

UNITED NATIONS  
FOUNDATION

**amp** | The Alliance for  
Malaria Prevention

# HEALTH FOR ALL

*Including Refugees  
& IDPs in Malaria  
Services*

Wednesday, August 21  
10 a.m. - 11:30 a.m. ET

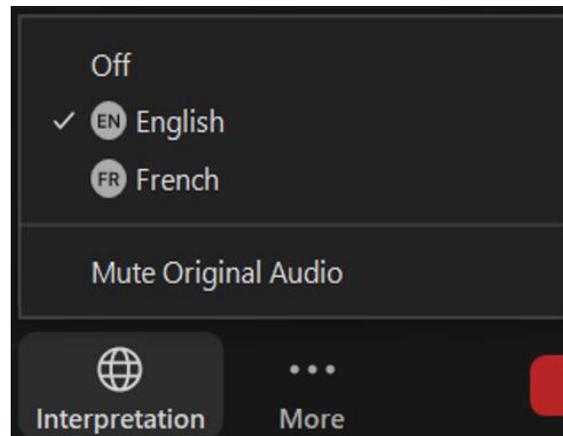
[bit.ly/Health4AllWebinar](https://bit.ly/Health4AllWebinar)

Session will begin shortly – la session commencera bientôt

# Interpretation / Interprétation

Select your language now – [Veillez choisir votre langue maintenant!](#)

Please choose from: **English & French**  
**Merci de sélectionner Anglais ou Français**



Session will begin shortly – la session commencera bientôt

# Question and answer / Question et réponse

Please use the Q&A feature on Zoom to comment and ask questions in English or French, adding the name of the speaker to whom the question is addressed.

Veillez utiliser la fonction Q&A sur Zoom pour commenter et poser des questions en anglais ou en français, en ajoutant le nom de l'orateur à qui la question est adressée.



