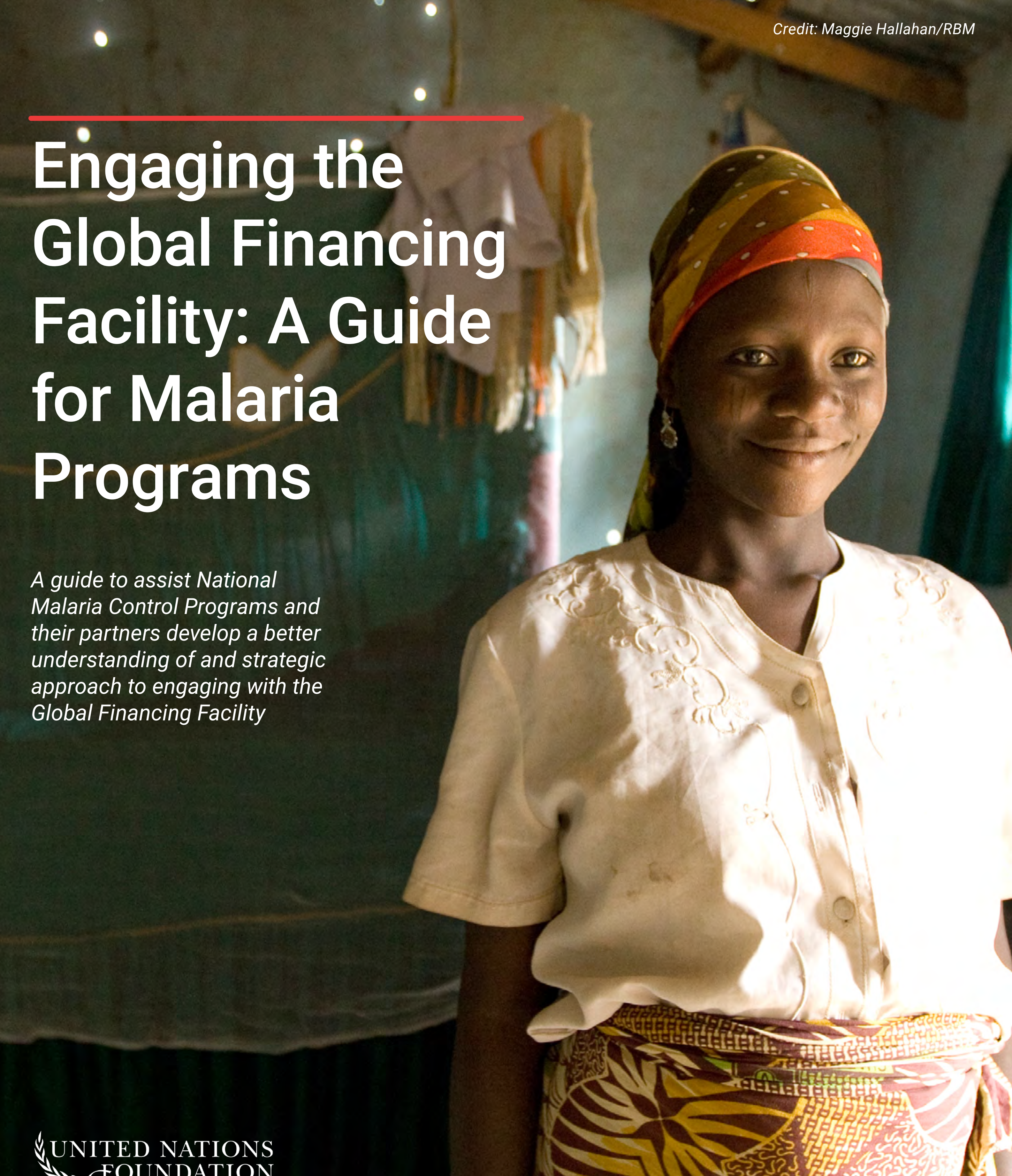

Credit: Maggie Hallahan/RBM

Engaging the Global Financing Facility: A Guide for Malaria Programs

A guide to assist National Malaria Control Programs and their partners develop a better understanding of and strategic approach to engaging with the Global Financing Facility

UNITED NATIONS FOUNDATION

RBM Partnership To End Malaria

TABLE OF CONTENTS

1....Acronyms

2....Executive Summary

3....Purpose Of The Guide

3.....Objectives

3.....Target Audience

3.....Benefits to Using Guide

3.....Intended Use

4.....Methods

4.....Acknowledgements

5....Overview: The Global Financing Facility

5.....Promising Opportunity for NMCPs to Access New Financing

5.....GFF Process

6.....GFF Countries

7.....GFF Financing Cycle

7.....Level of Engagement

7.....Additional Resources

8....Governance

8.....Key Points

8.....Investors Group

8.....Current Participants

8.....Trust Fund

9.....Secretariat

9.....Additional Resources

10....Financing

10.....Key Points

11.....Terms of Financing

12.....Similarities and differences with the Global Fund

12.....Health System Strengthening Financing

13.....Financing Team

15....GFF & Malaria

15.....Key Points

15.....Malaria & GFF Synergies

15.....Synergy #1: Integrated Community Case Management

16.....Synergy #2: Malaria in Pregnancy

17.....Synergy #3: Human Resources

17.....Synergy #4: Disease Surveillance and Vital Statistics

18.....Examples of GFF-Malaria Synergies

20....Country Platform

20.....Key Points

21.....Civil Society and Other Coalitions on the Country Platform

21.....Best Practices for Malaria Engagement with the Country Platform

21.....Additional Resources

22....Engagement in Investment Case Development

22.....Key Points

24.....Best Practices for Malaria Engagement in Investment Case Development

24.....Additional Resources

25....Engagement in Investment Case Prioritization

25.....Key Points

26.....Project Appraisal Documents

26.....Strengths and Weaknesses of Current Prioritization Process

27.....Best Practices for Engaging in Prioritization

27.....Additional Resources

28....Engagement in Investment Case Implementation

28.....Key Points

28.....Results-Based Implementation Approach

30.....Additional Resources

31....Advocacy Agenda

31.....GFF-Malaria Advocacy Goals

31.....Advocacy Agenda #1: Local Government Channels

31.....Advocacy Agenda #2: Global Technical Support

32.....Advocacy Roadmap

33.....Lessons Learned

34....Appendix A: Engagement Assessment Tool

34.....Take Stock of the Landscape

35.....Identify Potential Opportunities

35.....Identify Channels of Influence

36.....Plan Targeted Advocacy Efforts

37.....Notes

38....Appendix B: Global Fund and GFF Coordination

39....Appendix C: Investment Case Country Timelines

40....Appendix D: Uganda Case Study

40.....Overview

40.....Malaria-GFF Synergies

41.....Factor Driving Successful Engagement

43....Appendix E: Methods

43.....Document Review

44.....Informal Interviews

44.....NMCP Manager Survey

ACRONYMS

ANC	Antenatal Care
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organisation
GFF	Global Financing Facility
IBRD	International Bank for Reconstruction and Development (of the World Bank Group)
iCCM	Integrated Community Case Management
IPTp	Integrated Prevention & Treatment in Pregnancy
IDA	International Development Association (of the World Bank)
MCH	Maternal and Child Health
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
RBM	The RBM Partnership to End Malaria
RSSH	Resilient and Sustainable Systems for Health (RSSH)
RMNCAH-N	Reproductive, Maternal, New-born, Child, And Adolescent Health and Nutrition
SDG	Sustainable Development Goal

EXECUTIVE SUMMARY

The Global Financing Facility (GFF) is focused on reproductive, maternal, new-born, child and adolescent health and nutrition (RMNCAH-N) in the world's most vulnerable countries. Malaria, as a major cause of maternal and child illness, is notably highlighted in all existing GFF Investment Cases. However, prioritization of malaria-specific activities in IDA/IBRD projects receiving GFF grants has been more limited suggesting untapped opportunities to explore going forward.

In contrast to the major malaria grant-mechanisms, the GFF is part of a primarily loan-driven financing mechanism that brings together the Ministry of Finance and Ministry of Health with the aim of increasing domestic expenditure for RMNCAH-N. A non-earmarked grant (typically $10-30M over 5 years) is provided by the GFF Trust Fund as an incentive for borrowing World Bank International Development Assistance (IDA)/International Development Bank for Reconstruction (IDBR) loans for health. Implementation is guided by a multi-stakeholder Country Platform and a **Country Investment Case**, with the Ministry of Health responsible for prioritization and final decision-making.

The use of GFF resources is left to country prioritization and determination and to date, the mechanism has been used in 36 countries to increase overall health spending, expand essential health services to the community, upgrade health information systems, and solve bottlenecks in human resources and supply chain that will ultimately be needed for malaria elimination. However, a survey of NMCP managers identified extremely light-touch to no malaria-specific participation in the Country Platform in 2020, suggesting the need for improved collaboration.

As of 2020, only 19% of the GFF countries (seven out of thirty-six) have explicitly prioritized malaria-related activities. While stakeholders interviewed agreed malaria vector control is best funded via other mechanisms, four areas emerged where improved collaboration could simultaneously advance malaria program and RMNCAH-N objectives:

- **Integrated Community Case Management**
- **Malaria in Pregnancy**
- **Disease Surveillance and Vital Statistics**
- **Human Resources**

Articulating the mutual benefit for both malaria and RMNCAH-N, establishing new cross-sectoral ways of working, and conducting advocacy meetings with GFF leadership within the Ministry of Finance and Ministry of Health will be key to securing political support and successfully leveraging new GFF resources for malaria. This guide provides information on GFF processes and policies, key talking points, and a country-specific assessment tool to serve as a roadmap to assess if, when, and how to engage with the GFF. Consideration is given to the GFF's unique health system financing approaches and how malaria NMCPs can best utilise resources for maximal benefit.

Ultimately, the GFF serves as one of many important tools for the malaria community to advance its commitment to a horizontal, systems-building approach to elimination and expand access to life-saving quality care.

