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WORKSHOP PREPARES COUNTRIES AND CONSULTANTS TO APPLY FOR GLOBAL FUND MALARIA FUNDING FOR THE 2020-2022 CYCLE

A workshop to prepare countries that are eligible for Global Fund malaria funding in the 2020-2022 funding cycle, their partners and consultants for the grant application process, was held from 10 to 12 December 2019 in Nairobi, Kenya. This workshop came at a time when 43 countries were preparing to submit malaria funding requests to the Global Fund in the first two application windows, which have closing dates of 23 March and 25 May 2020 respectively.

The workshop was organized by the RBM Partnership to End Malaria [Country Regional Support Partners Committee \(CRSPC\)](#), working with key partners including the Global Fund, the World Health Organization (WHO) and others. It brought together more than 350 participants – including National Malaria Control/Elimination Programme Managers, Global Fund Focal Points, Monitoring and Evaluation Focal Points and Country Coordinating Mechanism (CCM) representatives – from 56 countries across the African, Asian and Latin American and Caribbean regions, as well as consultants who will support countries' development of malaria funding requests.

The workshop aimed to:

- Provide detailed information on the Global Fund Differentiated Application Process;
- Review RBM Partnership support tools to be used to support submission;
- Provide an overview of WHO technical recommendations for malaria;
- Support countries to develop their application development plans and timelines; and
- Compile and review technical support needs.

This article reports on key highlights from presentations and discussions held during the meeting. The main issues discussed during the workshop included:

Global progress against malaria has stalled

The world made significant progress against malaria in the last decade: the number of malaria cases fell steadily between 2010 and 2015 and the number of countries nearing elimination continued to grow. However, Pedro Alonso, Director of the WHO Global Malaria Programme, noted that progress against malaria has slowed in recent years. The numbers of malaria cases and deaths globally have leveled off at approximately 200 million cases and 400 000 malaria-related deaths per year. In fact, the World Malaria report notes that malaria is rising across some high-burden countries in Africa. To accelerate progress, Alonso called on the countries present in the meeting to increase investment in malaria programs and research; ensure equitable access to quality malaria care and treatment services; use quality real-time data to inform decision making; and further integrate malaria interventions in health systems.

Changes in the application process for the 2020-2022 cycle

The Global Fund noted that a survey of the 2017-2019 application process showed that the stakeholders desired further simplification of the application processes and materials with minimal changes to the process. As a result, the Global Fund has mostly maintained the same application process in the 2020-2022 cycle but with a few noteworthy changes, including:

- Streamlined application for Focused countries: The Global Fund has introduced a new application approach, Tailored for Focused countries, that has simplified applications for this group of countries
- Essential Data Tables: The Global Fund has also introduced an additional attachment to the application which contains tables of indicators for HIV, TB, malaria, and RSSH pre-filled by the Global Fund. The tables help standardize data used by countries in the funding request development process.
- Prioritized above-allocation request (PAAR): The countries will now submit PAARs, which is a list of costed and prioritized interventions that cannot be funded from the country allocation, at the same time as the funding request. The Global Fund recommends that the PAAR be equivalent to at least 30% of the allocation amount.

The Global Fund has described these changes in detail in the [Applicant Handbook 2020-2022](#). (Aidspan also reported on these changes in [December 2019](#).)

Lessons learned in the 2017-2019 allocation cycle

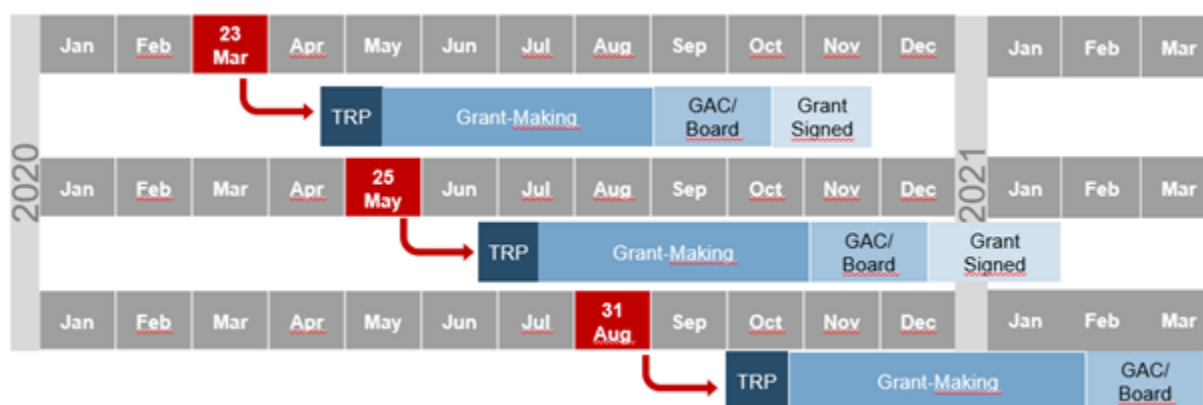
The fact that the application process remains mostly the same in the 2020-2022 application process provides an opportunity for the countries to build on the lessons learned in the 2017-2019 cycle. These lessons include:

Forward planning

The Global Fund encouraged applicants to plan in advance from the current grant end date to identify the most appropriate time to submit the funding request. On average, the application process takes nine

months from funding-request submission to grant signing. Countries will need to keep this in mind to ensure they have enough time for grant-making and ultimately avoid disruptions in service delivery as they transition from current grants to the next one. Generally, all applicants with grants ending in December 2020, as is the case for most of the active malaria grants, should plan to submit their funding requests in Window 1 (deadline 23 March 2020) or Window 2 (deadline 25 May 2020) (Figure 1).