Session will begin shortly – la session commencera bientôt

# **Health for All: Including Refugees and Internally Displaced People in Malaria Services in sub-Saharan Africa**

## **➤ Welcome Remarks**

- Dr. Michael Charles, RBM Partnership to End Malaria

## **➤ Forcibly Displaced Populations & Malaria Transmission**

- Dr. Allen Maina, UNHCR

## **➤ Assessment of Inclusion Efforts for Refugees & IDPs**

- Ms. Patty Sanchez-Bao, UN Foundation

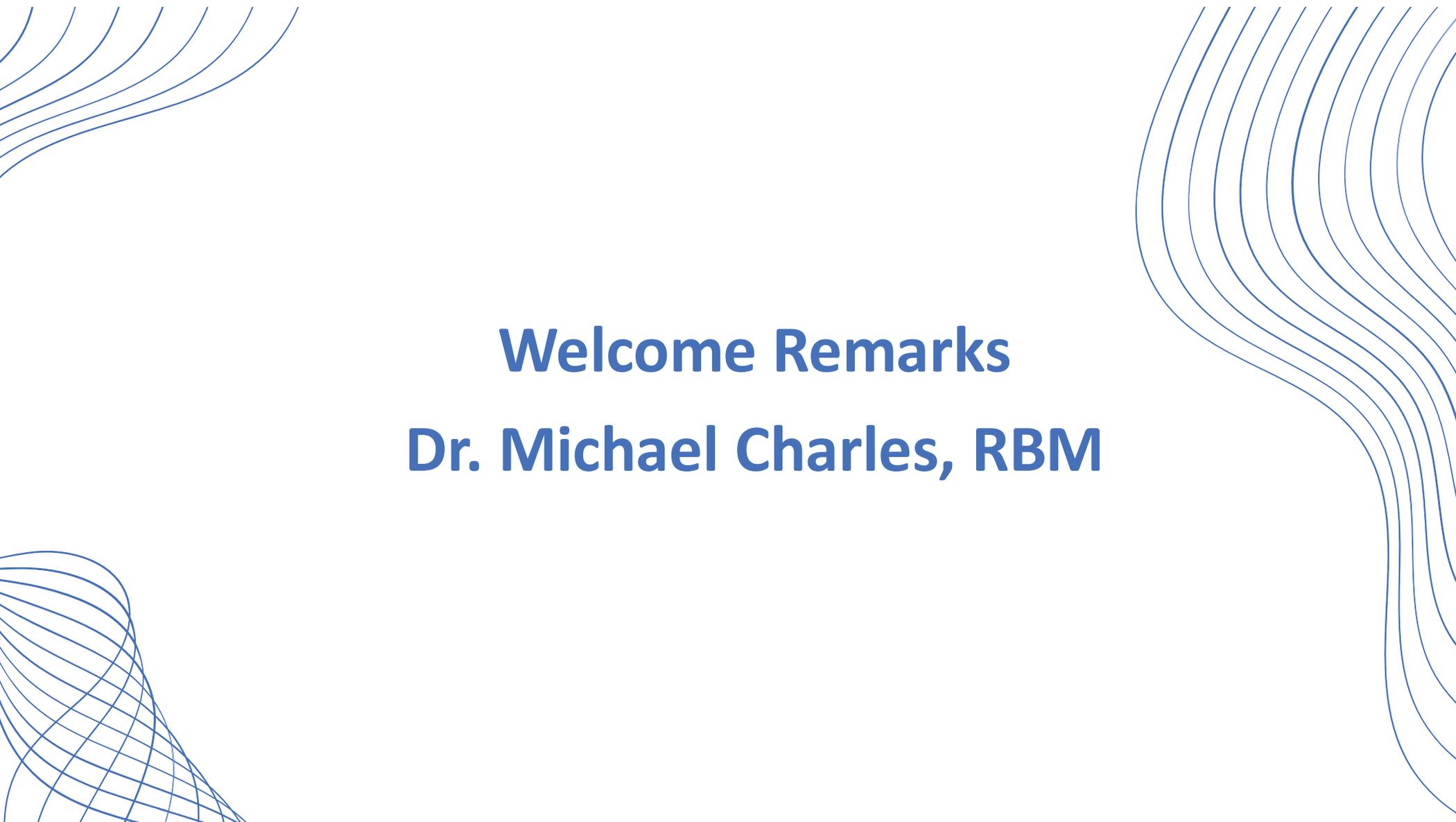
## **➤ Country Experiences:**

- Uganda – Dr. Jimmy Opiego, NMCP
- Democratic Republic of Congo – Dr. Eric Sompwe, NMCP

## **➤ Q&A Session**

## **➤ Closing Remarks**

- Mr. Francesco Moschetta, Global Fund



**Welcome Remarks**  
**Dr. Michael Charles, RBM**

WORLD HUMANITARIAN DAY  
FORCIBLY DISPLACED POPULATIONS  
& MALARIA TRANSMISSION

*Sub-Saharan Africa*

August 21<sup>st</sup>, 2024



# HUMANITARIAN CONTEXT

>8.5  
MILLION



REFUGEES

>34.7  
MILLION



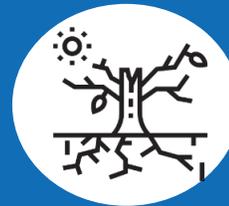
IDPs



SOCIAL-ECONOMIC  
INEQUITY



FOOD INSECURITY &  
MALNUTRITION



DROUGHTS & FLOODING



CONFLICT & VIOLENCE



**UNHCR**  
The UN Refugee Agency



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# DISPLACEMENT & MALARIA

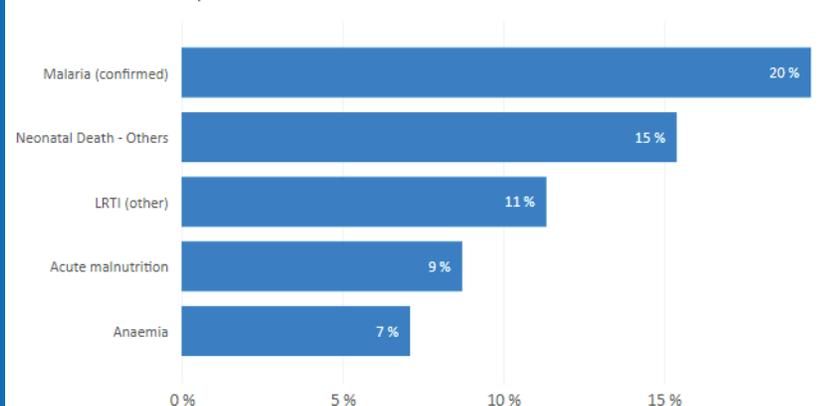


## Malaria trends:

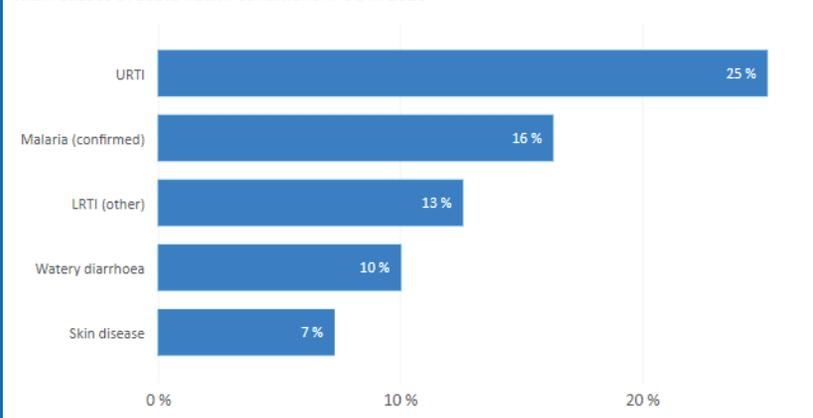
Sub-Saharan Africa carries the heaviest malaria burden worldwide, with an estimated 233 million cases and over 580,000 deaths in 2022.

The graphs show proportional morbidity and mortality in 15 SSA countries (UNHCR iRHIS).

Main causes of mortality in US children in 2023



Main causes of acute health conditions in U5 in 2023



## Forced displacement:

Malaria remains a leading cause of morbidity and mortality among refugees and IDPs in sub-Saharan Africa.



