



CIVIL SOCIETY FOR MALARIA ELIMINATION

**NEW GC7 FUNDING ROUND :
WHAT CIVIL SOCIETY NEEDS TO KNOW FOR
IMPROVED PARTICIPATION**

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List of Abbreviations

ANC :	prenatal consultations
CPS :	Chimioprévention du Paludisme Saisonnier
GAC :	Grant Approvals Committee
GC7 :	Grant Cycle 7
ICN :	National Coordinating Mechanism
LFA :	Local Agent Fund
NFM :	New Funding Model
SDG :	Sustainable Development Goal
WHO :	World Health Organization
CSO :	Civil Society Organization
OSCD :	District Civil Society Organization
PEC-C :	Community-based Integrated Case Management
GDP :	Gross Domestic Product
PID :	Pulverization Intra-Domiciliary
PR :	Principal Recipient
PU =	Program Updated for the first semester
PUDR =	Program Updated and Disbursement Request
RBM :	Roll Back Malaria
RHS :	Human Resources for Health
SP :	Sulfadoxine Pyrimethamine
SP+AQ :	Sulfadoxine Pyrimethamine + Amodiaquine
SR :	Sub-recipient
SRPS :	Resistant and Sustainable Systems for Health
IPT :	Intermittent Preventive Treatment

1- Background

The Global Fund to Fight AIDS, Tuberculosis and Malaria, often referred to as «the Global Fund,» is a nonprofit foundation dedicated to «attracting, mobilizing, and investing additional resources to end the epidemics of HIV, tuberculosis, and malaria in support of the achievement of the United Nations' Sustainable Development Goals. It was established in 2002.

In its 20-year history, the Global Fund partnership has achieved extraordinary results in the fight against HIV, tuberculosis and malaria and has contributed to health system improvements in the countries where it supports programs. It has invested more than US\$55.4 billion, saved 50 million lives, and cut the combined mortality rate of the three diseases by more than half in the countries where it invests (Global Fund Report 2021). However, the world is no longer on track to meet the 2030 Sustainable Development Goals. It is in this rapidly evolving global health context, marked by the arrival of a new pandemic, COVID-19, that a new Global Fund strategy has been developed to guide countries' collective efforts to get back on track, covering the period 2023-2028. This new Global Fund strategy aims to Fight Pandemics and Build a Healthier, More Equitable World. It was developed through a highly consultative process and outlines how the Global Fund partnership can work together to accelerate impact by 2030. The vision of the strategy is «A world free of the burdens of AIDS, tuberculosis and malaria, with better and more equitable health for all. The mutually reinforcing and complementary goals aim to maximize integrated, person-centered health systems, engagement and leadership of the most affected communities, health equity, gender equality and human rights, and to mobilize more resources. The strategy also includes a section on partnership enablers that describes the roles and responsibilities of all stakeholders in achieving its goals.

The Global Fund's strategy for 2023-2028 was developed through a highly consultative two-year process led by the Global Fund's Strategy Committee and Board. This process, which involved gathering feedback, lessons learned, and evidence-based information across the partnership, was designed to find ways to rapidly scale up our collective impact in a changing global environment, end the three diseases, and contribute to Sustainable Development Goal (SDG) 3 2030 - good health and well-being.

In order to finance this strategy, the Global Fund organizes fundraising events called «replenishments» with bilateral, multilateral, and technical partners. In September 2022, the seventh replenishment was held in New York with the goal of mobilizing 18 billion US dollars. At the end of the replenishment conference, 15.7 billion, or 90% of the needs, had been mobilized. In December 2022, countries received allocation letters that gave their budget envelopes and a proposed distribution by component (disease). The year 2023 will be used for the application process to the Global Fund and the years 2024, 2025 and 2026 are reserved for implementation. During this process, the Global Fund has defined a new funding mechanism called « **Grant Cycle 7** » or **GC7** for short, replacing the «New Funding Model (NFM)».

WHAT YOU NEED TO KNOW :

- 1 The Global Fund is a nonprofit foundation dedicated to «attracting, mobilizing and investing additional resources to end the epidemics of HIV, tuberculosis and malaria»
- 2 It was established in 2002
- 3 It has invested more than US\$55.4 billion, saved 50 million lives, and reduced the combined mortality rate of the three diseases in the countries where it invests
- 4 The vision of the Global Fund's 2023-2028 strategy is «A world free of the burdens of AIDS, tuberculosis and malaria, with better and more equitable health for all.»
- 5 To finance this strategy, the Global Fund is holding replenishment conferences
- 6 For the 2024-2026 funding cycle, it has mobilized \$15.7 million
- 7 Target countries have received their allocations and are required to write their applications for funding under the new mechanism called Grant Cycle 7, abbreviated GC7, which replaces the New Funding Model (NFM)





2- Purpose of this guide

In general, this guide is intended to help communities and civil society organizations (CSOs) contribute effectively to the GC7 concept note development and implementation process. Specifically, this guide will enable communities and CSOs to :

- Know the process for developing a GC7 funding application
- Know what is new in the GC7 funding cycle compared to the NFM
- Be better prepared for the national dialogue throughout the funding cycle
- Propose a set of activities to the funding application writing team
- Propose a set of activities to be conducted throughout the funding cycle

3- Overview of the funding cycle

The Global Fund's three-year funding cycle consists of two phases: **the application process and the grant implementation phase.**

3.1. The bidding processes

The application process refers to all the steps required to write and validate the funding request. It is led by the Country Coordinating Mechanism (CCM) and lasts between 6 and 9 months. It is preceded by activities carried out by the Global Fund, which are :

- The Replenishment Conference is the conference where the Global Fund raises money for the fight against the three diseases for the next funding cycle. The amount of money allocated to countries depends on the funds raised at the Replenishment Conference, the economic capacity, and the disease burden of the three diseases. The Global Fund uses Gross Domestic Product (GDP) per capita to determine the economic capacity of countries based on the average. The higher a country's GDP per capita, the less funding it will receive from the Global Fund.
- The Allocation Letter is a letter from the Global Fund that specifies the amount of money that will be allocated to the country for the next funding cycle. It provides a proposal for the distribution of this budget envelope among the three components. If the country does not agree with the Global Fund's proposal, the CCM must formally refer the matter to the Global Fund and send them the proposed allocation. It is not advisable to take this option. This letter also specifies the areas of system strengthening and the priorities for funding.

