Malaria Elimination Toolkit

Transition Readiness Assessment for Malaria (TRA-M)

Guidance Manual and Tool

Malaria Elimination Initiative

UCSF

University of California San Francisco

shrinkingthemalariamap.org

**Transition Readiness Assessment for Malaria (TRA-M):
Guidance Manual and Tool**
Sara Fewer, Naomi Beyeler, and Rima Shretta

The **Global Health Group** at the University of California,
San Francisco is an "action tank" dedicated to translating major
new paradigms into large-scale action to improve the strength
of health systems and the health of people worldwide. This
publication was developed by the Global Health Group's Malaria
Elimination Initiative and Evidence to Policy Initiative.

Contents

Executive Summary

The Transition Readiness Assessment for Malaria (TRA-M) Guidance Manual and Tool is a resource for national malaria programs, and their donors and partners, to plan for the end of donor support and the transition to a fully domestically financed and managed malaria program. The transition from donor funding poses risks for malaria programs; changes in financing can destabilize program management and core activities, potentially threatening progress in the control, elimination, or prevention of reintroduction of malaria. However, transition also provides an opportunity to embed well-functioning systems into country health systems and to strengthen domestic capacity to finance and manage essential malaria services.

The TRA-M is designed to generate evidence about the program's anticipated needs during transition. It uses a mixed-methods approach to examine key components of malaria program financing, management, workforce, supply chain, and programming that may face challenges during and after transition. In each of these domains, the TRA-M identifies areas that receive donor support, primary changes anticipated during and after transition, and gaps or vulnerable areas that may occur as a result. This data is used to understand the program's strengths and weaknesses in relation to transition.

The TRA-M process is also designed to facilitate dialogue across program stakeholders to plan for successful transition and promote long-term sustainability of the malaria program. National malaria programs can use the TRA-M to prioritize program areas that need attention during transition, and to identify resources and strategies to address these needs. The TRA-M process culminates in a country-led transition work plan that guides country program directors and implementers in building the financial, managerial, and other programmatic components needed to maintain programs as donor support declines.

The TRA-M is intended to be used in the beginning stages of a country's plan to transition from donor support, to help identify potential problems early on and inform work planning and troubleshooting during the transition period. National malaria programs and their donors should allow time to understand program needs during transition, and to design strategies to ensure the country will be well equipped to maintain and advance progress in the fight against malaria.

The TRA-M was created by the Malaria Elimination Initiative and Evidence to Policy Initiative, projects of the Global Health Group at the University of California, San Francisco. It was developed in consultation with national malaria programs and other experts to address the specific transition needs facing malaria programs, particularly in elimination settings. The TRA-M is intended to be led by national malaria programs, with support from an external technical institution. It should be adapted to the context and needs of each malaria program.
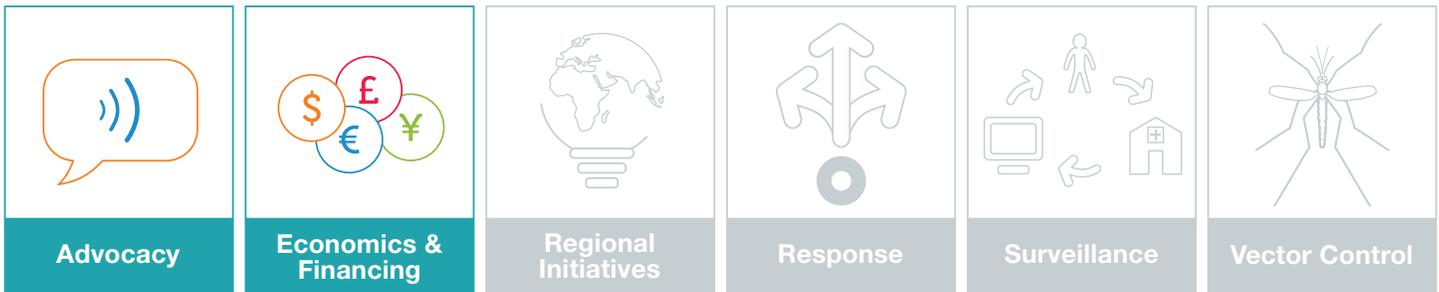
About the Malaria Elimination Toolkit

The Malaria Elimination Toolkit, developed by the Malaria Elimination Initiative (MEI) at the UCSF Global Health Group, provides national malaria programs and implementing partners with evidence-based, user-friendly tools to strengthen malaria elimination efforts worldwide. The toolkit offers approaches that aim to address the challenges confronting national malaria control programs in low-transmission settings. The MEI has built the toolkit around key areas that enable successful malaria elimination and prevention of reintroduction: advocacy, financing, regional collaboration, surveillance and response, and vector control. By supplementing global malaria policy and guidance, these tools aim to accelerate efforts in the countries that are paving the way for malaria eradication.

The Transition Readiness Assessment for Malaria (TRA-M) Guidance Manual and Tool supports national malaria programs and their partners in preparing for the end of donor financing and the transition to a fully government financed and managed program. It was developed by the MEI in partnership with Global Health Group's Evidence to Policy Initiative, which specializes in helping policymakers and practitioners create and implement high-impact, evidence-based policies.

The TRA-M Tool has been used by malaria programs to generate evidence on anticipated program changes during transition, challenges and gaps related to transition, and mitigating actions and strategies for transition and sustainability. The Guidance Manual provides background on transition, reviews methods used to create the tool, presents an overview of the TRA-M and its purpose, discusses the topics covered in the TRA-M, and outlines the steps to conduct an assessment. This is followed by the TRA-M Tool itself, which includes a series of worksheets and modules for data collection and analysis on priority areas for transition.

The key areas to which this particular tool is related are highlighted below. The MEI requests that national malaria programs and implementing partners contact us when using any of the tools in the Malaria Elimination Toolkit. Support in implementing the tool may also be available. Please contact Amanda Chung (amanda.chung@ucsf.edu).

Advocacy	Economics & Financing	Regional Initiatives	Response	Surveillance	Vector Control

Transition Readiness Assessment for Malaria (TRA-M)

Guidance Manual

Background

Global health funding from governments, multilateral agencies, and philanthropic institutions, referred to as development assistance for health, has had significant impact in supporting low- and middle-income countries in making unprecedented progress against poverty-related and neglected diseases, such as malaria. However, recent declines in the availability of development assistance, shifting priorities among development agencies, and changes in the health and economic landscape of recipient countries, are now driving important changes in the way development assistance for health is allocated to health programs globally. With the recent plateau in development assistance for health, and significant economic growth in low- and middle-income countries, many global health donors are refocusing their resources on lower-income countries with higher disease burdens, and pursuing strategies to transition financial support away from countries with higher incomes and/or lower disease burdens. This shift in priorities for development assistance has significant implications for middle income countries,

many which are soon expected to reach donor eligibility thresholds and therefore experience a decline or end in donor sources of health finance.

These financing transitions will require previously donor-supported programs to undergo important changes. Programs will need to find new and increased sources of domestic finance to support their work; make determinations about how to modify and integrate donor-supported program activities, systems, and human resource positions; and develop new managerial and staff capacity. Without adequate time and careful advance planning to replace donor funds with domestic resources, there is a risk that transition could destabilize essential health programs and risk undermining a country's progress towards its health goals. At the same time, if managed effectively, the shift from donor to country finance and stewardship can offer a critical opportunity to embed well-functioning programs in country health systems and build stronger domestic capacity to finance and manage essential health services.

Box 1. Understanding transitions

Transitions occur when the managerial, technical, and financial responsibility for a major health program shifts away from donors and external implementing organizations toward national institutions. Transitions typically have an end-goal in which the program is fully (or predominantly) managed by a national organization and financed with domestic funds, and donors and external technical agencies have either exited or dramatically lowered their profile.

Why are transitions happening?

- Donor funds are limited, and are increasingly focused on the poorest countries with the highest disease burden.
- Middle-income countries have increasing financial capacity to fund domestic health programs.
- The expectation is that countries that take over managerial, technical, and financial responsibility are more likely to run more efficient and sustainable health programs.

The transition period sets the foundation for the continuity of durable programs without further donor assistance. This implies a series of connected and successive planned actions, which allows for a gradual decrease in donor assistance and the eventual transition of institutional, financial, and programmatic responsibilities to the national program.

