



# **Applying for Funding in the 2023-2025 Allocation Period**

**Mock TRP Window-3 key messages**

**Addis Ababa July 2023**



# Outline

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- 1. Program split, Timelines and key applicant materials**
- 2. TRP observations & Recommendations (W1 & W2)**
- 3. Focus areas & Gaining efficiencies**
- 4. Cross-cutting areas**
- 5. Linkages to C19RM**
- 6. Available resources**



# Program split and country dialogue

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- Strongly recommend having the **RSSH 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 Global Fund team and partners know if there are concerns

# Updated TRP review criteria and funding request submission dates

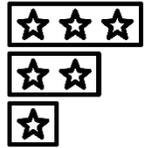
The Technical Review Panel assesses funding requests to ensure Global Fund investments are strategically focused, technically sound, poised for sustainability and have potential for impact.

## TRP review criteria for 2023-2025 allocation period


Window	2023 submission dates	2023 TRP meetings
Window 1	20 March	24 April – 5 May
Window 2	29 May	3 July – 17 July
Window 3	21 August	25 September – 6 October

# Content areas in Funding Request Narratives

## Rationale

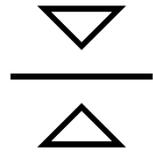


Funding Request Prioritization



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

**Performance Framework**



**Detailed Budget**



**Prioritized Above Allocation Request**



**Programmatic Gap Tables**



**Funding Landscape Tables**



**Health Product Management Template**



**RSSH Gaps & Priorities Annex** ☆ ★



**Essential Data Tables**



**Funding Priorities from Civil Society & Communities** ☆



**Country Dialogue Narrative** ☆



**National Strategic Plans**



**Additional Co-financing Documentation**

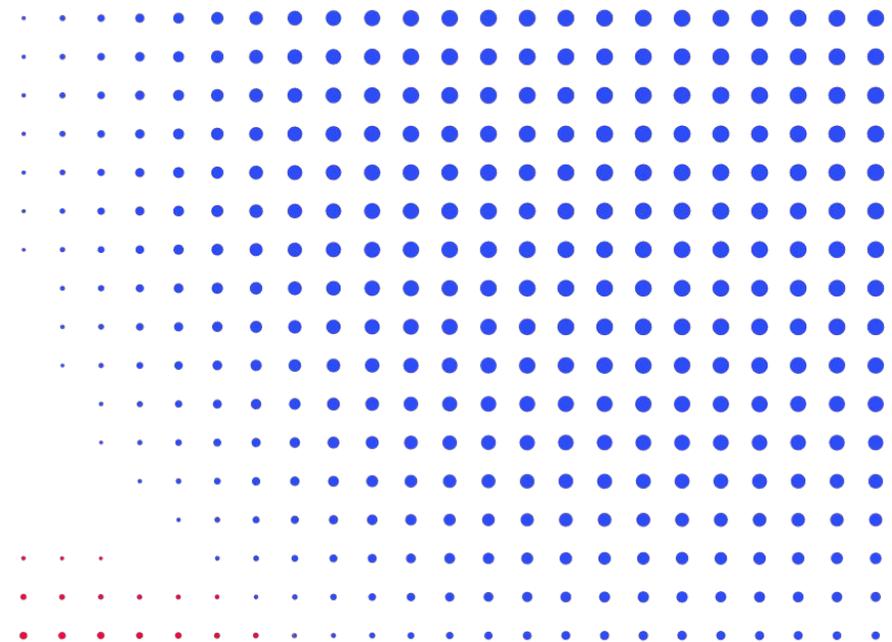


**CCM Endorsement of Funding Request**

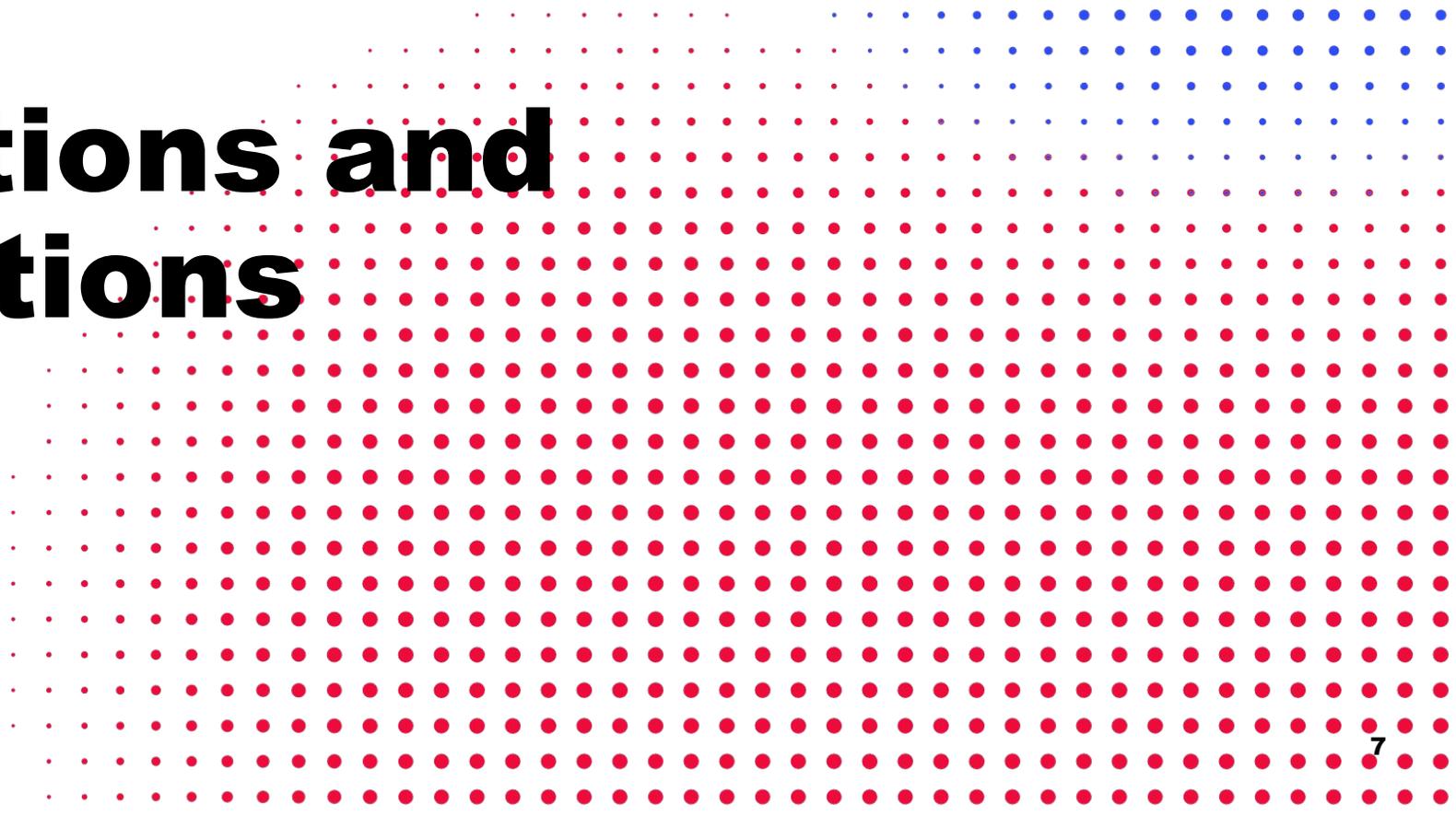


**CCM Statement of Compliance**





# TRP observations and recommendations



# Malaria Lesson 1 : Lack of data-informed prioritization in some resource-constrained settings



## Observations

- An effective strategy for prioritization, which involves sub-national tailoring of malaria interventions informed by data-driven geographic stratification, is not completed in all countries.

