Malaria in Grant Cycle 7

Information Session – 2 March 2023

Agenda

1 Program split, timelines and key applicant materials

2 Previous observations from the Technical Review Panel

3 Program Essentials

4 Key areas to focus on

5 Cross-cutting areas

6 Malaria Modular Framework

7 Resources

8 Q&A

1 Program split, timelines and key applicant materials

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

Program Split and Country Dialogue

1

Support malaria program split and country dialogue discussions, so malaria is properly represented in funding requests.

2

Have at least a **draft programmatic gap table** for the discussions.

3

Ensure that **RSSH priorities are included in the RSSH allocation**. This includes identifying RSSH priorities embedded within the malaria grants and count them as part of contribution to RSSH.

4

Inform your Country Team and partners if there are concerns.

Updated Technical Review Panel Criteria and Funding Request Submission Dates

The Technical Review Panel (TRP) 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

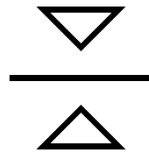| Window	2023 submission dates	2023 TRP meetings	Notes
Window 1	20 March	24 April – 5 May	Strongly recommended for countries with grants ending in December 2023.
Window 2	29 May	3 July – 17 July	
Window 3	21 August	25 September – 6 October	Recommended for countries with grants ending in 2024.

Content Areas in Funding Request Narratives
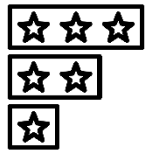
Rationale	Maximizing Impact	Implementation
Funding Request Prioritization	Strategic alignment	Implementation Arrangements
Country Context	Co-financing, Sustainability & Transition	Risk

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**		

7

2 Previous observations from the Technical Review Panel

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

2020-2022 Technical Review Panel Observations Report

1 — **Many interventions remain vertical, disease specific and do not integrate across health systems** nor address stigma and discrimination in public health systems.

2 — **Service quality is often mentioned, but rarely monitored**. The Technical Review Panel (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 community health workers (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.
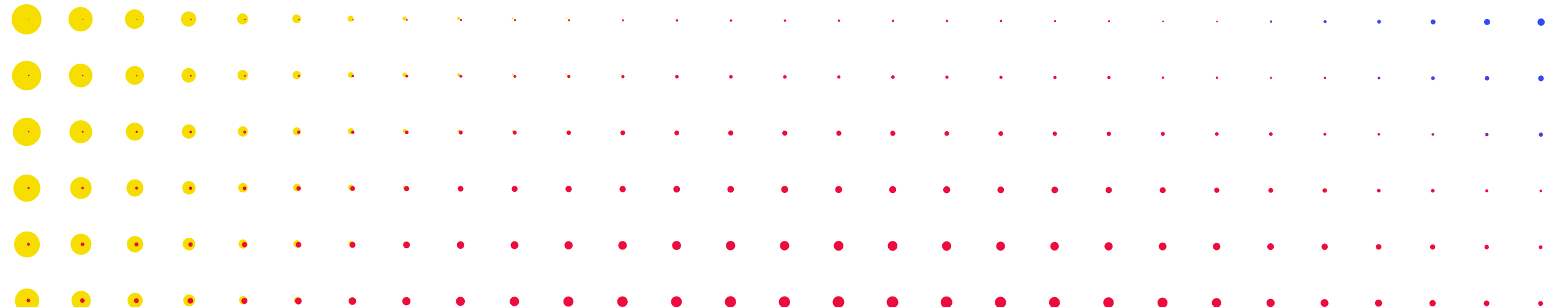
6 — Applicants should **prioritize strengthening of core functions of systems for health**, including procurement and supply chain management and essential health services.

3 Program Essentials

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

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.	• 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, and others. • Ensure quality of all commodities and monitor effectiveness. • Deliver all interventions in a timely, people-centered manner.
(b) Ensure optimal vector control coverage.	• 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.	• 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.	• 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.	• Enhance and optimize vector control and case management. • Increase the sensitivity and specificity of surveillance. • Accelerate transmission reduction.

4 Key areas to focus on

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

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

Priorities:

- Ensure national and district programs to have quality, timely data and have the capacity to analyze it and use it for decision-making on:
  o Intervention choice.
  o Implementation modality, frequency, and others.
  o Tailored approaches to reach the most vulnerable.
  o Continuous quality improvement needs/practices.

- Subnationally tailored national strategic plans (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 insecticide treated nets (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, data quality assessments (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 subnational tailoring (SNT) team for scenario building and modelling.

THE GLOBAL FUND

For the GC7 funding request neither stratification nor modeling are needed.

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.

Note: Dual ai ITN WHO recommendation expected March 2023.