To achieve this, the transition process will need to take place over several years. This will give adequate time for country programs to identify and mobilize domestic sources of finance; integrate donor-supported programs and staff into national health systems; and build necessary technical and managerial capacity. During this transition process, both donors and country programs will need to make changes to the type of investments and activities they focus on. Donors may need to shift investments away from supporting routine program implementation and towards strengthening integrated health systems. Country programs may need to re-assess program structures and functions and re-prioritize program activities in light of changing financial and epidemiological trends.

While these transitions will impact all donor-supported programs, each health program will face unique considerations due to the structure and organization of the program, the relationship of the program to the broader health system, the role of the donor in funding and managing the program, and the nature and epidemiology of the disease. In this Transition Readiness Assessment for Malaria (TRA-M) Guidance Manual and Tool, we provide an overview of the primary transition-related challenges for malaria programs, many of which are anticipated to become ineligible for donor financing or receive much more limited financial support from donors than in the past. The TRA-M is intended to support national malaria programs, and their donors and partners, in preparing for the end of donor support and the transition to full domestic financing and management of their malaria program.

Methodology

The TRA-M Guidance Manual and Tool was developed through a research, consultation, and pilot process. In order to identify programmatic and finance domains of particular importance to transition for malaria programs, a literature review was conducted to explore prior country transitions from donor support and existing transition frameworks used by international donor agencies for malaria and other disease areas (e.g., PEPFAR's HIV/AIDS Sustainability Index and Dashboard; Curatio's Transition Preparedness Assessment Framework).[9–10] The literature review was supplemented by solicitation of expert insight from malaria and health financing experts to identify priority domains and indicators for inclusion in the TRA-M Tool. This included consultations with experts at UCSF, the Global Fund to Fight AIDS, TB, and Malaria, the WHO (Global Malaria Programme, South-East Asia Regional Office, and Western Pacific Region Office), the Bill & Melinda Gates Foundation, and the Asia Pacific Leaders Malaria

Alliance. While the TRA-M Tool draws on domains identified through prior research, transition frameworks, and experience, it is uniquely tailored specifically for malaria programs, particularly malaria elimination settings.

Following the development of a draft tool, the TRA-M was piloted in the Philippines and Sri Lanka, in collaboration with the national malaria programs of these countries. During the pilot process, the Global Health Group tested and refined qualitative interview guides, modified quantitative indicators to reflect the validity and feasibility of data collection, and modified the data collection, analysis, and planning processes to reflect the needs and priorities of program leadership and management in country. The TRA-M was finalized based on these pilots and feedback from national malaria programs.

The TRA-M was developed with support from the Global Fund and the Gates Foundation.

Box 2. The Global Fund and transition planning

The Global Fund to Fight AIDS, TB, and Malaria (Global Fund) is the largest financier of malaria programs globally. The Global Fund funding model allocates funding to countries primarily based on country economic capacity and disease status.[1] In prioritizing funding to the highest burden countries with the lowest economic capacity, the Global Fund has called for transitions to advance in (a) upper-middle income countries regardless of disease burden and (b) lower-middle income countries with low or moderate disease burden.[2] To facilitate this transition process, the Global Fund is developing guidance and strategies to support countries as they receive reduced donor support. Similar eligibility and transition policies are being considered or pursued by other major multilateral and bilateral funding agencies for health.[3–4]

The Global Fund's 2016 Sustainability, Transition and Co-Financing Policy lays out a series of conditions and guidelines intended to forecast when a country

will no longer be eligible for Global Fund financing.[5] Through this policy, the Global Fund aims to support countries in proactively planning for transition, in part through transition readiness assessments that can serve to "stimulate dialogue at country level around transition related needs from both a programmatic and financial perspective, identify key gaps in programming that can be planned for, and highlight areas where technical assistance may be required."[6] Findings from transition readiness assessments can be used to develop country-led transition work plans, ideally informed by multiple stakeholders and including financing plans.[7] Some countries may be eligible for a final "transition" grant to implement transition work plan activities.[8]

The TRA-M process and tool described in this manual is one resource that can support countries in developing a transition work plan and preparing for transition from Global Fund support for malaria programs. It can also be applied in preparing for transitions from other donors, and can be adapted for other disease areas.

Overview of the TRA-M

The purpose of the TRA-M is to help national malaria programs, and their funders and other partners, identify and address needs as the country prepares for the end of donor support for malaria. It is intended to be a first step in the transition planning process, generating evidence to help inform a country's transition plan.

This guide centers on applying the TRA-M Tool, a collection of worksheets and interview guides that explore quantitative and qualitative indicators that evaluate how prepared governments are to meet the financial and management responsibilities required to achieve their malaria goals. The tool examines the national malaria program's financing, management, workforce, supply chain, and core activities to identify areas that are supported by and/or reliant on donor funding, changes that are anticipated during transition, future program needs and resources, and gaps or vulnerable areas that may occur as a result of transition. It also identifies areas that are well-functionining and needs to maintain these systems after transition. This data is synthesized to understand the malaria program's strengths and weaknesses in relation to transition. This helps provide a foundation on which programs and their partners can develop a transition plan.

The TRA-M is designed to be led and owned by the national malaria program, with its senior leaders shaping the assessment's goals and strategy, identifying transition priorities, and developing a transition plan. The assessment is multi-stakeholder, engaging the program's technical partners, Ministry of Health (MOH) leadership, collaborating departments within the MOH, the Ministry of Finance, other government agencies, non-governmental and civil society organizations (NGOs / CSOs), and donors. A dedicated research team, which includes members of the national malaria program and an external technical institution, support data collection, analysis, and overall project management.

The TRA-M is designed to result in two primary assessment products:

1. a report that includes key findings from the assessment, focusing on financial, management, and programmatic elements that require modification during the transition period; and

2. a transition work plan that outlines key actions and guides country program directors and implementers in building the financial, managerial, and other programmatic components needed to maintain programs as donor support declines.

The TRA-M is designed to be a consultative process through which national malaria programs and their key partners and funders can assess program strengths and weaknesses as they relate to transition, and prioritize strategies and actions for the transition period. As such, the TRA-M focuses on generating dialogue and facilitating priority-setting and problem-solving discussions across key stakeholders at the national and sub-national level. The TRA-M s not designed to provide a numeric score of whether or not a country is ready to transition, but rather to provide the information needed for country programs to successfully navigate the transition process.

The final transition report will synthesize the assessment findings and present priorities and actions of the transition work plan. It can serve as a guiding document for the national malaria program and its partners to prepare for transition, such as with requests for government funding, proposals for donor funding, development of national strategic plans and annual work plans, and other strategy processes.

Box 3. Path to malaria elimination

Countries experience a wide range of malaria transmission and therefore malaria programs take diverse shapes, with some countries engaged in active malaria control strategies while others pursue targeted efforts to achieve elimination or prevent reintroduction after successfully reducing local malaria transmission to zero. Along this continuum, countries typically experience varied malaria transmission within their national borders, requiring national malaria programs to design interventions specific for each geography.

As programs progress through these epidemiological stages, they must undergo changes in program design and implementation to ensure that surveillance, vector control, case management, and other core activities are aligned with the needs of the epidemic and implemented efficiently given the scale and scope of malaria in the country. These programmatic changes often significantly impact the finance and management needs of the malaria program. Thus, epidemiological changes also impact how countries and donors will work together to fund and manage malaria programs.

In many cases, malaria programs are simultaneously undergoing epidemiological changes and transitions from donor support. To ensure that transition plans are responsive to both the current and anticipated future needs of malaria programs, transition plans must be based on an assessment of the expected timeframe of epidemiological changes and the anticipated programmatic shifts needed to efficiently and effectively move from control to elimination to prevention of reintroduction.