## Recommendations

### For Applicants

- All countries should **strive to include a formal risk stratification to be used to inform sub-national tailoring and prioritization** of malaria interventions in their funding request.
- **Follow WHO normative guidance and provide accompanying rationale** for the scale, type and mix of effective vector control based on the best available data on disease burden, transmission potential, insecticide resistance and trends in intervention coverage.
- Ensure all at-risk populations have access to quality malaria case management.
- Findings from Malaria Matchbox and other Gender and Equity assessments should also be deployed where they assist in identifying sub-populations that require additional focus where warranted.
- In resource constrained contexts where not all at-risk populations can be covered by core malaria interventions, **prioritize effective vector control and access to effective case management at full coverage in the highest-burden areas** to maximize impact on malaria mortality first, and then expand interventions based on sub-national tailoring to lower burden areas with available funding.
- **In resource constrained contexts, the funding request should include a plan to mobilize additional resources to fill gaps** so that all at-risk populations can be covered by effective vector control and case management at a minimum, followed by expansion of sub-nationally tailored interventions.

### For Technical Partners and the Secretariat

- **Support all countries to use data-informed risk stratification, sub-national tailoring and prioritization in their funding requests.**

# Malaria Lesson 2 : Stagnation and resurgence of malaria cases and deaths in some countries



## Observations

- Despite continuous investments in malaria control, cases and deaths have been on the rise for the past two funding cycles in many countries. Some countries have not presented in their funding request an updated data-driven strategy to reverse these trends - ***Business as usual in these contexts is unlikely to achieve impact, strategic focus or value for money.***

## Recommendations

### For Applicants

- All countries with stagnation/resurgence should **undertake a situation analysis to better understand the underlying factors, asking for technical assistance where needed.** In addition, applicants should **better utilize program reviews/mid term reviews to identify factors associated with sub-optimal progress regularly and systematically.**
- The following factors should be considered in the situation analysis at a minimum: changing malaria epidemiology, funding gaps and lags in program performance, trends in core intervention coverage/access, intervention failures, health system and community barriers, as well as natural, human and economic disasters that have impacted malaria program performance, at-risk populations and malaria transmission.
- Results of the situation analyses should be used to inform an updated strategy presented in the funding request to reverse these trends and maximize impact in preventing malaria deaths.
- Where resources are insufficient to carry out the full updated strategy, use the principles of intervention prioritization based on data-informed risk microstratification and sub-national tailoring, maximizing reductions in malaria death.

# ESSH Lesson: **Mixed RSSH progress including in RSSH Priority Countries**



## Observations

- **Integrated funding requests provided greater visibility into integration opportunities** (regarding service provision, M&E, training, supervision, quality improvement and supply chain) with notable improvements in broader community systems strengthening and laboratory optimization.
- **Momentum in private sector engagement including contracting across three diseases**, often catalyzed by COVID-19 innovations. However, proposed interventions are often focused on advocacy, with limited attention to reporting, performance monitoring and regulation.
- **The TRP noted possible risk of duplication between W1 grants and upcoming C19RM PO2.**
- **Mixed quality of the RSSH analyses** (some countries conducting the analysis separately by each program) without taking a systems lens and missing opportunities to address cross-cutting RSSH gaps.
- **RSSH investments are insufficiently prioritized in allocation budgets especially for PHC level, in focused portfolio and challenging operating environment countries.** Most investments are in community health workers (CHW), lab systems, data management systems.

# ESSH Lesson:

# Mixed RSSH progress including in RSSH Priority Countries



## Recommendations

### For Applicants

- **Build on the coordination established in developing integrated funding requests and mapping investments in the RSSH Gaps and Priorities Annex to strengthen integrated programming.** In addition to using the RSSH critical approaches, applicants are encouraged to adapt the WHO Operational Framework for Primary Health Care to prioritize RSSH investments at PHC level. (All)
- Applicants planning private sector engagement should **develop robust private sector engagement strategies** including opportunities for integrated supportive supervision, reporting into NHMIS and capacity building as part of quality assurance/ regulatory framework. (*As applicable*)
- Applicants encouraged to continue to build community systems for health and pay more attention to **addressing the broader aspects of CSS** as well as increasing and optimising investments in CHWs. (All)
- Applicants should conduct **thorough mapping of RSSH elements in the approved GC7 grants and planned C19RM PO Wave 2 as well as future GC7** components that are yet to come for TRP review, and make sure RSSH are really supporting the strengthening of the overall health system (including reforms in terms of governance, decentralized HRH management and financing), and not just providing one-shot or program-specific health system support.

