Roundtable 1 of 3: Protecting displaced populations from vector-borne diseases through multisectoral collaboration

6 September 2022 - Washington, DC
Executive summary

On 6 September 2022, the Alliance for Malaria Prevention Innovation and Evaluation Working Group (AMP IEWG), Catholic Relief Services (CRS), the RBM Partnership to End Malaria (RBM Partnership), the RBM Partnership Vector Control Working Group (VCWG), and the United Nations Foundation (UNF) hosted a roundtable discussion on **protecting displaced populations from vector-borne diseases through multisectoral collaboration**.

This first meeting in a series of three roundtables was held on the side-lines of the AMP Annual Partners Meeting in Washington, DC (United States), and brought together 40 development and humanitarian emergency response partners, including representatives from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund), the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Organization on Migration (IOM), Médecins San Frontières (MSF), RBM Partnership and VCWG, United Nations Children's Fund (UNICEF), the UN Refugee Agency (UNHCR), United Nations Population Fund (UNFPA), United States Agency for International Development's Bureau for Humanitarian Assistance (BHA), the US President's Malaria Initiative (US-PMI) and the World Health Organization (WHO) (see Annex 1).

The primary objective of the roundtable was to engage partners from the development and humanitarian emergency response sectors, including water, sanitation, hygiene (WASH), and shelter clusters, in a discussion about the need to increase cross-sectoral collaboration to generate new financial resources, bolster operational support to strengthen integrated vector control and health service delivery in complex operating environments (COEs) and humanitarian settings. Additional emphasis was put on the challenges and opportunities for collaboration for these populations and in these settings.

This roundtable builds on the recommendations and action items from past VCWG roundtables on Vector Control in Humanitarian Emergencies that took place in Washington, DC, and Geneva (Switzerland) in 2019 and 2020[1]. Two additional roundtables were held in malaria-endemic countries linked to RBM Partnership meetings in 2022 and 2023.

Key issues

1. Disaggregated refugee and IDP data are insufficient. Data sharing across sectors is also poor.
2. The re-emergence of certain infectious diseases and vaccine-preventable diseases reflects the low quality and poor continuity of services in COEs.
3. Zero-dose children (those who have not received any routine vaccinations) and the communities in which they live also have limited access to malaria control measures.

[1] Vector Control in Humanitarian Emergencies meeting: https://endmalaria.org/sites/default/files/VCHE%20Meeting%20of%20Geneva-based%20Agencies%20hosted%20by%20UNHCR_5Feb2020.pdf

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4. Too often, people's health is at risk because of the temporary shelters in which they live. This is something that can and must change. There is also a need to examine and change the way water is stored and rubbish is disposed of. Poorly managed water and waste create the ideal environments for disease vectors. Addressing these issues will require greater collaboration between vector control and Shelter and WASH partners.
5. Adaptive and responsive financing mechanisms are needed to meet the evolving challenges populations face as a result of acute and protracted displacement.
6. Tracking the flow of resources for humanitarian and conflict settings is hugely complex. Tracking funding for vector control in humanitarian settings and COEs is a major blind spot across national budgets, UN, and other donor agencies. It is easier to determine how funds for displaced populations are flowing through partners like US-PMI and the Global Fund. There is concern about the limited visibility and transparency of how funds are re-programmed to address gaps that emerge mid grant cycle.
7. There is a notable challenge in sustaining service delivery, including through community health workers (CHW) who may be most effective in reaching populations in COE and humanitarian setting, throughout a multi-year grant period, which results in gaps in coverage.

