

### TRP Review Form - Round 8

Proposal Name	Towards universal access: Scaling up effective malaria control interventions in Zimbabwe			
Applicant Type	CCM	Country (ies)	Zimbabwe	
Applicant Name	National CCM			
Component	Malaria	Years included in Proposal	5 years	
WHO Region	AFRO	Global Fund Region	Southern Africa	
Maximum upper ceiling of Applicant Funding Request **	Year 1**	Year 2 **	Phase 1 Total **	Proposal Term**
Malaria	US\$ 23,706,731	US\$ 12,303,403	US\$ 36,010,134	US\$ 59,568,673
s.4B Cross-cutting	US\$ 18,065,343	US\$ 16,918,995	US\$ 34,984,338	US\$ 81,748,254
<b>Combined total:</b>	<b>US\$ 41,772,074</b>	<b>US\$ 29,222,398</b>	<b>US\$ 70,994,472</b>	<b>US\$ 141,316,927</b>

*\*\* This amount represents the Applicant's maximum funding request for this component. The Phase 1 amount (and therefore the total upper ceiling for the Program) may be reduced as a result of the TRP clarification process and/or grant negotiations. Funding requested beyond Phase 1 is subject to the Global Fund's policy on continuation of grants beyond Phase 1 from time to time.*

#### Country Income Level Contextual Information:

- Income level: Low-income
- Human Development Index: 155 out of 177

#### TRP brief overview of proposal strategy and linkages to existing funding:

This proposal has been submitted with both a disease specific focus (described in s.4.5.1) and cross-cutting health systems strengthening interventions (included in s.4B of the Round 8 proposal as a distinct part of the disease proposal). Zimbabwe has also submitted a HIV and tuberculosis proposal in Round 8.

Malaria transmission in Zimbabwe is generally unstable, with a few high transmission foci along the Northern and eastern borders. About 3.2 million people reside in the mainly rural malaria endemic areas, making attainment of universal coverage of malaria control interventions eminently attainable and cost effective. As such Zimbabwe is looking to rapidly scale up coverage and move to a sustained control phase by the end of this proposal, with the prospect of moving to malaria elimination in some areas in the near future.

Specifically, its objectives are :

1. By 2014, at least 90 percent of households in targeted malaria endemic areas are covered by IRS.
2. By 2014, at least 85 percent of the population in targeted malaria endemic areas have slept under an ITN the previous night.
3. By 2014, at least 90 percent of malaria cases are managed according to the

national treatment guidelines.

4. By 2014, at least 95 percent of people in malaria endemic areas know the cause, symptoms, preventative measures and treatment of malaria.
5. By 2014, 45 districts will have the capacity and resources to rapidly detect and respond to malaria epidemics.
6. By 2014, to have strengthened evidence-based programme management including establishment of 16 sentinel sites for vector bionomics, drug resistance monitoring and operational research.

These objectives will be addressed by the following Service Delivery Areas (SDAs):

- Vector control: IRS & ITNs
- Malaria in pregnancy: IPTp
- Case management: malaria diagnosis and ACTs
- Behaviour change communication
- Epidemic preparedness and response
- Supporting evidence based programming and management

This proposal requests support to scale up key interventions with the aim of reducing malaria incidence from 10.6 percent in 2006 to 6.5 percent in 2014.

Zimbabwe has two existing malaria grants: Round 1 with an upper ceiling amount of US\$ 8.2 million, with a current performance rating of B1 and Round 5 with an upper ceiling lifetime budget of US\$ 28 million which has not yet been rated.

This is a resubmission of Round 7 proposal. All the points raised in TRP review of Round 7 were addressed.

#### **Health System Strengthening s.4B**

The proposal includes a request for US\$ 81.7 million in HSS funding (of which US\$ 75.5 million is for emergency salary augmentation).

WHO "Building Block" categories: Health Workforce, Service Delivery and Health Information Systems.

