

Applying for Funding in the 2023-2025 Allocation Period

Mock TRP observations and key messages

Outline

- 1. Program split, Timelines and key applicant materials**
 - 2. Previous TRP observations**
 - 3. Program Essentials**
 - 4. Key areas to pay attention**
 - 5. Cross-cutting areas**
 - 6. Linkages to C19RM**
 - 7. Helpful resources**
-



Program split and country dialogue

- Ensure malaria voice is heard during the program split
 - Strongly recommend having at least a draft programmatic gap table for the discussions
 - Ensure your RSSH priorities are included in the RSSH allocation - Including identifying RSSH priorities embedded within the malaria grants and count it as part of contribution to RSSH
 - Let us and partners know if there are concerns
-

Updated TRP review criteria and funding request submission dates

The Technical Review Panel assesses funding requests to ensure Global Fund investments are strategically focused, technically sound, poised for sustainability and have potential for impact.

TRP review criteria for 2023-2025 allocation period

Ending AIDS, TB and malaria

Maximizing People-centered Integrated Systems for Health

Maximizing health equity, gender equality and human rights

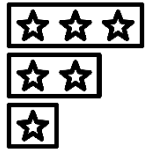
Strengthening resource mobilization, sustainability, health financing, and value for money

Strengthening countries' pandemic preparedness capabilities by building integrated and resilient systems for health

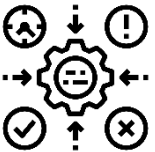
Window	2023 submission dates	2023 TRP meetings	Notes
Window 1	20 March	24 April – 5 May	Strongly recommended for countries with grants ending Dec 2023
Window 2	29 May	3 July – 17 July	
Window 3	21 August	25 September – 6 October	Recommended for countries with grants ending in 2024

Content areas in Funding Request Narratives

Rationale

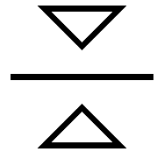


Funding Request
Prioritization



Country Context

Maximizing Impact



Strategic
alignment



Co-financing,
Sustainability &
Transition

Implementation



Implementation
Arrangements



Risk

Across the Funding Request



Equity,
Human
Rights,
Gender





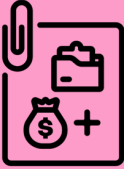



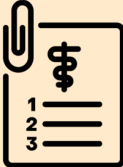







Value for Money



Opportunities for
Integration

Required Annexes:

★:Optional for Focused ☆:New

<div>Performance Framework</div> <div></div>	<div>Detailed Budget</div> <div></div>	<div>Prioritized Above Allocation Request</div> <div></div>	<div>Programmatic Gap Tables</div> <div></div>	<div>Funding Landscape Tables</div> <div></div>	<div>Health Product Management Template</div> <div></div>
<div>RSSH Gaps & Priorities Annex</div> <div></div>	<div>Essential Data Tables</div> <div></div>	<div>Funding Priorities from Civil Society & Communities</div> <div></div>	<div>Country Dialogue Narrative</div> <div></div>		
<div>National Strategic Plans</div> <div></div>	<div>Additional Co-financing Documentation</div> <div></div>	<div>CCM Endorsement of Funding Request</div> <div></div>	<div>CCM Statement of Compliance</div> <div></div>		

TRP observations from 2020-2022 - Malaria

1

Malaria cases and deaths have remained high or significantly increased in many countries. Sustained, optimal coverage of high impact interventions, such as appropriate vector control and universal access to diagnosis and treatment among most at-risk populations, should be prioritized before considering other interventions.

2

The TRP was pleased that many funding requests used microstratification to inform interventions in high-burden, high-impact countries, through the support of WHO and other technical partners. However, funding requests could be improved by using localized surveillance, monitoring and evaluation to guide the tailoring and targeting of malaria prevention and treatment interventions to maximize coverage and impact on burden reduction.

3

The TRP was encouraged that some funding requests also included solid analyses with disaggregated data based on human rights and gender assessments that the country had conducted. This is an increase on previous allocation cycles, but still not universal. The TRP encourages countries to use the Malaria Matchbox Tool, and other tools, to capture and use disaggregated data for programming.