Recommendations for stakeholders

Recommendation	Funding partner	Operational partner	Country programme	Private sector	Academia and research
Develop a series of recommendations to present to WASH and Shelter clusters to make a case for more frequent and deeper collaboration with vector control programmes. Promote available technical guidance that WASH can use (such as the Global Fund/RBM Malaria Matchbox Toolkit) to integrate vector control as a part of a larger package of humanitarian response services.	✓	✓	✓	✓	✓
Facilitate and encourage the exchange of disease data across sectors so that WASH and Shelter partners are keenly aware of the impact of their programmes and services on malaria incidence and endemicity. Support the sharing of disaggregated nutrition and health data to demonstrate the value and efficacy of various WASH and Shelter interventions.	✓	✓	✓	✓	✓
Engage more humanitarian and development partners in the climate sector in dialogues about the connection between deforestation, land destruction, food insecurity, agriculture, severe weather and changing environmental zones and how	✓	✓	✓	✓	✓

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Recommendation	Funding partner	Operational partner	Country programme	Private sector	Academia and research
these are tied to malaria in COEs and humanitarian crises.					
Develop an intersectoral plan with global nutrition partners that can address the relationship between rising global food insecurity and vector control/malaria, particularly when it comes to children under five years of age. Outline the need for increased vector control in areas with particularly high rates of food insecurity.	✓	✓	✓	✓	✓
Prioritize the development of malaria case studies that focus on cross-country and regional efforts to address and include IDPs and refugees across multiple national programmes.	✓	✓	✓	✓	✓
Engage with the WASH cluster concerning a new strategic focus on expanding collaboration with health and vector control partners to share case studies, best practices and technical guidance developed by malaria and vector control partners.		✓	✓	✓	✓
Engage with the Immunization Agenda (IA) 2030 Working Group on Zero Dose Children to identify areas of overlap in priority countries and outline opportunities for greater synergy between malaria and immunization programmes.	✓	✓	✓		
Ensure vector control and malaria services are included in humanitarian funding appeals to reduce persistent funding gaps.	✓	✓	✓		

Other issues raised included:

- How can we ensure that prequalified local non-governmental organizations (NGOs) that have a proven history of responding in crisis settings so that be incorporated in malaria bilateral grants to countries?
- In light of the Global Fund COVID-19 Response Mechanism (C19RM), how have (typically) non-eligible Global Fund countries used the Global Fund C19RM to address refugees and IDPs during the COVID-19 pandemic? Can lessons be learned?
- How can the malaria needs of refugees and IDP populations be incorporated into the Global Fund's Country Coordinating Mechanisms and submissions for funding?

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Meeting notes

Welcome and opening remarks

Joe Lewinski (CRS) opened the workshop by noting the impact of population displacement on the spread of vector-borne diseases. Recent displacement is primarily a result of armed conflicts in countries such as Nigeria and South Sudan, and natural disasters related to climate change in Mozambique, Pakistan and Madagascar among other countries. To adequately meet the diverse needs of IDPs and refugees, humanitarian and development partners must explore how to effectively collaborate in the delivery of relief to affected communities. These partners must continue to understand and identify gaps in policy and operational guidance, as well as increase research and operational evidence, and strengthen learning across multiple sectors. The meeting provides a platform to identify opportunities for the future, by recognizing where there are gaps and looking for potential solutions towards increased collaboration across sectors. Additionally, it will investigate how gaps and challenges are perceived at country level, depending on the type of conflict or crisis.

Setting the scene

***Dr Petra Khoury (IFRC)*:** The number of displaced people is expected to increase beyond the global current estimate of 100 million (as at first half of 2022). The lessons learned from COVID-19 reveal the inadequacy of the current mechanisms to meet the diverse needs of displaced populations. Therefore, it is important that future mechanisms designed to support these vulnerable populations ensure an effective and coordinated strategy to reach all populations including at the last mile, and strengthen integrated service delivery, procurement and the distribution of commodities. In addition, the mechanisms should coordinate resources, commodities and funding to cover the preparedness, recovery and rehabilitation phases of response efforts, and support the leadership and coordinating role of governments to ensure partners do not duplicate services or create parallel systems.