How can we meet them:

- **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, and others.

- **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 (DR)

In the context emerging artemisinin partial resistance in Africa, and in complement to the WHO Strategy in Addressing Antimalarial Drug Resistance, the Global Fund 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
Applicants are encouraged to: o Invest to improve the scope, timeliness, and quality of data on drug efficacy and resistance surveillance. o Prioritize building capacity and implementation of Therapeutic Efficacy Studies (TES) and contribute data to regional networks for coordination and mapping of drug resistance. o We expect to see TES support within malaria grants in complement to partner initiatives. **Conduct country assessments as outlined in the WHO DR strategy and invest accordingly along the four pillars including surveillance.**	**To preserve the therapeutic lifespan of current ACTs, Global Fund will support:** o 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. o If no documented DR, consider proactive planning for diversification of ACTs to delay the emergence of resistance. o Diversification 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.	o 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. **Applicants are encouraged to:** o Commence planning for country readiness for use of alternative ACTs, including registration, inclusion in treatment guidelines, coordination with PSM systems, etc. o Programmatic gaps analysis (Global Fund 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), the Global Fund 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. Global Fund investments only for NMMs for children U5 and only for community platforms.
2. Global Fund/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. Global Fund/other partner investments in antimicrobial resistance (AMR) monitoring and stewardship.
4. Global Fund/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.

Human Resources for Health:

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

Data/Information systems:

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

Community system strengthening community led monitoring (CLM) for campaign and facility prevention services; community-based organizations/community-led organizations engagement for service delivery, social and behavior change communication.

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, and others.

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 Equity, Human Rights, and Gender Equality (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 funding requests.**
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.

Challenging Operating Environments Policy

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

Innovation	Flexibility	Partnership
• **Apply new approaches and mechanisms**	• Apply **policy exceptions.**	• Optimizing partnerships and coordination. • Promoting the **Humanitarian-Development-Peace Nexus Approach.**
[*Example*] • Tailored contracting arrangement with local humanitarian organizations for the last mile delivery in a fragile part of Mali.	[*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.	[*Example*] • Mainstreaming **Nexus Approach** through CCM Evolution. • Facilitating synergistic collaboration with **Health Clusters** as well as other clusters.

Remember commodity lead times

- **While lead times post-pandemic are reducing, longer lead times remain. There are supply constraints particularly for new insecticide treated nets types.**

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

- **Talk with your Country Team about the timing of your orders and the potential need for order placement before the next grant is signed ('advanced procurement').**
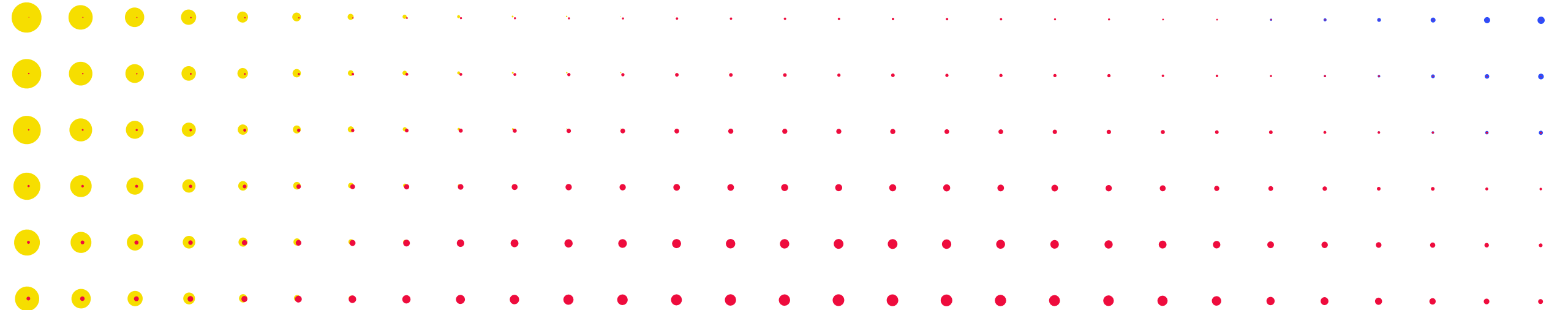
See: Category and Product-level Procurement and Delivery Planning Guide – Health and non-health products.