4

The TRP saw many good examples of CHWs as part of integrated community case management, yet there was inadequate harmonization and integration with CHWs focused on maternal, newborn and child health.

Technical Review Panel (TRP) Recommendations on RSSH/People-centered Integrated Systems for Health

2020-2022 TRP Observations Report

1

Many interventions remain vertical, disease specific and do not integrate across health **systems** and do not address stigma and discrimination in public health systems.

2

Service quality is often mentioned, but rarely monitored. TRP encourages investment in community-led monitoring as part of this approach.

3

Community systems and responses need to address community infrastructure and services in addition to CHWs investments, which also require optimization, in particular to increase investments in peer-led CHWs from key and vulnerable populations and align with WHO guidance.

4

Government leadership, domestic health financing, and public financial management **systems** require strengthening. Governments of implementing countries should increase financing for comprehensive community systems.

5

People-centered services should be **included in primary care essential packages**, including for the private sector.

6

Applicants should **prioritize strengthening of core functions of systems for health**, including procurement and supply chain management and essential health services.

Program Essentials are key, evidence-based interventions and approaches to address the ambitious goals set out in global plans.

Overall objective

To achieve global goals for HIV, TB and malaria using the Global Fund strategy and its **Program Essentials as enablers**, whether through Global Fund grants or other means



How will Program Essentials be used to meet this objective in the new funding period?

- 1 Countries will be asked to **outline their “level of advancement”** toward achieving the Program Essentials and identify any gaps.
- 2 Countries will **determine which interventions to address, unmet Program Essentials** should be included in their funding request, guided by country and disease context.
- 3 Where countries have **prioritized the introduction and acceleration of Program Essentials in funding requests**, the Global Fund – subject to TRP / GAC review – will support countries in achieving and sustaining them.
- 4 The Global Fund **will track and review progress against the Program Essentials** through established indicators and monitoring processes.

Malaria Program Essentials (1/2)

Objective	Program Essentials
(a) Implement malaria interventions, tailored to sub-national level using granular data and capacitating decision-making and action.	<ul style="list-style-type: none"> • Support in-country capacity for sub-national tailoring and evidence-based prioritization of tailored malaria interventions. • Build capacity for quality data generation, analysis & use at national and sub-national levels. • 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. • Ensure quality of all commodities and monitor effectiveness. • Deliver all interventions in a timely, people-centered manner.
(b) Ensure optimal vector control coverage.	<ul style="list-style-type: none"> • 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. • Expand entomological surveillance. • Address barriers hampering the rapid scale-up of new products. • Evolve indicators to improve the tracking of effective vector control coverage.

Malaria Program Essentials (2/2)

Objective	Program Essentials
(c) Expand equitable access to quality, early diagnosis, and treatment of malaria through health facilities, at the public sector and community level, and in the private sector.	<ul style="list-style-type: none"> • Understand and address key barriers to access. • Engage private sector providers to drive parasitological testing before treatment. • Expand community platforms where access is low. • Improve and evolve surveillance and data collection tools and processes to enable continuous quality improvement (CQI) and accurate surveillance. • Use of quality of care (QoC) stratification to tailor support to case management across sectors. • Strengthening coordination and linkages between public, private and community systems for service provision.
(d) Optimize chemoprevention.	<ul style="list-style-type: none"> • Support data driven intervention selection and implementation modality. • Support flexibility on implementation strategies including integration within primary healthcare (PHC) as relevant.
(e) Drive toward elimination and facilitate prevention of re-establishment.	<ul style="list-style-type: none"> • Enhance and optimize vector control and case management. • Increase the sensitivity and specificity of surveillance. • Accelerate transmission reduction.