PURPOSE OF THE GUIDE

Objectives

The primary objective of this guide is to educate and empower the malaria community on how to more strategically engage with the GFF, and subsequently access new financial resources for the fight against malaria. **Recognizing the limited time and bandwidth at country level**, a secondary objective is to provide a prioritised set of clear, targeted actions National Malaria Control Programs (NMCP) can take to further advance malaria-GFF synergies and fill malaria-related funding gaps through the GFF.

Target Audience

The core target audience is NMCP Managers and their teams. This guide will also support members of the RBM Partnership to End Malaria and other multilateral and bilateral donors funding malaria activities to engage with the GFF.

Benefits to Using Guide

The GFF Trust Fund includes over $1 billion USD and has leveraged an additional $4.7 billion USD in zero to low-interest domestic loans to fund maternal and child health interventions. The GFF is thus a promising opportunity for leveraging additional resources that can benefit malaria programs, particularly cross-cutting platform and system costs not covered by other malaria donors.

Intended Use

This guide is to be used as a reference document providing globally relevant information on the GFF. It does not reflect the views of the Global Financing Facility or the World Bank. Questions should be directed to TBracken@unfoundation.org. Associated products include a) Guide Summary for New GFF Countries; c) Guide Summary for Renewing GFF Countries; c) GFF Assessment & Action Planning Tool for Malaria Programs (also available in Appendix A); d) Global Financing Facility Guide: Key Messages for Global Partners.

Methods

This guide was developed via an intensive document review, a quantitative survey of existing knowledge and engagement among National Malaria Control Program Managers, and >40 in-depth interviews with country stakeholders, established malaria and child health donors, and global malaria partners. Detailed methods are available in appendix E.

Acknowledgements

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Credit: Estafania Bravo/Nothing But Nets

OVERVIEW: THE GLOBAL FINANCING FACILITY

Launched in 2015, the GFF supports countries in accelerating reproductive, maternal, new-born, child and adolescent health and nutrition (RMNCAH-N) outcomes as a key step towards universal health coverage (UHC) and the Sustainable Development Goals (SDGs). The founding intent of the GFF was and remains the creation of a mechanism to finance life-saving RMNCAH-N interventions not prioritised or covered under the existing multilateral mechanisms, with the goals of a) increasing the total resource envelope available for RMNCAH-N; and b) aligning donors and partners around a prioritised set of RMNCAH-N results-based investments. Malaria, as a major cause of morbidity and mortality for women and children, remains a critical component of the RMHCAH-N agenda.

Unlike traditional disease-specific donors, the GFF approaches its work via a health system financing lens. By offering a GFF Trust Fund grant in exchange for aligning larger World Bank IDA/IBRD loans to a common set of RMNCAH-N health priorities, the GFF incentivises national governments to increase health expenditures and include new RMNCAH-N activities into national budget lines. The GFF is strategically guided by the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. A core value and unique quality of the GFF is how each country sets its own priorities across such a wide range of RMHCAH-N and health system options. Approval of funding is guided by five core objectives:

1. Finance national RMNCAH-N scale-up plans and measure results;
2. Support countries in the transition toward sustainable domestic financing of RMNCAH-N;
3. Finance the strengthening of civil registration and vital statistics systems;
4. Finance the development and deployment of global public goods essential to scale up;
5. Contribute to a better coordinated and streamlined RMNCAH-N financing architecture.

Promising Opportunity for NMCPs to Access New Financing

As of 2020, donors have committed approximately $1 billion USD to the GFF Trust Fund, which has been used to leverage an additional $4.7 billion USD in IDA/IBRD loans specifically for RMNCAH-N. This represents significant new money to fill health-system financing gaps and advance underfunded priorities in child and maternal health. Participating GFF countries typically receive between $10-$30 million in grant resources, which are awarded every five years in combination with anywhere from $30-250 million IDA/IRDB loans domestic governments borrow against identified priorities. Given the high proportion of domestic loans embedded within each GFF project, the GFF is well positioned to elevate domestic financing conversations to the highest Cabinet Offices and catalyse impactful, sustainable changes in national health budgets. Of the seven GFF countries that have prioritised malaria in 2020, multi-million-dollar envelopes have been allocated to fill crucial funding gaps in community health worker (CHW) and integrated community case management (iCCM) platforms; malaria in pregnancy training, testing, and treatment; human and supervision resources to improve quality of malaria case management; and laboratory upgrades for malaria. This suggests that the GFF may be a promising mechanism for accessing new funding, especially costs not covered by other malaria donors.

GFF Process

The hosting arrangement at the World Bank has afforded the GFF multiple benefits, including utilization of the Banks's strong fiduciary systems to allow funding to go directly through government health systems

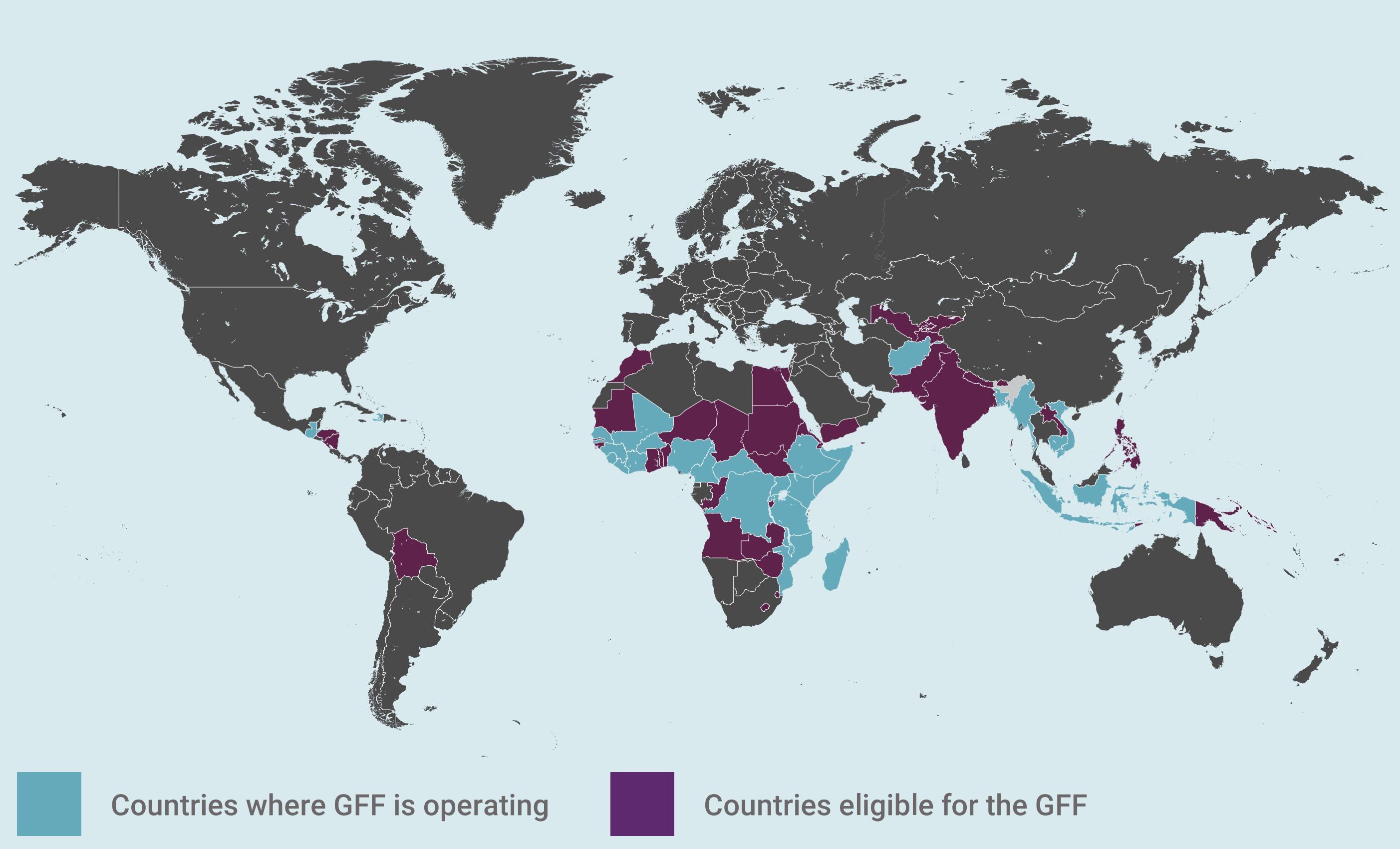
and towards core health system costs (e.g. staff salaries, which many donors are cautious of supporting). The GFF's core instruments to advance their objectives include:

1. A multisectoral **Investment Case** and comprehensive **Resource Map and Expenditure Tracker**;
2. A multi-stakeholder **Country Platform** to drive cross-disease and system-level discussions and alignment;
3. **IDA/IBRD loans** and **GFF Trust Fund grants** linked to implementation of health financing reforms;
4. Convening power and technical expertise of the World Bank and its trusted relationships and influence with Ministries of Finance on health financing reforms.

GFF Countries

As of September 2020, 36 countries participate in the GFF (Figure 1), although a total of 67 are eligible. Eligibility requires countries to express interest to the GFF Investors Group and is determined based upon income status, unmet need, commitment to use World Bank International Development Association (IDA) or International Bank for Reconstruction and Development (IBRD) financing for RMNCAH-N, commitment to increase domestic financing for RMNCAH-N, a country's human capital index, and assessment of national fragility. Given that the GFF has only been in existence since 2015 and that the launch of the GFF occurred in a phased process over multiple years, only 10 countries are sufficiently advanced in GFF implementation phase that they can report on coverage and impact metrics.

Figure 1: Map of GFF Participating Countries



GFF Financing Cycle

The GFF (through its "embedded" position inside the World Bank) maintains a rolling funding cycle unique to each country IDA/IBRD loan cycle, with financing typically for five year intervals. Countries move through GFF processes based on individual schedules (not set funding rounds), with the World Bank Board approving all documents. The benefits of this approach include increased country ownership, extensive time for country dialogue, and the ability to apply learnings from early GFF countries to those newly engaging with the GFF. However, without predictable annual review windows, aligning GFF financing with other donor grant cycles can prove challenging.