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

5 Cross-cutting areas

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.
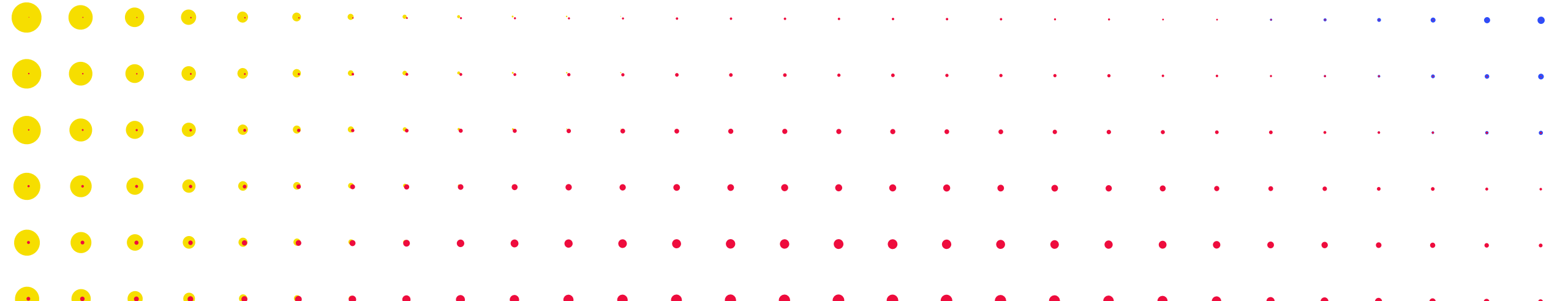
Cross-cutting areas

- **Social and behavior change (SBC)**: 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 Global Fund 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 disproportionally 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.

6 Malaria Modular Framework

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

Malaria Modular Framework
Overarching Approach and Adjustments

Process:
- Alignment with the Global Fund Strategy (2023-2028)
- Reviewed and addressed identified gaps in clarity, reporting needs and data availability issues related to GC6 Modular Framework and detailed budget template.
- Partner and internal consultation.

Key changes:
- No structural changes to existing malaria modules-GC7 modules are the same as GC6.
- Includes new interventions within modules aligned with latest WHO recommendations (examples in SPI).
- Revision of activity level descriptions to align with latest WHO normative guidance and with Malaria Information Note.
- Indicators were revised to reflect changes in WHO guidance (examples in SMC) and were also modified to reflect an emphasis on sub-national data gathering and analysis that aligns with the Sub-National Tailoring approach from WHO.

Cross-modules highlights:
- Change in wording to include QoC and other RSSH-lead criteria on training, monitoring and reporting and appropriate inclusion in RSSH module of malaria grants where relevant.
- More explicit inclusion of integration component.
- Change in name of activities: from IEC to SBCC.
- Types of commodities such as ACTs, nets and new VC tools will be extracted from HPMT tool and is not included in MF specifically.

Key Changes within Modules (1/2)

Vector Control in GC6	Change in GC7	Justification
Adjustment of terminology for LLINs	LLIN to ITN	Align with WHO language (PBO nets not considered LLIN, rather ITN)
Other Vector Control measures	Added specific language on new vector control tools	In the event new vector control tools become available

Case Management in GC6	Change in GC7	Justification
Active case detection and investigation (elimination phase)	Intervention name change: Intensified activities for elimination	Broadened spectrum to include different elimination related activities
ICCM	Added language on expanded iCCM commodities	Can now include non-malaria commodities
New Intervention	Hrp2/3 deletion surveys	To address biologic threats in CM Note: can also be included in TES

Key Changes within Modules (2/2)

Specific Prevention Interventions in GC6 (NFM3)	Change in GC7 (NFM4)	Justification
Intermittent preventive treatment (IPT) - In infancy	Perennial Malaria Chemoprevention (PMC)	Change in WHO nomenclature increasing scope of intervention
Mass drug administration	Language adapted to include burden reduction only, transmission reduction included in Case Management "Intensified activities for elimination" module	WHO new guidance released
NEW INTERVENTION	Intermittent Preventive Treatment for School children (IPTsc)	New WHO recommendation and guidance upcoming
NEW INTERVENTION	Post-discharge malaria chemoprevention (PTMC)	New WHO recommendation and guidance upcoming

Rationale for New Indicators

Vector Control
- Assessing vector control coverage of at risk populations.
- Assessing district level performance of coverage of targeted populations.

Case Management
- Enables assessing what proportion of estimated malaria cases have actually been treated and reported (and what proportion has been "missing").
- Enables assessing access to testing and treatment services.
- Sub-national indicators on treatment access and coverage.
- Improved measurement of trends in severe malaria burden in the population.

Specific Prevention. Interventions (SPI)
- Reflects new interventions in SPI.

Elimination
- Addition enables better tracking of changes in local transmission of malaria.
- Assessing progress towards zero case fatality and ensures urgent investigation and action.