Key areas requiring attention



The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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theglobalfund.org



Implement malaria interventions, tailored to sub-national level using granular data and capacitating decision-making and action

Priorities:

- Ensure national & district programs to have quality, timely data and have the capacity to analyze it and use it for decision-making on:
 - Intervention choice
 - Implementation modality, frequency, etc
 - Tailored approaches to reach the most vulnerable
 - Continuous quality improvement needs/practices
- Subnationally tailored NSPs and funding requests OR prioritization of activities to address gaps to ensure program can get where it needs to be for strong evidence-based decision making

How can we meet them:

Stratification and tailoring of local response

- Prioritize targeted supervision to drive continuous quality improvement
- Investigate access to care and strengthen systems to address barriers locally
- Identify and test methodologies to measure effective ITN coverage at a granular level
- Support roadmaps for quality denominator data to drive analysis and targeting

Tailoring of Interventions within budgets

- Budget for capacity building on key epi analyses as needed
- Strive towards subnational stratification, including data repositories, DQAs and funding data teams in countries
- Ensure coordination and harmonization between mid-term reviews, retrospective analysis and NSP development
- Ensure partner coordination and in-country SNT team for scenario building and modelling



Ensure optimal and effective vector control coverage

How can we meet them:

Priorities:

- 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.
- Expand entomological surveillance.
- Address barriers hampering the rapid scale-up of new products.
- Evolve indicators to improve the tracking of effective vector control coverage

Note: Dual ai ITN WHO recommendation expected March 2023.

- **Ensure vector control national plans** tailored subnationally (tool types, modality and frequency of deployment) based on granular data
- Through robust **prioritization, ensure availability of funding** for most effective tools
- **ITN implementation/campaigns continue quality improvement of distribution** – including consideration of role of digitization, continuous distribution, community led monitoring, activity-based contracting, etc.
- **Any AMP TA should be included in the grant budget**
- **Strengthen entomological surveillance**, backed by better understanding of and guidance on appropriate scope and scale, esp. in *An. stephensi* areas

Case Management: Addressing Drug Resistance

In the context emerging artemisinin partial resistance in Africa, and in complement to the WHO Strategy in Addressing Antimalarial Drug Resistance, GF strongly supports countries to include interventions to mitigate the risks and respond to the emergence and spread of antimalarial drug resistance within the funding request.

Drug Efficacy Surveillance	Response	Market Shaping Interventions
<p>Applicants are encouraged to:</p> <ul style="list-style-type: none">Invest to improve the scope, timeliness, and quality of data on drug efficacy and resistance surveillancePrioritize building capacity and implementation of TESs and contribute data to regional networks for coordination and mapping of drug resistanceWe expect to see TES support within malaria grants in complement to partner initiatives <p>Conduct country assessments as outlined in the WHO DR strategy and invest accordingly along the four pillars including surveillance</p>	<p>To preserve the therapeutic lifespan of current ACTs, Global Fund will support:</p> <ul style="list-style-type: none">In countries with evidence of artemisinin partial resistance or decreased partner drug efficacy, support introduction of alternative ACTs to reduce pressure on and protect efficacy partner drugs.If no documented DR, consider proactive planning for diversification of ACTs to delay the emergence of resistanceDiversification approaches need to be underpinned by clearly articulated country-specific assessments, strategies and implementation frameworks for introducing, managing, and documenting implementation and impact of multiple first lines in countries.	<ul style="list-style-type: none">Global Fund and partners are actively working on market shaping interventions to increase the supplier base for all ACTs and their affordability and hence expand access to currently approved ACTs <p>Applicants are encouraged to:</p> <ul style="list-style-type: none">Commence planning for country readiness for use of alternative ACTs, including registration, inclusion in treatment guidelines, coordination with PSM systems, etc.Programmatic gaps analysis (GF and RBM) revised to assist with optimal approach to ACT diversification, and prioritization and justification in the context of other interventions should be clearly outlined in the funding request

Integrated community case management (iCCM): *(New)*

If government (as part of co-financing) or partners cannot fund the non-malaria medications (NMMs), GF can now support the following NMMs:

Antibiotics for pneumonia (first line treatment in U5s only)

ORS and zinc for diarrhea for U5s only

To be eligible for NMM funding, the following criteria need to be met:

