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

Executive summary

On 12 and 15 December 2022, the Alliance for Malaria Prevention Innovation and Evaluation Working Group (AMP IEWG), Catholic Relief Services (CRS), the International Federation of Red Cross and Red Crescent Societies (IFRC), the RBM Partnership to End Malaria (RBM Partnership) and the United Nations Foundation (UNF) hosted roundtable discussions in two sessions (English and French) on **addressing the needs of displaced and last mile populations in NFM4/GC7[1] malaria grant applications.**

This second meeting in a series of three roundtables was held on the side-lines of the RBM Country/Regional Support Partner Committee (CRSPC) Global Fund Orientation Meeting in Nairobi (Kenya), and brought together 70 malaria partners, including representatives from national malaria programmes, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund), RBM Partnership, US President's Malaria Initiative (US-PMI), and the World Health Organization (WHO) (see Annex 1).

The primary objective of the roundtable was to identify and address key operational, funding, and technical gaps in the delivery of malaria prevention and control interventions to populations living in complex operating environments (COE) in malaria-endemic countries, including displaced and last-mile populations. The roundtable discussion targeted countries with a high malaria burden, high numbers of internally displaced persons (IDPs), refugees and hard-to-reach populations and, based on previous analysis, low access to malaria prevention tools for those most at risk/vulnerable groups.

This second roundtable builds on the discussions from the first roundtable that took place on 6 September 2022 in Washington, DC (United States) focused on protecting displaced populations from vector-borne diseases through multisectoral collaboration. In addition, this second roundtable complemented the presentations in the RBM CRSPC Global Fund Orientation Meeting designed to inform countries about new Global Fund strategic guidance and prepare them for the NFM4/GC7 application processes.

Key issues

- Globally, the number of people residing in COEs is increasing over time, primarily due to political instability in conjunction with the climate crisis and recently the COVID-19 pandemic.
- The context in COEs is dynamic and fluid. Due to a myriad of constantly changing factors such as security, climate, geographic and sociocultural challenges, the needs of populations in COEs can change rapidly, making them difficult to address.
- The fight against malaria continues to be a challenge in many COE countries. Countries must learn from each other to better prepare for current and future crises.
- Inclusion of refugees and IDPs in national health service delivery planning is key to meeting the needs of displaced populations.

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

Recommendations for stakeholders

Recommendation	Funding partner	Operational partner	Country programme	Private sector	Academia and research
Support multi-sectoral and integrated efforts. COE countries face multi-faceted challenges, thus requiring supportive efforts that are broad in scope, multisectoral and integrated within existing government mechanisms.	✓	✓	✓	✓	✓
Strengthen in-country and country-to-country coordination. National and local government structures, humanitarian and funding partners need to better coordinate actions. In addition, an intercountry coordination framework will allow countries to share experiences and ideas on the often-similar challenges that are faced.	✓	✓	✓	✓	✓
Strengthen advocacy efforts. Improved and sustained advocacy is required to continue to highlight the challenges faced in providing malaria services to IDP and refugee populations, the need for improved and updated financing mechanisms in COE settings, and better coordination across relevant partners.	✓	✓	✓	✓	✓
Improve data and data-analysis to fund and plan for service delivery. Improved and more "real-time" data are required from humanitarian response and other partners for national governments to adapt or target malaria interventions to IDP and refugee populations.		✓	✓	✓	✓
Consider pooled and flexible or ring-fenced funding. The context in COEs is dynamic and difficult to plan for, so mechanisms are needed that allow governments and organizations the flexibility to use funding based on emerging needs. A pooled funding mechanism that is coupled with transparent financial monitoring and tracking systems will improve harmonization of efforts. Alternatively, ring-fenced resources can also allow rapid response to emerging needs.	✓	✓	✓	✓	
Consider regional stockpiling of commodities.	✓	✓	✓	✓	