**Beneficiary Diseases:** HIV and AIDS, tuberculosis and malaria

#### **Objectives:**

- Retaining hospital and clinic level health workers through an emergency salary augmentation plan (SAP),
- Strengthen community health systems for effective delivery of HIV and AIDS, tuberculosis and malaria interventions, and
- Support the integration of M&E systems for HIV and AIDS, tuberculosis and malaria into the National Health Information Management System (NHMIS).

#### **Key elements:**

- To reverse the current trend of high outward migration; ensure that numbers entering the system from the clinical training schools are larger than the numbers leaving the sector by paying all critical health workers.
- To ensure all staff to be supported on the SAP are registered by the Health Service Board (HSB) on the existing MOHCW establishment.

- Staff from the Zimbabwe Association of Church Related Hospitals (ZACH), Harare and Bulawayo City Health and the clinical teaching institutions is to be integrated into the HSB top-up payment system.
- Avoid creating new posts as the technical capacity required has already been recognized.
- Ensure an effective and integrated HMIS system, backed by improved communications and IT servicing capacity.

TRP appreciates the internal discussion of sustainability of this program.

<b>Key strengths of proposal</b>	<b>Weaknesses / Types of changes that need to be made to strengthen the proposal resubmission</b>
<p><b>Disease specific interventions:</b></p> <ul style="list-style-type: none"> <li>• The proposal is in line with the national strategic plan and RBM approach for malaria control.</li> <li>• Clear presentation of the epidemiology of malaria and the linkage with main activities, work plan and performance monitoring system.</li> <li>• Weaknesses and clarifications in TRP review of Round 7 are clearly addressed.</li> </ul>	<p><b>Disease specific interventions:</b></p> <ul style="list-style-type: none"> <li>• Management of anemia is not included in the ANC interventions in areas of high transmission.</li> <li>• Waste disposal and environmental management in association with IRS were not stated.</li> </ul>
<p><b>Cross-cutting HSS interventions (s.4B):</b></p> <ul style="list-style-type: none"> <li>• The proposal addresses critical HHS needs. It seeks to reverse the current trend of high outward migration, ensure that numbers entering the system from the clinical training schools are larger than the numbers leaving the sector by paying all critical health workers and attempts to avoid creating new posts.</li> <li>• Sound rationale and justification for each intervention is provided and the top-up proposed is sufficiently modest to allow re-absorption of staff salaries by the government when the economic situation improves.</li> </ul>	<p><b>Cross-cutting HSS interventions (s.4B):</b></p> <ul style="list-style-type: none"> <li>• Zimbabwe must urgently develop a comprehensive medium and long term plan to address the problems of its HHS workforce. The plan must include proactive strategies to retain staff.</li> <li>• The top-up salaries for health workers is very uneven. The compensation proposed for CHW might not lead to strengthening of health services in communities, and might enhance brain drain from this important pillar of health services.</li> <li>• The budget could benefit from additional revision in line with other budgets for tuberculosis, HIV/ADS and malaria programs to avoid</li> </ul>

Key strengths of proposal	Weaknesses / Types of changes that need to be made to strengthen the proposal resubmission
<ul style="list-style-type: none"> <li>• The proposed interventions are supported by a good situation analysis such as the Human Resources for Health (HRH) Situation Report (Annex HSS 1) and the MoHCW/DFID Short Term HRH Stabilisation Policy (Annex HSS 2).</li> <li>• The proposal focuses on motivating and retaining trained community health workers (CHW) and strengthening their involvement in community programs for HIV and AIDS, tuberculosis and malaria by providing allowances and purchasing bicycles (an average of 180 community health volunteers per district).</li> <li>• Includes a critical staff supervision of Community Health Workers (CHWs) component which will strengthen the implementation of proposed activities for the three disease components.</li> <li>• Ensures an effective and integrated HMIS system, backed by improved communications and IT servicing capacity. The funding will support a phased integration of existing HIV and AIDS, tuberculosis and malaria M&amp;E systems into the National Health Management Information System (NHMIS), including the communication and IT support required for this.</li> <li>• The proposal provides a transparent account of the growing demotivation of staff at all levels who are not benefiting from the retention package from the Global Fund grant. To mitigate these potential disruptive consequences, the Ministry of Health and Child Welfare (MOHCW) proposes to harmonize human resource retention schemes and Human Resources for Health Policy and Strategy to distribute HRH equitably and create an incentive package to retain key staff.</li> <li>• Key partners and stakeholders have been involved in the development of</li> </ul>	<p>duplications of vehicles, staff salary top-ups and training.</p>

