



CIVIL SOCIETY FOR MALARIA ELIMINATION

CS4ME Position statement on the Global Fund new strategy

1. Introduction

Civil Society for Malaria Elimination (CS4ME) is the first global platform of civil society organisations (CSOs) committed to eliminating malaria, hosted by Impact Santé Afrique (ISA), an African Non-Governmental organization based in Cameroon. It is led and coordinated by a team of young African women specialized in advocacy and strategic communications to contribute to the improvement of people's health. One of Impact Santé Afrique's first missions in the malaria response was to establish CS4ME. This global civil society platform materializes the call from CSOs and communities to aim for a paradigm shift in the fight against malaria, where most affected communities have long been neglected and excluded from the malaria response. CS4ME is made up of Francophone and Anglophone advocates and activists who are passionate about improving access to malaria prevention, diagnosis and treatment services for all, with a strong focus on vulnerable and most affected populations. CS4ME has currently more than 280 members from 47 countries, mostly in Africa. Such wide-ranging membership provides CS4ME with a strong legitimacy for unifying and strengthening malaria civil society voices at the national, regional and global levels. CS4ME aims to lead the advocacy towards national and international leaders for better inclusion of malaria in their agenda, for increased investments for the fight against this disease and for a greater and more meaningful involvement of communities in national malaria responses.

CS4ME and its constituents welcome the opportunity to contribute to the Open Consultation on the Global Fund's strategy development.

2. Methodology

CS4ME used a three-step approach to develop this statement:

- CS4ME organised two constituency consultation webinars on 20 October 2020 (one in French and one in English) to discuss the Global Fund new strategy consultation opportunity and to collect inputs from CSOs involved in the malaria response. Those webinars were attended respectively by xx and xx CS4ME CSO and network members.
- As a second step, 9 interviews were conducted with CS4ME key informants from CSOs or networks involved in the malaria response in Africa (Cameroon, DRC, Ghana, Niger, Tanzania) and Asia (Thailand, India, Great Mekong Subregion), including CS4ME coordinator and three steering committee members. This allowed to elaborate upon the issues that came up during the webinars, and to go beyond.
- The draft position statement was circulated to CS4ME members to collect inputs and comments. The position statement was then finalised and shared with CSO members.

3. Key inputs to the Global Fund strategy and call for action

CS4ME members are cognizant and grateful that the Global Fund has been a key driving force for the meaningful engagement of civil society and communities for effective malaria, TB and HIV responses at global, regional and country levels. By setting up mechanisms for better civil society and community involvement, such as the Communities delegation on its Board, the country coordinating mechanisms (CCMs) and dual track financing at country level, the Global Fund has substantially moved forward the civil society and community involvement agenda. Thanks to its leadership, civil society and populations that are most affected by the diseases have a better chance to sit at the decision-making table. This would not have been possible to the same extent without support from the Global Fund. However, despite those gains, there is a tangible disconnect between the predominant Global Fund narrative in favor of civil society participation at the global level, and in-country realities in a number of countries, where civil society and community stakeholders may be involved in tokenistic, non-meaningful ways and/or are all too often underfunded in Global Fund programmes. CS4ME members emphasize that there is an urgent need for the Global Fund to do more to ensure CSOs and communities fully contribute to their national malaria response.

CS4ME members have identified some key areas of improvements. There is an undeniable consensus among members that the Global Fund is uniquely positioned to support malaria civil society and most affected communities. There is also a strong sense that communities and civil society in Africa and Asia can play a bigger and better role in the malaria response, both at country, regional and global levels, and that they should be more meaningfully engaged throughout the Global Fund grant cycle and in National Malaria Control Programmes (NMCPs).