Types of funding applications

There are five types of applications for funding, and in the funding letter, the Global Fund recommends one type of application to each applicant country. Here are the different types of applications:

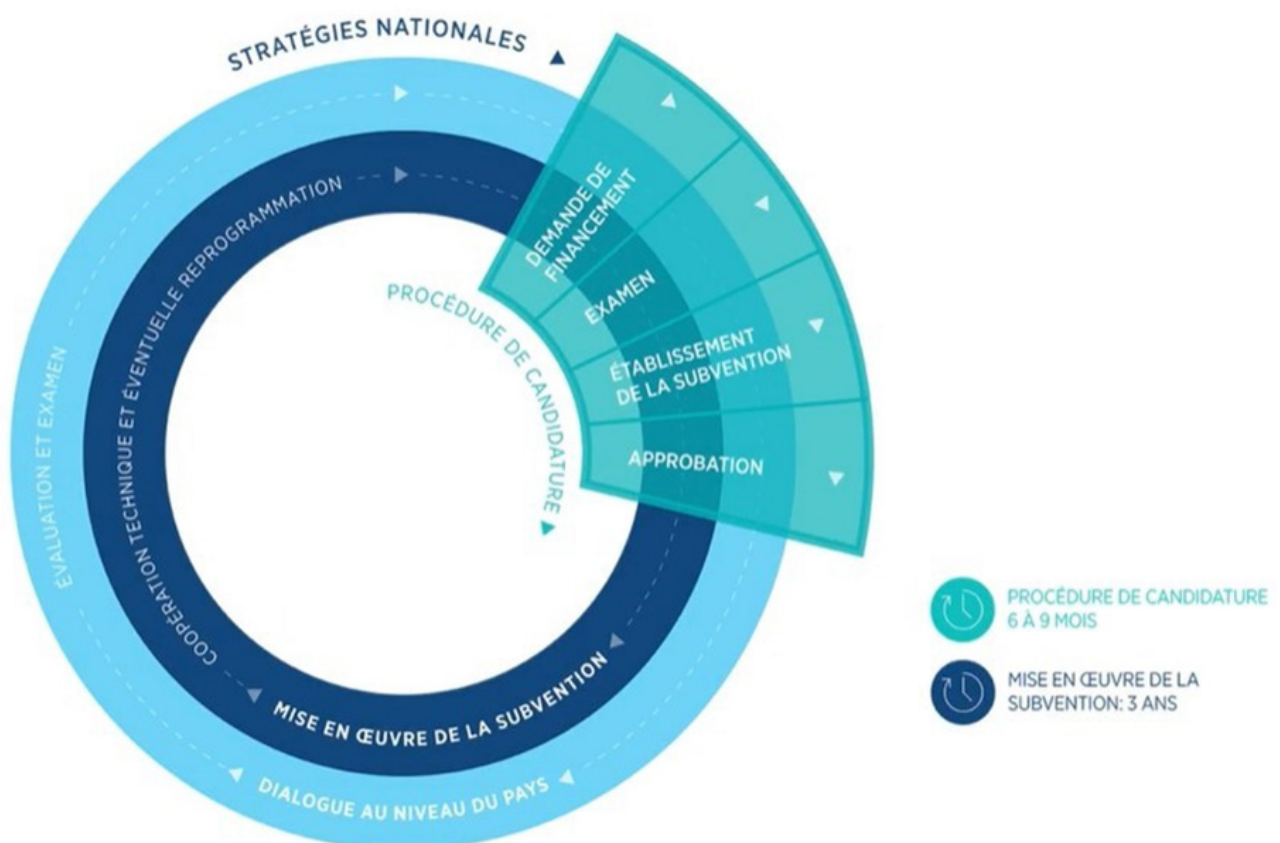
- **Comprehensive Review** : Applicants are asked how communities were involved in the design of the requested services and how they will continue to be involved in improving those services during implementation. This type of application is required when there will be major changes from previous grants and in strategic plans.
- **Program renewal** : This is a simplified way to continue implementing programs that are working well and do not require major changes. In this case, applicants are asked to consider whether the program design, implementation modalities, and budgets of programs requested for renewal need to be adjusted to maximize the engagement and leadership of most affected communities.

- **Application tailored to national strategic plans** : In this approach, the Application Form refers to a prioritized and costed national strategic plan and/or other national policy document, rather than repeating the information contained in these documents. Applicants are asked to refer to national documents that describe how communities have participated in the development of national strategic plans.
- **Application tailored to targeted portfolios** : This approach is designed to meet the needs of low-burden countries that have been allocated a modest amount of money and where the Global Fund is making its investments in a limited number of targeted areas of intervention. Applicants are asked to describe the role of community-based or community-led organizations in the implementation of Global Fund-supported programs.
- **Transition approach** : This approach is appropriate for countries that are recipients of transition funding, that are planning to exit Global Fund financing, or that have applied for transition funding in the past. This approach is intended to help countries address some of the unique challenges of transition, to support their transition process, and to ensure their successful transition to full ownership of the financing and management of the national response to the diseases.

Steps in the application process

The application process has 4 steps which are :

- Writing the application
- Reviewing the application
- Establishing the grant
- Approving the application



- **Writing the funding application**

The first step in the writing process is the application for funding. It is during this stage, organized and directed by the CCM, that the application is written. It begins with the development of a roadmap that contains all the steps required for writing. The drafting is supported by consultants made available to the country by partners such as the World Health Organization (WHO), Roll Back Malaria (RBM), UNAIDS, Expertise France, etc. Next come the country dialogues, which are organized to obtain the opinions of communities and other vulnerable populations. At the end of this stage, the funding request is sent to the Global Fund.

- **Review of the application**

The review of the funding application is done by a committee of experts called the Technical Review Panel (TRP). This committee is composed of independent experts from a variety of fields, including specialists in HIV, tuberculosis, and malaria, and related areas of public health and development, including human rights and gender issues, health systems and pandemic preparedness, and sustainable financing.

The Technical Proposal Review Committee uses the following criteria when reviewing an application for funding, asking whether «This application:

- Contributes to ending AIDS, tuberculosis and malaria?
- Maximizes integrated, person-centered health systems?
- Maximizes equity in health, gender equality and human rights?
- Strengthens resource mobilization, sustainability, health financing, and resource optimization?
- Strengthens countries' pandemic preparedness capacities, building integrated and resilient health systems? »

Once the review of the application is complete, the Technical Review Committee will recommend either moving to the next step of grant preparation when the application is deemed to be of good quality or requesting a resubmission of the application when it has deficiencies. In this case, the Technical Review Committee will provide feedback to applicants who will be asked to revise the application to address the issues and resubmit the application for review. Civil society is not involved at this stage of the process.