Level of Engagement

While engaging with any new funder takes time and effort, **intense participation in all GFF meetings and processes** is not necessarily required. In-depth interviews revealed NMCP **Manager advocacy within the broader Ministry of Health (MOH) ecosystem alone can result in leveraging new GFF financing for malaria**. The GFF is not a single disease or technically focused financing mechanism, and countries are fully responsible for final prioritization decisions. Thus, targeted, strategic advocacy at the level of MOH leadership is a critical component to successfully leveraging the GFF. Along with participation in Country Platform meetings, elevating specific malaria-GFF synergies (see section "GFF & Malaria") as requests for financing in meetings with the GFF MOH Representative (typically the Reproductive Health Department) and World Bank Task Team Leader are light-touch but high-impact pathways to engagement.

ADDITIONAL RESOURCES

- GFF Online Knowledge Resource Library
- List of GFF Eligible Countries
- GFF 2019-2020 Annual Report

GOVERNANCE

Key Points

- Globally, the GFF is managed via an Investors Group, Trust Fund Committee, and Secretariat housed within the World Bank
- As of June 2020, the GFF Secretariat had approved approximately $602 million USD in grants linked to approximately $4.7 billion USD borrowed via World Bank IDA/IBRD loans.

Investors Group

The GFF Investors Group (IG) is a multi-stakeholder body composed of contributors to the GFF (financial and in-kind), including participating countries with significant contributions to their national RMNCAH-N budgets. The role of the Investors Group is to a) foster joint ownership across contributing institutions; b) align resource mobilization efforts for RMNCAH-N; c) increase the total volume of RMNCAH-N funding; d) promote accountability of results; and e) provide strategic advice to the Trust Fund Committee and the GFF Secretariat.

Current Participants

- **Country Representation:** Afghanistan, Burkina Faso, Cambodia, Central African Republic, Cote d'Ivoire, Haiti, Niger, Rwanda, Zimbabwe
- **Civil Society:** GFF SCO Resource Hub
- **Multilateral Organizations:** Gavi, The Global Fund to Fight AIDS, The World Bank, The Partnership for Maternal New-born and Child Health
- **Private Foundations:** Bill and Melinda Gates Foundation (BMGF), Buffett Foundation
- **Private Sector:** Abt Associates, Merck for Mothers, Laerdal Global Health
- **Public Sector:** Canada, Denmark, European Commission, Germany, Japan, JICA, Netherlands, Norway, United Kingdom, USA, UNFPA, UNICEF, World Health Organization
- **Youth:** Pathfinder International

For a current list of names and contact information for all IG members, go to this webpage, click on "Documents" related to the latest IG meeting, and open the membership list and attendance.

Trust Fund

- **The GFF Trust Fund is the central decision-making body of the GFF**. The GFF Trust Fund is governed by a Trust Fund Committee (TFC) is comprised of representatives from the World Bank and donors contributing >$30 million USD. Its primary responsibilities include resource mobilization, strategy and operations, and directing fund allocations.

Secretariat

The GFF Secretariat supports the day-to-day operations of the Trust Fund. Located in Washington, D.C. at the World Bank headquarters, the Secretariat is comprised of professional and administrative staff employed by the World Bank, as well as secondments from participating financiers and organizations, and is headed by Director Muhammad Ali Pate and Head of Secretariat Monique Vledder.

ADDITIONAL RESOURCES

- GFF Governance Website
- The GFF Investors Group Governance Document Updated February 2020
- The GFF Trust Fund Governance Document Updated September 2019
- GFF Strategy 2021-2025: Protecting, Promoting and Accelerating Health Gains for Women, Children and Adolescents
- Global Strategy for Women's, Children's and Adolescents' Health 2016-2030

FINANCING

Key Points

- The GFF aims to reduce inefficiencies and siloed financing streams for the health sector.
- A GFF Trust Fund grant is provided to countries as an incentive for aligning World Bank IDA/IBRD loans to RMNCAH-N priorities outlined in an Investment Case. IDA credits have a zero or very low interest charge and repayments are stretched over 30 to 40 years, including a 5- to 10-year grace period.
- GFF engagement at the country level is supported by a Country Platform Chair, Country Liaison Officer, Secretariat Focal Point, and World Bank Task Team Leader.
- Global Fund and GFF funding and financing models vary significantly in terms of type, financial management, scope, prioritization process, and flexibility in health system strengthening investments.

The GFF harnesses the power of development-sector loan-based financing to support scale-up of prioritised and often underfunded RMNCAH-N priorities. Managed by a Secretariat housed within the World Bank, the GFF Trust Fund provides grants (~$10-30 million USD over five years) as an incentive for countries to borrow and direct IDA/IBRD loans to RMNCAH-N issues. Loan and grant money are results-based and are disbursed and managed jointly via a World Bank Project. Budgeting and financial tracking is managed via the Ministry of Finance (MOF), with World Bank fiduciary oversight and auditing. External reporting and transparency follow local government approvals and processes, which varies from what some stakeholders are accustomed to via Global Fund and President's Malaria Initiative (PMI) grant mechanisms. **Ultimately, Ministers of Health and all relevant MOH departments (including NMCPs) serve as the key influencers of GFF financing.**

Figure 2: Flow of Financing

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Identification and selection of a World Bank Project in the Pipeline	Prioritization of Investment Case priorities to be funded by project	Project and budget designed by World Bank Task Team Leader, MOH, and MOF	Financing distributed to government by World Bank	Project disbursements and tracking by World Bank

Terms of Financing

The World Bank and GFF are committed to progressively increasing domestic financing for health and domestic ownership of RMNCAH-N interventions. The World Bank's IDA loan mechanism is one of the largest sources of assistance for the world's poorest countries and is the single largest source of donor funds for basic social services in these countries (with FY 2020 commitments totalling $30.48 billion). IDA lends money on concessional terms (with some loan forgiveness to countries at risk of debt distress) and allows countries to accelerate execution of their National Health Financing Strategies and fund essential services for the poor. IDA credits have a zero or very low interest charge and repayments are stretched over 30 to 40 years, including a 5- to 10-year grace period.

Table 1: Comparison of the GFF and Global Fund Financing Models

Features	Global Fund	GFF/World Bank
Total Pledged	~$13 billion USD (2020-2022) (approximately $3 billion for RSSH)	~$1 billion USD (based on 2019 pledges; with payment plan specific to each donor)
Type	Grant-based funding	Primarily results-based IDA loan financing with grants attached
Primary Areas of Funding/Financing	HIV, TB, & malaria	Any national priority related to reproductive, maternal, newborn, child and adolescent health and nutrition
Countries Supported	131 eligible (2020-2022 round)	67 eligible; 36 actively participating
Strategy Guiding Application	National Strategic Plan	Investment Case (comprehensive, cross-sectoral RMNCAH-N strategy)
Coordination & Local Decision-Making Mechanism	Country Coordination Mechanism (CCM)	Country Platform (typically an existing working group or Maternal and Child Health (MCH) coordination body repurposed for GFF discussions)
Proposal Submission	Concept Note Document	World Bank Project Appraisal Document
Management	Global Fund Secretariat ~700 staff (Geneva)	GFF Secretariat housed in World Bank ~26 staff (Washington, D.C.)
Timing	Three-year allocations, timing of submission aligned with country cycles	Rolling funding (aligned with timing of World Bank Project loans)
Guidance	Global Fund Guidelines for Grant Budgeting	World Bank Budgeting policies and guidelines
Review	Secretariat and External Technical Review Panel	World Bank Task Team Leader and GFF Secretariat Review
Reporting & Transparency	Annual reports, posted publicly	Annual reports, financial disbursements posted publicly
Point of Contact	CCM Focal Point	Local Country Liaison Officer
iCCM funding opportunities	Malaria-specific commodities only + stipends, supplies, and training	Malaria and non-malarial commodities, stipends, supplies, and training.
Monitoring & Evaluation	Focus on disease-specific performance frameworks	Results-based financing attached to health-financing and health-system indicators

Similarities and differences with the Global Fund

While the malaria community at large is accustomed to developing rigorous technical strategies as the central component of the application for Global Fund funding, accessing financing from the GFF requires a broader, health systems approach under the leadership of the government/MOH. Alignment with national health financing strategies and addressing bottlenecks in cross-cutting system areas such as staffing, health information, and supply chain (rather than any one disease strategy) are key elements of the World Bank review of projects. A comparison between the GFF and Global Fund models are listed below.

Health System Strengthening Financing

The GFF and Global Fund both invest in national health system financing and resilient and sustainable systems for health (RSSH). The Global Fund aims to address health information and supply chain bottlenecks via both disease and RSSH grants. The GFF does not cap the proportion of total financing dedicated to RSSH, maintaining fewer restrictions and allowing more flexibility for governments to use GFF to fill a broad set of health system gaps identified in Investment Cases. The vision of the GFF is to align RSSH donor investments with agreed-upon issues identified in the Investment Case, although unaligned timing of donor projects has made it challenging in many countries. Table 2 provides an overview of the GFF and Global Fund approaches to RSSH.

Table 2: Health System Strengthening Approaches

Agency	Health System Strengthening Approach & Activities
Global Financing Facility	**Focuses on gaps identified in existing National Health Financing Strategies via:** 1. Expanding the coverage and quality of service delivery platforms 2. Increasing and strengthening the health workforce responsible for delivering RMNCAH-N interventions 3. Upgrading health information systems, with particular focus on vital statistics and registration systems 4. Contributing to essential medicine procurements and supplies, including non-malaria iCCM medicines 5. Optimizing supply chains 6. Strengthening diagnostic tools available for pregnant women
Global Fund to Fight AIDS, TB, & Malaria	**Focuses on constraints in the health system that impede national progress in the fight against malaria, TB, and HIV/AIDS. Board approved Global Fund investment areas are:** 1. Health products management and systems strengthening 2. Health management information systems and M&E 3. Human resources for health, including community health workers 4. Integrated service delivery and quality improvement 5. Financial management systems 6. Health sector governance and planning 7. Community systems strengthening 8. Laboratory systems

Financing Team

GFF funds are managed by a team of local and international staff. Key individuals supporting the development, approval, and management of GFF projects in each country are listed below. Contact information for these positions is listed on the GFF website here.