# Advanced procurement

- ❑ The Global Fund secretariat team have worked with TRP to allow for early procurement of commodities prior to TRP review of FR. This is to ensure timely ITN, IRS and/or SMC mass campaigns planned for 2024 even for FR that need to go for iteration
- ❑ The interventions and magnitude of coverage is based on previously TRP-approved scope and scale of indoor residual spraying (IRS), insecticide treated nets (ITNs) and seasonal malaria chemoprevention (SMC).
  - 21 countries will require early procurement for SMC or ITNs ahead of TRP review of FR
  - 10 will require early procurement for ITNs, 9 for IRS and 8 for SMC
- ❑ Reasons for increase in countries and need for approval ahead of TRP review is mainly increase in lead times and number of countries with campaigns in 2024

COUNTRIES WITH CAMPAIGNS PLANNED IN 2024 (SMC, ITN, IRS)				
	SMC	ITN	IRS	SMC/ITN/IRS
Country	GF-funded SMC in GC6	GF-funded 2024 ITN campaign in GC6	GF-funded IRS in GC6	May need early procurement
Afghanistan	n	y	y	n
Burundi	n		y	y
Benin	y		n	y
Burkina Faso	y		n	n
Bangladesh	n	y	n	n
CAR	n	y	n	y
Cote d'Ivoire	n	y	n	n
DRC	n	y	n	n
Comoros	n		y	y
Cabo Verde	n		y	y
Djibouti	n		y	n
Eritrea	n		y	n
Ethiopia	n		y	y
Ghana	y	y	y	y
Guinea	y		n	y
Gambia	y		y	y
Guinea-Bissau	y		n	n
Guatemala	n	y	n	y
Guyana	n	y	n	n
Honduras	n	y	y	n
Indonesia	n	y	n	n
India	n	y	n	n
Liberia	n	y	n	n
Madagascar	y	y	n	y
Mali	y		n	n
Mozambique	n		y	n
Mauritania	y		n	y
Malawi	n		y	n
Niger	y	y	n	y
Nigeria	y	y	n	y
Nepal	n	y	n	n
Pakistan	n	y	y	n
Philippines	n	y	n	n
Papua New Guinea	n	y	n	y
Zanzibar	n	y	y	y
RAI	n	y	n	n
Rwanda	n		y	y
Solomon Islands	n	y	y	n
Somalia	n	y	y	n
South Sudan	n	y	n	y
Sao Tome and Principe	n		y	y
Eswatini	n	y	n	n
Chad	y		n	n
Togo	y		n	y
Timor-Leste	n	y	y	n
Tanzania	n	y	n	y
Vanuatu/West Pacific	n		y	n
Yemen/MER	n	y	n	n
Zambia	n		y	n
Zimbabwe	n	y	y	n

# 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](https://www.theglobalfund.org/media/10755/psm_categoryproductlevelprocurementdeliveryplanning_guide_en.pdf)

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

# Focus areas & Gaining efficiencies



The Global Fund to Fight  
AIDS, Tuberculosis and Malaria

+41 58 791 1700  
[theglobalfund.org](http://theglobalfund.org)

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

### Priorities:

- **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
- Sub nationally 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

### Stratification and tailoring of local response

- Prioritize targeted supervision to drive continuous quality improvement
- Investigate access to care and strengthen systems to address barriers.
- Identify and test methodologies to measure effective 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: think of operational capacity at subnational level
- 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

**For the GC7 funding request stratification and modeling are not mandatory but recommended**

# Surveillance Sub-national Tailoring and Data for Decision-Making

## Key messages

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- a.** Stratification analysis for the National Strategic plan.
- b.** Installation and training in DHIS2.
- c.** Training and capacity building should include lab and supply chain for data triangulation with other sources Surveillance assessment.
- d.** Installation, use and maintenance of a data repository.
- e.** Supervision and Quality Improvement initiatives