# CLIMATE CHANGE, CONFLICT, DISPLACEMENT & DISEASE



UNDP Chad/Aurelia Rusek

[← Back to Opinion](#)



## **Conflict and Climate Change Are Supercharging Malaria, But It Can Be Stopped**

14 February 2024 by Peter Sands, Executive Director of the Global Fund, and Achim Steiner, Administrator of UNDP

# MALARIA CONTROL STRATEGY

- Foster the conditions, partnerships, collaboration, and approaches that enable refugees to access healthcare and essential health services.
- Advocate for the inclusion of refugees into national health systems at affordable costs and sufficient quality including malaria vaccination. Explore innovative tools for vector control.
- Provision of holistic health services through preventative and diagnostic & treatment approaches.
- Strengthen routine health surveillance and evidence-based decision-making.
- Meaningfully engage refugees, including strengthening the capacity of Community Health Workers on malaria control and, where applicable, on integrated community case management.

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**Thank you**

ASSESSMENT OF INCLUSION EFFORTS

FOR REFUGEES & IDPS IN

THE GLOBAL FUND

2023-2025 GRANT CYCLE

*Sub-Saharan Africa*

August 21<sup>st</sup>, 2024



# MALARIA GRANTS ASSESSMENT



## Background:

The Global Fund provides a significant proportion of international funding for malaria.

- 45% of core portfolios are considered challenging operating environments (COEs).
- COEs house 63% of global malaria cases.



## Objective:

Assess the level of inclusion of refugees and IDPs in Global Fund grants for the 2023-2025 cycle to identify opportunities to enhance access to health services and foster inclusion.



## Methodology\*:

Review of grant activities and grant-specific funding allocated to malaria services.

- **Limitation:** Certain countries do not report service provision to refugees and/or IDPs in their funding requests.

*\*Adapted the methodology developed by Spiegel, Hering, Paik, and Schilperoord.*



# INCLUSION EFFORTS INDEX

## Universe:

- **2023-2025 cycle:** **22** grants were eligible for the refugee analysis and **17** for the IDP analysis.\*
- **2020-2022 cycle:** **24** grants were eligible for the refugee analysis and **21** for the IDP analysis.

## Inclusion Index:



**Targeted activities:** The funding request includes activities that target refugees and/or IDPs.



**Reference:** The funding request mentions refugees and/or IDPs, but it doesn't include activities that target them.



**No Mention:** The funding request doesn't reference refugees and/or IDPs.

## Grant-specific funding:



**Full:** Mention of full allocation of funds for targeted activities.



**Partial:** Mention of partial allocation of funds for targeted activities.



**None:** No mention of funds for targeted activities.

\* We will review 2 additional grants for the refugee analysis and 1 for the IDP analysis.



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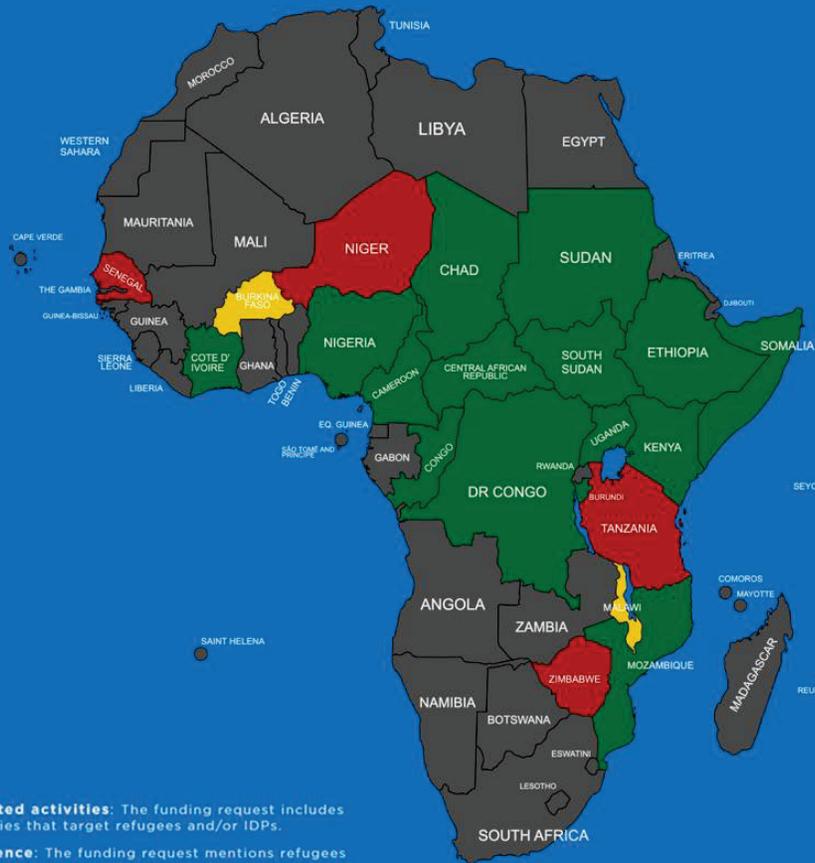


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## 2020-2022 IDP INCLUSION ASSESSMENT

## 2023-2025 IDP INCLUSION ASSESSMENT



### Legend:

- **Targeted activities:** The funding request includes activities that target refugees and/or IDPs.
- **Reference:** The funding request mentions refugees and/or IDPs, but it doesn't include activities that target them.
- **No Mention:** The funding request doesn't reference refugees and/or IDPs.
- **Not eligible.**
- **The grant hasn't been finalized.**