Melanie Renshaw, African Leaders Malaria Alliance (ALMA)/RBM Country/Regional Support Partner Committee (CRSPC)*:* CRSPC provides technical assistance to national malaria programmes working on implementing and achieving the objectives set in their malaria strategic plans. This can include early warning systems to detect supply bottlenecks, malaria programme reviews and revised national strategic planning, support for campaigns, as well as preparation of gap analyses for Global Fund grant requests. National malaria programmes and partners have received considerable orientation and training over the past two years, including the most recent WHO recommendations on vector control, community rights, gender and gender-based violence issues, and the unique needs of displaced communities. CRSPC recently completed a round of sub-regional meetings where national malaria programmes from different countries shared their best practices for mitigating the impact that COVID-19 has had on malaria interventions and other vector control and malaria prevention campaigns. During these meetings, CRSPC discussed technical assistance requirements, including implementation of the Malaria Matchbox toolkit, a Global Fund/RBM tool used to improve service delivery equity. In this process, CRSPC identified good examples of countries (e.g. Burkina Faso, Ethiopia and South Sudan) using Global Fund emergency funding effectively for targeted displaced populations during the COVID-19 pandemic, and ensuring vulnerable populations were prioritized for services. In addition, Mozambique secured funding from the Global Fund to reprogramme existing resources for the protection of displaced populations after cyclones and flooding.

CRSPC plans to hold a Global Fund Funding Request support orientation for all countries in December 2022. During this forum, CRSPC will provide technical assistance and organize mock

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technical review panels to assess whether the needs of displaced people have been effectively mainstreamed into funding requests and grants. In addition, countries will share best practices related to addressing the needs of IDPs, and subsequently include this information in Global Fund applications.

Dr Corine Ngufor, London School of Hygiene and Tropical Medicine (LSHTM) and Konstantina Boutsika, Swiss Tropical and Public Health Institute (TPH): The RBM Vector Control Working Group focuses on the implementation of country-specific WHO vector control guidance and local malaria elimination targets. Priorities include convening meetings (e.g. annual meetings of members) and facilitating communications through workshops. The VCWG has three workstreams which focus on (1) enhancing the impact of core interventions, (2) expanding the vector control toolbox, and (3) implementing global vector control response. For sustainability purposes, a Task Team was included under workstream 3 to focus on vector control in humanitarian emergencies.

The primary objective of the inaugural RBM VCWG meeting on Vector Control in Humanitarian Emergencies[2], held in Basel Switzerland in 2017 was the reduction of human suffering and mortality due to vector-borne diseases in complex operating environments. The priorities were (1) improving delivery, uptake, integration and evaluation of existing vector surveillance and control tools and (2) facilitating the development of an evidence base and uptake of supplementary and emerging tools. There were subsequent meetings and further development of the initiative in 2019 at the UNF offices in Washington DC and in 2020 at UNHCR in Geneva. The next VCWG meeting will take place on 6—8 February 2023 in Accra, Ghana. These meetings increase collective understanding of what must be achieved. This roundtable is an effort to revive these earlier initiatives. The hope is that today's session will help to create concrete ways forward.

Morning panel discussion

Moderator: Joe Lewinski, Platform Lead, Malaria, Catholic Relief Services

Panellist: Rory Nefdt, Senior Adviser Health, UNICEF

Question: UNICEF has a unique operating model, being part of the UN system and being integrated and multisectoral in nature. Can you discuss how UNICEF works to distribute vector control commodities to IDPs and refugees?

COVID-19 necessitated the development of a new Strategic Plan for 2022—2025 focused on community empowerment and addressing the continuing threats of climate change. COVID-19 also necessitated strengthening multisectoral emergency response. The new strategy prioritizes community-based primary healthcare and the identification of opportunities to harness the potential of existing community structures to ensure health and nutrition services are provided to the people that need it the most.

Regarding funding of humanitarian assistance, the focus should be on prevention, which includes active prevention and mitigation of climate disasters, and stockpiling for emergency responses. Prevention and quick response must be incorporated into policies, emergency preparedness plans, and resource allocation at national level and downstream to community level.

UNICEF has good examples of WASH interventions in Bangladesh. Water and sanitation are a human rights issue, and the humanitarian and development community must collectively support and encourage the WASH sector to be more directly involved in vector control responses. According to

[2] https://endmalaria.org/vector-control-humanitarian-emergencies

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the SPHERE guidance, vector control is a sub-component of the WASH sector, and the 2012 and 2022 WASH guidance documents both include vector control.