- 1) GF investments only for NMMs for children U5 and only for community platforms
- 2) GF/other partner investments in place for appropriate diagnostic equipment (e.g., RDTs, respiratory timers) and training to ensure timely quality diagnosis of malaria, pneumonia and diarrhea per national iCCM protocols.
- 3) GF/other partner investments in antimicrobial resistance (AMR) monitoring and stewardship
- 4) GF/other partner investments covering the systems components needed for quality CHW service delivery, including adherence to the iCCM protocol, rational drug use and referral and counter referral systems

RSSH investments to support successful malaria prevention

Health Products Management Systems

- ❑ Planning, quantification and procurement capacity
- ❑ Storage and distribution capacity, design & operations
- ❑ Regulatory/quality assurance
- ❑ Waste management

Data/Information systems:

- ❑ Digital platforms (campaign, community, facility, financial, supply chain)
- ❑ Geospatial mapping
- ❑ Coverage surveys, etc.

Human Resources for Health:

- ❑ Community Health Workers program with referral linkages to PHC
- ❑ Human Resources for Health planning, management & governance – for integrated platforms (ANC, EPI & community)
- ❑ Supportive supervision for integrated services – public, private, community level

Community system strengthening community led monitoring (CLM) for campaign and facility prevention services; CBO/CLO engagement for service delivery, SBCC

**CLM can be a tool to provide useful insights into challenges faced with service delivery/service uptake*

Health Financing Systems: strengthening of budgeting, financial management and accounting for campaigns, etc.

Equity, Human Rights and Gender Equality

Improving access to quality services for underserved populations

- Although malaria prevention and treatment interventions have been scaled up, coverage gaps and inequities in access to services remain.
- If a population is at risk of malaria, it is essential for programs to understand how equity-, human rights- and gender-related barriers affect their ability to access and utilize prevention, diagnosis and treatment of malaria, and how interventions will address their specific needs.
- Programs should design concrete, evidence-based programmatic changes or new interventions to address the identified barriers and inequalities with full participation of the disadvantaged groups.

How to demonstrate malaria programs' efforts, challenges and opportunities

Much has been done to address malaria/primary health EHRGE barriers by the malaria programs – we are just not good at expressing it **as a lot of the work in this area for malaria is implicit – we need to make it explicit in the FRs**

Consider what your program has done to address:

- Urban vs. rural malaria
- Increase access to malaria in pregnancy and malaria services for U5s
- Reaching hard to reach with campaigns
- Developing community platforms to bring access closer to vulnerable populations
- Adapted interventions to address insecure settings, mobile populations, etc.

Look at the disaggregated data you have in MIS/DHS - geographic, urban/rural, sex, education level, etc.

- Use this data in your narrative and to justify different approaches you want to explore

Incorporate EHRGE metrics in your SNT planning

Consider a Matchbox or other tool to explore challenging areas and/or populations to access

COE Policy

COEs are a wide range of countries, ranging from **chronically unstable countries to emergencies with fragile and rapidly changing contexts.**

Innovation

Apply new approaches and mechanisms

[Example]

Tailored contracting arrangement with local humanitarian organizations for the last mile delivery in a fragile part of Mali.

Flexibility

Apply policy exceptions

[Example]

Process-based flexibilities: tailored application materials, extended deadlines for PU/PUDR.

Operational flexibilities: Simplified contracting arrangements to deliver services in poorly accessible and unsafe areas.

Partnership

Optimizing partnerships and coordination.
Promoting the **Humanitarian-Development-Peace Nexus Approach**

[Example]

Mainstreaming **Nexus Approach** through CCM Evolution
Facilitating synergistic collaboration with **Health Clusters** as well as other clusters.