GFF Country Liaison Officer

GFF Consultants & Staff

Role	Ways to Engage
Coordinates Country Platform meetings, sets meeting agendas and circulates notes, liaises between government and external partners, fields inquiries, acts as sole GFF representative in-country.	• Schedule 1:1 meeting to establish working relationship and elevate malaria's profile with GFF • Request updates on past or current GFF decisions or process steps • Ensure all relevant NMCP team members are included in meeting invitations and minutes • Request to raise malaria topic on next Country Platform meeting agenda

GFF Government Chair/Contact

Government Staff

Role	Ways to Engage
A requirement for joining the GFF includes the appointment of a GFF Government Chair. Typically, this person is a Director or high-level decision-maker within the MOH. This individual often chairs GFF Country Platform meetings, leads planning negotiations between the MOF and MOH, and represents the GFF in project design with the World Bank	• Schedule 1:1 meeting to receive briefing on current GFF discussions • Express desire for enhanced engagement • Share key talking points on malaria-GFF synergies (see advocacy section) • Offer to be a supportive and engaged partner in this broader Ministry-wide process

Credit: Estafania Bravo/Nothing But Nets

World Bank Task Team Leader

World Bank Staff

Role	Ways to Engage
Given GFF financing is only accessible in parallel with a World Bank IDA/IBRD loan, the World Bank Task Team Leaders represent the World Bank in negotiating and finalizing terms of the financing agreement. They maintain regular communication with the Government Contact, have significant in-country influence, and participate in final approval of financing.	• Schedule a meeting (including the appointed Government Chair) to discuss opportunities for malaria engagement • Share key talking points on malaria-GFF synergies (see advocacy section) • Advocate for malaria indicators in final performance framework

Secretariat Focal Point

World Bank Staff

Role	Ways to Engage
GFF headquarters backstop. Provides technical and management support to all GFF activities in country. Works closely with Country Liaison Officer to finalise the Investment Case and facilitate grant approval with the GFF Investors Committee. Ensures country effort aligns with GFF policies and processes. Responsible for daily tracking progress and course-correcting as needed.	• Schedule a meeting when they conduct an in-country mission • Reach out over email to express commitment to engagement and support of the success of the GFF in-country more broadly

Civil Society Focal Point

Independent staff

Role	Ways to Engage
Represent CSOs on GFF Country Platform. Solicit input, communicate key information, and represent and advocate for civil society interests within the GFF. Typically hold separate meetings of civil society members to discuss issues and progress related to the GFF. 2020 Countries with CSO Focal Points: Côte d'Ivoire, Liberia, Niger, Senegal, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe	• Reach out to the Country Liaison Officer to determine how CSOs are represented on your country platform • Schedule a meeting with Civil Society Focal Point to learn how civil society is currently supporting the GFF • Encourage malaria CSOs to join the network

GFF & MALARIA

Key Points

- The GFF is not a disease-specific financing mechanism. Its focus on RMNCAH-N means that while supporting areas of acceleration toward malaria elimination are possible, funding some areas – e.g., malaria vector control – within this envelope is unlikely.
- Four areas of GFF-malaria synergy include: **integrated community case management, malaria in pregnancy, disease surveillance and vital statistics, and human resources**
- Including malaria-specific indicators in GFF performance frameworks is an effective way to keep malaria on the agenda during project implementation.

Untapped opportunity for malaria financing exists within the GFF. While malaria has historically been organised as a vertical disease program, there is increasing recognition of the need to strengthen core health system delivery platforms on the path to elimination. The GFF serves a critical role in financing these system transformations that will add both immediate and long-term value to achieving malaria-specific goals. However, understanding both the opportunities and limitations of the GFF will be critical to successful engagement.

A founding intent of the GFF was to create a mechanism to finance lifesaving RMNCAH-N interventions not prioritised or funded under the existing multilateral mechanisms such as Global Fund and Gavi. Malaria stakeholders should be sensitive to this ethos when engaging in GFF discussions, advocating only for areas of mutual synergy and interest. Preparing for discussions by understanding what the GFF can and cannot do will not only help ensure reasonable expectations but also ensure time is directed to opportunities with the highest probability of aligned success.

Malaria & GFF Synergies

In-depth interviews and analysis of existing projects identified the following areas of alignment and overlap for the malaria community to focus its engagement with the GFF.

Synergy #1: Integrated Community Case Management

The GFF presents a promising solution for financing non-malaria commodities and human resource costs required to deliver high-quality integrated community case management (iCCM). In many countries, iCCM serves as the front-line, community-based delivery platform of malaria testing and treatment. However, too often Community Health Worker (CHW) platforms rely on project or disease-specific funding, and therefore struggle to be sustained once that specific grant or funding source reaches its end. In addition, a major challenge to scaling up iCCM has been Global Fund and President's Malaria Initiative (PMI) policies restricting the procurement of the non-malarial commodities (e.g., oral rehydration salts, zinc, and amoxicillin). Despite the low cost of these commodities, the need for governments to find other internal or external sources of financing to fully operationalise this effective platform represents a critical bottleneck stalling its sustainability and impact.

Table 3. Donor policies and stipulations related to iCCM financing and procurement

Donor	iCCM Funding Policy	
Global Fund	**Cannot** directly fund non-malarial commodities (requires counterpart financing by countries)	**Can** finance CHW training, monitoring, integrated supply chain delivery, supportive supervision, integrated warehousing, etc.
PMI	**Cannot** fund non-malarial commodities	**Can** finance CHW training, monitoring, integrated supply chain delivery, supportive supervision, integrated warehousing, etc.
GFF	**Can** fund non-malarial commodities	**Can** finance CHW training, monitoring, integrated supply chain delivery, supportive supervision, integrated warehousing, etc.

Since early 2020, the Global Fund has advocated for domestic financing mechanisms including "counterpart financing" to fill the non-malaria commodities financing gap. In light of this challenge, the GFF serves as a uniquely well-positioned mechanism to secure counterpart financing, fill non-malarial financing gaps, and fully incorporate iCCM into domestic health budgets as a core part of the health system. Among country stakeholders interviewed, funding gaps for CHW salaries and non-malarial commodities were consistently cited as key areas that GFF is well-positioned to address. Given the low cost and high impact of iCCM, *malaria program managers are encouraged to make the case for leveraging GFF co-financing to create a more sustainable and domestically funded iCCM program.*

Example activities with precedent for GFF financing

- CHW recruitment
- CHW supplies (backpacks, shirts, supply kits, etc.)
- iCCM training
- iCCM supervision
- Procurement of malaria commodities needed for iCCM
- Procurement of non-malarial commodities needed for iCCM that ultimately support efforts to expand access to malaria services

Synergy #2: Malaria in Pregnancy

The GFF is well positioned to fund solutions to system-wide bottlenecks preventing access and utilization of malaria prevention and treatment in pregnancy. Coverage of antenatal care and intermittent preventative treatment in pregnancy (IPTp) remains suboptimal in many countries and the malaria community has struggled to increase IPTp coverage, in part due to how interconnected IPTp administration is to cross-sectoral health system gaps in training, stockouts, and barriers faced by women in seeking reproductive care. As an example, one malaria in pregnancy expert who was interviewed cited stockouts of pregnancy tests and not being tested for pregnancy in the first trimester as a major reason for women not starting antenatal care (ANC) and receiving IPTp. Improving access to pregnancy tests and

scaling up reproductive health services will have downstream positive effects on malaria in pregnancy. Socio-economic taboos regarding declaration of early pregnancy compound the problem, requiring considerable community engagement and other social and behaviour change interventions. Interviewees emphasised successful execution of a joint malaria/reproductive health agenda requires frequent collaboration, data exchange, and shared funding streams – an area where the GFF Country Platform can serve as a much-needed formal mechanism for solidifying this collaboration. While this transition will take time, leveraging the GFF as one option for moving away from financing IPTp via malaria-specific budgets to including it as part of a broader reproductive health funding strategy will create lasting impact.

Example activities with precedent for GFF financing

- Implementation of ANC 8-contact model to ensure high uptake of IPTp
- Recruitment of midwives, nurses, anaesthetists delivering reproductive services
- Training RMNCAH-N cadres on methods for addressing socio-cultural barriers to women seeking care
- Procurement of pregnancy testing kits
- Procurement of malaria drugs for IPTp
- Procurement and commodities for ultrasounds
- Training for expanding use of ultrasounds, including early ultrasound testing to improve exact pregnancy dating, improve early ANC attendance and early IPTp uptake
- Implementation research

Synergy #3: Human Resources

Government health workforce salaries are not frequently funded by malaria-specific donors. However, malaria testing and treatment requires not only trained staff, but sufficient recruitment, retention, and payment of staff. Overall shortage, uneven distribution, and rapid turnover of skilled providers remains a major challenge. The GFF is well-positioned to support increased funding for the national health workforce as part of its general support of the national health financing strategy. While malaria-specific engagement may not be needed to bring this about, elevating HR issues to the GFF Country Platform, including any malaria-specific positions at central or local levels, exists as a relevant opportunity to raise.

Example activities with precedent for GFF financing

- Expansion of district-level surveillance officers
- Recruitment of new nurses, midwives, and doctors at health centres
- Management and training of laboratory staff
- Performance-based incentive pay for CHWs and nurses
- Stipends for quarterly supervision
- Per-diem costs for training and skill-upgrades

Synergy #4: Disease Surveillance and Vital Statistics

The GFF has a track record of financing data systems and surveillance, with a particular focus on platform wide HMIS and Civil Registration and Vital Statistics systems. Quality surveillance and data management are essential to a targeted and well-informed malaria strategy. However, robust data systems cost money, and expensive upgrades to digital technologies often cannot be paid for by one

siloed disease community. While malaria donors often focus on improvements to malaria-specific data, the GFF is well positioned to fund system-wide digital upgrades and new tools to optimize the flow of data through a national health information system. GFF investments to-date have resulted in improvements such as decentralization of civil registration, standardization of surveillance tools and processes and increased number of staff trained in reporting, data flow, data systems, and use of data for local action. As of 2020, a total of 13 GFF partner countries have specifically allocated financing for CRVS systems, including measurement of malaria as a cause of death.