- **Setting the Grant**

This is the negotiation period between the Principal Recipient and the Global Fund during which the funding request is converted into an implementation-ready grant. If a Principal Recipient or civil society Sub-Recipient is required in the application process, it should be involved in the negotiations to ensure that the needs of the people are addressed. In this phase, all stakeholders develop the detailed implementation plan for the grant, budgets, and performance framework targets, as well as the actions to be taken to address any issues that may have been identified during the technical review process.

- **Application approval**

Après After the final grant documents are submitted, proposed grants are reviewed by the Global Fund's internal review committee, the Grant Approvals Committee (**GAC**). The GAC assesses the scope and strategic direction, implementation plans, budget, and risk mitigation plans. If the GAC determines that the grant is ready for implementation, it will recommend it to the Global Fund Board for a vote of approval. Once this vote is taken, the grant is signed between the parties, the first disbursement is made, and implementation begins. As during the application review process, civil society is not involved at this stage of the process.

3.2. Grant Implementation

After the grant is approved, it is implemented for three years by the Principal Recipient (PR) and its Sub-Recipients (SRs), with ongoing monitoring by the CCM. PRs are accountable for implementation and are monitored and evaluated by the Local Agent Fund (LFA), in conjunction with the GF Secretariat. The PR is required to submit a report to the Global Fund every six months, with **PU** = Programme Updated for the first six months and **PUDR** = Programme Updated and Disbursement Request during the three years of grant implementation. The Global Fund evaluates programmatic activities through reports on actual results and country visits. The indicators used to monitor the progress of the grant are contained in the performance framework with their targets for each semester. In addition, financial activities are monitored and verified through audits. After reviewing the semi-annual report, the Global Fund sends a management letter to the PR. This letter provides a rating of the grant and indicates whether the results achieved (programmatic and financial) are satisfactory in relation to the targets set in the application process.

During implementation, country-level dialogue is organized. This activity ensures that the priorities of vulnerable populations are taken into account in the implementation of the grant. It provides an opportunity to assess the extent to which the needs of vulnerable populations are being addressed and to propose solutions for successful implementation of the grant.

At mid-implementation, an assessment of the grant savings is made and reprogramming is done. Priority is given to funding ARAP activities that have already been approved by the Global Fund. Analysis of the implementation and epidemiological context may lead to the identification of new activities that will be proposed to the Global Fund for funding. Community-based PRs or RHs, if they exist, are key actors in the reprogramming of activities.



THINGS TO REMEMBER ABOUT THIS SECTION :

- 1 The funding cycle lasts 3 years and has two phases: the application process and grant implementation
- 2 Communities and civil society participate in all phases of the funding cycle
- 3 The application process lasts 6-9 months and has 4 stages :
 1. Drafting the application
 2. Review of the application by the TRP
 3. Grant preparation
 4. GAC approval of the application
- 4 During the grant writing process, the CCM organizes a national dialogue to identify the needs of vulnerable populations and to collect their proposals for activities to be included in the grant application.
- 5 During grant preparation, PRs and SRs, if they exist, participate in negotiations to ensure that the needs of vulnerable populations are taken into account
- 6 There are several types of funding applications and the Global Fund recommends one type for each country depending on its socio-political context and the epidemiology of the disease. The following are some of the types :
 1. Comprehensive review when there will be major changes from previous grants and in strategic plans
 2. Program renewal when programs that are working well and do not require major changes continue to be implemented. The Global Fund recommends tailoring the application to maximize the engagement and leadership of most affected communities
 3. Application tailored to national strategic plans for applicants whose application refers to a prioritized and costed national strategic plan.
 4. Tailored to targeted portfolios to meet the needs of low-burden countries
 5. Tailored to transitional portfolios for countries that are planning to exit Global Fund financing, or that have applied for transitional funding in the past
- 7 Implementation lasts 3 years
- 8 The PR sends semi-annual reports to the Global Fund on the implementation of the project according to a template
- 9 The Global Fund sends the Management Letter back to the PR after analyzing the semi-annual reports and making recommendations for grant implementation
- 10 Country dialogue is held throughout the funding cycle
- 11 Country dialogue organized by the CCM is an important step in the funding cycle

3.3. What's new in the Global Fund application process

For this new round of funding, the Global Fund has introduced new elements to be considered in the application process or elements to be emphasized.

- **Maximizing the participation and leadership of the most affected communities**

The new strategy recognizes that we can only achieve our global goals of ending AIDS, TB and malaria if stakeholders change the way they work in order to focus disease responses on the people and communities most affected by and at risk of the three diseases.

- **Focus on priority setting and programmatic gaps**

CCMs are now asked to indicate, as part of the program allocation, the portion of the allocation for each disease component that will be prioritized and invested in Resilient and Sustainable Systems for Health (RSHS).

Thus, the dialogue will require rigorous discussion of how to maximize the impact of investments in disease control programs and health and community systems. These discussions and subsequent decision making will be facilitated by the Global Fund application documents, which can be used as analytical tools: programmatic gap and funding landscape tables, key data tables, and the new annex on gaps and priorities in HPRS. National health sector strategies, national strategic plans, and other strategic frameworks developed by countries should also be taken into account in setting investment priorities.

- **Appendix on priorities for funding requests from civil society and communities**

The Global Fund is now asking all applicants to attach to their applications a list of key priorities identified by civil society and communities during the country-level dialogue. This new annex is an opportunity for civil society and community groups to propose the investments that - from their perspective - would have the most significant impact. It is expected that civil society representatives on the Country Coordinating Mechanism will organize this prioritization discussion, with support from the Global Fund. Up to 20 priorities can be submitted per funding request.

- **Health equity, human rights, and gender equality**

Human rights and gender equality are at the heart of the Global Fund's new strategy and health equity is now more explicitly expressed. Human rights and gender barriers, such as stigma, discrimination, and criminalization, are known to increase vulnerability to HIV, TB and malaria and limit access to services. Applicants are encouraged to submit assessments of human rights and gender equality barriers in applications. The Global Fund recommends using tools such as the RBM Partnership's Malaria Matchbox tool, the UNAIDS Gender Assessment Tool, the Stop TB Partnership's Gender Assessment Tool for National HIV and TB Responses; and the Global Fund's Human Rights Barriers to Access to Services Assessment Tool (forthcoming).

The Global Fund has developed a **gender equality marker score**. This tool is already being used to understand and report on how its investments contribute to advancing gender equality. The Technical Proposal Review Committee will evaluate each funding application against a simple rubric to assign the score. Applicants will not be penalized for having a low score. The Global Fund will work with applicants to identify specific areas for improvement in future funding rounds.