Malaria program phases on the path to elimination and WHO certification

Control ▶ Pre-elimination ▶ Elimination ▶ Prevention of Reintroduction (POR)

3 years ▶ WHO Certification

Source: Shrinking the malaria map, adapted from WHO.[11]
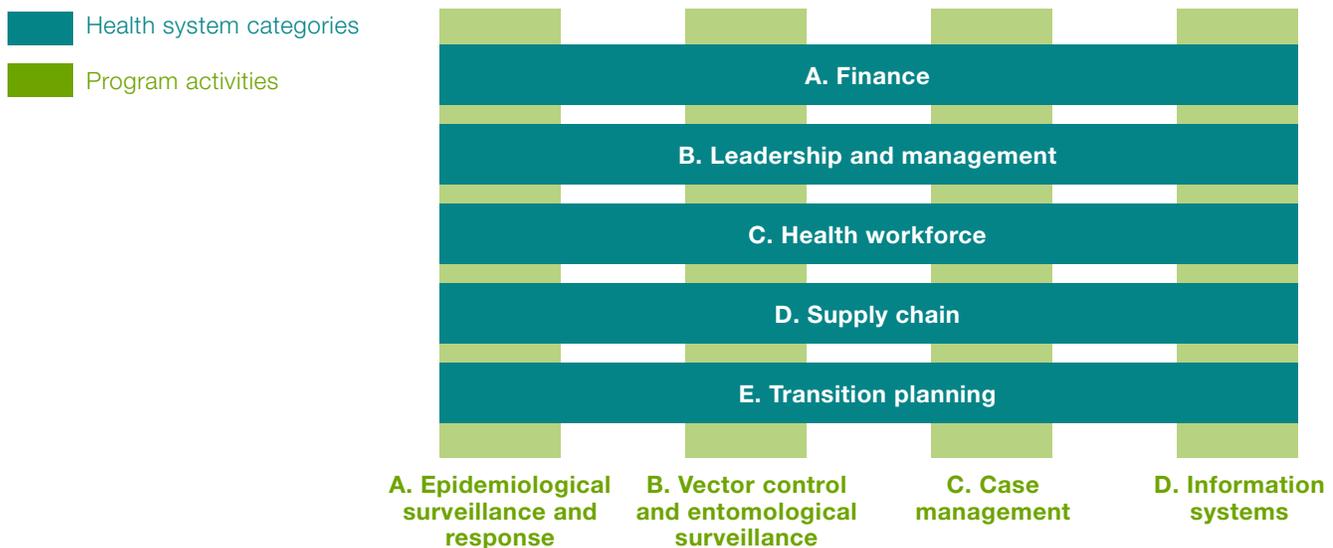
Topics in the TRA-M Tool

The TRA-M Tool focuses on nine core health system and programmatic topics related to malaria program financing and management at the national and sub-national levels. The tool's indicators and interview questions were selected to identify malaria program strengths and weakness as they relate specifically to transition. Below is an overview of topics explored in the TRA-M Tool.

Health system categories

The tool examines five health system functions that shape the structure, capacity, and direction of national malaria programs: (a) malaria financing, (b) leadership and management, (c) health workforce, (d) supply chain, and (e) transition planning. Transition will likely impact the program's focus and strategy in each of these areas, and may create new challenges and gaps.

A. **Financing:** To ensure financial sustainability post-transition, a country will need to identify and secure new sources of funding to cover financing gaps that emerge as a corollary to reduced donor funding. Funding will likely need to come from multiple sources, including generating new and/or increased allocations from national and sub-national governments to the health sector and malaria program, and creating and altering program implementation and financial systems for improved efficiency. To assess the financial risks and strengths of the malaria program, the tool includes a series of indicators that measure national and sub-national funding sources, financial efficiency, and policies that impact malaria spending.

B. **Leadership and management:** The transition process will likely shift management priorities for the malaria program, and in cases where donors have provided management and technical program support, transition will also result in increased and new management responsibilities. These changes will require targeted strategic planning and greater engagement of health sector leaders during and after the transition process. Awareness and support for the malaria program's needs during transition will need to come from both within and outside the health sector, such as the Ministry of Finance and implementing partners. To assess the management risks and strengths of the malaria program, the tool includes a series of indicators that measure progress towards malaria elimination targets, political support for the

malaria program, stewardship of malaria activities throughout the public and private sector, and processes to develop program strategy and work plans.

C. **Health workforce for malaria:** To ensure the malaria program is equipped to continue progress towards its goals after transition, the malaria work force must be fully staffed, well trained, and motivated. Transition will likely impact how staff positions and trainings are financed, and it may require new strategic planning on the program's future human resource needs. To assess the human resource risks and strengths of the malaria program, the tool includes a series of indicators that measure current staff capacity and future staffing needs, financing for capacity building trainings, the inclusion of the non-state sector in these trainings, and national and sub-national policies that facilitate or hinder malaria health workforce development and retention.

D. **Malaria supply chain:** Donors often play a central role in procurement and supply of commodities, such that transition can in many cases pose a threat to continuity of the purchase, storage, and delivery of key commodities. To avoid supply chain disruptions that adversely affect program implementation, transition will require that national malaria programs prepare to manage and finance essential supply chain functions. To assess the supply chain risks and strengths, the tool includes a series of indicators that measure the stock of key commodities, speed of the procurement and distribution processes, the financing of key commodities, and the supply chain management, finance structure, and capacity.

E. **Transition planning:** Anticipating needs during transition and developing a plan to prepare for transition is a key step to ensuring that the national malaria program can be fully funded and effectively implemented by the country government. The transition plan will need to be developed and shared with a range of key stakeholders of the malaria program. To assess the risks and strengths in transition planning, the tool includes a series of indicators that measure the extent to which donor funded activities are currently integrated with the national malaria program, the state of transition planning, and stakeholder engagement in preparing for transition.

Figure 1. Framework for TRA-M Tool

Health system categories
Program activities

A. Finance

B. Leadership and management

C. Health workforce

D. Supply chain

E. Transition planning

A. Epidemiological surveillance and response

B. Vector control and entomological surveillance

C. Case management

D. Information systems

Program activities

The tool explores the implications of transition on four core types of activities of national malaria programs: (a) epidemiological surveillance and response; (b) vector control and entomological surveillance; (c) case management; and (d) information systems. Transition will require that these program activities are fully funded and managed by the country government. Transition planning should account for any changes to the program's technical or strategic direction that will impact the program's future financing and management needs. For example, epidemiological changes in malaria transmission may require altering the scale, scope, and staffing of program activities (see Box 3). To assess the programmatic gaps and risks with transition, the tool examines program goals and future strategies as well as the financing and management of core program activities, commodities, and staff positions.

A. **Epidemiological surveillance and response**: National malaria programs must have the staff and infrastructure in place to implement strong surveillance to detect and classify malaria cases, monitor drug resistance, and rapidly respond with the appropriate interventions to prevent transmission.

B. **Vector control and entomological surveillance:** National malaria programs must have the technical capacity to monitor vectors, track insecticide resistance, and deploy the appropriate vector control interventions to prevent transmission.

C. **Case management:** National malaria programs must have a fully staffed and trained workforce prepared to safely treat malaria infections and lead community prevention efforts.

D. **Information systems:** National malaria programs must have high-quality data systems in place, and the technical capacity to manage these data systems, to track program progress. These systems include monitoring and evaluation, operational research, inventory management, and financial management.

Steps to Conduct TRA-M

The process to conduct a TRA-M will vary with each country, but there are four broad steps: preparations, data collection, analysis and synthesis, and transition planning. The TRA-M process takes an estimated six months, but this depends on the availability of staff and key stakeholders, as well as the timing of policy and program decisions in country.

Step 1. Preparations: To begin the TRA-M, the project partners identify the assessment goals and develop a work plan that fits the timing, staff, and strategic needs of the national malaria program. A dedicated research team must be identified to support the assessment (see Box 4). During this phase, the research team may customize the TRA-M Tool to fit the context and needs of the malaria program.

Step 2. Data collection: The research team conducts quantitative and qualitative data collection, using the worksheets and interview guides from the TRA-M Tool. The researchers begin by using worksheets from chapters 1–3 (health system categories, program activities, and sub-national data) to gather financial and management data on the health sector and malaria program, and primary data from malaria program staff at the national and sub-national level. Results should be recorded in the TRA-M Tool. These results should be reviewed to shape the focus and questions for the qualitative interviews, using the guides from chapter 4.

Step 3. Analysis and synthesis: The research team analyzes the data, using a mixed methods approach that triangulates quantitative data, interview responses, and any available supporting documents gathered in the research process. Major themes are synthesized to identify key strengths and risk areas for transition.