Cross-cutting areas

- **SBCC** - Investments in SBC need to be evidence-based, results-oriented, theory-informed and part of the national malaria SBC strategy, building on existing best-practice and SBC efforts in other health sectors
- **Malaria emergencies:** Emergency Fund at the GF is a mechanism to provide urgent funding for emergencies, including but not limited to, malaria outbreaks, natural disasters, and population displacement.
- **Program management:** Funding request can include activities related to leadership, coordination, and management of the malaria program at national and subnational levels.
- **Environment and climate:** Environmental factors including climate events and climate change disproportionately affect malaria. Climate data is expected to be routinely incorporated in malaria data repositories and used as one of the factors to guide program planning, adaptations, and coverage.

Remember commodity lead times **ORDER EARLY!!**

ORDER EARLY!!

While lead times post-pandemic are reducing, longer lead times still remain and particularly for new ITN types, there are supply constraints

Principal Recipients remain advised to place orders earlier than ordinarily to compensate for freight capacity constraints

Talk with your CT about the timing of your orders and the potential need for order placement before the next grant is signed ('advanced procurement')

• https://www.theglobalfund.org/media/10755/psm_categoryproductlevelprocurementdeliveryplanning_guide_en.pdf

Commodity	Lead times in days
ACTs (AL and AS-AQ)	210
Other ACTs	240
LLINs – pyrethroid only	210
PBO	300
Dual AI nets (IG2)	365
IRS products	270

New Funding to Strengthen Health Systems and Pandemic Preparedness

Allowing countries to maximize alignment and synergies across pandemic preparedness investments.

C19RM Portfolio Optimization

Wave 1
US\$547 million
to 40 countries

Wave 2
Additional
US\$320
million

Priority will be given to countries that:

- 1) Did not get funding during Wave 1.
- 2) Have a compelling need to strengthen critical health systems components contributing to pandemic preparedness.
- 3) Have limited opportunities to reinvest C19RM awards already provided.

New Pandemic Fund (hosted by the World Bank)

**New
Funding**
US\$300
million

Support **pandemic preparedness efforts** in countries that the Global Fund supports.

Countries have the opportunity to access a portion of the total available of in new funding, in collaboration with the Global Fund, which has been designated as one of the Pandemic Fund's "Implementing Entities".

Important note: The Global Fund will not act as an implementer it will play the role it normally does. Countries can choose to apply for Pandemic Fund resources in collaboration with the Global Fund and the related advantages of this. Countries can also choose to work with any approved Implementing Entity.

To support countries in coordination and alignment of funding applications, an [Operational Update](#) describes the process to access funding from C19RM through Portfolio Optimization Wave 2 and the new Pandemic Fund.

Helpful resources (1 / 2)

File Name	Published by	Type	URL Link
Malaria Information Note	The Global Fund	Applicant Guidance Materials	https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf
World Malaria Report 2022	WHO	Report	https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022
WHO Guidelines for Malaria	WHO	Normative guidance (interactive/live)	https://www.who.int/publications/i/item/guidelines-for-malaria
WHO Guidelines for Malaria - MAGICApp	WHO	Normative guidance	https://app.magicapp.org/#/guideline/LwRMXj/section/nVp9wj
Malaria Threat Map	WHO	Dashboard	https://apps.who.int/malaria/maps/threats/
Global Malaria Dashboard	RBM	Dashboard	https://dashboards.endmalaria.org/dashboard
Alliance for Malaria Prevention	AMP	Operational guidance	https://allianceformalariaprevention.com/tools-guidance/
Commodity pricing and lead times	The Global Fund	Operational guidance	https://www.theglobalfund.org/en/sourcing-management/health-products/

Helpful resources (2/2)

File Name	Published by	Type	URL Link
Severe Malaria Observatory	MMV	Resource centre	https://www.severemalaria.org/complicated-malaria
SMC Alliance	MMV	Resource center	https://www.smc-alliance.org/smc-alliance
Campaign Effectiveness	HCEC	Resource centre	https://campaigneffectiveness.org/
President Malaria Initiative	PMI	Resource center	https://www.pmi.gov/resources/
PMI VectorLink	PMI	Resource Centre	https://pmivectorlink.org/
Strategy to respond to antimalarial drug resistance in Africa	HO	Strategy Document	https://www.who.int/publications/i/item/9789240060265
Malaria Vaccine allocation framework	WHO	Applicant Guidance Materials	https://www.who.int/publications/m/item/framework-for-allocation-of-limited-malaria-vaccine-supply
Malaria vaccine: WHO position paper – March 2022	WHO	Normative guidance	https://www.who.int/publications/i/item/who-wer9709-61%E2%80%939380

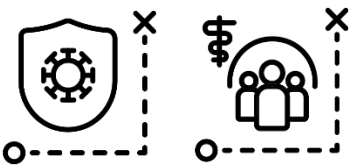


Thank you!