Recommendation	Funding partner	Operational partner	Country programme	Private sector	Academia and research
Multilateral partners need to develop mechanisms that improve the pre-positioning of malaria commodities to be able to respond to humanitarian emergencies more quickly.					
Engage IDPs, refugees and host communities. A coordinated delivery approach that is community informed and community led is key to the continuation of essential service delivery and community resilience. Additionally, the needs of host populations in COEs need to be addressed to minimize tension between host populations, refugees and IDPs.	✓	✓	✓	✓	
Innovate and adapt existing tools. Due to the context in COEs, service delivery requires adaptation to ensure both its appropriateness and effectiveness, as well as access over time.		✓	✓	✓	✓
Invest in localization. Local development actors are better placed to meet recurrent and protracted needs of populations in COEs as they are present before, during and after periods of insecurity and population displacement.	✓	✓	✓		✓

Meeting notes

Welcome and opening remarks

Dr Kaka Mudambo and Philippe Batienon, Sub-Regional Network Coordinators for RBM in East and Southern Africa and West and Central Africa respectively, opened the roundtable discussions on December 12 and 15 respectively by noting the timeliness of the discussion. The roundtables provided a platform for the invited countries to exchange experiences and ideas on how to assess and plan for the various challenges ahead of their NMF4/GC7 applications. The focus of the roundtable discussion allowed national malaria programmes to provide their experience and offered an opportunity for technical, funding and implementing partners to listen to real challenges and grounded solutions for future thinking regarding best approaches for sustaining service delivery in COE contexts.

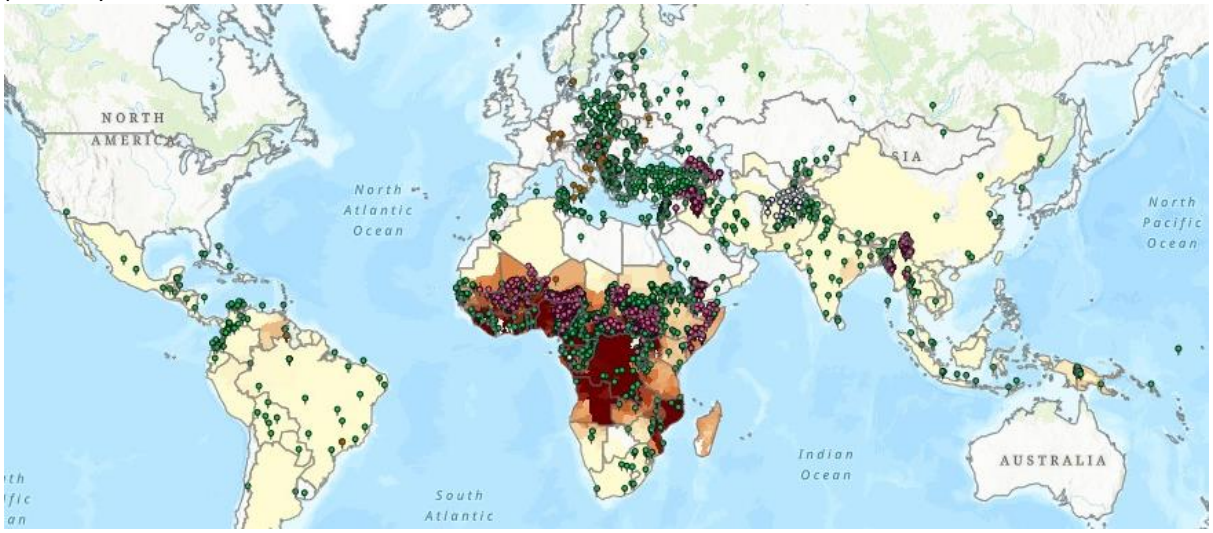
Setting the scene

Moderator: Dana McLaughlin, Senior Associate, UN Foundation

A recent analysis conducted by UNF and the United Nations High Commissioner for Refugees (UNHCR) showed an overlap between global *P. falciparum* incidence and displaced populations. Over time, refugee and IDP inclusion in Global Fund applications has increased for HIV/AIDS, malaria and

TB. As a result, across the three diseases, the inclusion of, and funding for, specific interventions for refugees and IDPs has increased substantially.

