

## **GUIDANCE FOR COUNTRY COORDINATING MECHANISMS TO DEVELOP TRANSITION AND SUSTAINABILITY PLANS FOR MALARIA ELIMINATION AFTER RAI4E**

### **Introduction**

The Global Fund Technical Review Panel, in its review of the RAI4E Funding Request, requested a transition and sustainability plan by the end of 2024. In May 2024, the Global Fund sent letters to the Country Coordinating Mechanisms asking them to:

- *include the topic of sustainability for malaria, TB and HIV programs as a regular agenda point.*
- *review sustainability activities conducted to date and documents developed.*
- *prepare sustainability and transition road maps for malaria including synergies with HIV and TB sustainability plans and health system integration and sustainability more broadly, and*
- *support the CCM-nominated representative, Dr Khampheng Phongluxa, to present the road map at the 24th RAI Regional Steering Committee Meeting in November 2024.*

At the 23<sup>rd</sup> RAI Regional Steering Committee (RSC) Meeting in May 2024, an RSC Sub-committee on Transition was established to help CCMs plan to finalize elimination, achieve elimination certification, and prevent re-establishment of malaria as donor funding phases out.

### **Suggested Steps**

In line with the letter from the Global Fund mentioned above, the RSC Sub-committee on Transition suggests to the CCMs that they:

1. Conduct a stakeholder analysis to identify which bodies should contribute to transition and sustainability planning.
  - *Relevant stakeholders will likely include CCM Members and non-Members.*
  - *Relevant stakeholders may come from a wide range of bodies, such as the Ministries of Health, Finance, Planning, Interior, Environment, Forestry, and others, international donors, civil society organizations, sub-national representatives, and disease programmes.*
2. Bring together these stakeholders as a group to develop the transition plan for the activities and infrastructure currently covered under the RAI4E.
  - *The group should include a wide range of relevant stakeholders.*
  - *If there is already a relevant group/committee, then it could be given this task, provided it includes the relevant stakeholders.*
3. With this group, review existing documentation and information on sustainability and transition for malaria.
  - *The group can find relevant information from a wide range of sources covering financing, community health workers, etc.*

- *Some preliminary sources are listed in Annex 2 to this document.*
4. Organise a workshop with the group to develop the transition plan, using the checklist tool in Annex 1 as a guide.
    - *The workshop should include a range of key stakeholders.*
    - *The group may wish to engage a facilitator for the workshop.*
  5. Draft a 5–10-page report explaining the transition plan for the components of the RAI4E after 2026.
    - *The report should detail which components are needed after 2026; how they can be sustained; which departments or organizations can assume or expand responsibility; which areas still need Global Fund support; and what next steps are needed.*
  6. Share the report with the full CCM for inputs and endorsement and present the transition plan at a full CCM Meeting if possible.
  7. Share the transition plan report with the Global Fund in response to its letter, copying the RSC.
  8. Support the CCM-nominated RSC Member, Dr Khampheng Phongluxa, to present the transition plan at the 24<sup>th</sup> RSC Meeting on 27-28 November.
  9. After November, consider the ongoing role of the group and whether it can help to implement the necessary next steps based on the transition plan.

**Annex 1 – Scenario Checklist to use as guide for Malaria Transition Planning**

<p align="center"><b>Scenario 1: RAI funding for 2027-2029 is 50% of RAI4E funding.</b>                      (Note: This is only a scenario. No decisions have been made on funding after RAI4E.)  <b>What interventions need to be maintained to finalize/certify elimination and prevent re-establishment of malaria?</b></p>				
	<p><b>Who can deliver this?</b>                      Consider other health pathways, civil society/private sectors, and integration of malaria with other services and functions. <b>Can cost efficiencies be achieved while maintaining quality?</b></p>	<p><b>Who is most at risk if this intervention ceases?</b>                      What is critical to keep?</p>	<p><b>Until what time/milestone is this intervention required?</b></p>	<p><b>Who could finance this?</b>                      What % do they presently provide/could they provide?                      Consider national, sub-national, and external sources.</p>
<p><b>Case management</b> incl.</p> <ul style="list-style-type: none"> <li>- integrated community case management (test/treat)</li> <li>- adherence support and patient referral</li> <li>- serious malaria case management</li> <li>- intensified activities for elimination</li> <li>- therapeutic efficacy surveillance</li> </ul>				
<p><b>RSSH: Health financing systems</b></p>				
<p><b>Vector control</b> incl.</p> <ul style="list-style-type: none"> <li>- entomological monitoring,</li> <li>- ITN distribution including community based/mass campaigns for high-risk stratified locations and continuous distribution at antenatal care,</li> <li>- indoor residual spraying</li> </ul>				

<p>RSSH: Health sector planning and governance for integrated people-centered services incl.</p> <ul style="list-style-type: none"> <li>- integration/coordination across disease programmes and at the service delivery level</li> <li>- management of malaria identification at borders</li> </ul>				
<p>RSSH: Monitoring and evaluation systems incl.</p> <ul style="list-style-type: none"> <li>- surveillance for priority epidemic-prone diseases and events (malaria as an epidemic disease)</li> <li>- cross-border early warning of malaria cases (to prevent re-establishment)</li> </ul>				
<b>Program management</b>				
<b>RSSH: Health products management systems</b>				
<p><b>RSSH: Community systems strengthening</b> incl.</p> <ul style="list-style-type: none"> <li>- community engagement, linkages and coordination and community-led monitoring</li> </ul>				
<b>RSSH/PP: Laboratory systems (including national and peripheral)</b>				
<b>Specific prevention interventions (SPI)</b>				
<p><b>RSSH/PP: Human resources for health (HRH) and quality of care</b> incl.</p> <ul style="list-style-type: none"> <li>- remuneration and deployment of staff (excl. CHWs)</li> </ul>				

- maintenance of referral service providers capacities for management of malaria				
<b>Scenario 2: The government wants to maintain the community-based workforce after RAI4E to bring UHC to hard-to-reach, mobile and migrant, and other vulnerable populations.</b>				
What other services might they provide/already provide?				
How does this link to other community level health services?				
How does this link to other development or extension services?				
How could the CHW's skills in surveillance, testing and aspects of treatment and follow-up be used in other parts of the health system/ disaster management system?				
How could the in-service training, contracting, remuneration, and retention of the community-level health workers continue after RAI4E?				

## **Annex 2 – Suggested Preliminary Information Sources on Malaria Transition and Sustainability**

*Documents marked with \* are available from the RSC Secretariat at [rsccsecretariat@who.int](mailto:rsccsecretariat@who.int). This list is not exhaustive. CCMs will have other resources.*

- MAL - Lao PDR Unlocking Malaria Financing Opportunities through UHC, 2023\*
- MAL - VMW Integration – Lao PDR Snapshot from ExpertiseFrance, 2022\*
- HIV – [Sustainability Index 2021](#)
- HIV – [HANSA project](#) delivering TB/HIV services at PHC level
- TB - [Sustaining essential health services in Lao PDR in the context of donor transition and COVID-19](#)
- TB – Consultancy Report on Approaches to Support RCM in Positioning
- PPPR - Lao PDR SOP for PHEOC Watch-mode Operations 2023\*
- [Global Fund Guidance Note on Sustainability and Transition](#)

**Annex 3 – RAI Grant Budgets by Module**

