation. Continue to order early as lead times continue to be longer than pre-Covid
- Use the country stratification to explain how GF resources have been prioritized and why. This can be used to help address the value for money questions, but also ensure that issues around equity are addressed – ensure you have defined your populations at risk and show that they are being prioritized.
- Include insecticide, drug and parasite resistance testing in the allocation if these are not funded elsewhere

Vector Control

- If PBOs or IG2 nets were distributed in the current cycle, countries should plan to sustain the current coverage in the new grant and budget for further scale up, including the additional costs in PAAR if they cannot be covered in the allocation.
- If countries are considering introducing or expanding IRS, the Global Fund will want to understand the long-term plans for sustainability
- Entomological surveillance, entomological capacity building and monitoring are critical to decisions on VC choices and should be included in the allocation
- Strong evidence on differential usage is still required for non-standard LLIN specifications
- Include resources for digitalization of campaigns and where possible look for opportunities for this to be integrated with other malaria and health campaigns

Case Management

- Do not forget to describe how case management is being managed through the public and private sector, and community level (CRSPC can provide TA in 2023 for the development of private sector engagement strategies).
- The ACT gap analysis now asks for details on types of ACTs as part of resistance management
- Do not forget to focus on quality of care, rational and feasible scale up of iCCM, and engagement of the private sector where it makes sense.
- For iCCM and CHWs, ensure there is a clear strategy and long-term plans including for the non-malaria commodities – there is now a CHW and non-malaria commodities at community level gap analysis template, and these commodities (e.g. antibiotics, ORS) can now be procured through the GF as long as the requirements are met.

RSSH and Malaria:

- All pillars of RSSH are needed for malaria services to be successful
- Opportunities exist for integration of health activities with malaria campaigns (ITN, IRS and SMC) but need to be based on context, target population and operational considerations
- Main RSSH needs focused on case management (CM), malaria in pregnancy (MIP), supply chain and surveillance
 - Improving access to care (CM and MIP/ANC): community systems and private sector – looking at what makes sense to prioritize based on where people seek care and mapping service availability
 - Quality of care: for both case management and malaria in pregnancy
 - ✓ Focus on what is being done and how it is done (i.e. patient-centered care)
 - Last mile distribution
 - Data for decision-making: quantity, quality, timeliness, completeness and use at all level

Filling out the Forms

- Consider including a summary table highlighting what is being prioritised by major intervention in the allocation and above allocation
- For Programme Continuation countries, you can include expanded implementation where stratification points to expanding (or reducing) an intervention will lead to higher impact e.g. you do not have to maintain the same scale

Essential Points:

- Where country progress has stagnated, highlight the underlying causes and highlight what is being done through this grant, to accelerate progress.
- Remember that the costs of health systems are needed to carry out malaria interventions - include them, and include this amount in the RSSH contribution e.g. iCCM, CHWs etc
- Refer to the TRP comments from the last round – and highlight how any concerns raised by the TRP -or management conditions – have been addressed
- Don't forget to fully implement the current grant to maximise the use of the resources currently available

Essential Points: Watch out!

- Where equity, human rights and gender equality issues and key vulnerable populations are identified, be sure to also describe how these are being addressed in the implementation of the grants which should be considered as an integral part of subnational tailoring
- Try to stick to the page limits and answer the question being asked! But if there is insufficient space to describe a complex issue – exceed the limit!
- Remember - transition does not mean transition from malaria programming!. Rather transition from GF funding to National sources to maintain malaria programming
- Let us know if there are problems with the in-country allocation discussions!
- Remember there are malaria specific requirements too e.g. iCCM, M&E etc
- Where you are scaling up – provide evidence that the rate of scale up is feasible and not at the expense of more impactful, implementable interventions



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Thank you!

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