Panellist: Corey LeClair, Vector-Borne Disease Control Referent, MSF
Question: From the MSF perspective, how does MSF think about operating in a collaborative, multi-sectoral approach?

MSF provides frameworks for case management and prevention and focuses on the identification of synergies between existing programmes at national level and with other partners. Prior to collaborative engagement, MSF seeks to understand its added value in relation to other partners. MSF has normative guidance and a large reserve pool to support implementation. It relies on country teams and their headquarters office to direct collaborative engagement. One challenge the organization faces is high turnover among emergency response personnel. With the constant need to hire and train new employees, it is easy to be distracted from the mission and vision of the organization.

MSF is first and foremost a medical organization and in the provision of medical emergency response is also able to identify non-medical issues such as the increased demand for mosquito nets. MSF has engaged net manufacturers on the need to meet the increasing demand for less costly products while still ensuring quality. A challenge faced is ensuring that mosquito nets are made to the correct specifications to be used in temporary shelters for refugees, which can increase the cost. MSF recognizes the need for reinforced collaboration to better meet the needs of displaced populations and refugees, including nets for transitional, semi-permanent housing and improved cross-ventilation for smoke to address respiratory diseases.

Panellist Ammar Al-Mahdawi, Head of Global Shelter and Settlement, UNHCR
Question: Can you discuss the role UNHCR and the Shelter Cluster play in providing the primary protection for vector-borne disease?

The latest data from UNHCR announced two months ago indicate that there are significantly more IDPs in 2022 than there were in 2016, and that half of them are children, most of whom will have some health issues. A significant challenge in a camp setting is the lack of land. Governments typically allocate insufficient land for the setting up of refugee camps, and the land additionally tends to be in areas with poor potential for water, sewage or other WASH systems.

Lack of funding for shelters and settlements, the growing impact of climate change such as floods, and a lack of data to empirically indicate which interventions are most effective impedes humanitarian efforts by UNHCR. To address these challenges, UNHCR has committed 700,000 mosquito nets per year for the next three to five years and trained all staff at UNHCR working in emergency shelters on vector control. In addition, construction of shelters considers the net specifications, and all resources are locally procured. Beyond emergency shelters, to ensure dignity, it is important that people have the ability to choose their own transitional and durable shelter. However, UNHCR provides technical support to ensure ventilation and invites guidance from vector control specialists to develop better solutions.

Panellist: Sonia Walia, Public Health Adviser, Bureau for Humanitarian Assistance (BHA)/USAID
Question: BHA is a relatively new USAID division made up from two former divisions and has a new operating model. As BHA was being launched the COVID-19 pandemic hit. Can you discuss some of the adaptations that BHA has made to ensure commodities are delivered to IDPs and refugees that might be worth adopting for improved access to vector control commodities?

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BHA serves as the lead US federal coordinator for humanitarian assistance, and oversees response, early recovery, risk reduction and resilience. BHA helps when there is an unmet humanitarian need, and when the host country government either requests or accepts the support. Within BHA, the organization capitalizes on disease surveillance and nutrition screening data to target WASH and shelter interventions. Whereas BHA responds during disease outbreaks, focusing on the needs of IDPs, provision of vector control technical expertise remains the mandate of US-PMI. Similarly, refugee response is overseen by the State Department's Bureau of Population, Refugees and Migration (PRM). BHA works in collaboration with governments: however, this is difficult where the government in power is party to a conflict, or emergency response is difficult to deliver, and alternative strategies are necessary. For example, in Yemen and north-east Nigeria BHA relies on the cluster system. The global food crisis has created an opportunity to increase coordination among clusters, and BHA is advocating for an informed and integrated sectoral plan. Typically, despite being vital, nutrition and WASH are not included in the food security sectors as, during famine, most people die due to disease rather than the lack of food.