Figure 1: Timing for applications and signing



Source: Global Fund Presentation – An overview of the application process

Note: TRP – Technical Review Panel

GAC: Grant Approval Committee

Use of malaria stratification as a prioritization tool

Countries can use stratification to explain how they have prioritized Global Fund resources and why. For instance, countries can demonstrate how their country dialogues have prioritized interventions based on a detailed analysis of the country's epidemiological stratification. Stratification is the classification of malaria according to the risk of disease – where risk ranges from very low, or moderate, to high – and is essential for effective targeting of interventions. Tanzania's representative, for instance, while sharing their experience in malaria stratification, noted that vector control interventions in areas classified as 'very low' risk are limited to the routine distribution of long-lasting insecticide nets, (LLINs) through antenatal care and clinics for children under five, whereas areas classified as 'high' have mass campaigns and continuous distribution of LLINs, targeted larval source management (LSM) and Indoor Residual Spraying (IRS). (The presentation from which this information is drawn is on file with the author.)

Malaria representation in the in-country program split discussions

The Global Fund does not allocate a specific amount to RSSH but instead encourages countries to draw funds from the three disease components to finance RSSH interventions. It is the responsibility of the country to determine what proportion of the allocation will fund RSSH interventions, although the Global Fund recommends an estimated 10-15% of the country allocation. [See [separate article in this GFO on RSSH.](#)]

For most countries, malaria contributed more towards RSSH as compared to HIV and TB during the 2017-2019 cycle. This time around, the Global Fund and the CRSPC advised the malaria representatives to take part actively in the in-country program split and RSSH discussions; use a gap analysis to justify maintaining the program split for malaria; and push for the inclusion of malaria-related RSSH interventions

– such as antenatal care (ANC), the Expanded Program on Immunization (EPI) and integrated community case management (iCCM) – in the RSSH allocation.

‘Prioritized Above Allocation Request’ works

The Global Fund supported countries to create efficiencies in their grants and channelled the savings through the portfolio optimization process, to fund interventions under the Prioritized Above Allocation Request (PAAR) in the 2017-2019 cycle. Through portfolio optimization, malaria secured \$370 million – compared to TB (\$216 million) and HIV (\$184 million) – as countries had included impactful interventions targeting priority gaps in high/moderate-burden areas. The CRSPC advised countries to continue to prepare technically sound PAARs to increase their chances of being funded. The Global Fund also provides emergency funding, in emergency settings, where reprogramming is not possible; the CRSPC noted that the application process for emergency funding is now faster and more straightforward.

Pay attention to the TRP feedback from the 2017-2019 cycle

Applicants need to pay attention to TRP comments from the 2017-2019 period to avoid a repeat of the same in the 2020-2022 cycle. Countries may also highlight how they have addressed concerns raised by the TRP or any management conditions where relevant.

Key considerations while applying for grants in the 2020-2022 cycle

Throughout the meeting, the CRSPC, the Global Fund and WHO called on countries to draw their attention to some cross-cutting issues as they engage in their respective country dialogues, develop their funding requests and implement grants. We highlight the main points as follows:

Essential data tables

The Global Fund will populate the Essential Data Tables with data from the latest World Malaria Report and recent published surveys. However, it also encouraged countries to add more current data from alternate sources including routine data (from the Health Management Information System [HMIS]) and data from District Health Information Software 2 (DHIS2) and campaign reports, among others. The tables include key malaria indicators on epidemiology (such as prevalence, incidence, number of cases, etc.), case management (testing rate), vector control, Seasonal Malaria Chemoprevention (SMC), and elimination.

Resilient and sustainable systems for health

The Global Fund noted that the funding request process for RSSH funding will remain the same in the 2020-2022 cycle as before. It expects that countries will hold inclusive country dialogue where each country’s internal stakeholders will agree on an amount for RSSH, modalities and timeline for request.

Unfortunately, in the current grants, countries tend to view RSSH as a stand-alone objective rather than as a service shared by the three diseases. In the 2020-2022 cycle, the Global Fund is pushing countries to adopt a systems approach where they transition from input-focused support – such as the purchase of vehicles or one-off training – to strengthening the system, for instance, through the development and implementation of sound policies and strategies, and integrating them within the health sector to make the system sustainable.