## Potential ways to gain efficiencies

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### **Data Quality Assurance (DQA) and Continuous Quality Improvement (CQI) integration**

- Data driven prioritization of support to districts/facilities/community service providers – ex. Rather than blanket supervision to all health facilities, focus on the facilities where data or quality of care is an issue.
- Integration of supervision teams (across different diseases as relevant) as well as rethinking training modalities: this not only leads to quality holistic service improvements, but both monetary and time efficiencies.

## Ensure optimal and effective vector control coverage

### 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

- **Ensure vector control national plans** tailored sub nationally (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

**New:** WHO recommendation on Dual ai ITN March 2023.

# Vector Control

## Key messages

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- a.** Okay to go to more frequent distribution of ITNs or add additional channels (ex. school/community) to address issues of ITN durability/attrition - can be done sub nationally and will have budget constraints.
- b.** With new WHO recommendation on Dual AI ITNs, countries should **maintain coverage/expand chlorfenapyr-pyrethroid** nets (ex. IG2) where possible and to **prioritize dual ai over PBO nets in areas with pyrethroid resistance.** ( see next slide for details)
- c.** Topical repellents are not WHO PQ and cannot be funded by the GF but new guidance from WHO is expected.

## Potential ways to gain efficiencies

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### ITN customization

Changes in specifications currently adds ~\$0.20 to the ITN cost ( size, color, strings, logos, user instructions)

Individual bag

Hooks and strings

Product Choice

Fabric Type

### Deployment approaches

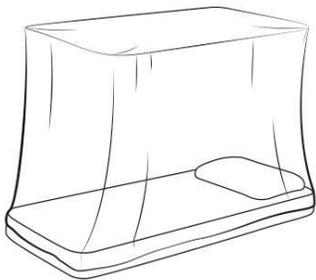
- Campaign design
- Campaign integration
- Campaign digitization

# How efficiency can be gained within the choice of ITN product and product specifications

(Length x Width x Height in cm)	FOR BUDGETING PURPOSES Standard Reference Price (includes hooks, strings and bag)*, FOB, USD	USE FOR BUDGETING PURPOSES Customized Reference Price (includes hooks, strings, bag and customization)**, FOB, USD	Price Difference
180x160x150	2.68	2.95	0.27
180x160x170	2.87	3.16	0.29
180x160x180	2.97	3.27	0.3
180x190x150	2.94	3.23	0.29
180x190x160	3.05	3.36	0.31
190x180x170	3.15	3.47	0.32
190x180x180	3.24	3.56	0.32
210x190x180	3.44	3.78	0.34

- ☑ Have you considered less-expensive dimension option ? Price increases as size increases, especially **heights**
- ☑ Have you considered **removing ITNs customization** that adds on ~\$0.20 per ITN
- ☑ Have you considered implications of preference for **particular fabric type** – overall market dynamic, lead time, price
- ☑ Have you considered **ITN types and putting best nets in your campaign** – CFP are considerably more impactful than standard nets (~\$1 more exp), recommended over PBO (almost same cost as CFP ITNs)

## What drives the cost of a net?



- Dimension of nets**
- Adding Additional customizations**

  - Alternative bale size
  - Different ITN color
  - More strings
  - Longer stringers
  - Multicolor printing of logos on label and/or bag
  - User instruction leaflets

- Both Standard and Customized Reference Prices include the following accessories:
- **6 hooks**
  - **6 strings**
  - **an individual bag**

## Illustrative example

- Country 'X' normally orders 180x160x180 PBO and adds additional customizations.
- In their GC7 campaigns, they are ordering 4M PBOs but
  - **reducing the size to 180x160x170 (10 cm difference in height)**
  - **removing additional customizations**
- Before: 4M x 3.27 (with customization) = \$ 13M
- After: 4M x 2.87 (reducing height by 10 cm, removing customization) = \$11M
- **Savings = \$ 1.6M**