Panellist: Samira Al-Eryani, Malaria and Vector Control Advisor, WHO-Eastern Mediterranean Region (EMRO)
Question: WHO's work in EMRO region is less focused on malaria and more on other vector-borne diseases. Can you discuss how you work in a multisectoral nature to ensure that vector control commodities are given to populations when the primary vector-borne disease focus is not malaria?

National vector control programmes and funding mechanisms such as the Global Fund tend to focus on malaria, even though malaria programmes must also respond to other vector issues such as dengue and leishmaniasis. The Horn of Africa, Yemen and Iran, all in partnership with WHO, have successfully collaborated with the WASH sector, built strong multisectoral coordination and implementation mechanisms, and coordinated vector control responses such as building community awareness or clean-up campaigns.

Afternoon session

Moderator: Cecilia Mundaca Shah, Director, Global Health, UN Foundation

Session 1. Global Fund overview of supporting delivery of services to IDPs and refugees
Francesco Moschetta, Senior Adviser, Global Fund

The Global Fund has invested significantly in the support of IDPs and refugees especially in the last four grant funding cycles but recognizes that more can be done. The Global Fund has an established COE policy currently under review. Whereas the Global Fund model needs to improve, the partnership-based model is suitable for COEs in some countries. In countries with oversight responsibilities as a result of direct resource allocation, a partnership-based model is harder to implement. In December 2019, at the Global Fund Replenishment Meeting, the Global Fund committed to inclusion of refugees in funding requests. The Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) recommendations are the nexus of those plans. The Global Fund's Fund Portfolio Managers (FPMs) are working at country level to see how it would work with NFM4/GC7[3] grants. For example, in Mali, the Global Fund works with international organizations and communities to ensure the inclusion of refugees. Within Global Fund projects, country programmes have been able to mobilize funds to address the delivery of ITNs to

[3] Global Fund New Funding Model 4 -Allocation Cycle 2023—2025; also referred to as Global Fund Grant Cycle 7.

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hard-to-reach populations. There are examples of this from Ebola and now COVID-19 whereby the first response focused on reprogramming existing financing.

Climate change and an increase in the complexity of armed conflicts have changed the dynamics of emergencies. Therefore, funders, humanitarian and implementing partners need to continue to engage at the global level for increased emergency response financing and coordination. The war in Ukraine is creating a major and additional burden to the humanitarian assistance work supported by the Global Fund. As a result, the Global Fund is currently relying on civil society organizations to support HIV and TB programmes in Ukraine. Nevertheless, the Global Fund continues to provide extra support to the government for commodity procurement. Furthermore, the Global Fund is providing support to Romania to ensure that individuals fleeing there from Ukraine can also receive treatment. Finally, in Colombia, the Global Fund has established a system that enables Venezuelans to access services within Colombia because of the major cross-border movement between the two countries.

Session 2. Country perspective from Pakistan and ongoing response to flooding in Balochistan
Dr Muhammed Mukhtar, Head of Pakistan National Malaria Control Programme (NMCP)

Pakistan has successfully implemented vector control interventions. Over the past three years, there have been over 400,000 confirmed cases of malaria which represents an estimated 40 per cent reduction in caseload. On top of the COVID-19 pandemic, Pakistan has endured multiple natural disasters including the ongoing monsoon and floods, and a massive military operation against militants, all of which have affected the delivery of malaria control and treatment interventions. An area of Pakistan where the Taliban live, which only covers about three per cent of the country's land represents over 30 per cent of the malaria caseload. The eastern part of the country has 70 per cent of the country's population but has no malaria cases. While Pakistan has made efforts to implement different adaptive strategies such as civil-military coordination of insecticide-treated net campaigns, the area where the Taliban live is a very hard-to-reach area. Additional strategies include door-to-door distribution to reduce the risk of COVID-19 transmission during a recent ITN campaign.