Example activities with precedent for GFF financing

- National CRVS assessment
- Development and introduction of country-specific District Health Information Software 2 (DHIS2) module for reporting cause of death
- Laboratory technicians
- Upgrading health management information systems (HMIS) to digital collection of data at periphery health facilities
- Introduction of new databases for improved analysis of cause of death
- Introduction of birth and death registration in public and private hospitals
- Data review meetings and national surveillance workshops
- Procure vital statistics recording materials

While every country ultimately gets to decide which priorities to fund, areas where malaria specific GFF financing is arguably inappropriate include:

- Insecticide-treated bed nets
- Indoor residual spraying
- Malaria-indicator surveys
- Entomological surveillance
- Entomology staff
- Malaria-specific technical support and NMCP secondments

Examples of GFF-Malaria Synergies

By design, the GFF allows substantial flexibility for priorities to be set by country governments. A landscape of active World Bank/GFF projects well into implementation shows meaningful contributions to malaria.

- **In Mozambique**, the GFF served as a core financier of the CHW program, responsible for implementing iCCM nationally.
- **In Uganda**, the GFF provided a significant contribution to the salaries and the non-malaria commodities for iCCM.
- **In Cameroon**, the GFF funded the development of a community health strategy and the introduction of a performance-based CHW program in the northern regions, where performance-based payments were provided to CHWs based on documented provision of iCCM. GFF project funds were also used for an impact evaluation of “Community PBF” and community monitoring of the program.

- **In Ethiopia**, the GFF supported the government in expanding Community-Based Health Insurance, implementing community scorecards, and strengthening civil registration and vital statistics through the national statistics department.
- **In Guinea**, GFF supported a significant increase in health centres offering integrated management of childhood illnesses and upgraded surveillance to record causes of death (including malaria deaths) in DHIS2.
- **In Tanzania**, GFF's focus on reproductive health included malaria in pregnancy, with performance-based payments for the percentage of antenatal care (ANC) attendees receiving at least two doses of IPTp for malaria. GFF investments also went to improvements in quality of malaria testing and treatment, including fewer drug stockouts and access to qualified and motivated health personnel.
- **In Liberia**, GFF funds were used to implement the "National Community Health Services Policy" in target counties. Under the Policy, trained Community Health Assistants and Community Health Services Supervisors provide care for populations residing more than 5km from their nearest health facility, through ANC, iCCM, community disease surveillance, insecticide-treated net distribution, death recording, and neonatal and postnatal care.
- **In DRC**, the GFF project financed the improvement of quality and utilization of care at health facilities, ensuring availability of essential drugs (including malaria drugs), investing in human resources, and scaling up community health workers initiatives (with a focus on community nutrition services).
- **In Myanmar**, project funds were used to strengthen front-line service delivery of an essential package of care, which includes test, treatment, and case investigations for malaria.

Credit: Solomon Tumwesigye/Nothing But Nets

COUNTRY PLATFORM

Key Points

- The GFF is coordinated via a **Multi-Stakeholder Country Platform**, which plays a central role in developing, implementing, and monitoring GFF activities.
- The Country Platform does not support strategy development for one specific disease area, but rather facilitates linkages and synergies across multiple disease strategies.
- Malaria programs have faced challenges participating in Country Platform discussions. Improving collaboration will be important in order to achieve cross-sectoral maternal and child health goals.
- For new GFF countries, leveraging the existing GFATM Country Coordinating Mechanism (CCM) as the GFF Country Platform is a viable option to consider.

The GFF is operationalised at the country level via a Multi-Stakeholder Country Platform. The Country Platform plays a central role in developing, implementing, and monitoring GFF strategies and assures alignment to national plans. The goal of the Country Platform is always to support efficiencies, reduce overlap and duplication, and ensure cross-sectoral perspectives and linkages across all RMNCAH-N activities. When compared to the Global Fund CCM, the GF Secretariat has less stringent requirements for the structure of a Country Platform, however current platforms vary significantly in size, type of participants, and frequency of meetings. While the unique country-led nature of the GFF supports variability, the Secretariat works to ensure each Country Platform maintains three key pillars: leadership by the MOH, meaningful engagement of a broad range of interested stakeholder groups, and inclusiveness, transparency, and accountability. The responsibilities of the platform include:

Credit: Solomon Tumwesigye/Nothing But Nets

- Developing, implementing, and monitoring the Investment Case
- Resource mapping and mobilization
- Development of a Health Financing Strategy
- Coordinating technical assistance

A rapid review of existing Country Platforms suggests formal membership by a malaria representative is limited, and their diverse, inconsistent nature makes engagement challenging. Key strengths and challenges from in-depth interviews are listed in Table 4.

Table 4: Strengths and Challenges of the GFF Country Platform*

Cited Strengths of GFF Country Platform	Cited Challenges of GFF Country Platform
• Flexibility to adapt to each country • Emphasis on country leadership and ownership • Brings together MOH, MOF, and Prime Minister's Office • Includes participants from traditionally underfunded health issues • Ability to influence domestic financing via primary role MOF plays in resource management and disbursement	• Only one full-time GFF staff member in-country limits capacity for clear and consistent engagement • Limited bandwidth and narrow technical skill set of GFF Secretariat backstops • Malaria not a priority topic of discussion on the agenda and when malaria program attends, report "not often worth the time" • Final decisions made by GFF in-country Focal Point/ Chair (sometimes without extensive deliberation due to rushed timelines) • Engagement of civil society organizations (CSOs) highly variable

**malaria-specific findings, not an evaluation of GFF as a whole*

Civil Society and Other Coalitions on the Country Platform

CSOs are also invited to participate in the Country Platform. Malaria CSOs can contribute research, information on malaria-specific financing and gaps, technical assistance, and monitoring and evaluation of malaria indicators in GFF Performance Frameworks. In 2019, civil society coalitions from Burkina Faso, Cambodia, Cameroon, Kenya, Malawi, Mozambique, Nigeria, Rwanda, and Uganda received grants to increase civil society engagement in their national planning and multi-stakeholder platforms, as well as to improve coordinated advocacy and accountability activities. Malaria CSOs interested in deepening their engagement with the GFF can also join the Global CSO Resource and Engagement Hub here.

Best Practices for Malaria Engagement with the Country Platform

Interviews identified the following best practices to enhance malaria engagement in the Country Platform:

- Designate **one person** within NMCP as the GFF focal point responsible for attending GFF meetings
- Define **narrow set of malaria activities** to bring to Country Platform for funding
- Leverage Country Platform meetings to **enhance GFF and Global Fund coordination**
- Consistently share data on coverage and funding gaps for **malaria testing and treatment**
- Encourage malaria CSOs to engage on the platform
- Schedule **separate meetings** with GFF Country Platform Chair to discuss malaria-specific GFF agenda

ADDITIONAL RESOURCES

- GFF Country Implementation Guidelines
- Guidance Note on Inclusive Multi-Stakeholder Country Platforms
- Civil Society Engagement Strategy

ENGAGEMENT IN INVESTMENT CASE DEVELOPMENT

Key Points

- The Investment Case aims to address duplication of financing by serving as a comprehensive plan for all RMNCAH-N needs.
- Investment Case development occurs approximately once every five years and is a critical year for NMCPs to dedicate time and resources to engagement and advocacy.
- The needs presented in the Investment Case often reflect an extremely large funding gap and exceed realistic expectations of the available financing envelope.

The GFF describes the Investment Case as "a description of the changes that a country wants to see with regard to reproductive, maternal, new-born, child, and adolescent health (RMNCAH-N) and a prioritised set of investments required to achieve these results." It was originally instituted to reduce duplication and improve coordination of RMNCAH-N financing and projects. Drafting responsibilities are shared by Country Platform members (often with the support of a World Bank consultant), and technical review is supported by the GFF Secretariat (with reviews focusing less on any specific intervention and more on alignment with the overall National Health Financing Strategy). The GFF Secretariat allows flexibility on the final Investment Case format, with some countries leveraging or expanding existing national RMNCAH-N strategy documents and others creating new, independent Investment Case documents specifically for the GFF. **A rapid landscape of existing Investment Cases revealed malaria was mentioned, and frequently even highlighted as a major cause of illness and death in children and pregnant women, in all 22 active Investment Cases but this did not necessarily translate into direct requests for financing in the GFF Investment Case regardless of the level of national or GF or PMI investment.** Key approaches for how malaria programs can strategically engage in Investment Case development are listed in Table 5.

Credit: Solomon Tumwesigye/Nothing But Nets

It is important to note timing of Investment Case development is highly variable and driven by when a country decides to join the GFF, timing of the partner World Bank Loan Project, and timing of other RMNCAH-N strategy processes in-county. A list of countries with approaching or in-process Investment Cases is listed in Appendix C.

Table 5: Recommended Malaria Contributions to Investment Case

Component	Description	Malaria Contribution
1.Situational analysis	Overview of the RMNCAH-N health problems in the country	• Present malaria deaths and case data based on its proportional contribution to overall child and maternal deaths, low birth weight, stillbirth, and illness. • Contribute recommendations on levers in the health system (e.g. staff salaries, supply chain bottlenecks, data systems) that if addressed would mutually benefit the malaria and RMNCAH-N agendas
2.Proposal of basic benefits package	Articulates set of proven interventions to improve RMNCAH-N results	• Advocate for specific interventions most closely tied to the broader RMNCAH-N agenda, i.e. CHW, iCCM, MIP, ANC 8-contact package (including IPTp), and health information systems. • Present benefits (e.g. for iCCM) in terms of their impact on the overall RMNCAH-N results.
3.Resource Mapping and Expenditure Tracking (RMET)	Landscape of existing national and donor RMNCAH-N resources committed by national government and donors in country, which allows funding gaps to be consistently presented to a broader array of donors	• Contribute malaria-specific donor financing commitments • Provide detailed gap analysis of malaria interventions proposed in benefits package • Actively facilitate in-country collaboration between Global Fund and GFF
4.Proposal for fiscal sustainability	A detailed plan for how the benefits package will be sustained via increases in domestic resources over time	• Advocate for incorporation of key malaria testing and treatment personal (e.g. CHWs) into national health system budgets • Advocate for national commitment to increase domestic resources for malaria as part of the GFF concessional loan terms
5.Monitoring & Evaluation Plan	List of primary and intermediate outcomes each country commits to achieving in order to meet IDA/IDBR loan terms and receive subsequent disbursements (i.e. results-based financing plan).	• Recommend 1-2 priority malaria indicators (linked to benefits package) to be tied to GFF performance payments (e.g., iCCM coverage, ITPp3 doses+)

While the Investment Case lays out a strategic vision and serves as an important component of the GFF financing process, it is **not an operational financing agreement or project document**. In-depth interviews and a review of existing Investment Cases, completed as part of the guide development, found a) the needs presented in the Investment Case often exceeded realistic expectations of the available financing envelope and; b) the link between the Investment Case and the final funded priorities is sometimes **inconsistent**. While development of the Investment Case is a critical and essential part of the process, intensive engagement efforts are also required via the Investment Case prioritization process where project financing decisions are taken (see section "Engagement in Investment Case Prioritization").