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The UN Refugee Agency



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# PRELIMINARY FINDINGS

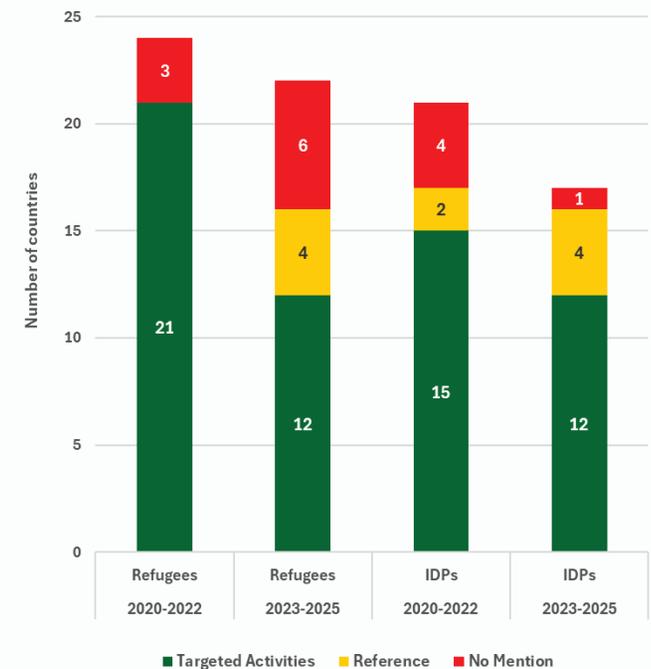
The preliminary findings highlight **that despite sustained efforts, challenges persist** in providing essential services to refugee and IDP populations.

The funding review shows that only **partial funds** are allocated for the execution of interventions targeting refugee and IDP populations, with countries also leveraging **other funding sources** to reach these populations.

The **2020-2022 and 2023-2025 cycle comparison** reveals:

- An increase in countries not mentioning refugees.
- An increase in countries referencing refugees and IDPs but not proposing targeted activities for these populations.
- A decrease in countries proposing targeted activities for refugees and IDPs.