Figure 1: UN Foundation map - Malaria prevalence with identified refugees and displaced persons (UNHCR)



Light to dark background = malaria prevalence
Purple = Refugees, Green = displaced populations

Country case presentations – Anglophone

- ***Dr Catherine Maiteki, Uganda****:* Early engagement and collaboration between the Government of Uganda and malaria partners was identified as a best practice in the delivery of malaria services to refugee and displaced populations.
- ***Dr Yasser Abdullah Baheshm, Yemen****:* The main achievement in Yemen is the distribution of insecticide-treated nets (ITNs) in IDP camps. Yemen uses a displacement tracking tool to collect data on the estimated numbers of households forced to flee daily from their locations of origin and population movement, allowing for regular reporting of estimated numbers, geography and needs. It also tracks those who return to their location of origin.
- ***Dr Hammad Habib, Pakistan****:* The 2022 floods in Pakistan destroyed homes, livelihoods and farmlands, and many parts of the country remain underwater. The floods exacerbated internal displacement of people usually caused by political instability. Lack of emergency preparedness plans and buffer stock for emergency response, among other challenges, impeded the delivery of much needed malaria diagnostic, treatment and prevention tools.

Country case presentations – Francophone

- ***Dr Gauthier Tougri, Burkina Faso****:* The political and security situation in Burkina Faso has deteriorated significantly in recent years and remains volatile. This has led to an increase in the number of IDPs. The security situation has also led to health facility closures which impedes the delivery of health services. In some regions, military support has been deployed for the delivery of health services. However, the Sahel region remains unreached due to the heightened security risk. In addition to military support, community engagement has been identified as critical for the delivery of health services in Burkina Faso.
- ***Dr Vincent Sanago, Mali****:* Over 10 years of political unrest in Mali has resulted in human displacement. IDPs, particularly in insecure zones, have limited access to health services. Humanitarian non-governmental organizations (NGOs) and donor funding have been indispensable to the delivery of health services in conflict zones. A focus on local capacity-building is needed to ensure the sustainability of health service delivery among vulnerable populations, such as IDPs, in Mali.

Roundtable discussion

Moderator 12 December: ***Mariam Adam, Malaria Officer, World Health Organization (Sudan)***

Moderator 15 December: ***Yacouba Savadogo, Global Fund Sahel Malaria Consultant***

Question: Are the current malaria prevention tools and products sufficient and/or appropriate to reach IDPs, refugees and migrant populations?
There were mixed views regarding the sufficiency and/or appropriateness of the current malaria prevention tools and products. Generally, it was felt that they are insufficient primarily due to difficulty planning for needs in COE countries. Due to the unpredictable nature of the crises and their effects in COE countries, quantification of the needs for IDPs, refugees and migrant populations was flagged as especially difficult. In turn, inadequate quantification has a cascading effect on resource availability, mobilization and allocation. In Bangladesh for example, the current funding did not take into consideration the increased need for diagnostic and treatment products, as well as preventive interventions such as ITNs, in the context of increased needs for refugees from Myanmar. Furthermore, funding for tools and strategies such as indoor residual spraying (IRS), ITNs, integrated community case management (iCCM) and case management in COEs was identified as either insufficient or restricted due to donor policies and guidelines.

To counter this insufficiency, innovative service delivery, monitoring and adaptation of available tools was proposed. COE countries and regions are significantly varied from those in stable environments. Therefore, current tools and products require adaptation to meet the needs of populations. For example, vector control tools such as IRS and ITNs are currently better suited for semi-permanent and permanent housing structures rather than for temporary structures often used in COEs. There are existing tools such as impregnated plastic tarpaulins and topical repellents which may be better suited for COEs, but which are **not** currently WHO-PQ approved and thus are **not** funded by the Global Fund or other malaria donors. National (domestic) resources for health - generally and malaria specifically - are constrained in many of these countries, leaving a limited opportunity for domestic resource mobilization and procurement of products better suited to COE contexts.