Best Practices for Malaria Engagement in Investment Case Development

- Adapt malaria investment language to communicate benefits in terms of improvements to overall child and reproductive health.
- Leverage development process to establish cross-sector connections of mutual interest
- Provide clear, concise, and specific malaria contributions for each section of the Investment Case based on Table 5.

ADDITIONAL RESOURCES

- GFF Investment Case Guidance Note
- GFF Country Investment Case Database

Credit: Dalireel Productions/Nothing But Nets

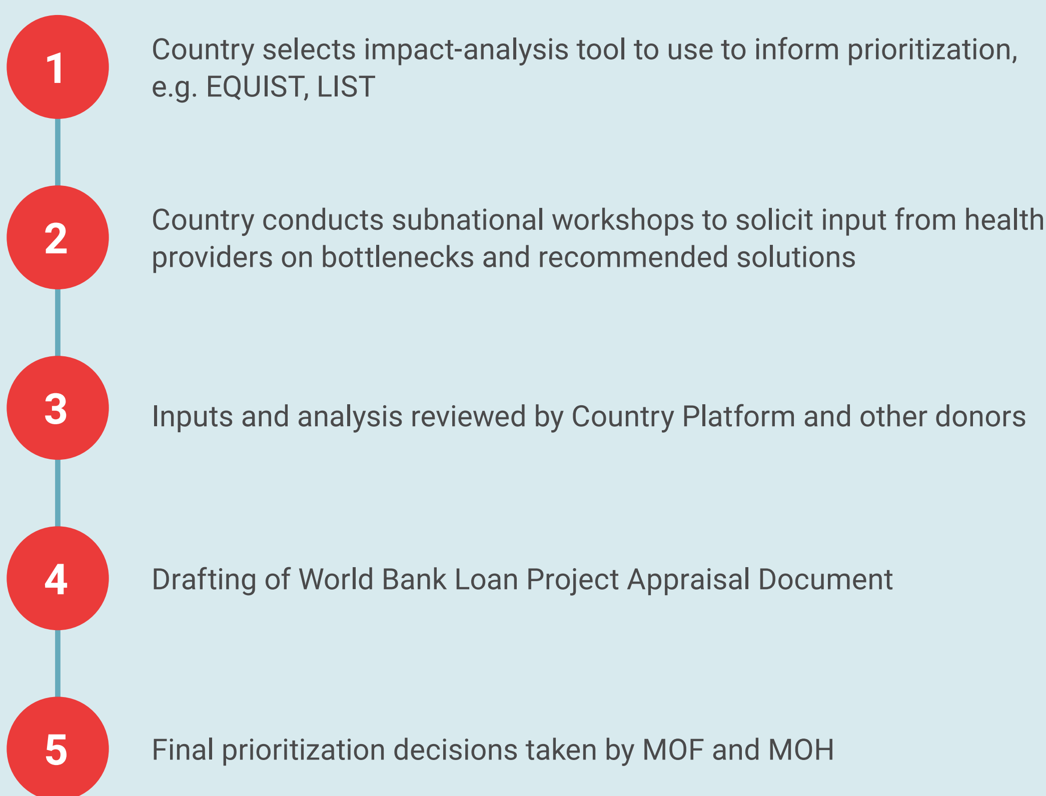
ENGAGEMENT IN INVESTMENT CASE PRIORITIZATION

Key Points

- Investment case prioritization is supported by the Country Platform and occurs via the World Bank Project Appraisal Document (PAD), with final decisions taken jointly by the Ministry of Finance and Ministry of Health.
- This step is arguably the most important for influencing the GFF.
- Establishing a regular cadence of meetings with key internal Ministry of Health decision-makers is critical to influencing the prioritization process.

The Investment Case prioritization phase is the most important for unlocking GFF resources for malaria. Given the majority of financing is loan-based and ultimately requires approval by national finance and planning Ministries, engagement with the broader development sector in each respective country is essential. While final decisions are taken by the Prime Minister and highest-level internal Ministry designates in each country, members of the Country Platform support prioritization decisions through the below general process:

Figure 3. General Investment Case Prioritization Process



It is important for the malaria community to contribute a narrow and specific set of activities they want to prioritise within the final funded World Bank Projects, as interviews identified challenges when malaria priorities were not clear.

Project Appraisal Documents

PADs are the official World Bank documents used to define objectives and terms of IDA loans. PADs serve as the detailed financing document (similar to a Global Fund Concept Note) and include objectives, implementation arrangements, M&E plan, financial disbursement schedule, and financial management plan. The PAD is used to help decision-makers at the Bank approve or reject a project, and once completed, the PADs are binding agreements between the government and the World Bank.

The Ministry of Financial Planning is typically the official borrower, while the MOH typically implements project expenditures and takes responsibility for all financial management and oversight. High-level strategies prioritised for financing are reflected in the final PAD document, although disentangling exact dollar amounts from integrated service packages (e.g. specific training for iCCM or IPTp vs. other areas) is often not possible, and transparency of budgets is at the discretion of each country.

Strengths and Weaknesses of Current Prioritization Process

In-depth interviews cited both strengths the malaria community can leverage as well as significant frustrations with the current prioritization process. These insights were used to guide the advocacy strategy later in this guide.

Table 6: Strengths and Weaknesses of Current Prioritization Process

Strengths	• **Government-owned and led process**, with influence over the process being driven by MOH staff and integrated into national budgeting decisions • **High engagement by senior government authorities**, with responsibility for loan payback being taken on by national government • **Strong alignment with the National Health Financing Strategies**, which aim to reduce waste and promote efficiencies in health system spending • **Prioritization of core health system functions**, such as human resources, training, supervision, and data systems, that are difficult for external donors to fund at levels necessary to make an impact • **Potential for process to increase total domestic spending for health**, although examples are limited at this early stage of the GFF
Weaknesses	• **Lack of transparency** in prioritization jeopardises the validity and engagement of stakeholders on the Country Platform and results in confusion • **Light-touch technical review from GFF Secretariat of final set of funded strategies**, exacerbated by no malaria expert on staff at the GFF Secretariat • **World Bank IDA loan processes unfamiliar to most malaria stakeholders and thus difficult for partners to support NMCP managers in advocacy efforts** • **Channels of soft influence highly complex** and variable by country, often requiring detailed and relationship-based advocacy efforts in order to influence

Best Practices for Engaging in Prioritization

Engagement in prioritization should be focused on empowering national malaria program staff to advocate with their GFF MOH leadership. Key activities include:

- Conduct a rapid landscape of all key individuals within the MOH and MOF engaged in GFF decision making. PADs list point of contact (including name and email), which can be used for inquiries and outreach by interested parties.
- Map internal influencers with existing connections to the malaria program and assess what political traction is possible using available assets.
- Develop key talking points and schedule meetings with GFF Focal Point and World Bank Task Team Leaders.
- Talking points should emphasise burden malaria places on overall health system capacity (e.g. % of total outpatient visits involving malaria), benefits to overall child and maternal health, and the need for a sustainable way to build the health system and reduce malaria.
- Key changes to the health budget of health sector policy, such as adoption of CHWs as nationally recognised staff or procurement of all iCCM commodities through government budgets should be emphasised, when relevant.

ADDITIONAL RESOURCES

- World Bank Project Appraisal Document Process Overview
- Country Project Appraisal Documents
- Equist tool
- Community Health Planning and Costing Tool

ENGAGEMENT IN INVESTMENT CASE IMPLEMENTATION

Key Points

- In order to support the overall success of the GFF, increased stakeholder engagement and oversight is needed in the implementation phase.
- Including malaria indicators in Project Appraisal Document Results Frameworks is the best way to ensure malaria stays on the GFF agenda.
- Technical support units responsible for reviewing data and addressing bottlenecks would help ensure smooth implementation across malaria and other MOH divisions.

The MOH, as the primary recipient and implementing agency of the GFF, is responsible for execution of both IDA/IBRD and GFF funds. A results framework and tracker, annual budget, midterm review, and periodic audits guide financial disbursements and any reprogramming. Activities are managed through existing MOH procurement and payment channels and appear seamlessly integrated with government systems. During implementation phase, the Country Platform continues to meet, although stakeholder interviews noted meeting cadence, engagement, transparency of data, and overall stakeholder interest waned as perceived ability to influence declined. Further, delays in finalizing a results framework after the PAD was signed, along with lack of independent monitoring and accountability mechanisms, delayed implementation in many of the early countries and is a focus area for course-correction under the new GFF strategy. A key lesson learned is the importance of NMCPs staying engaged during implementation.

Credit: Estafania Bravo/Nothing But Nets

Results-Based Implementation Approach

At the highest level, the goal of the implementation phase is to a) secure more resources for health from domestic governments; b) increase the efficiency of existing resources; and c) drive longer-term, transformational changes to health systems, particularly in financing. To support these goals, GFF operates as a results-based financing mechanism, with payments contingent on achievement of predetermined results agreed on in the PAD. While results-based payments are country specific, the following core GFF indicators are measured across all countries to track overall success of the mechanism.