Preliminary Inclusion Assessment: Malaria



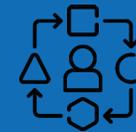
# RECOMMENDATIONS



**Strengthen Health Systems**



**Multi-sectoral Collaboration  
& Coordination**



**Adapt Interventions to Meet  
Refugees & IDPs Needs**



**Monitor & Identify Gaps**



**Analyze Barriers to Inclusion**



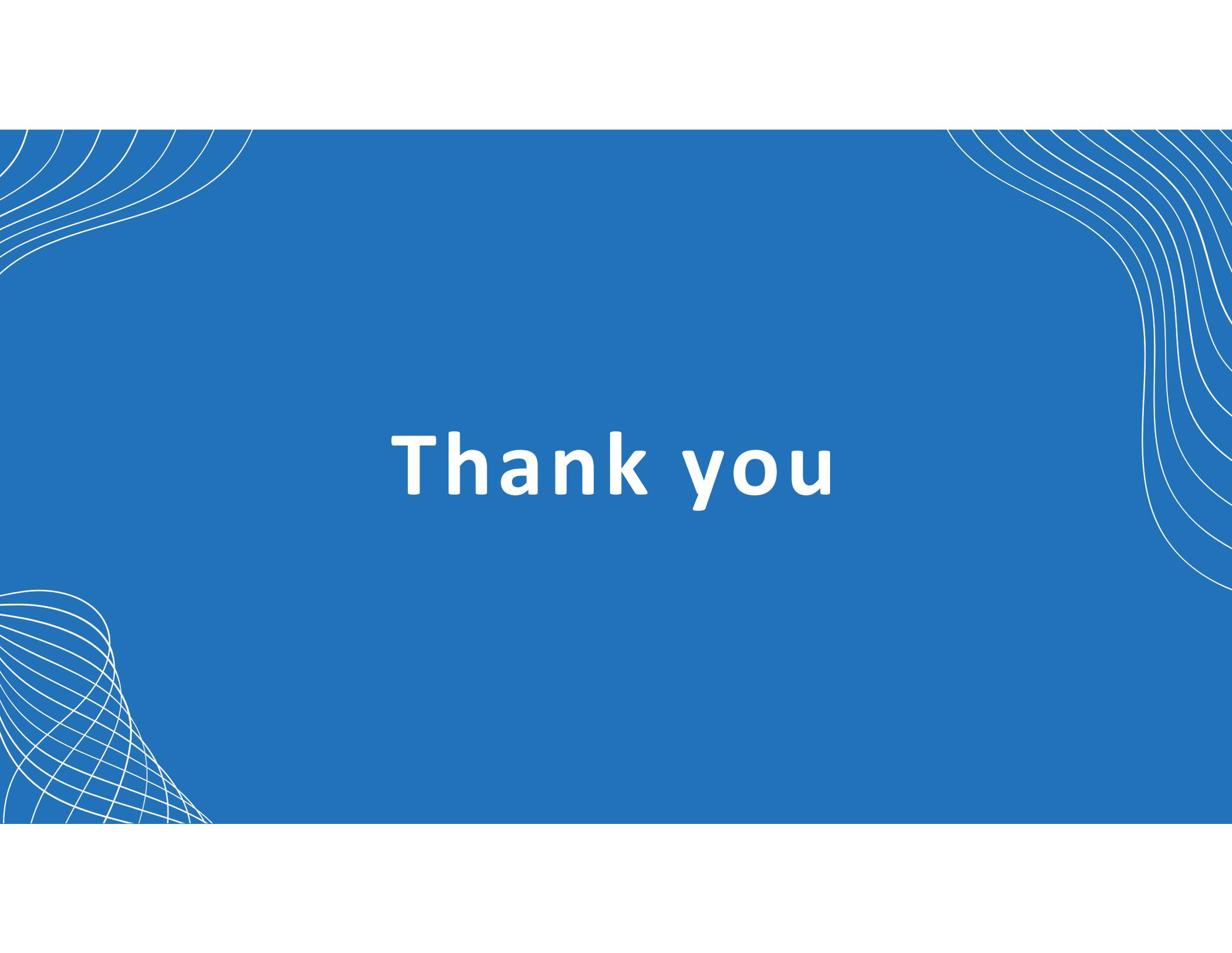
**Advocate for Policy Change**



**Foster Systematic Inclusion**



**Promote Inclusive Coverage**

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**Thank you**



**Health for All: Including Refugees and Internally  
Displaced People in Malaria Prevention,  
Diagnosis, and Treatment Services in  
Sub-Saharan Africa**

World Humanitarian Day Webinar

August 21, 2024



# Country Context

## Supportive Policies & Examples

### IDPs

In 2022, 14,671 individuals were affected by disasters, representing 4,800 households.

### Refugees

- Uganda has 1.7 million refugees in 13 refugee-hosting districts for the last mile population
- Refugees have access to social services at the same level as host population
- Have freedom of movement within the country
- Have right to work
- Refugees live in villages (settlements) and not camps

# Operational Successes

## Planning

- Refugees are included in the design with the humanitarian partners part of the assessments, designs and quantification of any commodities

## Budgeting

- The planned activities and commodities are included in the country budget needs that are funded by Government or submitted to donors.

## Implementation

- Humanitarian partners at all levels are part of the implementation planning, joint monitoring
- Humanitarian partners are part of the extended district health teams at the field level
- MOH at the district level coordinates the refugee settlement as part of the district health services

# Operational Challenges

## Planning

- Increasing refugee influx from the neighboring countries
- Complex refugee settlement structures vs the local Government structures
- Different objectives for the different partners promote element of implementation in silos

## Budgeting

- Large refugee population requires more resources
- Humanitarian partners resources are off-budget

## Implementation

- Coordination centered at different powers that might result into duplication
- Different standards for implementation e.g. number of people per house and house structure and shapes compromise one design

# Adaptations

## Planning

- There is a refugee integration plan for the MOH
- Refugees are included in the MOH planning across the departments
- Functional joint plan between the Office of the Prime Minister (OPM), UNHCR and UN Agencies, international and national partners streamlines planning

## Budgeting

- Refugees are included in the budgets of Government since all health facilities serving refugees are now government health facilities

## Implementation

- Refugees have the same coverages for MOH interventions at the same level as host population
- The refugee health outcomes are better compared to before integration

# Reaching Last Mile Populations: Best Practices

The Health Sector Integrated Refugee Response Plan in Uganda (HSIRRP 2022-2025) has six pillars

- (i) Service Delivery,
- (ii) Human Resources for Health,
- (iii) Medicines (Health Commodities and Technologies),
- (iv) Health Management Information System,
- (v) Health Financing,
- (vi) Leadership, Coordination, Management and Governance.