- **Pandemic preparedness and response**

La pandémie de COVID-19 a mis en évidence la nécessité de travailler au renforcement des systèmes
The COVID-19 pandemic has highlighted the need to work on strengthening health systems and to better prepare for pandemic threats that can slow progress against the three diseases and broader

global health goals. This funding stream supports the COVID 19 grants that exist separately. In the modular table, specific modules have been developed for this purpose.

- **Recommended inclusion in country-level dialogue**

For the new funding round, applicants are no longer required to include evidence of a transparent and inclusive country-level dialogue when applying for funding. Instead, they must send a description of how they approached the dialogue and the key actors who participated in the process.

- **Summary of resources**

For this round, the Global Fund provides applicants with a wide range of resources to assist with grant design. These resources include :

- The Applicant Handbook (Allocation Period 2023-2025): The Applicant Handbook provides key information about the funding cycle, focusing on the stages of application development, submission, and reviews;
- The Modular Framework Manual, which contains standard modules, interventions, and performance indicators to support the development of Global Fund applications and grants;
- CCM Eligibility Criteria Guidelines 1 and 2: This guidance document provides important information to ensure that the country-level dialogue and selection of Principal Recipients is inclusive and transparent.
- Frequently Asked Questions (2023-2025 Allocation Period) which presents a set of questions most frequently asked by applicants during the 2023-2025 funding cycle.
- The HIV Information Note which provides guidance to applicants preparing applications to the Global Fund for HIV programs and joint TB/HIV programs for the 2023-2025 allocation period.
- The Malaria Information Note, which provides an overview of the process applicants must follow and the information they must provide in order for the Technical Review Committee to evaluate the funding request.
- The Tuberculosis Information Note for applicants preparing an application to the Global Fund for a tuberculosis grant.
- The PHRS Briefing Note which outlines the types of investments in resilient and sustainable health systems (RSHS) that are eligible for support and highlights specific evidence-based interventions and activities that applicants can consider. It also describes investment approaches and provides some examples of good practice for investments in HPRS.
- On the Global Fund website, there are training materials that have been developed to assist applicants in the application process.

WHAT YOU NEED TO REMEMBER FROM THIS PART :

- 1 There are a few new features in the application process
- 2 Emphasis is placed on the participation of vulnerable populations and country dialogue
- 3 Civil society and communities must produce a list of their priorities to be considered in funding applications
- 4 The Global Fund recommends that applicants maintain at least the same level of investment in health system strengthening
- 5 Applications will be evaluated according to a gender equality benchmark score.
- 6 The creation of new system strengthening modules in preparation for the response to pandemics such as COVID 19
- 7 The Global Fund has made resources available to applicants to facilitate the application process
- 8 There are online courses on the Global Fund website to help applicants with the application process



3.4. The tools

The main tools needed to write the funding application are the modular board and the briefing notes.

3.4.1. The Modular Board

The Modular Framework Manual is a guidance document organized into standard categories - modules, interventions, and performance indicators - to support the preparation of applications to the Global Fund. It provides guidance on classifying grant-funded activities into each of these standard categories. The Modular Framework Manual is intended for applicants and implementers completing the various Global Fund forms for the 2023-2025 allocation period, such as the Performance Framework, the Budget, and the Standard Health Commodity Management Document.

The Modular Framework Manual helps applicants summarize the activities proposed in applications for Global Fund grants. It describes in detail the following:

- Components ;
- Modules ;
- Interventions ;
- Scope and description of the intervention package ;
- Impact, results, and coverage indicators.

Specific modules for malaria component

The malaria component has 3 specific modules: vector control, specific prevention interventions and case management.

Vector Control Module

Vector control refers to the set of interventions implemented to attack the malaria vector or to protect against its bites. The interventions in this module are:

- Distribution of impregnated mosquito nets,
- Indoor residual spraying of insecticide (IRS)
- Other vector control measures
- Entomological surveillance
- Social and behavioral change
- Removal of human rights and gender-related barriers to accessing vector control programs

Distribution of mosquito nets (LLIN)

Distribution of insecticide-treated nets is the main vector control strategy in most countries, as it is the most cost-effective method. There are several distribution strategies, including mass campaign distribution, routine distribution to pregnant women attending antenatal clinics, distribution to children during immunizations, distribution in schools, and ongoing community distribution. The activities covered range from planning the purchase of nets to distribution.

Intra-domiciliary spray (IDS) with residual effect

It consists of the regular application of chemical insecticides on the walls of the houses. The insecticide lasts for several months and kills the mosquitoes that settle on them. To be effective, this strategy requires the support of the beneficiary communities, because unlike the distribution of mosquito nets, the populations will have to open their houses to the spraying agents and take an active part in the realization of the operations. To implement this intervention, activities such as the purchase of insecticides and spraying equipment, mapping of the implementation area, sensitization of the

population to support the activity, production of sensitization materials, training of actors, monitoring and evaluation, etc. will be required., etc.

Other vector control actions

Other vector control measures are activities related to the implementation of environmental management strategies. These include activities or projects that develop water resources in a way that reduces or eliminates mosquito breeding grounds, biological control (e.g., bacterial larvicides) that target and kill mosquito larvae. Other examples include the use of chemical larvicides and adulticides that limit disease transmission by reducing the life span or interrupting the life cycle of mosquitoes. Finally, there are new vector control tools, e.g., attractive toxic sugar baits, if they are being tested under Global Fund-supported strategic initiatives or if they have been recommended by WHO.

Entomological monitoring

Entomological surveillance is the collection and monitoring of data over time and space on malaria vectors. It is essential for understanding vector species, specific population dynamics, and behaviors that affect disease transmission and intervention effectiveness over time. Entomological surveillance is a tool for detecting anomalies in the assessment of entomological parameters.

Entomological surveillance data should guide the choice of interventions, targeting and adaptation of interventions, and deployment in space and time, and can provide a framework for evaluating complementary strategies and tools. For example, entomological surveillance data can inform the choice of which nets to distribute based on resistance.

Social and Behavioral Change (SBC)

The Social and Behavioral Change intervention refers to the set of advocacy, communication, and social mobilization activities related to universal and equitable access to vector control. Here we have activities such as the production of communication materials, awareness and mobilization events for decision-makers and key stakeholders, multimedia campaigns, educational series broadcast on radio or television, advertising tunes, billboards, and community radio.

The intervention Elimination of human rights and gender-related barriers to accessing vector control programs

The Removing Human Rights and Gender Barriers to Access to Vector Control Programs intervention is the set of activities designed to remove potential gender, human rights, and other equity barriers to accessing vector control interventions. Here we have activities such as Malaria Matchbox studies and community-led monitoring of access to vector control to identify human rights and gender-related barriers. Then there are activities to promote meaningful participation of affected populations and specific efforts to reach underserved populations in national coordinating bodies to plan and implement vector control interventions and to assess and address barriers.