Step 4. Transition planning: The national malaria program works with its partners to review the findings from the assessment, identify priority transition risk areas, and develop a transition plan that outlines actions to respond to these risk areas and prepare for transition.

Box 4. Assembling the research team

Identifying a strong research team is essential to the TRA-M. This team should work closely with the national malaria program's leadership, and can facilitate the preparations and transition planning phases, in addition to conducting the data collection, analysis, and synthesis.

The research team should be composed of analysts from the national malaria program and an external technical institution. The team will need open access to the national malaria program's financial and management data. Therefore, it will be advantageous for the team to include an analyst that works at the malaria program and for this analyst to lead the data collection for these portions of the tool.

It is recommended that an independent external researcher lead the key informant interviews to ensure confidentiality and to elicit unbiased responses; however, the external assessment team should consult with the national malaria program to determine the appropriate key informants to participate in the qualitative data collection.

Sources

1. The Global Fund. Funding Model – Allocations. https://www.theglobalfund.org/en/funding-model/funding-process-steps/allocations.

2. The Global Fund. Projected Transition from Global Fund support by 2025 – projections by component. Oct 2016.

3. Gavi, the Vaccine Alliance. Eligibility and transition policy. http://www.gavi.org/about/programme-policies/eligibility-and-transition.

4. Equitable Access Initiative. The Equitable Access Initiative Report. Dec 2016. https://www.theglobalfund.org/media/1322/eai_equitableaccessinitiative_report_en.pdf.

5. The Global Fund Sustainability, Transition and Co-financing Policy. Board Decision. GF/B35/04 – Revision 1. 35th Board Meeting. 26-27 April, 2016. https://www.theglobalfund.org/media/4221/bm35_04-sustainabilitytransitionandcofinancing_policy_en.pdf.

6. Ibid

7. Ibid.

8. The Global Fund. Update on Sustainablity, Transition and Co-financing. 37th Board Meeting. 3-4 May, 2017. https://www.theglobalfund.org/media/6469/bm37_17-sustainabilitytransition-andco-financing_update_en.pdf.

9. PEPFAR HIV/AIDS Sustainability Index and Dashboard.

10. Curatio Transition Preparedness Assessment Framework.

11. Malaria Elimination Initiative. Shrinking the Malaria Map. UCSF Global Health Group. http://www.shrinkingthemalariamap.org/elimination-eradication/path-towards-eradication.

Transition Readiness Assessment for Malaria (TRA-M)

Tool

Organization of the TRA-M Tool

The TRA-M Tool is divided into four chapters that support the research team in data collection. These are:

Chapter 1: Health system categories

This chapter has worksheets on five health system functions of the malaria program: (a) financing; (b) leadership and management; (c) health workforce; (d) supply chain; and (e) transition planning. Each worksheet has a series of indicators for the research team to gather data on to understand the role of donor finance and the program's management and workforce capacity.

Chapter 2: Program activities

This chapter includes worksheets on four core malaria program areas: (a) epidemiological surveillance and response; (b) vector control and entomology; (c) case management; and (d) information systems. These worksheets include open ended questions and tables to be completed by the research team to understand the main systems and activities in program area, and how these are managed, implemented, and financed.

Chapter 3: Sub-national data collection

This chapter has a worksheet to collect data from relevant sub-national jurisdictions on program finance, management, operations, human resources, and policy strengths and challenges that exist at the sub-national level. This data is intended to help the national malaria program develop a transition plan that considers the unique finance and implementation contexts within sub-national jurisdictions. It will also inform ways to support sub-national program implementers in preparing for and managing the transition process to facilitate program sustainability at the sub-national level.

Chapter 4: Interview guides

This chapter includes questions to be applied during key informant interviews, organized around five modules: finance, political will, management, human resources, and transition planning. The qualitative interviews supplement chapters 1–3, and are designed to further understand program strengths and challenges, facilitate interpretation of the quantitative data, and catalyze the process of identifying mitigating actions and transition strategies. The beginning of the chapter includes guidance on the process for qualitative data collection.

Chapter 1. Health System Categories

The Health System Categories chapter of the TRA-M Tool includes worksheets for the research team to complete on five health system functions of national malaria programs: finance, leadership and management, health workforce, supply chain, and transition planning.

Finance

The financing worksheet includes indicators on the sources of and trends in malaria finance, efficiency and utilization of available finance, financial budgeting and tracking mechanisms, and financial policies that govern access to and utilization of funds for the malaria program. These domains provide an overview of the financial strength of the program, the role of government and donor finance in supporting the program, and policy and health system factors that shape the efficiency and sustainability of the malaria program at the national and sub-national level. In customizing this section, the research team may want to adapt the indicators to reflect specific sources of government and donor financing.

Leadership & management

The leadership and management worksheet includes indicators on the management structure of the malaria program at the national and sub-national level, the role of the national program in monitoring sub-national and private sector activities, the level of political will for the malaria program and malaria elimination, and the policy and technical advisory systems that govern program implementation. These domains provide an overview of the management and stewardship capacity of the national program in relation to sub-national and private sector implementation and the strength of existing policies and technical support functions to support strategy development and effective program implementation. In customizing this section, the research team may want to adapt the indicators to reflect the country's transmission context.

Health workforce for malaria

The health workforce worksheet includes indicators on the plans and policies governing staffing at the national and sub-national level, and the training systems and policies

for public and private sector. These domains provide an overview of the current capacity of and gaps in the malaria health workforce, strengths and gaps in training and capacity building programs for the public and private sector, and the strength of policy and technical guidance documents that impact the effective and sustainable staffing for the malaria program. In customizing this section, the research team may want to adapt the indicators to reflect the country's health workforce structure

Malaria supply chain

The supply chain worksheet includes indicators on the availability and distribution of five key malaria commodities at the facility, sub-national, and national level, and the management and finance processes of the malaria supply chain. These domains provide an overview of the current capacity of the malaria supply chain, and challenges and gaps in the supply, distribution, and finance of key malaria commodities.

Transition planning

The transition planning worksheet includes indicators on the integration of donor funded activities with national malaria program activities and transition planning processes underway. These domains provide an overview of gaps in coordination and system management between the national malaria program and donor, and the extent to which these parties have begun to plan and prepare for transition.

The worksheets are organized with three columns: an indicator column that states the topic requiring a response; a results column for the research team to complete; and a data source column for the research team to review suggested sources and cite final sources. Most of the indicators ask that a percentage or value be reported and/or calculated from a secondary source, often over the previous three years to identify recent trends over time. In some cases, the indicator requires a multiple choice response (e.g., yes/no, checking all responses that apply) or a short answer response. Results should be recorded in the tool, with any additional documents or spreadsheets deemed necessary as attachments.

Finance Worksheet

Indicator	Results	Data source
1. Malaria national strategic plan		
1.1 Country's national strategic plan (NSP) for malaria is a comprehensive planning tool		
A. NSP timeframe	Start date: End date:	NSP
B. NSP is publicly available	❏ Yes ❏ No	NSP
C. NSP includes financing estimates and analyses	*Check all that apply:* ❏ multi-year national cost estimate ❏ multi-year sub-national cost estimates ❏ a financial gap analysis	NSP
D. NSP cost estimates include financing needs for programmatic inputs	*Check all that apply:* ❏ surveillance commodities: RDT, LLIN, ACT, IRS ❏ human resources ❏ monitoring and evaluation ❏ training ❏ operational research	NSP
E. NSP cost estimates reflect actual implementation costs estimated from previous years	❏ Yes ❏ No	NSP
F. NSP with costing is utilized as a basis for national and sub-national planning and budget requests	❏ Yes ❏ No	NSP

Indicator	Results	Data source
2. Sources of malaria finance		
2.1 Health budgets include allocations for malaria		
A. Section of the national health budget where malaria funds are allocated	*List or describe section (e.g. line item or category name and location):*	National budget
B. Section of sub-national health budgets where malaria funds are allocated	*List or describe section and subnational level:*	Chapter 3. Sub-national data collection form; Sub-national budgets

C. Government sources of finance for malaria program at national level	*List all government agencies/units that provide financial support to malaria program:*		National budget
D. Government sources of finance for malaria program at sub-national level	*List all government agencies/units that provide financial support to malaria program:*		Chapter 3. Sub-national data collection form, Sub-national budgets
E. Donor sources of finance for malaria program	*List all donor agencies that provide financial support to malaria program:*		National malaria program