## Establishing partnerships

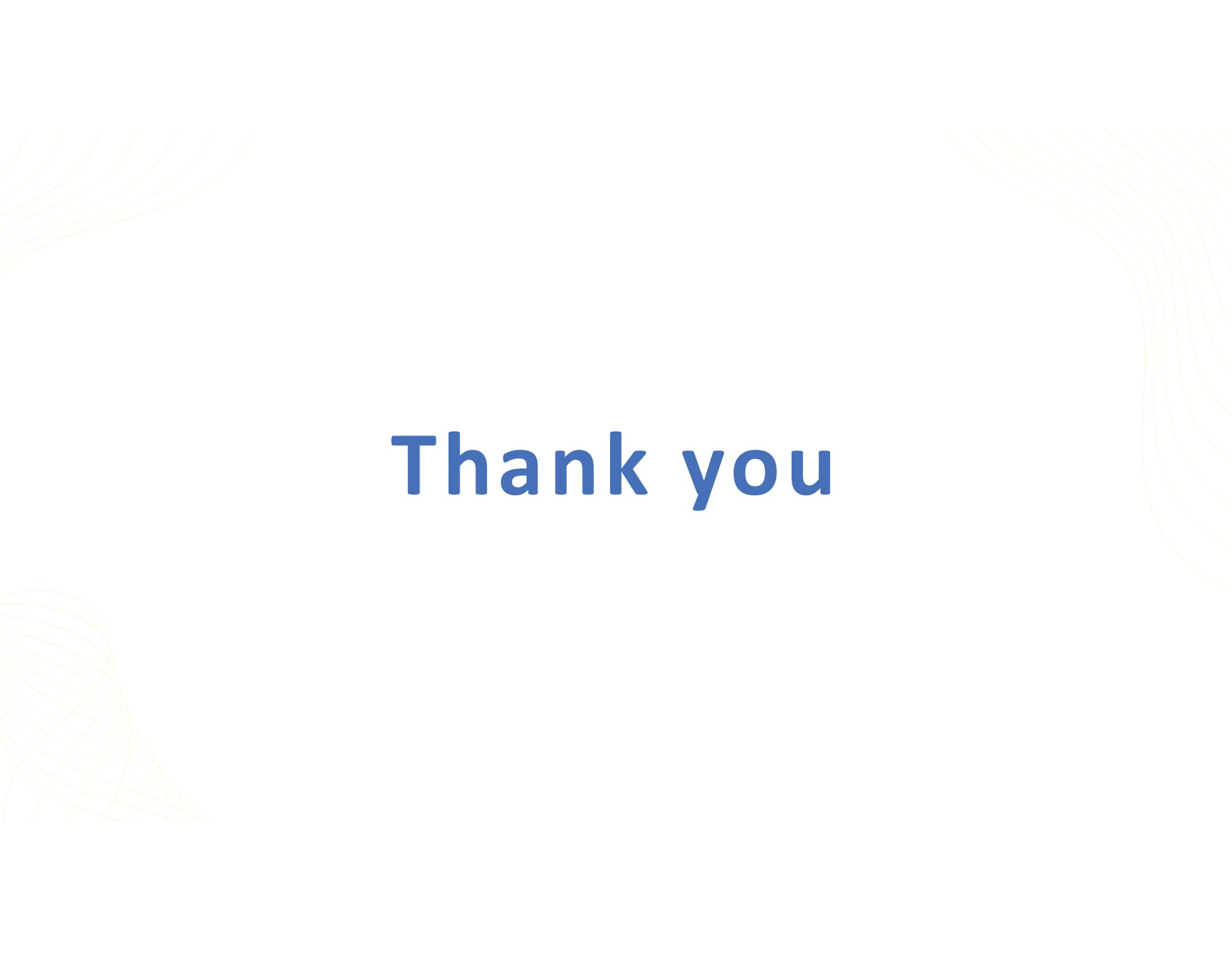
*Each pillar has issue, policy statement, strategic interventions and actions described, including inputs, outcomes and indicators all of which are aligned to the Health Sector Development Plan and Uganda's National Health Policy and their combined Monitoring and Evaluation frameworks.*

## Operational Innovations

- Mainstreaming refugees in the core last mile health service delivery mechanism
- Utilization of the refugees last mile structures for the delivery of health services by the local Government
- Refugee communities are incorporated in the local Government monitoring mechanism for smooth operations
- Bench marking the UNHCR policies to guide the local oversight mandate
- No discrimination despite differences in beliefs and values

## Other successful approaches

- One integrated response plan
- One Planning and Implementation arrangement
- Partnership mapping for efficiency and effectiveness in resource utilization

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**Thank you**



**La santé pour tous : Intégrer les personnes déplacées en interne et les réfugiés dans les services de prévention, de diagnostic et de traitement du paludisme en Afrique subsaharienne**

**CAS DE LA RD CONGO**

Webinaire dans le cadre de la Journée mondiale de l'aide humanitaire

21 aout 2024

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**app**

Alliance pour la  
Prévention du Paludisme

# Contexte national

## Personnes Déplacées en Internes (PDI):

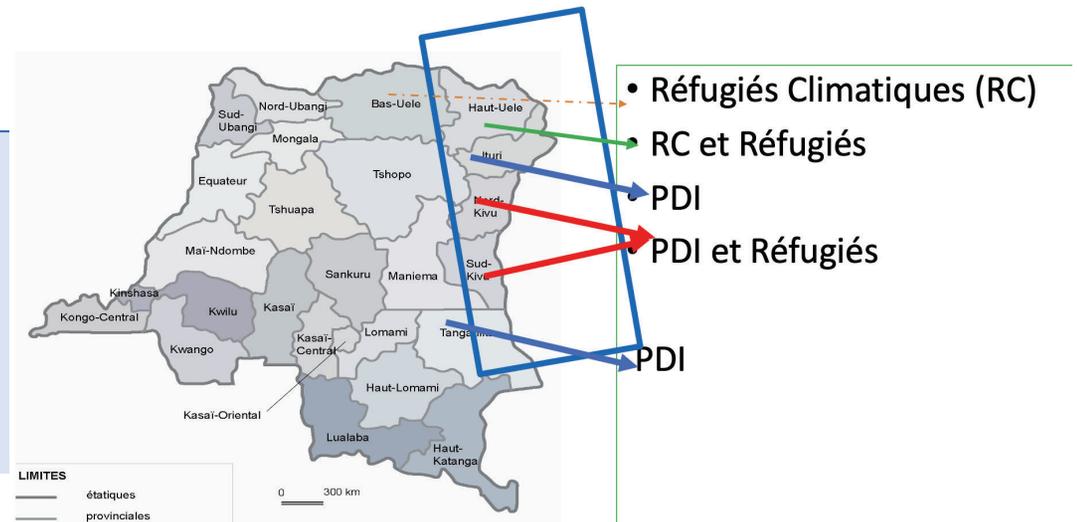
- 7 millions, surtout les provinces de l'EST de la RDC (Ituri, Nord Kivu, Sud Kivu et Tanganyika)