In Mauritania, the existing tools were reported as sufficient. The country currently hosts approximately 70,000 refugees, many of whom are from Mali and Niger. By providing citizenship and through inclusive malaria intervention planning, Mauritania meets the needs of refugees.

In South Sudan, whereas ITNs are in sufficient supply, their distribution is affected by the high logistics cost and difficult topography. A cost-effective distribution strategy would ensure the available tools reach target populations when and where they are needed.

Question: What are the bottlenecks and issues that stand in the way of stronger programme delivery to hard-to-reach populations*?*
COE contexts are dynamic and fluid. Shifting political and tribal alliances, terrorism threats, ongoing displacement and the constant threat of natural hazards make precise planning and delivery of programmes difficult, if not impossible in some cases. In addition, aid and healthcare workers face life-threatening situations in the delivery of services in COE settings. Countries highlighted that real-time changes to service delivery strategies are required. For example, during a recent campaign, Mali had to change its door-to-door distribution strategy for ITNs to a health facility-based distribution due to insecurity. The fragile situation in COE countries often results in disruption of services such as health facility closures in Burkina Faso, Niger and Mali, limited supervisory activities,

and halted ITN campaign distribution in Burkina Faso's Sahel region, among others. In some countries, military support - depending on the local context - is often required for service delivery, which can have its own complications and implications in terms of population acceptance.

Linked to insecurity is inadequate access to dependable information from an effective early warning and assessment system. Such a system both improves IDP and refugee security and ensures national malaria programmes can better plan for the delivery of malaria services and protect healthcare workers. National malaria programmes working with humanitarian actors in the cluster system need a clear risk assessment protocol as well as risk classification tools.

Host communities also often lack access to basic amenities and integrating refugees often leads to competition, be it real or perceived, for scarce resources. This leads to friction between refugees and the local settled population. In Pakistan, for example, during the recent flooding emergency, ITNs previously reserved as buffer stock for the local population were distributed to IDPs. In future, any ITN shortages in the local population are likely to be attributed to IDPs, which will cause friction between the two populations.

Currently available funding for various malaria tools (ITNs, IRS) was deemed inflexible and insufficient for service delivery in COE countries. An informed analysis is required to assess and allocate funding systematically and proactively rather than reactively. The funding should allow for flexibility given the dynamic and fluid context in COEs. One approach that was proposed is ring-fencing of resources for service delivery in COE countries, which would ensure that countries can rapidly respond to needs as they emerge. To further secure funding for COEs, the private sector can play a critical role in the financing of service delivery as well as service provision. Pilot programmes from CRS in Burkina Faso have purchased ITNs through the private sector to provide nets to IDPs and refugees. Likewise, private sector partners and manufacturers[2] are critical partners in supporting national programmes, the Global Fund and US-PMI country teams in managing the logistics, transportation, data management and security, all of which are required to maintain malaria programmes in COE settings.

Fragmented funding mechanisms challenge the efficiency and consistency of malaria treatment and prevention activities – and the health sector at large – and impede sustained health system strengthening, including for malaria. Further, a pooled funding mechanism has the potential to improve the harmonization and coordination of efforts across partners working in different sectors. In addition, COE countries face multi-faceted challenges: thus narrow and siloed approaches are ineffective. COE countries require supportive efforts that are broad in scope, multisectoral and integrated within existing government mechanisms linked to harmonized technical, funding and implementing partners.