The Case Management Module

The Case Management module has 10 interventions including 02 interventions for management in health facilities (public and private sector), 01 intervention for community-based management in children under 5 years of age, 01 intervention for drug quality assurance with therapeutic effectiveness studies, 01 intervention for social and behavioral change, and 01 for the removal of barriers to utilization of management services Social and behavioral change and barrier removal interventions similar to those in the vector control module.

Treatment in health centers

This intervention aims to strengthen the delivery of malaria case management services and focuses on confirmation of infection prior to treatment, and accurate recording and communication of information about clinical encounter. Countries should regularly stratify key indicators related to case management to assess outcomes, guide quality of care interventions in settings with low outcomes, and systematically document the root causes of challenges. The Global Fund strongly encourages applicants to invest in locally defined sets of activities to improve the quality of care. These packages, including supervision, training, and quality improvement activities, can often be combined across programs in an integrated manner.

Integrated Community Level Case Management (ECP-C)

The aim is to make health care accessible through the management of malaria cases in the community. It mainly targets children under five years of age but is increasingly providing malaria management in older children and adults. They also play a critical role in the delivery and promotion of vector control interventions (e.g., insecticide-treated nets) and malaria drug prevention services (e.g., seasonal malaria chemoprevention, gIPT, sustained malaria chemoprevention). When these agents implement an integrated intervention package, these activities are reflected in the **PHRS/PP System Strengthening Module: HHR and Quality of Care**.

Specific prevention interventions.

Specific prevention interventions are prophylactic techniques that involve giving a person drugs, vitamins, minerals, or other products to reduce their risk of developing malaria. They are often aimed at groups of people who are vulnerable to malaria.

Intermittent preventive therapy (IPT) – Pregnant women

This is the set of activities related to the prevention of malaria during pregnancy with the administration of Sulfadoxine-Pyrimethamine (SP). A schedule of at least 3 doses of MS-based IPT is now recommended as early as the second trimester of pregnancy, from the thirteenth week of amenorrhea at each scheduled antenatal consultation (PNC) until delivery. The activities of this intervention are the purchase of the SP, the purchase of the necessary equipment for the administration in the health facilities, the training of the actors involved in this intervention and technical assistance.

Chemo prevention of seasonal malaria

Seasonal malaria chemoprevention (CPS) consists of a complete course of treatment with sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ) given to children aged 3-59 months at one-month intervals, starting at the beginning of the transmission season (in areas where both drugs retain sufficient antimalarial efficacy). It is recommended in areas of the Sahel sub-region where seasonal transmission is high and is being implemented in 17 countries. The activities of this intervention are drug planning and quantification, training of stakeholders, sensitization of communities for adherence to the activity, monitoring and evaluation, and community-led monitoring.

Mass drug delivery

Mass drug administration can be used either to reduce the burden of disease or to reduce transmission. WHO recommends that mass administration of drugs for burden reduction should be considered in areas with moderate to high transmission of *P. falciparum* to achieve a short-term reduction in disease burden (1 to 3 months after mass drug administration). The Global Fund will support the mass delivery of drugs for emergency burden reduction (including in the case of malaria outbreaks and malaria control in emergencies) and will require a strong rationale due to the short duration of the results. The Global Fund will continue to support the mass delivery of drugs for reducing transmission in the context of scaled-up elimination efforts targeting all vulnerable or

specific populations. The elimination of Plasmodium vivax is not currently part of the guidelines for elimination by mass administration of drugs.

Intermittent Preventive Treatment of Malaria for School Children (IPTps)

It is a new intervention and is intended for school-going children (05 to 15 years) living in areas where malaria is endemic and where perennial or seasonal transmission is moderate or high. Children receive comprehensive antimalarial treatment at predetermined times to reduce the burden of disease. The implementation of this intervention must not compromise chemoprevention interventions for those most affected by the serious disease, such as children under 5 years of age, pregnant women. Schools can be an inexpensive way to provide chemoprevention to school-aged children. First- and second-line antimalarial treatments should not be used for SCPT if there are safe and effective alternatives. As with other chemoprevention interventions, the activities carried out during the implementation of the ICCT are planning, input procurement, stakeholder training, community outreach for buy-in, monitoring and evaluation, and community-led monitoring.

Malaria chemoprevention after discharge from hospital

It provides comprehensive antimalarial treatment at predetermined times after discharge to reduce the risk of readmission and death. It is intended for children admitted for severe anemia not related to blood loss as a result of trauma, surgery, malignancy, or bleeding disorder.

Social and Behavior Change and Removing Human Rights and Gender Barriers to Access to Case Management Services

These interventions are the same as for the anti-vector and support modules. The aim is to improve public adherence and identify barriers to vulnerable populations' access to specific prevention interventions.

Modules	Interventions
Anti-vectorial control	Vector Control Insecticide-Treated Mosquito Nets - Mass Campaign: Universal
	Vector Control Insecticide-Treated Mosquito Nets - Mass Campaign: Universal
	Insecticide-Treated Mosquito Net (ITN) distribution: EPI
	Insecticide-Treated Mosquito Nets (ITNs) - ongoing distribution: in schools
	Insecticide-Treated Mosquito Nets - continuous distribution: community
	Indoor residual spraying (IRS)
	Other vector control actions
	Entomological monitoring
	Social and behavioral change
	Removal of human rights and gender-related barriers to accessing vector control programs

Modules	Interventions
Case Management	Treatment in health centers
	Integrated case management at the community level (ICM-C)
	Case management in the private sector
	Outbreak Preparedness
	Intensified elimination activities
	Monitoring therapeutic effectiveness
	Survey of HRP2/3 gene deletions
	Ensure the quality of medicines
	Social and behavioral change
	Remove human rights and gender-related barriers to accessing case management services
Specific Preventive Interventions	Intermittent Preventive Treatment (IPT) - Pregnant Women
	Sustainable chemo prevention of malaria
	Chemo prevention for seasonal malaria
	Mass drug delivery
	Intermittent preventive treatment of malaria for school children (IPTc)
	Post-discharge chemo prevention of malaria
	Social and behavioral change
	Removing human rights and gender-related barriers to accessing specific prevention interventions

The health system strengthening modules

For the reinforcement of the system, there are 8 modules including :

- **1 for community management** (SRPS / PP: HRS and quality of care),
- **1 for strengthening the community system** (RSSH: strengthening community systems),
- **2 for strengthening the public health response system** (SRPS/PP: laboratory systems (including national and peripheral), SRPS/PP: medical oxygen and respiratory care systems),
- **1 for Supply Chain Strengthening** (RSSH: Health Product Management Systems),
- **2 for strengthening health planning and financing** (sRSSH: health sector planning and governance for integrated people-centred services, RSSH: health sector financing systems) and
- **1 module on strengthening the health information system** (RSSH: monitoring and evaluation systems).