2.2 Government is spending an increasing share of total health funding for malaria

A. Government spending as a proportion of total malaria spending. Annual for past 3 years.		**Amount**	**Proportion**	National budgets
	Last fiscal year			
	2 years ago			
	3 years ago			
B. Global Fund spending as a proportion of total malaria spending. Annual for past 3 years.		**Amount**	**Proportion**	Global Fund, National budgets
	Last fiscal year			
	2 years ago			
	3 years ago			
C. Non-Global Fund donor spending as a proportion of total malaria spending. Annual for past 3 years.		**Proportion, donor 1** *Donor name:*	**Proportion, donor 2** *Donor name:*	Donor reports, national budgets
	Last fiscal year			
	2 years ago			
	3 years ago			

Finance Worksheet continued

Indicator	Results		Data source
3. Government spending on malaria			
3.1 Government spending on malaria meets needs projections in NSP			
A. Government spending for malaria as a percent of NSP budget. Annual for past 3 years. (=estimated/ requested)	Last fiscal year:		National budget, NSP
	2 years ago:		
	3 years ago:		
B. Government spending for malaria at the sub-national level as a percent of sub-national budget. Average across sub-national jurisdictions, annual for past 3 years. (=estimated/requested)	Last fiscal year:		Chapter 3: Sub-national data collection, Sub-national budgets, NSP
	2 years ago:		
	3 years ago:		

Indicator	Results		Data source
4 Efficiency			
4.1 Government funds have high rates of utilization			
A. Percent of government health budget utilized. Annual for past 3 years. (=total government expenditure on health/total government budget for health)	Last fiscal year:		MOH
	2 years ago:		
	3 years ago:		
B. Percent of national malaria budget utilized. Annual for past 3 years. (=total malaria expenditure/total malaria budget)	Last fiscal year:		MOH
	2 years ago:		
	3 years ago:		
C. Percent of Global Fund malaria budget utilized. Annual for past 3 years	Last fiscal year:		Global Fund
	2 years ago:		
	3 years ago:		
D. Percent of sub-national malaria budgets utilized. Average across sub-national jurisdictions, annual for past 3 years. (=total sub-national malaria expenditure/total sub-national malaria budget)	Last fiscal year:		Chapter 3. Sub-national data collection form, Sub-national budgets
	2 years ago:		
	3 years ago:		
4.2 National malaria program implements strategies to improve financial efficiency			
A. National malaria program implements strategies to improve efficiency in procurement	*Check all that apply:* ❏ pooled procurement ❏ open competitive tenders ❏ other mechanisms – *please list*		National malaria program

B. National malaria program uses strategies to improve program efficiency	*Check all that apply*: ❏ uses findings from cost-effectiveness or efficiency studies to modify operations or interventions ❏ implements interventions using evidence of impact ❏ targets interventions to high risk areas/populations to increase impact ❏ other mechanisms – *please list*	National malaria program

4.3 Commodities are procured by government at prices comparable to international benchmark prices

A. Price paid for key commodities as percent of international drug price indicator guide	**Commodity**	**Price as % of international benchmark**	International Medical Products Price Guide (mshprice guide.org), National budgets
	RDT		
	LLIN		
	ACT		
	Insecticide		
	Injectable artesunate		

4.4 Procurement and supply chain of malaria products is integrated with other essential commodities

A. Procurement and distribution of malaria products is integrated with procurement and distribution of other essential health commodities	❏ Yes ❏ No *If yes, list departments and/or commodity supply chain within which malaria products are integrated. If no, please explain.*	National malaria program
B. Total excess storage charges at customs paid in the past 12 months		National malaria program

Indicator	**Results**	**Data source**
5. Financial planning		
5.1 National malaria program has a resource mobilization strategy for malaria		
A. National malaria program has identified and costed financing gaps needed to meet stated NSP funding goals	❏ Yes ❏ No *If yes, identify:* Amount of funding gap: Funding gap as a percent of NSP:	National malaria program, NSP
B. National malaria program has identified potential sources of funds to close identified financial gaps	❏ Yes ❏ No *If yes, list sources:*	National malaria program

C. National malaria program has developed advocacy goals and strategies for sustainable financing	❏ Yes ❏ No *If yes, list goals:*	National malaria program
5.2 Sub-national malaria program has a resource mobilization strategy for malaria [Complete if the program is decentralized financially]		
A. Sub-national malaria offices have identified and costed financing gaps needed to meet stated NSP/work plan funding goals	❏ Yes ❏ No *If yes, list % of sub-national offices with financial gap analysis:*	Chapter 3. Sub-national data collection form, National malaria program, NSP
B Sub-national malaria offices have identified potential sources of funds to close identified financial gaps	❏ Yes ❏ No *If yes, list % of sub-national offices with financing plans:*	Chapter 3. Sub-national data collection form, National malaria program, NSP
C. Sub-national malaria program offices have developed advocacy goals and strategies for sustainable financing	❏ Yes ❏ No *If yes, list % of sub-national offices with advocacy plans:*	Chapter 3. Sub-national data collection form, National malaria program, NSP

Indicator	Results	Data source
6 Financing policies		
6.1 Financing policies or guidelines allow budget allocations to meet program needs		
A. Financing policies allow for budgets to be re-allocated to meet program needs	*Check all that apply:* ❏ from national to sub-national units ❏ between sub-national units ❏ across activities/budget line items (e.g., HR, commodities)	National malaria program
B. Malaria program is able to secure needed funding for necessary capital expenditures (e.g., vehicles, renovations, equipment)	❏ Yes ❏ No *Please explain:*	National malaria program
C. Financing policies protect re-allocation of malaria budget to other MOH disease priorities	❏ Yes ❏ No	National malaria program

Finance Worksheet continued

Indicator	Results	Data source
7. Financial tracking		
7.1 National malaria program has an expenditure tracking system to assess program spending		
A. National malaria program utilizes a financing tracking system that includes all spending on malaria by source of funds	*Check all sources tracked:* ❏ national government spending ❏ sub-national spending donor spending ❏ private sector spending ❏ NGO/CSO spending *Office that maintains tracking system:_____*	National malaria program
B. Financing tracking system includes consolidated reporting to national malaria program	❏ Yes ❏ No *If yes, Identify:* Recipient(s): Frequency of reporting: Percent of jurisdictions reporting regularly:	National malaria program

Leadership & Management Worksheet

Indicator	Results	Data source
1. Elimination targets		
1.1 Established target dates for malaria elimination		
A. National target dates for malaria elimination exist	❏ Yes ❏ No *If yes, list date:*	National malaria program
B. Sub-national target dates for malaria elimination exist	❏ Yes ❏ No *If yes, list geographies and dates:*	National malaria program
C The country is on track to meet malaria elimination targets	*Check all that apply:* ❏ national targets ❏ sub-national targets	National malaria program

Indicator	Results	Data source
2. Stewardship		
2.1 Existence of a national malaria expert group that provides guidance to the program		
A. Presence of a national expert/ technical group for malaria program	❏ Yes ❏ No *If yes, describe frequency of meetings:*	National malaria program
2.2 National malaria program stewards malaria activities across the public sector		
A. National malaria program activities are planned and implemented with other vector borne units at MOH	❏ Yes ❏ No *Please explain:*	National malaria program
B. National malaria program works with procurement and logistics units at MOH to forecast, purchase, and manage the delivery of commodities	❏ Yes ❏ No *Please explain:*	National malaria program

C. National malaria program conducts data collection and reporting in partnership with operational research and monitoring and evaluation units at MOH	❏ Yes ❏ No *Please explain:*	National malaria program
D. National malaria program surveillance activities are integrated with other disease surveillance systems	❏ Yes ❏ No *Please explain which disease and level of integration:*	National malaria program

2.3 Malaria plans and policies include provisions for private sector and CSO engagement and regulation		
A. Policies and management systems exist to ensure that private sector providers/organizations:	*Check all that apply:* ❏ report cases to national malaria surveillance system ❏ comply with national malaria treatment guidelines ❏ are eligible for government social contracts ❏ have access to quality assured malaria commodities	National malaria program
B. Policies and management systems exist to ensure that civil society organizations:	*Check all that apply:* ❏ report cases to national malaria surveillance system ❏ comply with national malaria treatment guidelines ❏ are eligible for government social contracts ❏ have access to quality assured malaria commodities	National malaria program