Back-up slides

RSSH Gaps and Priorities Annex



Analyze RSSH gaps (including community systems) and plan how they'll be addressed.
Required for Core/HI.

How it is Used

- Encourages a joint, data-driven discussion on RSSH priorities and gaps
- Three sections: 1) analysis of RSSH priorities, 2) prioritization process and 3) funding gap analysis
- Recommended to identify the gaps and priorities early in country dialogue, to support program split discussions
- Required to submit the same annex with each FR (to be updated if separate FRs are submitted in different windows).



RSSH Gaps and Priorities Annex – Template

Date Published: 31 July 2022

Instructions and illustrative examples to support applicants complete this template are available below.

Section 1 – Analysis of RSSH priorities, including those related to community systems strengthening, based on programmatic gaps

Identify the top three priorities for RSSH (by module) for each disease program and briefly explain how investing in these areas will help to address specific programmatic gaps for HIV, TB and malaria, while contributing to RSSH and pandemic preparedness.

Disease component (based on allocation letter)	Top three RSSH priorities (by module), including those related to community systems	Link with specific programmatic challenges and/or priorities to ensure quality
HIV		
TB		
Malaria		

Funding Request Priorities from Civil Society and Communities ★



Applicants are asked to list the top 20 priorities identified by communities during country dialogue and funding request development.
Required for all Funding Requests.

Country Dialogue Narrative ★



Describe process undertaken to engage a broad range of stakeholders in the country dialogue process.
Only a page or two of narrative needed.

Sustainability & Transition Supporting Documentation (If Applicable)



Information related to strengthening sustainability and/or preparations for transition from Global Fund financing.

Can include Transition Workplan and Readiness Assessments, sustainability assessments and plans, or other evidence of work to strengthen sustainability and/or prepare for transition.

Innovative Financing Documentation (If Applicable)



Only required for applicants who are using certain Innovative Financing mechanisms.

Assessment of Human Rights-related Barriers to Services (If Available)



Assess current programming to address human rights-related barriers. If available, assessments for HIV, TB, and HIV/TB components requested. For malaria, applicants should use qualitative assessments (e.g., Malaria Matchbox).

Gender Assessment (If Available)



- Separate assessment, if available, for each component. No standard template or form required.
- Other assessments or plans related to gender, human rights, or health equity should also be used to inform the Country Dialogue, be referenced and be attached.



Deep Dive on the Gender Assessment

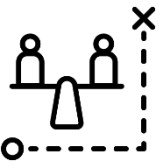
Analysis which helps inform the request and is used to measure progress towards gender-equality goals.

Score	
Not targeted (score 0): Any funding request not meeting <i>Significant</i> or <i>Principal</i> criteria	
Significant (score 1): Gender equality is not the principal reason for undertaking the project/programme but is an important and deliberate part of the intervention	
Principal (score 2): Gender equality is a contributory objective of the project/programme and is fundamental in its design and expected results	

How it is Used

- Gender Assessment a critical component of the new Gender Equality Marker (GEM) score
- TRP will assign GEM score
- Aggregated GEM scores used to report on Global Fund contributions to advancing gender equality

Sexual Exploitation Abuse and Harassment Assessment (Optional/If requested)



Identify and mitigate Sexual Exploitation Abuse and Harassment (SEAH) related risks in Global Fund-financed programs.

If available, one SEAH Risk Assessment is requested with each FR submitted. Required for 10 pilot countries (pilot countries TBC).