The Global Fund has included several new activities, including three RSSH modules to support health systems strengthening and pandemic preparedness:

- 1) Laboratory systems ;**
- 2) Human Resources for Health (HRH) and Quality of Care ;**
- 3) Monitoring and evaluation systems.**

In addition, there is a new module, **RSSH/PP: Medical Oxygen and Respiratory Care Systems** which has been introduced to facilitate the inclusion of pandemic preparedness activities.

Modules	Interventions
RSSH: Health Sector Planning and Governance for Integrated Person-Centred Services	National Health Sector Strategy, Policies and Regulations
	Integration or coordination within disease control programs and at the service delivery level
	Support for private sector involvement
RSST: strengthening Community systems	Community-driven monitoring
	Community-driven research and advocacy
	Community participation, linkages, and coordination
	Capacity-building and leadership development
RSSH: Health Sector Financing Systems	Health sector financing strategies and planning
	Public financial management systems
	Routine financial management systems
	Community-led advocacy and monitoring of domestic resource mobilization
	Social contracting
	Health care financing data and analysis
	Mixed funding arrangements
RSSH: Health Product Management Systems	Policy, strategy and governance
	Storage and distribution capacity, design and operations
	Planning and purchasing capabilities
	Regulatory and quality assurance support
	Prevention, reduction and management of health care waste
	Supply Chain Information System
	Expanding the national supply chain system through outsourcing
SRPS / PP: HRH and quality of care	SRPS/PP: HHR planning, management, and governance, including CHWs
	SRPS/PP: education and development of new health workers (excluding CHWs)
	SRPS/PP: compensation and deployment of existing or new staff (excluding CSAs)
	HPRS/PP: continuing education (except for community health workers)
	SRPS/PP: integrated formative supervision for health workers (excluding CHWs)
	HPRS/PP: Quality Improvement and Quality of Care Capacity Building
	SRPS / PP: CSA - selection, initial training, and certification
	SRPS / PP: CSA - contracting, compensation and retention
	SRPS / PD: CSA - Continuing Education
	SRPS / PD: CSA - integrated formative supervision

Modules	Interventions
SRPS / PP: laboratory systems (including national and peripheral)	SRPS / PP: national laboratory management and governance structures
	SRPS / PP: quality management systems and accreditation
	SRPS / PP: laboratory information systems
	SRPS / PP: network optimization and geospatial analysis
	SRPS / CP: Laboratory Monitoring
	SRPS / PP: laboratory supply systems
	SRPS / PP: sample shipping and transport system
	SRPS / PP: biosafety and biosecurity, infrastructure, and equipment
SRPS / PP: medical oxygen and respiratory care systems	SRPS / PP: bulk oxygen suppl
	SRPS / PP: oxygen distribution and storage
	SRPS / PP: oxygen administration and respiratory care
	SRPS / PP: oxygen support systems
M&E: Monitoring and Evaluation Systems	Routine data report
	HIV, tuberculosis and malaria surveillance
	HPRS / PP: surveillance of priority diseases and events that may cause epidemics
	Surveys
	Quality of the data
	Analysis, evaluation, review, and use of data
	Administrative data sources
	Civil registries and statistics
Operational research	
Management of programs	Coordination and management of national disease control programs
	Grants management

THE KEY TAKEAWAY FROM THIS SECTION :

- 1 The Global Fund finances strategic plans, any strategy not included in the PSNLP cannot be financed by the Global Fund
- 2 The modular table gives the different modules and interventions for financing by the World Fund
- 3 A good knowledge of the PSNLP and the modular matrix allows for good alignment between PSNLP strategies and modules - interventions

There are disease-specific modules and modules and system strengthening modules
- 4 There are 3 modules specific to malaria :
 - Vector control
 - Specific prevention interventions
 - Case Management
- 5 Le Fonds Mondial met l'accent sur les 4 interventions du renforcement des systèmes communautaires :
 - Community-led follow-up.
 - Community-led research and advocacy
 - Capacity building and leadership development
 - Community participation, linkages and coordination.





4- Role of CSO malaria representatives on the CCM

4.1. Role of CSO malaria representatives on the CCM.

Representatives of malaria CSOs are permanent members of the CCM. They sit on all CCM meetings and are the spokespersons for malaria control CSOs. They must bring to the CCM the proposals, grievances and contributions of CSOs for the implementation of grants. In return, they must share with CSOs the decisions made by the CCM. Community and civil society representations on the CCM must have timely access to information, the status of grant negotiations, and changes to the grant. The application process foresees that the CCM, together with community and civil society representations, will meet with the PR prior to the completion of the grant negotiation, so that the PR can present the main elements of the grant, community priorities and implementation plans by community-based and community-led organizations.

In order to better coordinate the action of CSOs fighting malaria, meetings of these CSOs should be organized. As funding requests are prepared on the basis of national strategic plans, it is essential that communities actively participate in the development of national malaria strategies. It is essential to coordinate the action of civil society organizations to ensure that the needs of the population are taken into account in the strategic plan. This is to ensure that clear strategies have been defined and written into the plan.

4.2. Participation in the country dialogues

Country-level dialogue is a key aspect for the Global Fund. It takes place throughout the Global Fund grant cycle, including the preparation of the funding application, the establishment of the grant, and the implementation of the grant. In this funding cycle, the Global Fund will place greater emphasis on country-level dialogue at the post-application preparation stages. The Global Fund now requires all applicants to include in their funding application a list of key priorities identified by civil society and communities in country-level dialogue, whether or not these priorities have been incorporated into the funding application. The Global Fund is making this request for three reasons:

- 1. Priority setting is an important and useful exercise for civil society and community groups**
- 2. The appendix provides important information for CCMs as they strive to prioritize the overall funding request**
- 3. The Annex provides the Global Fund with a means to verify whether civil society and community group priorities are included in the submitted funding application, considered in the grant-making process, and implemented in final grants.**

Civil society representations within the CCM are expected to organize this discussion on priorities. Up to 20 priorities can be submitted in a funding application.