- At Global Fund programme design stage (funding request or grantmaking), communities and CSO involved in the malaria response are very often left out of budgeting processes. Even when CSOs in the malaria response are involved at country dialogue or during funding request development, they are often excluded from proposal decision-making fora such as writing committees and budgeting processes. This undermines their ability to influence the level of funding allocated to civil society and communities, which leads to suboptimal funding levels for community-based interventions. This severely hinders their ability to implement quality, effective interventions and at sufficient scale for impact.
- **The Global Fund should step up efforts to ensure community-based interventions, including promoting and protecting human rights and gender equality, are adequately funded.** CS4ME members are particularly concerned about the current imbalance in malaria grants between commodities and medical products on the one hand (e.g. LLINs, indoor residual spraying, diagnostics and treatments), and community-based interventions on the other hand, in particular interventions to promote and protect human rights and gender equality in the malaria response. While a disproportionate share of the budget is usually allocated to commodities and medical products, community, rights and gender interventions often remain chronically underfunded. CS4ME members are cognizant that in a context of limited resources, difficult choices have to be made. However there is ample evidence that community-based interventions are critical to address structural barriers and to ensure effective malaria prevention, diagnostic, treatment and care activities.
- **The Global Fund should prioritize implementing and scaling-up malaria service delivery through communities and civil society.** Lay community workers can be trained to provide basic community-based malaria services such as case detection, rapid diagnostic tests, basic case management and referrals as well as treatment

adherence support. Communities' involvement in malaria transmission prevention is also seen as pivotal to garner communities' understanding and buy-in for vector control strategies, such as long-lasting insecticidal nets (LLINs) distribution and use, or biomedical prevention strategies such as Intermittent preventive treatment (IPT) for populations at higher risk of malaria. The level of trust, funding and capacity building aimed at communities and civil society needs to increase for communities to be meaningfully involved and to play their role. The Global Fund should galvanize political will to eliminate structural barriers that hinder community-based service delivery. For example, where task shifting to lay community health workers is not allowed, or where communities are not adequately involved, the Global Fund should both leverage its advocacy role to address those barriers and make more investments in community-based advocacy, by providing resources and building advocacy capacity for bottom-up initiatives. Of course, taskshifting policies should ensure sufficient resources are allocated to communities to make it a reality.

- **The Global Fund should also make more investment to prioritize and scale-up community-led monitoring.** Data around community-based health education, case detection and management should be systematically collected by trained community workers and feed into the existing health management and information systems at national level. The degree to which CSOs participate in decision-making fora should also be captured. This is essential to accurately reflect the contribution civil society and communities make to the malaria response in their country. Yet such community-based monitoring systems are often missing in the malaria responses. In some countries, Global Fund indicators do not take into account health education activities implemented at the community level, which undermines the work undertaken by Community Health Workers and Volunteers. Malaria data is often not systematically disaggregated by key population, so it is hard to know where the funding is going. Community-level data is also pivotal for strengthening malaria surveillance systems. This is particularly critical in malaria pre-elimination contexts where malaria surveillance is one of the key priorities. In countries - in Asia in particular - where such surveillance systems are up and running, community-level data is often overlooked. With regards to indicators related to LLINs, the Global Fund should go beyond LLINs distribution indicators and develop community-based methodologies to measure LLIN correct and consistent use by community members.
- **Collaboration between national malaria control programmes and CSOs need to be improved.** NMCPs should make more efforts to involve civil society and communities during national strategic plan (NSP) and costed plans development. Civil society and communities also have an essential role to play in malaria programme assessments. Their role should be particularly prominent on assessing community, rights and gender components of malaria programmes, and drawing up action plans to improve NMCPs in those areas. In a number of countries, building trust between government and civil society stakeholders is a prerequisite for mutual appreciation and recognition of their complementarity.
- **The Global Fund should prioritize investing resources to improve CSO coordination and knowledge-sharing at national, regional and global levels.** In a number of countries, malaria civil society is fragmented and lacks coordination, which in turns weakens its ability to implement effective interventions and to engage with key stakeholders in the malaria response. Community engagement in the malaria response has historically been low in many countries, as a result of low levels of funding, organizational capacity and leadership. Yet, a more united and coordinated civil society is also a stronger civil society. In countries where a coordination entity does exist at national or regional level, such as the National Network of Malaria CSOs in DRC, the *Plateforme de Démocratie Sanitaire et Implication Citoyenne* (Health Democracy and

