2020 Overview

2020 CRSPC priorities have been to support countries to:

- Carry out MPRs and update NSPs
- Submit GF Funding Requests and in grant making
- Support to modify LLIN campaigns (AMP)
- Tracking gaps and bottlenecks
- Support to address COVID-19 related bottlenecks
- Support in developing Regional Malaria Strategic Plan (SaME MSP, ECCAS, etc.)
Mitigating the impact on malaria of the COVID-19 pandemic

Malaria partners mobilized quickly to mitigate the risks of COVID-19:

• WHO and the RBM Partnership developed updated technical and implementation guidance for safely maintaining malaria services during the COVID-19 pandemic. Regular partner calls and working groups have been established.

• The RBM partnership has been working to support countries to operationalize this guidance including providing remote support to modify LLIN campaigns, Indoor Residual Spraying and Seasonal Malaria Chemoprevention.

  • For example, this has included LLIN distribution switching to house-to-house distribution of ITNs using PPE, with support from AMP.

  • We have intensified guidance and support to Social Behaviour Change including with an emphasis on the signs and symptoms of COVID-19 and the importance of seeking treatment.
Examples of country and regional support in 2020

**LLIN campaigns**
- Remote support to 30 countries to reorganize their LLIN campaigns to door-to-door approaches through AMP
- Systematic planning calls with all campaign countries

**Essential Commodity Tracking**
- Tracking supply availability in countries (ACTs, RDTs, artesunate, LLINs, IRS, SMC commodities) and working to troubleshoot filling of gaps as they arose including airlifting of commodities and splitting deliveries where required

**Addressing Bottlenecks**
- Regular check-ins with countries to track and problem solve as real time malaria programming bottlenecks arose including upsurges
- Support to countries in reprogramming and resource mobilization to address gaps including End Malaria Funds
- Linking to political level as required to advocate against delays in campaigns and to sustain malaria programming

**NSPs/MPRs**
- 18 countries have been supported in MPRs and NSPs
- ECCAS and WAHO supported in the development of the Malaria SP and the SaME SP
Malaria Dashboard leading to action

Data provided by

Countries: NMCPs, PMI, AMP, WHO, CHAI, GF, E8, COVID-19 malaria workstreams etc

Examples of bottlenecks and action identified through the use of the dashboard

• Political discussions with ministers to allow continuation of malaria programming during COVID
• Problem solving to accelerate commodity stock outs including advocacy and resource mobilisation for airlifting commodities and fast-tracking orders
• Identification of upsurges and support to address them including case investigation, resources, accelerated commodity delivery
• LLIN campaign delays – AMP remote support for reprogramming
• Resource gaps – GF reprogramming and emergency funding
• Webinars and information notes to enhance understanding

The dashboard is shared with all partners on a weekly basis
Support to the Global Fund Funding Applications

In 2020 the CRSPC provided support to 49 countries in the Global Fund malaria funding request development process including:

- International consultants (41 countries) – remote support for Window 2 and 3
- Local meeting support for country dialogue and local consultants (27 countries)
- Country peer reviews through mock TRPs (47 countries),
- Expert review of the proposals

**COVID-19** significantly impacted and complicated the process. Poor internet connectivity at country level, inability to meet in-person, re-allocation of key staff to the COVID-19 response and very heavy country workloads is impacting the application process

- Voices from the malaria community are still not well represented on most CCMs. Many countries are struggling to finance essential coverage for high impact malaria interventions and also prioritize key RSSH activities at the same time. In a few cases, we have seen critical malaria funds reallocated for RSSH leaving major gaps for essential services

**Importance:**

- All the countries supported were able to submit their FR and almost all passed to the stage of grant making
- This will secure about US$3 billion for malaria programme for the next 3 years
### Summary Implementation Support Provided to Countries through CRSPC - As of 30 Oct 2020

<table>
<thead>
<tr>
<th>Areas of TA</th>
<th># Countries</th>
<th># missions</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITNs campaign planning</td>
<td>22</td>
<td>63</td>
<td>Benin, Burkina Faso, Cameroon, CAR, Chad, Comoros, Congo, Guinea Bissau, Haiti, Liberia, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Pakistan, Rwanda, Sierra Leone, Sudan, Togo, Uganda, Zambia</td>
</tr>
<tr>
<td>GF Proposal write up, grant making</td>
<td>41</td>
<td>79</td>
<td>Angola, Afghanistan, Benin, Bhutan, Burkina Faso, Burundi, Cabo Verde, Cameroon, CAR, Chad, Cote D'Ivoire, Congo, Djibouti, DRC, Eswatini, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sierra Leone, Somalia, South Sudan, STP, Sudan, Suriname, Tanzania, Timor Leste, Togo, Uganda, Zambia, Zanzibar, Zimbabwe.</td>
</tr>
<tr>
<td>GF in-country consultation, local consultant</td>
<td>27</td>
<td></td>
<td>Burkina Faso, Cabo Verde, CAR, Cote d'Ivoire, Congo, Djibouti, DRC, Eswatini, Gambia, Ghana, Guatemala, Guinea, Guinea Bissau, Liberia, Madagascar, Malawi, Niger, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, Togo, Uganda, Zambia, Zanzibar</td>
</tr>
<tr>
<td>Conduct Mock TRP (face to face)</td>
<td>21</td>
<td></td>
<td>Afghanistan, Bangladesh, Benin, Burundi, CAR, Congo, Djibouti, DRC, Guinea, Guinea- Bissau, Indonesia, Malawi, Mozambique, Namibia, Nigeria, Philippines, Rwanda, Solomon Islands, Uganda, Zimbabwe, Zanzibar</td>
</tr>
<tr>
<td>Conduct Mock TRP2 (virtual)</td>
<td>20</td>
<td></td>
<td>Burkina Faso, Cabo Verde, Cameroon, CAR, Côte d'Ivoire, Eritrea, Eswatini, Ghana, Mozambique, Niger, Rwanda, Senegal, Solomon Island, Somalia, South Sudan, STP, Sudan, Tanzania, Togo and Zambia.</td>
</tr>
<tr>
<td>Conduct Mock TRP3 (virtual)</td>
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<td></td>
<td>Chad, Ethiopia, Gambia, Kenya, Liberia, Madagascar, Sierra Leone</td>
</tr>
<tr>
<td>Malaria programme reviews and /or National strategic plans (MPR/NSP)</td>
<td>18</td>
<td>27</td>
<td>Burkina Faso, Cabo Verde (grant), Congo, Eswatini, Gambia (+grant), Ghana (grants), Guatemala (grants), Honduras (grant), Madagascar, Niger, Nigeria, Sierra Leone (+grant), South Sudan, STP, Suriname (grant), Tanzania, Uganda, Venezuela (grant), +ECCAS, WAHO</td>
</tr>
<tr>
<td>Resource Mobilisation</td>
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<td>1</td>
<td>Gabon</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>157</strong></td>
<td><strong>170</strong></td>
<td><strong>56 + ECCAS, WAHO</strong></td>
</tr>
</tbody>
</table>
Plans for 2021

• Continue to support countries to mitigate the impact of the COVID-19 pandemic including support to address malaria upsurges, implement campaigns and address stock-outs

• Support to remaining countries to submit their GF funding applications

• Support to MPRs and NSPs

• Resource mobilization

• Support to address bottlenecks including support to ITN campaigns

• Support to Regional Economic Communities in strengthening the implementation of regional Initiative

• Document best practices