In order to have an effective participation of civil society, it can :

- Make a good selection of members of civil society for dialogue. Effective civil society participation in the national dialogue will require ensuring that members of the chosen community represent the voices of vulnerable populations and the community they represent. This will require selecting individuals who are familiar with PSNLP strategies, have leadership abilities and are self-speaking.
- Train members of civil society on strategic plans and the drafting process and results of the implementation of previous grants. Participants will learn about the strategies that are validated in the strategic plans in order to propose activities that are consistent with the country's

strategic directions. Then, knowledge of previous grants will make it possible to know which components have been taken into account in them and to ensure the sustainability of these different interventions. Finally, these trainings will make it possible to know the priorities of vulnerable populations that have been identified during activities such as community diagnosis and Matchbox malaria surveys, etc.

- Establish thematic groups with individuals identified as key stakeholders in analyses of epidemiology, health equity and gaps in RSSH. These meetings can help some groups prioritize their needs and establish a common vision. Separate meetings can foster in-depth discussions on specific needs, experiences, and problems.
- Organize pre-dialogues to prepare for the dialogues that will be organized by the CCM. If there are constraints related to participants' travel or availability of funds, they can be virtual. Virtual country-level dialogues held during the COVID-19 pandemic for HIV, TB, malaria, RSSH and COVID-19 nominations were effective in soliciting significant feedback.
- Consider innovative strategies for better participation of civil society and communities. Examples include :
 - Kenya: Purchase of datasets to support constituency participation in online meetings.
 - Indonesia: Using a bilingual Twitter account to share information and progress updates with stakeholders, and creating an innovative video on how to get involved in country-to-country dialogue
 - Tajikistan: e-mail communication and virtual meetings with various working groups.
 - Ecuador: «Cascading» invitation to country-level dialogues, where each participant is encouraged to invite other members of their network.
 - Malawi: Partnering with a recognized community-based organization with experience in lesbian, gay, bisexual and trans (LGBT) advocacy to reach out to established networks.

WHAT TO REMEMBER ABOUT THIS SECTION :

- 1 For this new funding cycle, the Global Fund puts communities at the center of concerns
- 2 The representative of civil society organizations at the CCM must play a key role in the funding application process, by :
 1. Bring CSOs' proposals, grievances and contributions for grant implementation to the CCM
 2. Share with CSOs the decisions made by the CCM
 3. Organize meetings to ensure effective coordination of CSO actions
- 3 Country-level dialogue is a key aspect for the Global Fund in the funding cycle
- 4 Dialogue takes place throughout the funding cycle
- 5 Civil society must develop the list of 20 priorities for civil society
- 6 Effective civil society participation in domestic dialogue includes :
 1. Make a good selection of civil society members for dialogue
 2. Train members of civil society on strategic plans and the drafting process
 3. Set up thematic groups with people considered important stakeholders
 4. Consider innovative strategies for better participation of civil society and communities

5- Examples of activities that civil society can propose

To facilitate the participation of civil society in the application process, here is a non-exhaustive list of activities that could be proposed by civil society :

- Mapping of malaria control CSOs
- Implementing grants by being PR or SR
- Development of a national guide for community-led monitoring (CLM) for malaria
- Training of community actors for CLM
- Production of CLM tools
- Organization of meetings to present the results of the community monitoring
- Identify and address gaps and barriers in services and programs
- Organization of community diagnoses
- Conducting Malaria Matchbox studies
- Studies to identify human rights and gender barriers to accessing quality diagnosis and treatment services in health facilities
- Participation in the selection of community actors involved in the implementation of interventions (OSCD for community-based integrated management, enumerators for mass campaigns, social mobilizers, etc.)
- Participation in community task force meetings at all levels.

Global Fund Resources in the New Funding Cycle

To facilitate the application process, the Global Fund has developed tools :

- Online training on most aspects of application writing. Here is the link for the page : <https://www.theglobalfund.org/fr/ilearn/>
- The Candidate https://www.theglobalfund.org/media/5651/fundingmodel_applicanthandbook_guide_fr.pdf
- The modular board https://www.theglobalfund.org/media/8967/fundingmodel_modularframework_handbook_fr.pdf
- The Malaria Briefing Note https://www.theglobalfund.org/media/8872/core_malaria_infonote_fr.pdf
- The RSSH Information Note https://www.theglobalfund.org/media/4759/core_resilientsustainablestemsforhealth_infonote_en.pdf
- The briefing note on the concepts of Equity, Human Rights, Gender Equality and Paludism https://www.theglobalfund.org/media/12775/core_malariagenderhumanrights_technicalbrief_fr.pdf
- The Guide to Community Engagement Opportunities during the https://www.theglobalfund.org/media/12783/core_community-engagement_guide_fr.pdf
- The link for all Global Fund resources for candidate countries for the new GC7 funding cycle <https://www.theglobalfund.org/fr/applying-for-funding/design-and-submit-funding-requests/applicant-guidance-materials/>

Activities of the main malaria-specific modules

N°	Modules	Interventions	Activités
	Vector control measures	Insecticide-treated bed nets	<ul style="list-style-type: none"> • Identification and training of community agents involved in the distribution of bed nets • Advocacy with the authorities and sensitization of the population to support vector control activities. • Design and implementation of communication/behavior change activities • Identification and removal of potential human rights and gender barriers limiting access to vector control measures in communities; • Training combined with integrated and formative supervision or group problem solving; • Community monitoring of vector control activities.
	Vector control measures	Indoor residual spraying (IRS)	<ul style="list-style-type: none"> • Communication, information, and education materials associated with IRS campaigns. • Coordination, planning and budgeting, logistics and implementation of IRS campaigns. • IRS in response to an epidemic. • Environmental compliance and waste management. • Activities to ensure that underserved, socially excluded, or illegal populations benefit from IRS. • Activities to empower communities to participate in vector control, including activities to improve gender balance among sprayers and increase IRS use in female-headed households. • Training, combined with integrated and formative supervision or resolution