## Réfugiés:

- 680 000 (Rwanda, Burundi, Ouganda, Soudan du Sud, centre Afrique.....)
- Réfugiés climatiques: éleveurs nomades: TCHAD, RCA, SOUDAN et certains peuls dans l'EST RDC

## Populations du dernier kilomètre:

- Estimation 10 millions mais couverte 7 millions



# Succès opérationnels: Adaptations, stratégies, et activités visant les PDI

## Planification

- Collaboration avec la Commission Nationale des Réfugiés, Ministère des affaires Humanitaire HCR, Provinces médicales : microplanification lors des campagnes

## Budgetisation

- Se fait lors des grants avec les bailleurs, pas de budgétisation spécial, les MILD et les intrants palu sont dans la province, car déplacement à l'interne on adapte, pas de cout additionnel
- Mais exception: Nord Kivu actuellement, population vers 2 zones du sud Kivu (Minova et Kalehe) ... Campagne du sud Kivu va budgétiser les 350,000 PDI

## Mise en œuvre

- 5% stock de sécurité
- Par le passé en Ituri: le dénombrement : les ménages autochtones, PDI dans les ménages, PDI installés, PDI spéciaux, **collaboration avec certains groupes armés pour campagne de masse, certaines ethnies,..... Digitalisation, scannage QR code, distribution par les paires**
- L'accès aux soins : Poste de santé est intégré dans les sites PDI mais références dans les structures intégrées. Collaboration entre MoH et les humanitaires

# Collaboration dans la planification



Après la réunion d'information sur la priorisation auprès des partenaires techniques , financiers et autorités provinciales (Ministre provincial du Kivu) et les membres de la province médicale

# Défis opérationnels et leçons apprises: Adaptations, stratégies, and activités visant les PDI

## Refoulés: Congolais chassés de l'étranger

- Cas Brazzaville et Angola: Relève du Ministère des affaires Humanitaire, intérieur et solidarité nationale

## Non budgétisé:

- Etat et ses partenaires humanitaires
- Accès aux soins anti palu sur le territoire national est non payable
- Collaboration entre PNLP avec les agences des nations unies et ONG comme MSF

## Défis:

- Réponse à l'urgence en besoin de MILDS pour les PDI souvent inexistante, difficulté de mobiliser les MILDS? **Comment s'occuper de ceux qui sont restés avec les groupes armés?, ceux qui n'ont pas fui??**  
**Comment poursuivre la prévention et les soins?**
- **Léçons apprises: bonne coordination et plan de mitigation évitent ruptures de stocks et assurent la continuité des soins paludisme. Important de coordonner avec les provinces pour les Vrais besoins et une coordination avec les partenaires pour les ressources et la logistique**
- **Prioriser les zones avec PDI et réfugiés dans le contexte des ressources limitées**

# Camp à Goma



# Succès opérationnels: Adaptations, stratégies, et activités visant les réfugiés

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## Déclaration d'engagement n°9

*Promouvoir l'inclusion des réfugiés dans le système national d'offres et de prestation des services entre autres la santé, l'éducation, l'inclusion socio-économique, l'accès à la terre, l'emploi, le numérique, l'accès aux institutions financières*

### Budgetisation:

- ✓ La population vit dans les districts et provinces avec les populations autochtones
- ✓ Les nouveaux arrivant, c'est HCR

### Mise en œuvre:

- Souvent les réfugiés sont vite réintégrés en RDC
    - Exemple: Sud soudanais ont construit village dans les Haut Uélés, ont été dénombré et ont reçu MILDS
  - PEC du palu dans les structures étatiques et communautaires
-

# Défis opérationnels et leçons apprises: Adaptations, stratégies, et activités visant les réfugiés

## Planification:

- En RDC: Majorité des réfugiés vivent dans la population générale autochtone
- Pris en compte en amont de leur quantification
- Exception: les camps → les systèmes de nations unies planifie le paquet minimum et complémentaire, ONG organisent les SSP
- Le Gouvernement s'engage à faire aboutir les discussions en cours en vue d'étendre la couverture de l'assistance sociale aux bénéficiaires non contributifs y compris les réfugiés par le mécanisme de « Solidarité » à travers le Fonds de Solidarité de la Santé (FSS) mis en place

## Budgétisation:

- Non pris en compte par le secteur santé mais il existe le FSS devrait prendre en charge les réfugiés et les populations locales œuvrant dans l'informel
- PNLP travaille en collaboration avec HCR, Croix Rouge internationale et les ONG internationales pour la prise en charge des réfugiés aigus car les réfugiés chroniques souvent intégrés dans la population générale (ex Burundais, Rwandais)

# Atteindre les populations du dernier km: Bonnes pratiques

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## Planification:

- ✓ Existence des critères de sélection
- ✓ Plan de formation et couverture
- ✓ SEV
- ✓ Plan d'extension