Table 7: Core GFF Indicators

Core programmatic indicators	Core health financing indicators
• Maternal mortality ratio • Under-5 mortality rate • Neonatal mortality rate • Adolescent birth rate • Proportion of the most recent children age 0-23 months who were born at least 24 months after preceding birth • Prevalence of stunting among children under 5 years of age • Prevalence of moderate to severe wasting among children under 5 years of age • Proportion of children who are developmentally on track	• Health expenditure per capita financed from domestic sources • Ratio of government health expenditure to total government expenditures • Percent of current health expenditures on primary health care • Incidence of financial catastrophe due to out-of-pocket payments

Each country subsequently develops a unique results framework with indicators for performance-based payments and monitoring progress. The indicators and targets reflect a country's priorities for GFF financing and typically reflect where resources are being directed. **As such, a critical way to ensure malaria stays on the agenda is through indicators supportive of malaria outcomes (e.g., iCCM or ANC coverage) in the GFF results framework.** Current countries with malaria and malaria-related indicators in GFF Results Frameworks are listed below

Table 8: Malaria Indicators Included in GFF Results Frameworks

Key: Blue = >3 malaria indicators; Purple = 1-3 malaria indicators; Orange = 0 indicators

	Number of Malaria Indicators in Results Framework (Blue = >3 malaria indicators; Purple = 1-3 malaria indicators; Orange = 0 indicators)	Number of iCCM/CHW Indicators in Results Framework (Blue = >2 malaria indicators; Purple = 1 malaria indicators; Orange = 0 indicators)
Bangladesh	0	0
Cameroon	4	5
DRC	0	0
Ethiopia	2	1
Guatemala	0	0
Guinea	4	0
Kenya	0	0
Liberia	1	0
Mozambique	2	4

	Number of Malaria Indicators in Results Framework (Blue = >3 malaria indicators; Purple = 1-3 malaria indicators; Orange = 0 indicators)	Number of iCCM/CHW Indicators in Results Framework (Blue = >2 malaria indicators; Purple = 1 malaria indicators; Orange = 0 indicators)
Myanmar	0	0
Nigeria	0	0
Senegal	0	0
Sierra Leon	0	0
Tanzania	2	1
Uganda	1	2
Vietnam	0	0

ADDITIONAL RESOURCES

- GFF Results Monitoring Framework

Credit: James Roh / Cotopaxi Foundation

ADVOCACY AGENDA

The GFF exists as a viable mechanism for filling health system gaps essential to high-quality malaria treatment as well as leveraging additional domestic resources for malaria. However, the uniqueness of the mechanism requires empowering messengers within and across MOH departments and crafting malaria messages in new ways. In order to strategically and effectively drive engagement, a two-pronged local and global approach is recommended.

GFF-Malaria Advocacy Goals

Recommended advocacy goals to guide work planning include:

1. Relationships and regular meetings between the malaria program, MOH-appointed GFF Chair, and World Bank Task Team Leader established
2. A visible and active malaria presence established on the GFF Country Platform, including NMCPs and malaria specific donors such as the Global Fund and PMI
3. An evidence-based investment brief for system-level bottlenecks most affecting malaria program development
4. GFF-appropriate malaria activities included in GFF/World Bank Project Appraisal Document
5. Malaria indicators included in country-specific GFF performance-based results framework

Advocacy Agenda #1: Local Government Channels

National leadership is at the core of the GFF's model, in which international partners are enablers rather than doers. **Advocacy targeting powerful MOH decision-makers was cited in interviews as the most efficient and impactful way to influence GFF prioritization.** Given malaria is likely already engaging these individuals (and can deploy allies and messengers with high levels of access), ensuring GFF specific talking points and priorities are elevated in discussions will be a low-cost way of advancing GFF-malaria synergies and supporting malaria's engagement in the broader RMNCAH-N community.

Credit: James Roh / Cotopaxi Foundation

Advocacy Agenda #2: Global Technical Support

The GFF Secretariat currently has limited number of staff and no in-house malaria expert. Establishing secondment of a malaria consultant to support backstopping and review of malaria-related issues within GFF projects (as has been done for other disease areas) was recommended in multiple interviews to increase the global visibility and integration of malaria within GFF financing packages.

Advocacy Roadmap

The following is a list of prioritised engagement activities to advance the GFF-malaria agenda.

1. Identify key persons responsible for GFF leadership and map strength of existing relationships.
2. Designate a point person to attend all GFF Country Platform
3. Hold NMCP team workshop to discuss specific malaria activities to target for GFF co-financing
4. Based on political context and strength of existing advocacy channels, assess if level of effort required poses a strong enough likelihood of success
5. Package malaria data for Investment Case, highlighting the high impact of selected GFF-malaria synergistic interventions in relationship to the RMNCAH-N agenda
6. Create one-pager outlining a narrow and specific malaria-GFF financing request to be prioritised in final MOH decisions
7. Schedule meetings to disseminate one-pager and galvanise commitments with the GFF CP Chair and World Bank Task Team Leader (which interviews suggest have the most “soft power” over the process)
8. Present updates of discussions at Country Platform meeting
9. Provide a short list of 2-4 malaria indicators to include in GFF Results Tracker as a means of keeping malaria on the GFF agenda
10. Mobilise local CSOs to use their influence to advocate in support of the malaria-GFF agenda

Lessons Learned

In-depth interviews with malaria stakeholders involved in the GFF over the past five years shared the following lessons related to leveraging the GFF in support of malaria goals.

1. Lack of understanding about GFF processes stalled advocacy and engagement.
A survey of NMCP Program Managers revealed a large discrepancy in the workings of and requirements for GFF financing, with most reporting limited or no participation on the Country Platform and little meaningful engagement. Bring the malaria community into the fold with regards to the GFF health financing strategies, and reforms will go a long way in improving engagement.

2. Strong collaboration between the malaria and reproductive health departments catalyses malaria program opportunities within the GFF. Mothers, women, and children are at the heart of the GFF and also at high risk for malaria. Stakeholders from countries with an existing reproductive health project partnership reported better exchange of information, higher engagement on the Country Platform, and a stronger malaria voice in decision-making. Interviewees also highlighted strong coordination between child health, community health, and malaria departments facilitated a more streamlined financing process when the GFF Country Platform was introduced.

3. Engaging in GFF supports the malaria community's commitment to a horizontal, system-building approach to elimination. The heavy reliance on vector control among many malaria donors, while critical, results in de-prioritization of health system strengthening efforts essential to offering the high-quality testing and treatment for malaria at the periphery. The GFF serves as a "rallying cry to address the wicked system bottlenecks" which will ultimately accelerate progress towards malaria elimination. By committing to be an engaged participant in the GFF, malaria programs are laying the foundation they will need for their ambitious eradication goals.

4. Approach the GFF from a health-financing perspective, not a technical perspective.
Malaria stakeholders expressed frustration with the lack of technical rigor and review given to the final set of GFF-funded priorities. While the GFF must align with national health strategies, malaria programs need to be willing to shift to a more development financing lens when engaging with the GFF, advocating more based on cost-efficiency and less from a disease-impact perspective.

5. Make an intentional go/no-go engagement decision. Engagement in the GFF takes time. Determining the level of effort and likelihood of impact up front is critical to right-sizing effort, managing expectations, and determining if malaria engagement in any given country context is worth it.

APPENDIX A: ENGAGEMENT ASSESSMENT TOOL

It is expected there will be some countries where GFF-malaria synergy is high and others where it is less so. Early in the GFF life cycle, it will be important to determine if and how malaria should substantially engage. The below assessment tool provides a set of strategic and practical questions malaria programs can ask to guide engagement.

Take Stock of the Landscape

1. What is the current structure and membership of the Country Platform?

2. What are the current national priorities for the GFF (if set/available)?

3. Who is the GFF Country Liaison Officer?

4. Who is the GFF Country Platform Chair?

5. Who is the World Bank GFF Task Team Leader?

6. What phase is GFF in (Investment Case development, prioritization, implementation)?

7. Are any malaria activities explicitly included in an active GFF Project Appraisal Document?

Identify Potential Opportunities

1. What unfunded malaria activities fall within “GFF/malaria synergies” and could be positioned for GFF financing?

Identify Channels of Influence

1. Who are the key government influencers of GFF decisions?

2. What existing relationships do we have with the MOF?

3. What data (e.g. iCCM commodity financing gaps, testing and treatment coverage in pregnancy, relative burden of malaria as part of total CHW caseload) would be most persuasive in the current political climate?

4. Who attends GFF meetings, and do they have clear, data-based talking points for malaria?

Plan Targeted Advocacy Efforts

1. What well-connected, high-level political influencers does the malaria program have access to that can help advance the malaria/GFF agenda?

2. What meetings need to be set up?

3. How much effort and political capital is appropriate to invest?

4. How can other malaria donors (e.g. the Global Fund and PMI) help the NMCP promote alignment and increased funding towards malaria synergies?

Notes

APPENDIX B: GLOBAL FUND AND GFF COORDINATION

The GFF aims to consolidate Official Development Aid and align donor financing with national health financing strategies. While Global Fund grant funding is based on disease-specific strategies, the GFF deploys a broader health system lens and invests in core operations and staff costs. Ideally, the GFF works in parallel with Global Fund to amplify and enhance the efficiency of malaria-specific financing. In order for this to take place, enhanced communication and coordination at both the country and global levels are needed, including alignment of technical assistance, coordination discussions, and health systems strengthening funding.