Vector-borne diseases are often neglected in the initial phase of humanitarian disaster management and therefore require the early involvement of more technical vector control experts. Currently, the major donor is the Global Fund. It does, however, often take six to nine months to acquire the necessary resources to address disasters. The Global Fund should provide funding flexibility and allow local procurement which will enable cost-effective rapid response. Still on the funding front, simpler funding mechanisms, contingency funding and a focus on corporate social responsibility is essential. Donors should also be flexible in the selection of interventions, increase ownership by national health authorities, and support national coordination mechanisms. Additionally, donors should focus on bottom-up planning and promote localization of health programming and projects.

Session 3. Cross cutting, multisectoral and gender perspectives from United Nations Population Fund (UNFPA)
Mabingue Ngom, Director, Regional Office for West and Central Africa, UNFPA

Incorporating cross-sectoral approaches including sexual health and gender-based violence into vector control interventions has been successful in fragile contexts. This required an approach that focuses on the needs of populations rather than institutions, and a test and scale implementation approach. Ultimately, this has resulted in investment in community resilience including new resources from donors and an increase in domestic resources.

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Multisectoral approaches mitigate the challenge of prescriptive and top-down policies which can result in tools and systems that are not fit for purpose for the community and lead to frustration. Local stakeholders need significant help in scaling up advocacy for increased resources and bringing in local stakeholders. Ongoing data collection has shown an increase in engagement, resources and youth empowerment.

Q&A and discussion

This section is organized into broad categories.

Funding

Generally, there is disproportionate allocation of funding by health challenge and setting. The Global Fund lacks an effective funding mechanism for conflict-based countries. Effective emergency response requires a rapid response given mortality is highest within the first eight weeks of the crisis. The Global Fund should develop new funding mechanisms that allow for rapid and flexible funding for NGOs. The Global Fund could also consider developing standing agreements with local NGOs who have the skillset and capacity to respond to malaria and vector-borne diseases and allow direct procurement of commodities and use of NGO supply chains.

Yearly, each cluster partner effectively identifies funding gaps and allocates humanitarian funding without specific recipients identified. Emergency funding within the Global Fund has been successful: however, the speed of allocation depends on declaration of an emergency by the national government. The criteria used to access emergency funds is independent of the health challenge and is usually restricted to the procurement of commodities. There have been some efforts to increase flexibility throughout grant cycles.

Reallocation of funds within the Global Fund is also increasingly easier: however, it is sometimes difficult to identify the gaps and track reallocated funds. Tracking of funding is nearly impossible for governments to achieve for donor funds including UN agencies. The ease of resource tracking currently depends on the funding mechanism, with mechanisms such as the Global Fund and PMI being relatively easier to track than funding for IDPs/refugees managed by humanitarian and emergency response partners. Many ministries of health and donor working groups have taken the initiative to map country funding, but this has been difficult and duplicative when done by different groups. For example, in Ethiopia, the national government created a task force for this purpose and was able to identify the funding that was pledged, but it was nearly impossible to track expenditure.

Coordination

For every displaced person, there is a host community that is equally affected. In addition, the mechanisms of disease transmission have changed over time. This necessitates stronger collaboration and harmonization towards innovative interventions such as investment in food sacks impregnated with insect repellent, insect repelling shelters and the building of formal housing alongside informal housing in urban areas. In addition, investment in community-based programming around water storage and waste management in urban areas will support control initiatives for dengue, which is one of the fastest growing diseases in the world.

Improved collaboration and coordination involve better delineation of roles and responsibilities such as decision-making responsibilities. Implementers require improved technology to make diagnoses, and robust monitoring and evaluation data are required, including community migration patterns and adaptations to climate change.

The current UN Cluster System continues to inadequately address vector control due to weak coordination across five different clusters. The cluster system has isolated vector control initiatives

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under the WASH sector, but these are inadequately funded. To better include vector control in this expanded collaboration, stakeholders should look at the sector broadly rather than focusing on just one disease. The WASH cluster has launched a new strategy that includes a focus on expanding collaboration. In addition, clusters are seeking to integrate multisectoral plans and interested stakeholders should reach out to global cluster leads to present recommendations to cluster partners.

