

**Roundtable 2 of 3: Addressing the needs of displaced and last mile populations in NFM4/GC7 malaria grant applications
12 and 15 December 2022 – Nairobi, Kenya**

Summary

Objective: Identify and address key operational, funding and technical gaps in the delivery of malaria prevention and control initiatives to populations living in complex operating environments (COE) in malaria-endemic countries, including internally displaced persons (IDPs), refugees and hard-to-reach populations.

- Partners from national malaria programmes, RBM, Global Fund, US-PMI, WHO, and other stakeholders were brought together to look for ways to address those gaps identified.
- It was noted that populations living in COE are increasing due to political instability, the climate crisis and more recently, the COVID-19 pandemic. The context in COE tends to be dynamic and fluid, such that meeting the needs of populations living there can be difficult because of the constantly changing situation. The inclusion of refugees and IDPS in planning health service delivery is essential if their needs are to be met.

Recommendations for stakeholders

Recommendation	Funding partner	Operational partner	Country programme	Private sector	Academia and research
Support multi-sectoral and integrated efforts.	✓	✓	✓	✓	✓
Strengthen in-country and intercountry coordination.	✓	✓	✓	✓	✓
Strengthen advocacy efforts.	✓	✓	✓	✓	✓
Improve data and analysis to fund and plan for service delivery.		✓	✓	✓	✓
Consider pooled and flexible or ring-fenced funding.	✓	✓	✓	✓	
Consider regional stockpiling of commodities.	✓	✓	✓	✓	
Engage IDPs, refugees and host communities.	✓	✓	✓	✓	
Innovate and adapt existing tools.		✓	✓	✓	✓
Invest in localization.	✓	✓	✓		✓

Next steps

1. Share salient discussion points with the partners convened, Global Fund, other malaria donors and implementing partners to ensure points are considered for the upcoming grant-making process.
2. Look to strengthen channels for improved coordination across multiple fora and actors. This includes improved malaria representation with the national cluster system and focal persons from the health cluster in critical malaria activities such as campaign planning.
3. Explore ways to improve regional and national funding for increasing access to and use of malaria services in IDP and refugee populations. Look to improve ways to reduce needed lead times and stockouts for malaria commodities in the event of an emergency.
4. Continue to build and share case studies or operational successes from COE settings so that countries can learn and adapt based on best practices.