Citizen Engagement Platform) in Niger or the Regional Malaria CSO Platform for the Great Mekong Subregion, such entity plays a key role in coordinating CSOs involved in the malaria response and beyond. CS4ME also plays a key role in bringing together malaria civil society at national, regional and global levels, and building capacity. CSOs have emphasized the substantial added value of such coordinating mechanisms, platforms or networks, which enable them to coordinate action, at national, regional and/or global levels, to voice out their concerns in a coordinated way and to conduct advocacy on key issues related to malaria vulnerable and at risk populations. Such coordination gives an important sense of strength and legitimacy and enables civil society and communities to become a stakeholder listened to by the Government or other decision-making fora, including CCMs. Such mechanisms also bring about cross-country and cross regional knowledge-sharing and best practice learning opportunities that are also very valued by malaria CSOs. Coordination mechanisms continue being critical in countries or regions transitioning away from Global Fund funding, where CSO need to coordinate to conduct targeted advocacy on issues such as domestic resource mobilization, social contracting, etc.

- **Malaria civil society engagement in Country Coordinating Mechanisms needs to be strengthened.** While malaria civil society representation on CCMs is variable between countries, CCM CSO representatives need to be able to mobilise malaria community voices, as well as to provide them with feedback on CCM decisions. Such input and feedback mechanisms are key pillars of meaningful civil society and community involvement and representation in CCMs. However, CSO representatives' capacity need to be strengthened, and CCM budgets are usually limited and rarely prioritize such community consensus-building and feedback activities. Moreover, selection criteria for CSO representatives are sometimes too high and do not allow community members to put themselves forward. In a number of countries, civil society and affected communities' representation on CCMs is inadequate.
- **In pre-elimination contexts, traditional vector control strategies are not adapted to malaria transmission and most-at-risk population specificities.** In the Greater Mekong Subregion, populations that are at higher risk of malaria transmission are often migrant (cross-border crossing), mobile, and hard-to-reach, often engaging in illegal occupational activities such as illegal forestry. Those populations are at risk of outdoor mosquito bites, which make vector control strategies such as LLINs, IRS, less effective.

In light of the above-mentioned areas of improvements, CS4ME members are calling for the following actions from the Global Fund:

- **Make dual-track financing a requirement for countries, rather than a recommendation.** Among CS4ME members, there is a strong sense that ensuring that malaria funding is channeled both through a civil society PR, in addition to a government PR, would go a long way in ensuring civil society is adequately engaged and has a stronger voice. In countries where dual track financing is a reality and where a civil society PR is selected, there is a sense that community and civil society action is more adequately funded and recognized. In countries where civil society is not yet strong enough to take on a PR role, **the Global Fund should prioritize investing in building civil society capacity** so that at least one organization can rise to the challenge.
- **Ensure that a set proportion of each malaria grant is allocated to civil society recipients for community-based action.** The Global Fund should make it compulsory to allocate a set proportion of malaria country allocation to civil society organisations to implement community-based interventions. In some grant allocation letters, the Global Fund already emphasizes the need for enhanced cooperation of national programmes

and CSOs and recommends a set percentage to be allocated to CSOs, after deducting funding for commodities and health products. However, it is not clear which action is taken when countries do not meet the recommended allocation split to CSOs. CS4ME calls for such recommendation to be made compulsory and for stronger accountability mechanisms.