RBM Partnership opportunities
Konstantina Boutsika, Scientific Project Leader, Swiss Tropical and Public Health Institute
RBM has had some success with multisectoral groups, such as the RBM Multisectoral Working Group where mayors, who inherently work in a multisectoral way each day, were invited to their meetings to discuss issues. The Mayor of Freetown's senior adviser demonstrated multisectoral action where the level of coordination was very impressive. This information could be a good source for providing best practice in the future.

The humanitarian and emergency response community must reflect on what it would take for an organization to restructure in a way to properly address the concerns raised today about financing and isolation. As stakeholders, we must brainstorm which actors must be approached and which concrete steps should be taken to make multisectoral working a reality, as well as develop a realistic timeline for this work. It must be accepted by the community that climate change is going to result in a significant increase in emergencies: we are already seeing this now with crises in the Sahel and Horn of Africa. This will require more planning and prepositioning of supplies, as well as perhaps pooling funding and supplies so they are readily and speedily available. While the cluster system has its challenges, NGOs should learn to work within the existing structure and find a way to adequately link WASH and health. The UN structure can be tapped into for this (e.g. WHO should be tasked with coordinating health partners).

Increasingly, there are opportunities to develop strengthened systems, since it is known that there will be emergencies in the future, particularly due to climate change. Too often, implementers are more focused on reacting to crisis rather than planning in advance. Funding and implementing partners such as AMP and governments should collaboratively plan and budget both at the national and subnational levels. There is a need to promote COVID-19/malaria guidance that was developed to non-governmental implementing partners and other stakeholders.

It is essential for countries to incorporate IDPs and refugees (where applicable) into their national plans, rather than creating standalone policies and plans. Within these plans, countries should commit to better data collection for their funding requests and improved delineation between refugees and IDPs. For example, data on IDPs and refugees should be incorporated into the ALMA scorecards.

Furthermore, community-based primary health care delivery of interventions coupled with community surveillance will ensure populations at most need are reached. Community-based primary healthcare is an opportunity that has not been taken advantage of, particularly within vector control and WASH interventions.

Malaria Matchbox toolbox
Jessica Rockwood, President, International Public Health Advisors
The Global Fund, within the Community Rights and Gender Department (CRG), has focused on identifying key populations. Malaria has always had challenges focusing on key or more at-risk populations compared to HIV/AIDS programmes. The CRG has been working with CRSPC on the Malaria Matchbox toolkit which has sections to include high risk populations such as IDPs and

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refugees and may be willing to give support to improving targeting and delivery of malaria interventions in displaced populations. Once they help governments to identify gaps in coverage, the problem is always going to be funding, including understanding who is best placed in each of these countries to reach displaced populations. The CRSPC's Country Resource Mobilization and Advocacy (CReMA) workstream might be well placed to support these activities and work with CRG.

Monitoring and evaluation
The need for continuous collection of data such as through community surveillance is evident, however. For example, in zero dose communities, children do not receive the package of life-saving interventions such as malaria and pneumonia diagnosis and treatment and vector control interventions.

Vector-borne diseases are quite well known, but one unintended consequence of existing funding mechanisms is that research and learning is restricted to certain topics. As a result, there is a lack of evidence-based normative guidance and information at the national level. Existing information is fragmented and could be improved by building and maintaining more robust repositories. The refugee coordination modality has sectors instead of clusters, including a sector for IDP response, and therefore we need to understand how to work within these sectors for better coordination.

Closing

As insecurity continues to increase, this community needs a call to action to coordinate and drive forward our work.

Overview of AMP case studies
Jessica Rockwood, President, International Public Health Advisors
AMP has produced four case studies based on implementation experience for ITN delivery in hard-to-reach areas. These are Cameroon, Mozambique, South Sudan and Uganda[4]. These case studies serve to highlight adaptations made in the different campaign stages to ensure high population access to ITNs during distribution and safety of campaign staff. Each of these case studies focuses on a different challenge and how national malaria programmes with partners and AMP overcame these challenges to provide ITNs to displaced populations.