Update on Malaria Modular Framework Indicators for GC7
Overall Summary

	Impact	Outcome/Coverage	Remarks
New	4	15	Indicators are underpinned by sub-national tailoring, stratification and data disaggregation by age, sex, etc
Revised	2	1	
Removed		4	

For all impact indicators, availability of sub-nationally disaggregated analysis at national level will be essential. This will be emphasized in the indicator guidance and will also be tracked trough M&E profiles.
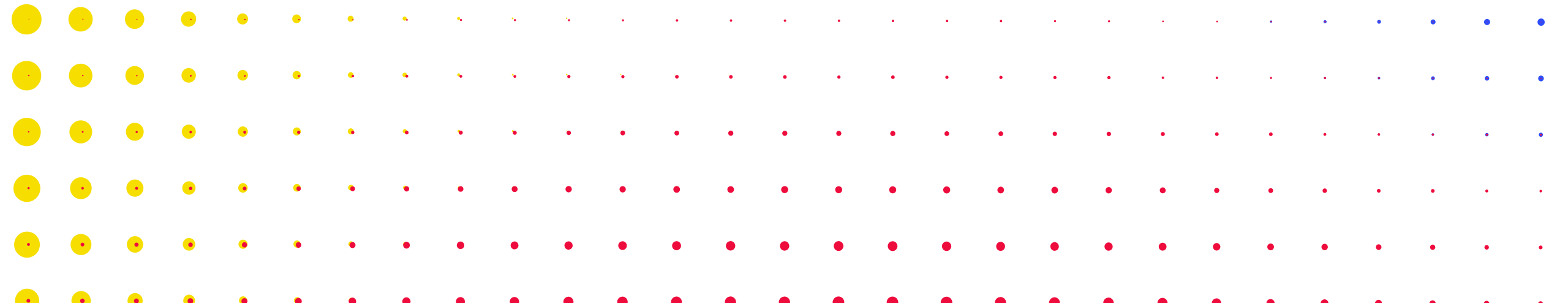
Link malaria indicators in the Modular template – page 146/150 -
https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

7 Resources

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

Helpful Resources (1/3)

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 (2/3)

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%9380

Global Fund-Specific Resources (3/3)

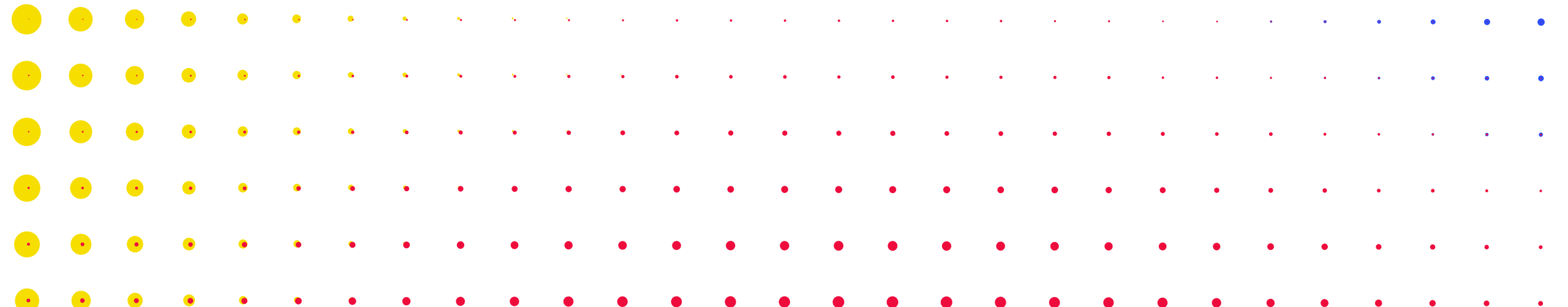| Technical Briefs on Specific Subjects	
Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle	Procurement & Supply Chain Management Technical Brief
Community Systems Strengthening (CSS) Technical Brief	Protection from Sexual Exploitation, Abuse and Harassment Guidance Note
Community Systems Strengthening Interventions in Global Fund Grants: Decision-making Guide	Support for Effective Regulatory Systems for PSM of Health Products Technical Brief
Equity, Human Rights, Gender Equality and Malaria Technical Brief	Sustainability, Transition and Co-Financing Guidance Note
Gender Equality Technical Brief	Sustainable Health Care Waste Management Technical Brief
Private Sector Engagement in Service Delivery Technical Brief	Value for Money Technical Brief

URL link: https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

8 Q&A

Cliquez sur "Interprétation" pour le français. | Haga clic en "Interpretación" para español. | Clique na interpretação para português.

Thank you!

THE GLOBAL FUND

The Global Fund to Fight
AIDS, Tuberculosis and Malaria

+41 58 791 1700
theglobalfund.org