Key strengths of proposal	Weaknesses / Types of changes that need to be made to strengthen the proposal resubmission
<p>the policy and strategic plan and are willing to support a single national approach that eliminates internal HRH distortions as well as fosters a sustainable phasing out of donor funding. This proposal takes into account the above-mentioned processes and considerations, and will be used as the basis by MOHCW HR Department along with the Health Service Board (HSB), the Expanded Support Programme (ESP) donors and the EC to ensure a coherent, complementary and affordable approach which minimises the impact of selective district-based approaches.</p> <ul style="list-style-type: none"> <li>All of the above stakeholders are committed in principle to a pooled response, which Global Fund Round 8 support would greatly enhance in terms of achieving the goal of a strengthened and more effective health delivery system.</li> </ul>	

**Recommendation on funding** *(Insert numerical digit in right hand column)*

<b>Category 1:</b> Recommended for funding for the interventions with no or only minor clarifications	
<b>Category 2:</b> Recommended for funding for the <b>disease and cross-cutting s.4B health systems strengthening</b> interventions provided clarifications or adjustments are submitted within a limited timeframe	<b>2</b>
<b>Category 3<sup>1</sup>:</b> Not recommended for funding in its current form but encouraged to resubmit following major revision	
<b>Category 4:</b> Rejected	

<sup>1</sup> Applicants whose initial proposal receives a Category 3 recommendation may resubmit a revised version of the same proposal in the next Round for consideration by the TRP in time for the Board to make a decision at its next Board meeting. When the TRP reviews this revised proposal, the whole proposal will be reviewed for technical merit and this may result in additional weaknesses or issues being raised.

**For recommended category 1 or 2 only, specific issues to be clarified or adjusted to obtain final Global Fund approval of the proposal for funding:**

**Disease-specific:**

1. Given the size of this program and the objective of universal coverage with key interventions, the target of reduction in malaria incidence should be beyond the stated 6.5 percent by 2014.
2. A *pyrethroid* insecticide will be used besides DDT in IRS. Please clarify why no alternative to the class of insecticides is proposed in view of potential development of resistance to *pyrethroids* used in bed nets.
3. Clarify the measures for waste disposal and environmental management associated with IRS.

**HSS:**

1. Zimbabwe must urgently develop a comprehensive short and medium term plan to address the problems of its HHS workforce. The plan must include proactive strategies to retain staff.
2. While the TRP underscores the need to top-up salaries to health workers in the current situation, it strongly recommends redistribution of incentives from the higher cadres of healthcare towards the primary health care workers and community volunteers given their important contribution to the strengthening of health services in communities and in view of reducing the risk of brain drain from this important pillar of health services.
3. The performance indicators must be revised to include outcome targets.
4. Provide succinct details on how the integrated HMIS system will be implemented with specific details of activities, milestones and deliverables.
5. Review budget in collaboration with the tuberculosis, malaria and HIV/AIDS teams and remove duplication of staff payments, training and vehicles. Given the mobile phone procurement, VSAT's need for radio communication is not justified and should be dropped from this grant. Adjust the budget accordingly.
6. Explain how the private management unit is linked with Health Services Board and provide a detailed account on how this private unit was selected.