## Budget: pris en compte dans GC7

## Bonnes pratiques:

- Malaria Match Box qui a permis d'identifier le Secteur Minier artisanal: RECO site mobile
  - Standardisation du paquet entre les bailleurs
  - Etude SeMaReact en cours (traitement du paludisme grave au niveau communautaire puis au niveau centre de santé dans les endroits isolés)
  - Evaluation réalisée pour le dernier kilomètre en fin NMF3
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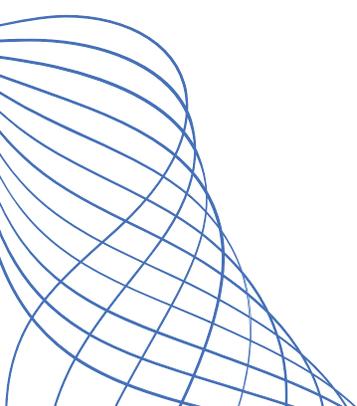
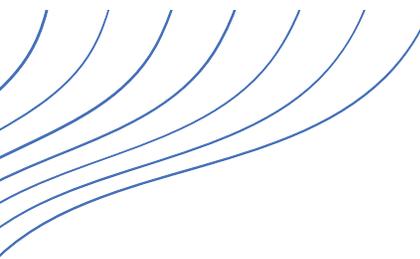
**Thank you  
Merci  
Asante sana  
Obrigado  
Gracias**



**“La protection  
des personnes  
contraintes de  
fuir est une  
responsabilité  
collective  
mondiale. Nous  
devons nous  
rappeler que  
cela peut arriver  
à n'importe qui,  
n'importe où.”  
- Ben Stiller**

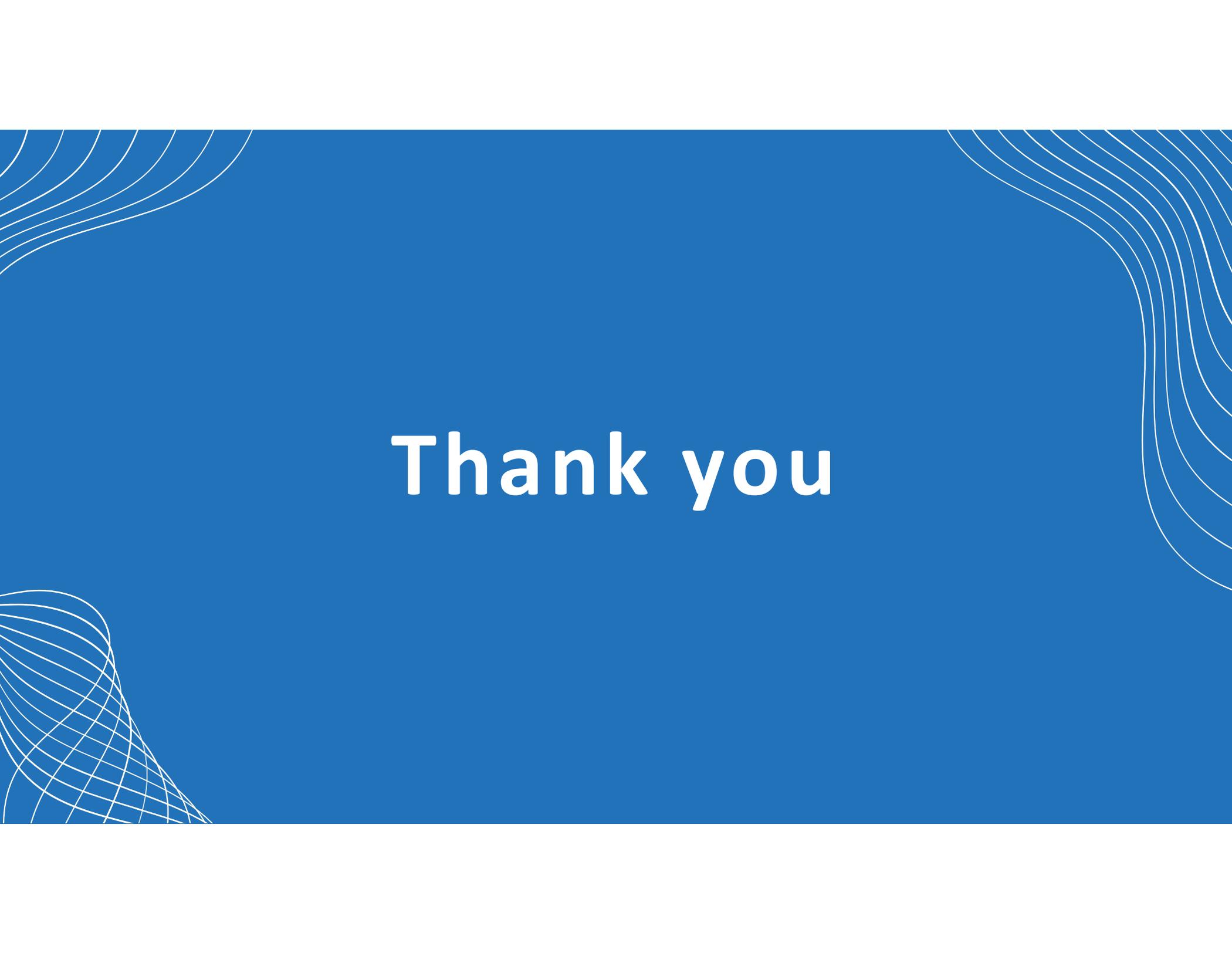


# Q&A



# **Closing Remarks**

**Mr. Francesco Moschetta, Global Fund**

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