Indicator	**Results**		**Data source**
3. Program strategy			
3.1 Malaria strategic plan and policies are aligned with global best practices			
A. Malaria program policies are aligned with WHO recommendations	Epidemiology surveillance policies:	❏ Yes ❏ No	NSP, WHO
	Entomological surveillance policies:	❏ Yes ❏ No	
	Case detection/management policies:	❏ Yes ❏ No	
	Vector control strategies:	❏ Yes ❏ No	
3.2 National malaria program conducts risk stratification to inform program interventions			
A. National malaria program conducts malaria risk stratification to identify relative malaria transmission risk across the country	❏ Yes ❏ No *If yes, please identify:* Lowest geographical unit measured (e.g., foci, village): Frequency of malaria risk map revisions:		National malaria program

B. Risk stratification data is used to inform program activities	*Check all that apply:* ❏ epidemiological surveillance activities ❏ vector control activities ❏ other – *please explain:*	National malaria program
3.3 Malaria work plans include activities and budget allocations for high risk populations and geographies aligned with NSP		
A. National work plans address high risk populations and geographies, as stipulated by NSP	❏ Yes ❏ No	National malaria program
B. Sub-national work plans address high risk populations and geographies, as stipulated by with NSP	❏ Yes ❏ No	National malaria program
3.4 Malaria work plans and strategy are developed based on review of program performance and need		
A. National malaria program regularly reviews and updates program strategy and work plans	❏ Yes ❏ No *If yes, identify frequency:*	National malaria program

Indicator	Results	Data source
4. Infrastructure		
4.1 National malaria program has the buildings and equipment it needs to achieve NSP goals		
A. National malaria program has infrastructure needed to conduct	*Check all that apply:* ❏ Laboratory analysis ❏ Operational research ❏ National surveillance ❏ Staff trainings	National malaria program
B. Sub-national malaria programs have infrastructure needed to conduct:	*Check all that apply:* ❏ Laboratory analysis ❏ Operational research ❏ Surveillance ❏ Staff trainings	Sub-national malaria program

Health Workforce for Malaria Activities Worksheet

Indicator	Results	Data source
1. Malaria workforce capacity		
1.1 National malaria program is sufficiently staffed using government budget		
A. National target dates for malaria elimination exist	Number of all positions: Percent of positions filled: Percent of positions paid with government resources:	National malaria program
B. Malaria positions financed at national level align with staffing needs as outlined in NSP	❏ Yes ❏ No *If no, please identify:* Number of positions for which finance does not exist: Type of positions for which finance does not exist (e.g., managerial, technical, clinical):	National malaria program
C. Malaria positions at the sub-national level:	Number of all positions: Percent of positions filled (average across all): Percent of positions paid with government resources (average across all):	National malaria program
D. Malaria positions at the sub-national level align with staffing needs as outlined in NSP and/or sub-national planning documents	❏ Yes ❏ No *If no, please identify:* Number of positions for which finance does not exist: Type of positions for which finance does not exist (e.g., managerial, technical, clinical):	Sub-national malaria program
E. Salaries for equivalent government and donor funded positions are comparable	❏ Donor and government funded positions are paid equivalent salaries ❏ Donor funded positions are paid 100–150% government funded positions ❏ Donor funded positions are paid 150–200% government funded positions ❏ Donor funded positions are paid greater than 200% government funded positions	National malaria program

F. NSP includes staffing guidelines for technical trainings conducted at national and sub-national level	❏ Yes ❏ No	National malaria program, NSP
G. National malaria program has adequate technical staff to lead trainings as outlined in NSP	❏ Yes ❏ No	National malaria program, NSP

Indicator	Results	Data source
2. Health workforce training		
2.1 Trainings for malaria program staff are funded using government budget		
A. Percent of malaria trainings financed fully by public sources (# of malaria trainings financed by public sources/total # malaria trainings)	Malaria case management: Vector control: Entomological surveillance: Epidemiological surveillance:	National malaria program
2.2 Private sector/CSO personnel receive malaria trainings aligned with national malaria plans		
A. Policy exists to facilitate training of private sector/CSO personnel on national malaria policies and guidelines	❏ Yes ❏ No	National malaria program
B. Percent of private sector providers trained on current national malaria policies and guidelines		National malaria program

Indicator	Results	Data source
3. Health workforce planning		
3.1 National malaria program has a health workforce plan to help anticipate and meet future needs		
A. National malaria program has a health workforce plan	❏ Yes ❏ No *If yes, please describe timeframe for plan:*	National malaria program
B. Health workforce plan:	Check all that apply: ❏ aligns with the NSP ❏ includes sub-national staffing needs ❏ considers needs across stages of malaria control, elimination, and prevention of reintroduction ❏ projects future staffing and training needs by core program activity (e.g., surveillance, case management, monitoring) ❏ includes budget estimates of future human resource financing needs at national level ❏ includes budget estimates of future human resource financing needs at sub-national level [if de-centralized] ❏ includes estimate of financing gap for human resources ❏ identifies potential sources of finance to close human resources financing gap. *If yes, please identify potential sources of finance:*	National malaria workforce plan

Health Workforce for Malaria Activities Worksheet continued

Indicator	Results	Data source
4. Health workforce policies		
4.1 Health workforce policies support staffing as per the NSP and annual work plans		
A. National malaria program is primary responsible agency for determining program staffing guidelines for national office	❏ Yes ❏ No *If no, list agency in charge:*	National malaria program
B. Sub-national program offices are primary responsible agency for determining staffing guidelines for sub-national offices	❏ Yes ❏ No *If no, list agency in charge:*	National malaria program
C. Human resource policies allow malaria program to recruit, hire, and finance staff in line with the NSP	❏ Yes ❏ No	National malaria program
D. Human resource policies allow malaria program to modify annual staffing plans in line with changing epidemiological and programmatic considerations	❏ Yes ❏ No	National malaria program

Malaria Supply Chain Worksheet

Indicator	Results		Data source
1. Supply chain management			
1.1 Warehouses have appropriate stock of commodities, as indicated by work and financial plans			
A. Number of national commodity warehouses aligned with storage space needed as defined in NSP and other relevant strategic planning documents	Number of national warehouses in operation: Number of national warehouses proposed in NSP:		National malaria program
B. Number of sub-national commodity warehouses aligned with storage space needed as defined in NSP and other relevant strategic planning documents	Number of sub-national warehouses in operation: Number of sub-national warehouses proposed in NSP:		National malaria program
C. Percent of central medical stores (CMS) with stock outs of more than 7 days per month in the prior 12 months	**Commodity**	**% of CMS experiencing stock-outs**	National malaria program, national procurement agency, central medical store
	RDTs		
	LLINs		
	ACTs		
	Insecticide		
	Injectable artesunate		
D. Percent of regional medical stores (RMS) with stock outs of more than 7 days per month in the prior 12 months	**Commodity**	**% of RMS experiencing stock-outs**	National malaria program, national procurement agency, regional medical store
	RDTs		
	LLINs		
	ACTs		
	Insecticide		
	Injectable artesunate		
E. Number of emergency procurements carried out in the past 12 months	**Commodity**	**# of emergency procurements**	National malaria program, national procurement agency
	RDTs		
	LLINs		
	ACTs		
	Insecticide		
	Injectable artesunate		
1.2 Local health facilities have appropriate stock of commodities, as indicated by work and financial plans			
A. Government tracks stocks at health facility level	❏ Yes ❏ No		National malaria program, central medical store

B. Percent of health facilities with stock-outs of more than 3 days per month in the past 12 months	**Commodity**	**% of facilities with stock out**	National malaria program, central medical store, regional medical store
	RDTs		
	LLINs		
	ACTs		
	Insecticide		
	Injectable artesunate		