N°	Modules	Interventions	Activités
	Vector control measures	Social and behavioral change	<ul style="list-style-type: none"> • Preparation of outreach materials/kits (for CBOs and NGOs), in collaboration with communities, that target underserved populations in particular. • Outreach and engagement events for decision makers and key stakeholders. • Multi-media campaigns, radio and television educational series, radio commercials, billboards, community radio. • Development and distribution of social and behavioral change materials tailored to the needs of different population groups/produced in different languages. • Social and behavioral change activities and materials to address human rights and gender barriers to vector control at the household level • Social and behavioral change activities to ensure access to and use of vector control measures for refugees, internally displaced persons, migrants, mobile populations, prisoners, and other underserved populations, as well as socially excluded or illegal populations. • Activities to empower communities to participate in vector control, such as awareness meetings for opinion leaders in communities and villages. • Involvement of the private sector in the above activities. • Training, combined with integrated and formative supervision or group problem solving. • Human resource costs for social and behavioral change in vector control interventions.
	Vector control measures	Removal of human rights and gender-related barriers to accessing vector control programs	<ul style="list-style-type: none"> • Technical assistance activities and planning for equitable access to vector control based on evidence-based qualitative and quantitative assessments (Malaria Matchbox); • Community monitoring of VCP access to vector control; • Activities to promote social mobilization and meaningful participation of affected populations/VCP in the planning, including through CCMs, of local and national operational strategies to address human rights and gender-related barriers to health; • Strengthening the institutional capacity of civil society organizations (CSOs) in the fight against malaria in terms of social mobilization, design and implementation of awareness raising activities and community-based vector control services, community-based research and monitoring for proactive advocacy to address HR and gender-related barriers
	Specific prevention interventions	Intermittent preventive treatment (IPT) - Pregnant women Durable malaria chemoprevention	<ul style="list-style-type: none"> • Purchase and supply of intermittent preventive treatments with sulfadoxine and pyrimethamine during pregnancy. • Supplies for directly supervised treatment - cups, water. • Specific provision of intermittent preventive treatment during pregnancy by the community. • Training and supervision of health providers, including patient rights and medical ethics. • Technical assistance. • Outreach to pregnant women on the importance of ANC

N°	Modules	Interventions	Activités
	Specific prevention interventions	Chemoprevention for seasonal malaria	<ul style="list-style-type: none"> • Purchase and supply of intermittent preventive treatments for infants. • Supplies for directly supervised treatments - cups, water. • Training of stakeholders at all levels • Supervision of the implementation of the IPTN. • Training associated with supervision or group problem solving for health providers, including patient rights and medical ethics. • Technical assistance.
	Specific prevention interventions	Sustainable malaria chemoprevention TPIIn	<ul style="list-style-type: none"> • Procurement of antimalarials. • Coordination, planning and budgeting, logistics, communication. • Training of stakeholders at all levels. • Supervision, monitoring, evaluation, and reporting of periodic operations. • Pharmacovigilance. • Monitoring of drug resistance. • Human resource costs for campaigns.
	Specific prevention interventions	Administration de masse de médicaments	<ul style="list-style-type: none"> • Procurement of antimalarials. • Coordination, planning and budgeting, logistics, communication. • Training of stakeholders at all levels. • Supervision, monitoring, evaluation, and reporting of periodic operations. • Pharmacovigilance. • Monitoring of drug resistance. • Human resource costs for campaigns.
	Specific prevention interventions	<p>Intermittent preventive treatment of malaria for school children (IPTi)</p> <p>And post-discharge chemoprevention of malaria</p>	<ul style="list-style-type: none"> • Procurement of antimalarials. • Coordination, planning and budgeting, logistics, communication, implementation. • Training, combined with integrated formative supervision or group problem solving. • Monitoring and reporting of periodic operations. • Pharmacovigilance. • Drug resistance monitoring. • Human resource costs associated with school-based distribution. • Evaluation of access and equity through schools.

N°	Modules	Interventions	Activités
	Specific prevention interventions	Social and behavioural change	<ul style="list-style-type: none"> • Preparation of outreach materials/kits (including for CBOs and NGOs), • Advocacy and mobilization events for decision makers and key stakeholders. • Multi-media campaigns, radio and television educational series, radio commercials, billboards, community radio • Development and distribution of social and behavioral change materials tailored to the needs of different population groups/produced in different languages • Community mobilization on the issue of malaria and mechanisms to ensure meaningful community participation and follow-up at the community level • Sensitization meetings for opinion leaders in communities and villages. • Strengthening systems for community participation in malaria control programs and implementation of selected prevention interventions. • Human resource costs for social and behavioral change in specific prevention interventions that are not part of regular activities
	Specific prevention interventions	Removing human rights and gender-related barriers to accessing specific prevention interventions	<ul style="list-style-type: none"> • Technical assistance and planning for equitable access to vector control based on results of qualitative assessments and quantitative data analysis (Malaria Matchbox) • Community monitoring and community-led monitoring of access to vector control. • Activities to promote meaningful participation of affected populations and specific efforts • Support for institutional capacity building of civil society organizations in malaria control, social mobilization, community and community-led advocacy and research, and community-based vector control services
	Management of cases	Community-based Integrated Case Management (ICM)	<ul style="list-style-type: none"> • Participate in the selection of CHWs for community case management • Community-based case management, including epidemic response; • Pre-referral treatment of severe malaria cases; • Activities to strengthen referral/counter-referral, including assisted referral/counter-referral; • Definition and operationalization at the community level of responses to human rights and gender-related barriers that limit access to quality diagnosis and treatment services; • Training, combined with integrated formative supervision, in group problem solving; • Implementation of Social and Behavioral Change strategies for C-ECP.

N°	Modules	Interventions	Activités
	Management of cases	Treatment in health centers	<ul style="list-style-type: none"> • Procurement of diagnostic equipment, rapid screening tests, microscopic reagents, and antimalarials. • Quality assurance of malaria-related laboratory tests. • Technical assistance. • Activities to strengthen delivery models, including primary health care, as the entry point for integrated, people-centered health services. • Hospital-based case management in response to an epidemic. • Activities to strengthen referral/counter-referral, including assisted referral/counter-referral. • Training, combined with integrated, formative supervision or group problem solving. • Removal of human rights and gender-related barriers to accessing quality diagnosis and treatment services at health facilities.
	Management of cases	Social and behavioral change	<ul style="list-style-type: none"> • Preparation of outreach materials/kits (including for CBOs and NGOs), in collaboration with communities, especially for underserved populations. • Awareness and engagement events for decision makers and key stakeholders. • Multi-media campaigns, radio and television educational series, radio commercials, billboards, community radio • Development and distribution of social and behavioral change materials tailored to the needs of different population groups/produced in different languages. • Sensitization meetings for opinion leaders in communities and villages. • Establishment of community-based malaria case management services. • Activities to ensure access to malaria case management services for refugees, internally displaced persons, migrants and mobile populations, individuals in prison or other detention facilities, and other underserved, socially excluded, or illegal populations
	Management of cases	Remove human rights and gender-related barriers to accessing case management services	<ul style="list-style-type: none"> • Technical assistance and planning for equitable access to case management, based on qualitative assessments and quantitative data on at-risk/underserved groups and barriers to access. • Community-based and community-led case management monitoring. • Activities to promote meaningful participation of affected populations and specific efforts to reach out to underserved populations in national coordination forums, to plan and implement case management interventions, and to assess and address barriers. • Support for institutional capacity building of civil society organizations in malaria control, social mobilization, community outreach and research, and community case management services.

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