# Illustrative example of how efficiency can be gained by selecting the deployment approach

ITNs campaign have huge operational costs and efficiency can be explored in choosing appropriate deployment approaches and combined with efficiency gain from product choice – it could yield material budget saving that can be used to fill the gaps

- ☑ Have you considered **door-to-door vs fixed points distribution**. The former is more expensive but may be more impactful in some places.
- ☑ Have you considered **integrating population enumerating** across campaigns?
- ☑ Have you **considered integrating campaigns** – ITNs campaign and SMC campaigns or other public health campaigns (vaccination, malnutrition screening, NTDs...)
- ☑ Have you considered **leveraging existing work force** (e.g., CHWs) to integrate campaign delivery
- ☑ Have you considered **campaign digitization** – where mobile phone ownership is high, use distributor's own phone instead of procuring new phones (ex. Nigeria SMC).

## **Maintain coverage/expand chlorfenapyr-pyrethroid nets where possible Prioritize dual ai over PBO nets in areas with pyrethroid resistance**

- ✓ **Co-payment for dual ai ITNs no longer available**
- ✓ Lead time continue to be around 12m for both dual ai and PBOs, placing orders earliest possible advisable.
- ✓ Dual ai reference price to come, for now, use PBO reference price.
- ✓ If a country is proposing to procure **pyriproxyfen -pyrethroid ITNs (ex. RG)**, please consult your **Malaria Advisor**.
- ✓ Countries who want to buy dual ai or PBO ITN but cannot afford them should still include the need in **Programmatic Gap Table and should include differential price between pyrethroid-only and PBO or dual ai in the PAAR**
- ✓ Discuss whether a program still feels a population needs hooks and strings as this adds to the unit price.
- ✓ If **AMP TA** is needed/wanted - remember it needs to be budgeted in the grant .
- ✓ IRS: **Vectron T500**, recently WHO prequalified, but does not yet have a WHO recommendation for use CANNOT be procured by GF. Please discuss with your country team if there are no alternative susceptible insecticides.
- ✓ Look out for mention of **environmental and larval source management** and discuss with your country team the suitability in your country context as usually (but not always) it is not appropriate.
- ✓ If specific fabric, shape, etc is requested outside of standard specs, please discuss with your country team.

# 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><b>Applicants are encouraged to:</b></p> <ul style="list-style-type: none"> <li>○ Invest to improve the scope, timeliness, and quality of data on drug efficacy and resistance surveillance</li> <li>○ Prioritize building capacity and implementation of TESs and contribute data to regional networks for coordination and mapping of drug resistance</li> <li>○ We expect to see TES support within malaria grants in complement to partner initiatives</li> </ul> <p><b>Conduct country assessments as outlined in the WHO DR strategy and invest accordingly along the four pillars including surveillance</b></p>	<p><b>To preserve the therapeutic lifespan of current ACTs, Global Fund will support:</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ If no documented DR, consider proactive planning for diversification of ACTs to delay the emergence of resistance</li> <li>○ Diversification approaches need to be underpinned by clearly articulated country-specific assessments, adaptation of national guidelines, strategies and implementation frameworks for introducing, managing, and documenting implementation and impact of multiple first lines in countries.</li> </ul>	<ul style="list-style-type: none"> <li>○ 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</li> </ul> <p><b>Applicants are encouraged to:</b></p> <ul style="list-style-type: none"> <li>○ Commence planning for country readiness for use of alternative ACTs, including registration, inclusion in treatment guidelines, coordination with PSM systems, etc.</li> <li>○ 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</li> </ul>

# Case management

## Treatment

### ***P. falciparum***

- **New** : ACT for 1st Trimester of pregnancy is now recommended by WHO, Quinine tablets should be phasing out
- **New** : WHO released a Malaria Drug Resistance Strategy, There currently is no operational plan for, so countries there will be little standardization across countries (please include documenting the operationalization of the strategy in your country).