These case studies will serve to aid other countries in adaptations that they can make to ensure better inclusion of displaced populations into the planning and budgeting phase of their campaigns. New case studies will be added to the series including from Burkina Faso and Pakistan. The case studies also complement the AMP COE guidance document[5] that provides more detail on flexibilities and adaptations that might be appropriate for certain COE contexts.

Next steps

- Produce a meeting report based on today's roundtable with targeted outcomes, next steps and action items for partners.
- Capitalize on the launch of the new Global Fund grant cycle and other funding opportunities to connect national partners with donors and include tailored vector control activities for displaced persons in country funding applications and national plans.

[4] https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_type=Case%20Studies
[5] https://allianceformalariaprevention.com/wp-content/uploads/2023/01/Challenging_Operating_Environments_ITN_EN_20190107.pdf

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- Identify and plan for upcoming opportunities in 2022 and 2023 to continue this conversation and engage new and old partners from academia, the private sector, other disease areas, other sectors, and country malaria partners and national malaria programmes.
- Encourage the continued development and dissemination of supporting materials (manuals, case studies, analyses and scorecards) in collaboration with country and implementing partners.

Upcoming meetings and important dates:

November 2022:

- Individual consultation with Global Fund focus and transition countries and applicants

December 2022:

- Delivery and presentation of the scorecards at the Global Fund Orientation Meeting with country programmes (12—13 December)
- Host Roundtable 2 – with national malaria programmes on the side-lines of the RBM Global Fund Orientation Meeting in Nairobi. This will include one workshop with Anglophone countries and one with Francophone countries.

February 2023:

- Host Roundtable 3 at the RBM VCWG and RBM Multisectoral Working Group Meeting in Accra, Ghana
- Workshops and consultations with country teams at the Global Fund Technical Review Panel (TRP) meeting

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Annex 1: List of participants

Name	*Organization*	*Title*
Abraham Mnzva	ALMA	Senior Malaria Coordinator
Melanie Renshaw	ALMA/RBM CRSPC	Chief Technical Adviser
David Gittelman	AMP/IFRC	Consultant
Justin McBeath	Bayer/RBM VCWG	Global Market Manager, Vector Control
Sarah Baumunk	Catholic Relief Services	Policy Analyst
Joe Lewinski	CRS	Platform Lead, Malaria
Dr Samira Al-Eryani	EMRO-WHO	Malaria and Vector Control
Lungi Okoko	Gates Foundation	Senior Programme Officer,
Francesco Moschetta	Global Fund	Senior Adviser
Elisa RIQUIER	IFRC/AMP	AMP Coordination Officer
Jason Peat	IFRC	Team Lead, Community Health
Marcy Erskine	IFRC/AMP	Manager, Malaria Programmes
Petra Khoury	IFRC	Director, Health and Care
Jessica Rockwood	International Public Health Advisors	President
Dr Poonam Dhavan	IOM	Senior Migration Health Policy
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Dr Corine Ngufor	LSHTM	Associate Professor
Richard Allan	MENTOR Initiative	Director
John Milliner	Milliner Global Associates, Inc	Director
Corey LeClair	MSF	Vector-Borne Disease Control
Dr Roberto Montoya	PAHO-WHO	Regional Malaria Adviser
Muhammad Mukhtar	Pakistan National Malaria Programme	Head
Julie Johnson	PMI	Communications Adviser
Lilia Gerberg	PMI	Health Science Specialist
Cedric Mingat	Results in Health	PSM Team Lead
Konstantina Boutsika	Swiss TPH	Scientific Project Leader
Richard Allan	The MENTOR Initiative	Director
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Dana McLaughlin	UN Foundation	Senior Associate, Global Health
Patricia Sanchez Bao	UN Foundation	Senior Officer Global Health
Mabingue Ngom	UNFPA	Executive Director and UNFPA Representative to the African Union and UN ECA
Ammar Al-Mahdawi	UNHCR	Head of Global Shelter and Settlement

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Sandra Harlass	UNHCR	Senior Public Health Officer
Pierre Yves	UNICEF	WASH Specialist
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