Table 9. Recommendations from Stakeholder Interviews for Improving Global Fund and GFF Coordination

Country-Level Coordination	Global-Level Coordination
• In countries where GFF is launching, consider using the CCM as the GFF Country Platform • Ensure GFF updates are included in CCM meeting agendas on a regular basis • Regularly share documents, data, and funding budgets from the Global Fund to update GFF resource mapping • Create a system for shared access to all relevant documents by country-specific GFF and Global Fund staff	• Global Fund and GFF leadership draft public statement of commitment to enhanced coordination, sharing actions planned to advance a shared agenda • Leverage malaria expertise within Global Fund to support Secretariat review of Investment Cases • Conduct joint missions to share learnings and identify further collaboration opportunities • GFF designates representative to sit on iCCM Task Team

APPENDIX C: INVESTMENT CASE COUNTRY TIMELINES

Countries with 2021 Investment Case Renewal to target enhanced malaria engagement:

- Afghanistan
- Central African Republic
- Kenya
- Tanzania
- Uganda
- Mozambique (2022)

Countries with NEW in-process Investment Cases to target for malaria engagement:

- Chad
- Ghana
- Haiti
- Madagascar
- Malawi
- Mali
- Pakistan
- Sierra Leone
- Somalia
- Zambia
- Zimbabwe
- Niger

APPENDIX D: UGANDA CASE STUDY

Overview

Uganda is one of only nine countries that has implemented GFF for over three years. As an early adopter of the GFF, Uganda received one of the top five largest packages of support ($140 million USD with $100 million USD IDA + $30 million USD GFF Grant) and has successfully leveraged these resources to reduce childhood illness and increased absolute domestic contributions to health from 2017-2020. The GFF is currently guided by Uganda's Sharpened Plan, the National Strategy for Reproductive, Maternal, New-born, Child and Adolescent Health, which serves as the GFF Investment Case. GFF staff interviewed described this Investment Case as "highly ambitious" and reflecting "a broad set desired activities rather than a set of realistic costed priorities." Prioritization of the plan was supported by the Country Platform, i.e. the National Maternal and Child Health Working Group, in which NMCP staff does not participate. Despite limited access by the Malaria Program to County Platform discussions, the GFF process resulted in a focus on improving access to services – an area which malaria capitalised on to scale up iCCM.

Malaria-GFF Synergies

Uganda serves as a successful example of a right-sized, internal advocacy-driven approach to leveraging the GFF for malaria. Through targeted advocacy during the final prioritization phase of the GFF process, Uganda's NMCP secured funds for the non-malaria commodities, stipends, and other training and recruitment costs associated with rolling out iCCM nationally. Interviews with senior MOH GFF leadership confirmed the country would likely not have had the resources to formalise Village Health Team (VHT) service delivery in their national health budget without the GFF (as at the time of launch iCCM has only been introduced in limited districts on a project basis). However, with GFF resources, the country was able to support the creation of an iCCM sub-committee within the GFF Platform and covered costs for updating and expanding iCCM guidelines to provide a more standardised approach based on lessons learned.

Malaria remains high on the GFF agenda in via the GFF Results Framework, in which the following malaria related indicators are closely tracked and associated with performance-based payments:

- Percentage of hard to reach villages in district with CHWs recruited
- Percentage of facilities /VHTs with RMNCAH case management quality standards met
- Percentage of hard to reach villages in district with CHWs recruited
- Percentage of First ANC visit in 1st trimester
- Percentage of Pregnant women taking 2+ doses IPT

Table 10: GFF-Malaria Synergies in Uganda

GFF-Malaria Synergy	Strength of Synergy	Funded Activities
1. Integrated Community Case Management	High	• Commodities, stipends, and other costs associated with recruiting VHTs and rolling out iCCM. • District-level supervision to properly trained, equipped, motivated and supervised VHTs. • System-wide improvements to support the supply of malaria treatment: strengthening district capacity to quantify drug needs and report quarterly on drug availability; upgrading the warehousing system in National Medical Stores, and facilitating the roll out of the electronic logistics management system
2. Malaria in Pregnancy	Medium	• Commodities and delivery of IPTp • Increasing access to pregnancy testing and ANC through community outreach • Upgrading hospitals to include women and maternal wards
3. Disease Surveillance and Vital Statistics	Low	• Customised DHIS2 module for reporting cause-of-death • Birth Death Registration (BDR) mobile outreach services • Electronic vital records system • Training facility and community-based registration personnel on BDR • Training clinical staff and Audit Committees on cause-of-death reporting according to ICD guidelines
4. Human Resources	Medium	• Recruit RMNCAH cadres in short supply (midwives, anaesthetists, and lab technicians) • In-service training and mentorship programs targeting RMNCAH services • Capacity building for more than 4,000 health workers and other stakeholders on care and treatment for women and girls

Factor Driving Successful Engagement

Multiple factors contributed to malaria successfully leveraging resources from the GFF, including:

1. **Taking the time to study GFF processes up-front.** The Uganda National Malaria Program proactively reached out for information both within the MOH and to the World Bank and made a commitment to educating themselves on how the GFF financing mechanism operated. This information provided the groundwork successful advocacy going forward.

2. **Strong leadership to take immediate action.** Recognizing the high-flexibility within the GFF for various priorities, Uganda's NMCP Manager was proactive and moved-quickly in pursuing opportunities for malaria, even admits rapid and unclear GFF timelines. Despite not being formally invited to participate on the Country Platform/MCH Working Group (to-date malaria is still not an official member), the program independently mapped key decision makers, scheduled meetings, pitched a narrow iCCM request for support, and secured new resources they otherwise wouldn't have had access to.

3. **Willingness to use available and innovative channels of influence.** Without full access and visibility into the Country Platform, the NMCP used their key relationships and levers of influence within the MOH to rapidly influence financing priorities. Given the country-ownership provided by the GFF and World Bank, having strong internal ambassadors to conduct advocacy across Ministry departments is an incredibly effective tool, and in the case of Uganda carried far more weight than any other donor or external civil society voices or champions.

4. **A working relationship with the Maternal and Child Health Department will go a long way in ensuring steady flow of information.** Uganda's Maternal and Child Health Department (MCHD) and the Malaria Department are two separate entities, with unique management, leadership, and decision making. Both iCCM and antenatal care activities are managed by the MCHD and thus malaria's ability to forge a cross-department collaboration ensured a necessary flow of data that ultimately supported what was originally a malaria-specific VHT approach into a broader, and far more sustainable, iCCM program.

5. **Use malaria data but present a health-system focused Investment Case.** Stakeholders consistently identified the power of the GFF in its exponential leverage capacity. While malaria programs are responsible for malaria-specific data, Uganda was quick to pitch an Investment Case that would improve system-bottlenecks impacting the malaria program's goals. For example, in Uganda, roughly 40% of all outpatient visits in the public sector are due to malaria, thus putting a tremendous burden on health workers. As such, by moving testing and treatment down to the community level, you not only expand access to malaria care, but reduce crowding and delays at health centres and hospitals.

APPENDIX E: METHODS

The guide development methodology was designed to be informal and highly participatory, with the ultimate aim of leveraging this process to generate momentum and energy for engaging National Malaria Programs in GFF-related discussions. Recognizing the advocacy-oriented nature of the guide, the approach involved:

- A diverse set of internal touchpoints with key stakeholders who will be key to further advancing work with the GFF
- Thoughtful incorporation of the internal and external barriers and limitations that GFF operates within, and what is and is not possible for malaria financing within these bounds
- A critical review of the GFF operationalization approach and where lack of clarity might hinder progress for malaria programs
- Recommendations and actions presented as practically as possible, targeting the various levels of decision-making and execution involved in the GFF, the appropriate timing/phasing required to make changes, and the level of effort/feasibility (from a time and human resource perspective) required to successfully partner with the GFF.

The guide preparation methods included: 1) a detailed and comprehensive document review; 2) structured and informal interviews with country and global level stakeholders; 3) a quantitative survey to NMCP program managers.

Document Review

The inception phase involved a review of core GFF strategy and planning documents, as well as a rapid assessment of country Investment Cases to better understand the extent malaria was included. As part of the core data collection phase, we reviewed documents deemed most relevant to guide development; namely:

- A more detailed review of country Investment Cases;
- A review of existing knowledge, learning, and communications materials developed by the GFF Secretariat, with an aim to ensure this guide complements (rather than duplicates) existing or in-process products;
- A gap analysis related to iCCM and collecting core essential data that will be critical to advocating for malaria investments within the GFF;
- Review of all documents shared by interviewees, including relevant RBM and ALMA meeting minutes and reproductive health strategy documents;
- Review of literature on lessons learned from country participation in multilateral funding agencies, with the goal of utilizing the field's best practices and learnings to develop the guide.

Informal Interviews

Given the targeted malaria focus of this guide and the need to prioritise stakeholder engagement, a rapid landscape was conducted of key informants most likely to inform the guide's primary objective. Selection criteria included:

1. Ability to provide information on how the GFF works functionally, strategically, and operationally at both the HQ and country levels
2. Ability to speak to real examples of GFF Investment Case development, prioritization, and implementation at country level
3. Ability to represent the malaria community and provide insight on the specific information, education, and communication needed to further drive engagement

Interviews set out to explore how the GFF works, what opportunities exist for malaria, and how NMCPs can more strategically engage in the GFF process via informal interviews. A total of approximately 40 interviews were conducted, which took place over Zoom and were automatically transcribed via the software Otter AI. These interviews provided information from a diverse set of stakeholders on their experience interacting with the GFF in the Investment Case development, resource mapping, prioritization, and implementation, and served to clarify trends and emerging findings, provide contextual insights, and generate nuanced evidence around key drivers and barriers to successfully implementing the GFF theory of change for malaria.

Interviewees include: i) NMCP Managers and MOH staff; ii) GFF HQ Focal Points and technical staff; iii) GFF Trust Fund Committee Members and Senior Leadership; iv) GFF Country Liaison Officers; v) Staff inside other donor institutions (e.g, Global Fund, Gavi, BMGF, UNICEF); vi) RBM and malaria-specific technical assistance partners.

NMCP Manager Survey

The inception phase highlighted the significant diversity in malaria program engagement with the GFF to date. In order to more critically evaluate the current state of country-level malaria engagement with the GFF, a survey of NMCP staff was conducted. The survey used a short set of online, confidential questions using a Likert scale with optional open-ended responses. This survey gauged the level of engagement, knowledge, and interaction with the malaria community and the GFF Country Platform. Responses from nine countries showed no to extremely low understanding of the GFF by Program Managers, supporting the hypothesis underpinning this guide that additional education and information is needed to ensure effective malaria-GFF engagement.