### ***P. vivax***

- Chloroquine : Current issues with procurement
- Tafenoquine can be funded once in WHO guidelines (pending recommendation), will require implementation of G6PD testing and strengthened pharmacovigilance (funding if any will be mainly for pilots)

### ***Severe Malaria***

- Include provision of Rectal Artesunate as pre-referral treatment and funding for referrals from the community (please ensure that there is training on appropriate dosing of RAS and the continuum of care)

# Case management

## Potential ways to gain efficiencies

### **RDT product selection**

- *Pf*-only 25 test kits are \$0.11 less than *Pf*-PAN per test
- Use a *Pf/Pv* test when burden of *P. vivax* is significant.
- Highly sensitive RDTs are not recommended
- G6PD testing: could include card identification for tested subjects

### **ACT diversification**

- think of using ASAQ in addition to AL (rather than relying only on DHP/ASPY – which are much more expensive).

### **Community referrals**

- while funding assisted referrals will increase the initial cost of activities, they should reduce expenditure on severe case management.

# 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:

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

# Specific Preventive Interventions

- ❑ Intermittent Preventive Treatment for infants (IPTi), providing SP to children under 1 through EPI contacts is now **Perennial Malaria Chemoprevention (PMC)**
  - ❑ Can be used for children up to 2 years old and through more channels than EPI alone.
  - ❑ More countries are expected to include this strategy in their FR
  - ❑ Should include Sulfadoxine-Pyrimethamine 250/12.5 mg (vs SP 500/25mg used for IPTp)
  
- ❑ **Intermittent Preventive Treatment for Pregnant women (IPTp)**
  - ❑ Where coverage is low, think of including community IPTp
- ❑ **Seasonal malaria chemoprevention**

Tailoring program based on local transmission dynamics (number of rounds, age groups) acceptable, but ensure the analysis is available to the TRP so they can understand the rationale. Current recommended drug continues to be Sulfadoxine Pyrimethamine-Amodiaquine
- ❑ **Guidance on malaria vaccines:**

Global Fund doesn't support the procurement of the malaria vaccines. There is a coordination between TRP and IRC when reviewing countries eligible for support from both organizations.

# 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

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## 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

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**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.

# Malaria elimination

- Increase the sensitivity and specificity of surveillance.
- Accelerate transmission reduction and prevent reestablishment

- **Transition from malaria control to elimination requires a shift in strategy supported by evidence and the implementation of new activities tailored to each country's specific context.**
  - Work closely with country teams and WHO to define institutional capacity and resource requirements to achieve elimination, including investments in surveillance capacities and addressing health system challenges.
  - strengthen cross-border efforts and response.
  - Leverage country dialogues and grants making to ensure sustainability of investments and increase domestic resources to accelerate elimination and prevent reestablishment.
- The following **interventions are eligible for funding**:
  1. Local stratification by malaria transmission intensity and other key characteristics
  2. Enhancing and optimizing vector control
  3. Enhancing and optimizing case detection and case management including support for quality assurance and reference laboratories
  4. Strengthening surveillance systems to detect symptomatic and asymptomatic cases; notify, report, and investigate all malaria infections
  5. Other activities to accelerate malaria elimination and prevent reestablishment.
  6. Generation of evidence and lessons learned

# 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.

# 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 and 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.

# 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.

# **Key C19RM Reprogramming ideas Malaria and Pandemic Preparedness**

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- a. Acute febrile illness / Early warning surveillance (sentinel surveillance or broader)**
- b. Community health worker platform (i.e., iCCM platform)**
- c. Data repositories and analysis teams**