The method by which malaria services and campaigns are organized affects uptake and utilization of services. In certain COE settings, integration of national emergency preparedness and disaster management plans will strengthen downstream delivery activities such as routine and campaign services for malaria. In addition, a coordinated delivery approach that is informed and led by target communities is key to the continuation of essential services and the reinforcement of community resilience. For example:

- In the Central African Republic, community health workers have been indispensable in the provision of health services to populations living in complex environments due to insecurity. They are present before, during and after periods of elevated insecurity and have gained the trust of their neighbours and community members.

[2] https://medium.com/usaid-2030/supply-chain-saves-lives-a720d9d132e

- In Niger, a coordination framework with clearly defined targets was piloted by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and WHO. This coordination framework helped to better target services to IDPs and refugees based on a coordinated method of working agreed by all.
- In Mali, the Global Fund, US-PMI, UNICEF, the World Bank and WHO developed a collaborative framework in a bid to ensure vulnerable populations are reached with medical services.

A transboundary collaborative framework was suggested as a platform for countries to share experiences, exchange ideas and learn from each other. Through such a platform, Pakistan and Nigeria could have exchanged flood response ideas, for example.

Service delivery aimed at populations in COE countries requires adaptation to ensure both its appropriateness and effectiveness. As noted above, this applies especially to vector control tools such as ITNs and IRS.

Lastly, the design and delivery of programmes should focus on the diverse needs of these specific populations and should include their host populations. Integration of malaria interventions with other health interventions, as well as non-health sector interventions, was identified as an opportunity to holistically serve and reach populations in COE contexts.

Question: How can humanitarian partners, as well as funding partners (Global Fund, WHO, US-PMI, USAID), support targeted services for IDPs and refugees?

A common theme that emerged was the need for better coordination among humanitarian partners, funding partners and the respective national and local government structures. To best respond to the various needs of populations in complex contexts, coordination should be multisectoral. In addition, humanitarian partners should engage local development actors who are better placed to meet recurrent and protracted needs of these most at-risk populations. Alongside this, a shared database would ensure all key stakeholders have access to information for tracking progress and quantification of needs as contexts and situations change. Pakistan uses the 4W matrix[3] for information-sharing, resource mapping and decision-making. Inadequate coordination often leads to duplication and/or inadequately integrated vertical programmes.

In terms of engagement on coordination platforms such as the Humanitarian Cluster System, there are variations across countries. For example, the Uganda National Malaria Control Division (NMCD) does not participate in cluster meetings. However, there is engagement with humanitarian relief partners, such as UNHCR, through other coordination platforms such as the malaria mid-term review meetings. In contrast, South Sudan NMCP participates in cluster meetings.

Regarding the reliable supply of commodities to be deployed when and where needed, humanitarian and funding partners should consider stockpiling to support national and regional response efforts. Stockpiling critical life-saving commodities will improve the ability of programmes to prepare for both anticipated climate events (e.g. cyclones) and humanitarian emergencies with malaria epidemic implications and rapidly respond to changing needs of populations in COE contexts. It was noted that stockpiling is currently not permitted by the Global Fund primarily due to the various challenges that the practice brings, such as expiration of drugs. Alternative suggestions included the engagement of the private sector, particularly drug manufacturers, who may be better placed to manage malaria commodity stockpiles.

Lastly, the participation of refugees and IDPs in the design, planning and delivery of malaria services is essential.

[3] OCHA Pakistan: Who is doing what, when and where (4W matrix)

Next steps

Partners at the meetings agreed on the next steps to help move forward this important conversation within the context of the next Global Fund application process (NFM4/GC7). Updated and improved COE guidance and flexibilities will be coming from the Global Fund and should help countries better prepare and deliver malaria services to IDPs and refugees. Other next steps from both discussions included:

1. Share salient discussion points with the group, 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.

These next steps, as well as the next steps agreed during the September Roundtable 1 discussion, will be used to further the conversation at Roundtable 3 in February 2023 that will take place in Accra, Ghana with vector control, private sector and academic partners.

Annex 1: List of participants

12 December 2022

Name	Organization	Title
Samson Katikiti	ALMA	Senior Programme Officer
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15 December 2022

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