1.3 Malaria commodities are procured and distributed in a timely manner

A. Average procurement period (=time between request by program and arrival of products in central medical store)	**Commodity**	**Procurement period**	National procurement agency
	RDTs		
	LLINs		
	ACTs		
	Insecticide		
	Injectable artesunate		
B. Average distribution lag time (=time between request from facilities and delivery to site)	**Commodity**	**Procurement period**	Central and regional medical stores
	RDTs		
	LLINs		
	ACTs		
	Insecticide		
	Injectable artesunate		

1.4 Malaria commodities are financed through government sources

A. Proportion of malaria commodities purchased using government funds. Annual for past 3 years. (=total costs paid by government/total costs)		**Last fiscal year**	**2 years ago**	**3 years ago**	National procurement agency
	RDTs				
	LLINs				
	ACTs				
	Insecticide				
	Injectable artesunate				

Transition Planning Worksheet

Indicator	Results		Data source
1. Donor supported activities are integrated with government processes			
1.1 National malaria program and donor-supported programs are integrated			
A. Procurement and distribution of government and donor purchased commodities for malaria are procured and distributed using a single system	❏ Yes ❏ No *Please explain:*		National malaria program, donor
B. Government and donor operate a single surveillance and reporting system for all government and donor funded malaria activities	❏ Yes ❏ No *Please explain:*		National malaria program, donor
C. Government and donors operate single vector control and ento-mological surveillance system for all government and donor funded malaria activities	❏ Yes ❏ No *Please explain:*		National malaria program, donor

Indicator	Results		Data source
2. Transition planning			
2.1 Actionable transition plan exists			
A. Transition plan exists	❏ Yes ❏ No If yes, year created:		National malaria program
B. Transition plan time frame	Start date: End date:		National malaria program
C. Transition plan includes	*Check all that apply:* ❏ time bound activities ❏ priority actions to prepare for the phasing out of donor financing for malaria ❏ roles and responsibilities for relevant persons/agencies ❏ M&E indicators for the transition process ❏ cost estimates ❏ sources of financing ❏ analysis of financing and financing gaps anticipated with the reduction of donor funding		National malaria program

2.2 Transition plan identifies how future program needs may change from current scope and scale		
A. Plan identifies which donor funded activities will be phased out and which will continue	❏ Yes ❏ No *If yes, please describe activities expected to be phased out:*	National malaria program
B. Plan builds-in programmatic changes due to anticipated epidemiological changes	❏ Yes ❏ No	National malaria program

2.3 National malaria program has identified budget source and management staff to transition program activities from donor to government budget			
A. Sources of financing identified to meet human resource and other programmatic needs for:	**Check all that apply**	**Anticipated funding source**	National malaria program
	❏ surveillance and rapid response		
	❏ vector control and entomological surveillance		
	❏ case management		
	❏ information systems		
	❏ other – explain:		
B. Leadership and management identified to oversee programmatic activities during transition:	*Check all that apply* ❏ surveillance and rapid response ❏ vector control and entomological surveillance ❏ case management ❏ procurement and supply chain ❏ other – please explain:		National malaria program

2.4 Key stakeholders are involved in the creation of transition plan and timeline		
A. MOH agencies (e.g. national malaria program, procurement, supply chain, finance) and Ministry of Finance are involved in developing the transition plan	❏ Yes ❏ No *Please describe which agencies are engaged, if any:*	National malaria program
B. Sub-national health offices are involved in developing the transition plan	❏ Yes ❏ No *Please describe relevant offices:*	National malaria program

Chapter 2. Program Activities

The Program Activities chapter of the TRA-M Tool includes worksheets for the research team to complete on the current structure, staffing, and finance of four key malaria program activities:

1. epidemiological surveillance and response,

2. vector control and entomological surveillance,

3. malaria case management, and

4. information systems.

These domains provide information on the financial independence of the malaria program and identify areas of reliance on donor support to provide information to plan for financial and managerial independence and sustainability. The worksheets begin with open ended questions to learn about the overarching program goals and strategy. This is followed with tables that ask for data on the main systems and activities for that program area, the agency or department that manages and implements those systems and activities, and a breakdown of how those systems and activities are funded (i.e., the percent from government sources and the percent from donor sources).

During data collection, it will help the research team to consult with the malaria staff that oversee and implement each of these program areas. Where possible, the research team should capture information specific to systems and activities, rather than the entire program area, in order to help identify specific areas that may be impacted by transition. Results should be recorded in the tool, with any additional documents or spreadsheets deemed necessary as attachments.

Epidemiological Surveillance and Response Worksheet

Program goals and strategy	
List the key goals of the malaria program's surveillance and rapid response program.	
What future changes are anticipated that will impact the strategy, scale, and scope of the surveillance and rapid response program (e.g., changes in epidemiology, policy, funding)?	

Program description			
1. List the primary surveillance and response systems currently in operation			
System/activity	Managing agency/department	% of activity funded by government	% of activity funded by donor(s)
2. List the primary commodities used for surveillance and rapid response activities			
Commodity	Procurement agency/ department	% of commodity funded by government	% of commodity funded by donor(s)
3. List the primary staff positions responsible for managing surveillance and response systems at national and sub-national level			
Staff position title	Agency/department affiliation	% of staff positions funded by government	% of staff positions funded by donor(s)

Vector Control and Entomological Surveillance Worksheet

Program goals and strategy	
List the key goals of the malaria program's vector control and entomological surveillance program.	
What future changes are anticipated that will impact the strategy, scale, and scope of the vector control and entomological surveillance program (e.g., changes in epidemiology, policy, funding)?	

Program description

1. List the primary vector control and entomological surveillance systems currently in operation

System/activity	Managing agency/department	% of activity funded by government	% of activity funded by donor(s)

2. List the primary commodities used for vector control and entomological surveillance activities

Commodity	Procurement agency/ department	% of commodity funded by government	% of commodity funded by donor(s)

3. List the primary staff positions responsible for managing vector control and entomological surveillance systems at national and sub-national level

Staff position title	Agency/department affiliation	% of staff positions funded by government	% of staff positions funded by donor(s)

Case Management Worksheet

Program goals and strategy	
List the key goals of the malaria program's case management program.	
What future changes are anticipated that will impact the strategy, scale, and scope of the case management program (e.g., changes in epidemiology, policy, funding)?	

Program description			
1. List the primary case management systems currently in operation by the public sector			
System/activity	Managing agency/department	% of activity funded by government	% of activity funded by donor(s)
2. List the primary commodities used for case management activities conducted by the public sector:			
Commodity	Procurement & distribution agency/department	% of commodity funded by government	% of commodity funded by donor(s)
3. List the primary staff positions responsible for public sector case management activities at the national and sub-national levels			
Staff position title	Agency/department affiliation	% of staff positions funded by government	% of staff positions funded by donor(s)
4. List the primary non-state sectors that conduct case management activities (e.g., prevention, diagnosis, treatment)			
Sector	Primary activities	Key implementing partners/ agencies	Primary source of funding

Information Systems Worksheet

Program goals and strategy	
List the key goals of the malaria program's case management program.	
What future changes are anticipated that will impact the strategy, scale, and scope of the program's information systems (e.g., changes in epidemiology, policy, funding)?	

Program description			
1. List the information systems currently in operation for the malaria program (e.g., M&E, operational research, inventory management, financial management)			
System/activity	Managing agency/department	% of activity funded by government	% of activity funded by donor(s)
2. List the primary staff positions responsible for managing these information systems at the national and sub-national level:			
Staff position title	Agency/department affiliation	% of staff positions funded by government	% of staff positions funded by donor(s)
3. List the information systems that are integrated with other MOH departments			
System/activity	Collaborating department/unit	Staff facilitating integration	Description of integration

Chapter 3. Sub-National Data

The Sub-National Data chapter of the TRA-M Tool includes a worksheet to collect data on the malaria program's financing, workforce, and infrastructure at sub-national levels. Sub-national levels refer to the regional, provincial, district and/or local offices of the health system that conduct malaria activities. One worksheet should be completed for each sub-national jurisdiction, to the extent that is relevant and feasible for the TRA-M.

Data on sub-national program activities is often limited and may not be centralized at the national office. To gather this data, the research team can work with malaria focal points at the sub-national level, such as regional malaria officers and district health officers. Brief language is included at the beginning of the worksheet to help frame the data request these focal points.