# Available resources (1 / 2)

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

# Available resources (2/2)

File Name	Published by	Type	URL Link
Severe Malaria Observatory	MMV	Resource centre	<a href="https://www.severemalaria.org/complicated-malaria">https://www.severemalaria.org/complicated-malaria</a>
SMC Alliance	MMV	Resource center	<a href="https://www.smc-alliance.org/smc-alliance">https://www.smc-alliance.org/smc-alliance</a>
Campaign Effectiveness	HCEC	Resource centre	<a href="https://campaigneffectiveness.org/">https://campaigneffectiveness.org/</a>
President Malaria Initiative	PMI	Resource center	<a href="https://www.pmi.gov/resources/">https://www.pmi.gov/resources/</a>
PMI VectorLink	PMI	Resource Centre	<a href="https://pmivectorlink.org/">https://pmivectorlink.org/</a>
Strategy to respond to antimalarial drug resistance in Africa	HO	Strategy Document	<a href="https://www.who.int/publications/i/item/9789240060265">https://www.who.int/publications/i/item/9789240060265</a>
Malaria Vaccine allocation framework	WHO	Applicant Guidance Materials	<a href="https://www.who.int/publications/m/item/framework-for-allocation-of-limited-malaria-vaccine-supply">https://www.who.int/publications/m/item/framework-for-allocation-of-limited-malaria-vaccine-supply</a>
Malaria vaccine: WHO position paper – March 2022	WHO	Normative guidance	<a href="https://www.who.int/publications/i/item/who-wer9709-61%E2%80%93380">https://www.who.int/publications/i/item/who-wer9709-61%E2%80%93380</a>



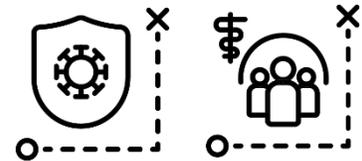
**Thank you!**





**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.

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

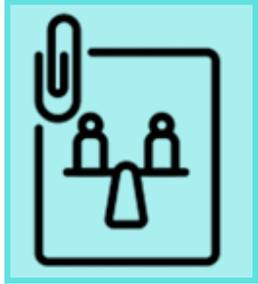
Can include Transition Workplan and Readiness Assessments, sustainability assessments and plans, or other evidence of work to strengthen sustainability and/or prepare for transition.

## **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)

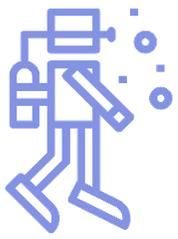


Assess current programming to address human rights-related barriers. If available, assessments for HIV, TB, and HIV/TB components requested. For malaria, applicants should use qualitative assessments (e.g., Malaria Matchbox).

## 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.

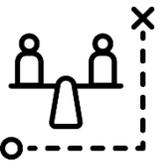
Score	
<b>Not targeted (score 0):</b> Any funding request not meeting <i>Significant</i> or <i>Principal</i> criteria	
<b>Significant (score 1):</b> Gender equality is not the principal reason for undertaking the project/programme but is an important and deliberate part of the intervention	
<b>Principal (score 2):</b> 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).

## Drive towards elimination and facilitate prevention of re-establishment

### Priorities:

- Accelerate progress toward elimination.
- Expand approaches for sharing experiences and best practices among countries and regions nearing malaria elimination.
- Accelerate reductions in malaria in high burden areas and achieve sub-regional elimination in select areas of sub-Saharan Africa to demonstrate the path to eradication
- Demonstrate the path to eradication and to ensure that elimination and eradication remain national and global priorities.

### How can we meet them:

- **Fund eligible national and regional grants** to accelerate progress toward elimination and allocate resources to continue support countries to pursue-attainment of WHO **malaria elimination certification**.
- Avail the needed technical expertise and resources to (a) support low-burden countries to **address rising intervention costs and concentration of transmission** among populations and in geographic **areas with limited access to services** (b) support countries approaching elimination **respond to the increasing number of malaria cases** (countries that have had significant investment from Global Fund) e.g., Botswana, Comoros, Guatemala, Honduras, Iran, Thailand, Vanuatu.
- **Work closely with country teams and WHO to define institutional capacity and resource requirements** to achieve elimination, including investments in surveillance capacities and addressing health system challenges.
- **Work closely with GMD and partners to strengthen cross-border** efforts and response.
- **Prioritize response to *P. Vivax*** in eligible countries : *P. vivax* predominates in countries that are prime candidates for malaria elimination.
- **Leverage** country dialogues and grants making to ensure **sustainability of investments** and increase domestic resources to accelerate elimination and prevent reestablishment.