- **Ensure that funding for community-based interventions includes CSO staff salaries and office costs.** This is standard practice with any Global Fund recipient, and should be applied for CSOs as well. It is not possible for CSOs to reach the expected level of quality and effectiveness in their interventions without adequate funding to cover the costs they incur.
- **Adopt a framework on civil society engagement / community system strengthening at the global level.** Such a framework will provide key guiding principles on shared values and priorities around civil society and community engagement. Global Fund recipients should be requested to ensure the way they engage with and involved community and civil society stakeholders align with the framework to guarantee a minimum standard of quality.
- **Strengthen the CCM eligibility and performance assessment (EPA) mechanism and ensure an independent civil society body oversees the assessment of Requirements 4 and 5.** CS4ME welcomes the inclusion of two CCM eligibility requirements - out of a total of 6 requirements – focusing on the representation of affected communities (Requirement 4) and on the representation of non-state actors through transparent and documented processes (Requirement 5). However, the fact that CCMs can currently self-assess their performance under those requirements undermines the importance of those criteria and does not represent a suitable accountability mechanism.
- **Increase support to civil society technical, financial and organizational capacity.** Such capacity is the backbone of a strong civil society sector and effective community systems and action. Investments in increasing such capacity are pivotal in all contexts, including in pre-elimination and transition contexts where a strong civil society can continue to be part of decision-making fora and to advocate for itself despite diminishing resources.

Other CS4ME inputs:

- **Scale-up integrated community-based malaria programming:** In pre-elimination contexts where malaria transmission is low, communities may not see malaria as a threat nor a priority, which makes community mobilization challenging. In those contexts, disease-specific approaches are neither effective nor cost-efficient. The Global Fund should broaden its scope in those contexts and allow funding for the integration of additional health and social services to current community-based malaria interventions. Such additional services will need to be tailored to communities' needs, including primary healthcare, livelihood development, etc.
- **Where relevant, make alternative vector control strategies eligible for Global Fund funding,** such as personal protection measures (e.g. tropical repellent) to prevent malaria transmission among most-at-risk populations where traditional vector control measures are not effective.

- **The Global Fund mandate remains relevant but needs to be adapted to the evolving context.** A number of CS4ME members believe the Global Fund should maintain its focus on the three diseases and on building resilient and sustainable systems for health, including community systems. There is a sense that a broader Global Fund “health” mandate would dilute efforts and resources and jeopardize the unfinished fights against the three diseases, including malaria elimination targets. However, the need for the Global Fund to adopt a people-centered approach was also pointed out, particularly in low-burden countries and malaria pre-elimination contexts, and in countries where universal health coverage is in place. In those contexts in particular, there is a sense that the Global Fund should move beyond disease-specific approaches and invest more in integrated approaches and in addressing the social determinants of health.
- **Global health security:** The Global Fund’s investments in fighting COVID 19 and the impact of the new pandemic on the countries most affected by HIV, TB and malaria are seen as commensurate to the threat and necessary to safeguard the gains made in the fight against malaria, HIV and TB, and in strengthening health systems. The Global Fund should maintain such flexibility and agility in the future.
- **The Global Fund strategy should take a stance on the impact of the health sector on the environment in its new strategy.** The global malaria response, of which the Global Fund is a key donor, is a major polluter: LLINs represent over 100 000 tonnes of plastic entering domestic use in Africa each year (2014 data), and insecticides represent high levels of toxicity, for aquatic life in particular, if unsafely disposed of.¹ While WHO guidance on safe disposal of old LLINs does exist, collection and safe disposal of old LLINs is often not or insufficiently implemented at country level. The Global Fund should ensure that Ministries of Health collaborate with national environmental authorities to put in place and implement environmental regulations.
- **The Global Fund strategy should take into account the impact of climate change on the global malaria burden and associated response.** Populations that are most at risk of climate vulnerability are also those that are most impacted by HIV, TB and Malaria, especially on the African continent. It is also anticipated that long-term malaria efforts will be impacted by changes in the world’s climate. Without mitigation, climate change will result in an increase in the malaria burden in several regions of the world that are endemic for the disease, particularly in densely-populated tropical areas.

¹ WHO recommendations on the sound management of old long-lasting insecticidal nets. March 2014
<https://www.who.int/malaria/publications/atoz/who-recommendation-managing-old-llins-mar2014.pdf?ua=1>