Editor's note: [A separate article in this issue of GFO](#) focuses on a similar workshop related to RSSH. The article provides detail on the application process for RSSH funding.

Malaria, gender, and human rights

The CRSPC and the Global Fund called on meeting participants to mainstream gender and human rights in the application process. First, countries will need to ensure that their country dialogue includes diverse relevant communities. Then, countries need to include interventions which target populations that are most at risk and are often left behind. For instance, a country can propose to adapt information, education and communication (IEC) materials to reach different populations with different needs, education levels, language or culture. Applicants can include interventions that target populations in geographically isolated areas or remove barriers to accessing malaria services. Participants, such as those from Niger and Guinea-Bissau, cited positive experiences in the use of [the Matchbox Tool](#) which assesses how social, gender-related barriers impact a country's or region's malaria indicators.

Sustainability, transition, and co-financing

The Global Fund will require countries to embed the principles of the sustainability, transition and co-financing policy (STC) in the application process regardless of the type of funding request or of the country's status alo'. All applicant countries will be required to demonstrate how they will apply the principles of sustainability, transition and co-financing in their grants. The Global Fund noted that challenging operating environments will continue to benefit from flexibilities in the co-financing requirements.

Opportunities for integration of RMNCAH

The Global Fund aims to strengthen the delivery of HIV, TB, and malaria services along the reproductive, maternal, new-born, child, and adolescent (RMNCAH) continuum of care and to support integrated service delivery. The Global Fund has prioritized two areas for investment related to malaria: antenatal care and integrated community case management (iCCM), both of which go beyond malaria. The countries were encouraged to include these malaria-related RSSH interventions within the RSSH request.

Most countries to develop malaria funding requests under 'full review' approach

During the meeting, the Global Fund/CRSPC also announced the application approach assigned to 61 countries eligible for malaria funding and for two multi-country malaria grants. Nearly half of the countries (30) and one multi-country grant will submit funding requests under the 'full review' approach (see Table 1 below) in contrast with the 2017-2019 cycle when most countries used the 'program continuation' approach. However, this is in line with the Global Fund's program continuation criteria, which stipulates that countries cannot use the program continuation approach in consecutive funding cycles unless the applicant has undertaken material revisions to the grants during the cycle.

More countries will use the 'tailored for National Strategic Plan' (NSP) approach during the 2020-2022 cycle (13, compared to five in the previous cycle). Others will use the other remaining approaches: 'tailored to focused portfolios' (13 countries and one multi-country grant), 'program continuation' (3), and 'tailored to transition' (2). The Global Fund had yet to confirm the type of funding request to be submitted by three countries: Democratic People's Republic of Korea (DPRK), Mali and Yemen.

The workshop provided an opportunity for the countries to review the application materials specific to the type of funding requests they are to submit.

Table 1: Country classification based on the application approach

Full review (n=31 countries)		Tailored for NSP (n=13)	Tailored for focused portfolios (n=14)	Program continuation (n=3)	Tailored for transition (n=2)	To be (n=3)
Afghanistan	Mozambique	Bangladesh	Bhutan	Ghana	Guatemala	Democr
Angola	Multicountry East Asia and Pacific RAI*	Benin	Bolivia	Nigeria	Guyana	People of Kor
Burundi		Burkina Faso	Cabo Verde	Zambia		Mali
Cameroon		Eritrea	Comoros			Yemen
Central African Republic		Eswatini	Djibouti			
Chad	Papua New Guinea	Ethiopia	Honduras			
Congo	Philippines	Indonesia	Mauritania			
Congo (Democratic Republic)	Senegal	Kenya	Multi-country Western Pacific*			
Côte d'Ivoire	Sierra Leone	Namibia	Nicaragua			
Guinea	Somalia	Pakistan	Sao Tome and Principe			
Guinea-Bissau	South Sudan	Rwanda				
Haiti	Sudan	Tanzania (United Republic)	Solomon Islands			
India	The Gambia	Uganda	Suriname			
Liberia	Togo		Timor-Leste			
Madagascar	Zanzibar		Venezuela			
Malawi	Zimbabwe					

Source: RBM Partnership grant orientation meeting (December 2019)

*Multi-country grants

Next steps

Countries eligible to apply for funding received their allocation letters from the Global Fund in December 2019, and most have presumably embarked on their country dialogue process. The RBM CRSPC plans to organize “mock” TRP sessions in February to help refine countries’ funding requests before the submission of their applications in Window 1. The mock sessions allow country peer review of draft proposals, and expert review of near-final draft applications, before submission. The TRP will review applications submitted in the first window between 27 April and 2 May.

The December 2019 Nairobi RSSH workshop presentations are on file with the author.

Further reading:

- The Global Fund’s [Applicant Handbook 2020-2022](#)
- From GFO Issue 370, 19 December 2019, “[Global Fund announces \\$12.71 billion for 2020-2022 country allocations](#).”RBM Partnership to End Malaria & the Global Fund. [Malaria Matchbox Tool](#).

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