The research team should work with the national malaria program to identify the appropriate scope of sub-national data collection and the contacts that can help provide data. The worksheet can be adapted to reflect specific units and geographies, and the research team may want to combine this data collection process with qualitative interviews at the sub-national level.

Results from each jurisdiction should be recorded in its own tool, with any additional documents or spreadsheets deemed necessary as attachments. Data from across the jurisdictions can be analyzed to provide sub-national information requested in Chapter 1 (e.g., Finance indicator 3.1B: *Government spending for malaria at the sub-national level as a percent of sub-national budget. Average across sub-national jurisdictions, annual for past 3 years.*)

Sub-National Data Collection Worksheet

The national malaria program is conducting a Transition Readiness Assessment for Malaria (TRA-M) in anticipation of the end of donor financial support for malaria, and the transition to a fully government financed and managed program. The TRA-M includes a data collection process that assesses the finance and management of the malaria program to understand program strengths and potential areas of weakness for this transition. This information will be used to develop a plan to prepare for transition.

An important part of the TRA-M is to understand the malaria program's needs at the sub-national level. To help facilitate that, the national malaria program kindly requests the help of the sub-national offices in providing information about malaria activities in their jurisdiction. Please complete the below worksheet about the sub-national malaria program's finance and workforce.

GENERAL INFORMATION	
Name:	
Title:	
Phone:	
Email	
Office/unit:	
Sub-national jurisdiction:	

SUB-NATIONAL FINANCE	
Indicator	**Result**
Sources of finance for the malaria program (Finance indicators 2.1 D, 2.1 E)	
1. List all government agencies/units that provide financial support to the malaria program in this jurisdiction	
2. List all donor agencies that provide financial support to the malaria program in this jurisdiction	
3. List all program staff and activities currently supported by donor funding in this jurisdiction	
Level and trend of public finance for the malaria program (Finance indicators 2.2 A, 3.1 B)	
4. List the total amount of government finance (all sources) requested by the malaria program in this jurisdiction	Last fiscal year: Two years ago: Three years ago:
5. List the total amount of government finance (all sources) allocated to the malaria program in this jurisdiction	Last fiscal year: Two years ago: Three years ago:

6. List the percentage of requested malaria program finance (as indicated in sub-national program budgets) that was received through the above sources of government finance	Last fiscal year: Two years ago: Three years ago:
Efficiency of malaria program spending (Finance indicators 4.1 D, 4.2 A, 4.2 B)	
7. List the percentage of the total annual malaria program budget (all sources) that was utilize	Last fiscal year: Two years ago: Three years ago:
8. List strategies implemented in the past three years to improve efficiency (program implementation and procurement) in this jurisdiction, if any	
Financial planning and policy (Finance indicators 5.2 A, 5.2 B, 5.2 C, 6.1 A, 6.1 B)	
9. Does the sub-national program office have a fully-costed sub-national work plan?	❏ Yes ❏ No *If yes, list timeframe for work plan:*
10. Has the sub-national program office identified current and future gaps in financing needed to achieve sub-national workplan?	❏ Yes ❏ No *If yes, list:* Funding need for next fiscal year: Funding gap for next fiscal year (funding need minus funding available):
11. Has the sub-national program office identified potential sources of funding to close finance gaps?	❏ Yes ❏ No *If yes, list all proposed sources of potential finance:*
12 Has the sub-national program office developed advocacy goals for resource mobilization?	❏ Yes ❏ No *If yes, list advocacy goals and target achievement dates:*

SUB-NATIONAL WORKFORCE AND INFRASTRUCTURE	
Indicator	**Result**
Program staffing and HR finance (Health workforce indicators 1.1 C, 1.1 D, 1.1 F, 1.1 G)	
1 List the total number of malaria staff positions in this jurisdiction	
2. List the percentage of all positions currently filled in this jurisdiction	
3. List the percentage of all positions in this jurisdiction that are currently funded through government sources of finance	
4 Does the current level of staffing in this jurisdiction align with the staffing needs of the malaria program, as outlined in sub-national planning documents?	❏ Yes ❏ No If no, identify: Number of positions for which finance does not currently exist: Type of positions for which finance does not currently exist:
Program infrastructure (Supply chain indicator 2.1 B)	
5. Sub-national program office has infrastructure needed to conduct:	Laboratory analysis: ❏ Yes ❏ No Operational research: ❏ Yes ❏ No Epidemiological surveillance: ❏ Yes ❏ No Entomological surveillance: ❏ Yes ❏ No Staff trainings: ❏ Yes ❏ No

Chapter 4. Interview Guides

The Interview Guides chapter of the TRA-M Tool includes questions to be applied during qualitative data collection. The interview guides are designed to gather the information needed to further understand and contextualize the quantitative indicators collected in chapters 1–3, as well as contribute to identifying programmatic strengths and weaknesses that can inform mitigating actions and strategies for transition and sustainability. These guides are designed to provide structure to the key informant interview process, and will need to be modified for each assessment to align with the country-specific context, program structure, stage of transition, and program priorities. The research team should make required modifications as needed based on information gathered during quantitative data collection and in conversation with malaria program leadership.

The tool includes five interview modules covering key thematic areas tied to the quantitative indicators. These modules include: (1) finance, (2) political will, (3) management, (4) human resources, and (5) transitions. Each module includes questions that can be modified for use with national and sub-national program staff, and partners including other government agencies and technical or international partners (e.g., WHO, expert working group members, NGOs/CSOs) that support or partner with the national and sub-national malaria program offices.

To gather adequate information on each of the qualitative domains, interviews should be conducted with the following primary staffing categories within the malaria program and core partner agencies:

1. Program director and senior management in the national malaria office

2. Program directors and senior management in sub-national malaria program offices, and/or in sub-national offices that conduct malaria activities

3. Lead program finance staff at national and sub-national offices

4. Senior administrative and program leaders at the national Ministry of Health office

5. Senior staff of all MOH units/departments that partner with the malaria program (e.g., procurement, vector control, surveillance, epidemiology and information systems)

6. Partners to the malaria program (e.g., Global Fund, USAID, WHO, expert/technical working group members, NGOs/CSOs, other donors)

The final list of interviewees, and the number of required interviews within each category of respondent, will depend on the structure of the malaria program in each country. The key informants should represent varied perspectives and experiences, for example ensuring representation from sub-national program staff operating in regions with different epidemiological profiles and diverse programmatic challenges. Final determination of key informants should be made in collaboration with senior malaria program staff and informed by the quantitative data collected in the other chapters' worksheets.

Module 1: Finance

1. What are the current sources of government finance for the malaria program?
   a. List all budget line items and agencies that support the program financially, including: (1) contributions from national ministries/agencies, (2) contributions made from sub-national ministries/agencies, and the funding mechanisms through which these contributions are made.
   b. Describe the process for submitting budget requests and receiving funding from each of these sources.

2. Which program activities at the national and sub-national level are primarily supported through government funding mechanisms?

3. What are the current sources of donor finance for the malaria program?

4. What program activities at the national and sub-national level are primarily supported through donor funding mechanisms?

5. Describe the process to develop financial plans and projections for the malaria program.
   a. What sources of data are used to make financial plans and projections?
   b. What policy and planning documents are used to make financial projections?
   c. How well do existing policy and planning documents reflect the anticipated financial needs of the program in the near- and long-term?
   d. How well do existing policy and planning documents reflect anticipated changes in donor support for the malaria program?

6. What steps could be taken to improve financial planning for the program?

7. How would you describe the current level of government finance for the malaria program at the national level? At the sub-national level?

8. Over the past three years, government spending on malaria has [increased/decreased/remained constant]. Why do you think this trend occurred?

9. What are the primary policy and/or other factors that impact government spending on malaria at the national level? At the sub-national level?

10. What are the greatest challenges your program currently faces in relation to government finance?

11. Describe the advocacy strategies used to increase the malaria program budget.

   a. How does the malaria program develop resource mobilization plans?
   b. How well have resource mobilization plans been implemented?
   c. How successful have resource mobilization and advocacy strategies been?

12. Describe the systems currently in place to track financial and expenditure data.
   a. List all financial data systems used to track funding contributions and expenditures from (1) national ministries/agencies, (2) sub-national
   b. ministries/agencies, (3) donor partner agencies.
   c. How is data from these systems used in d eveloping programs and policies?
   d. What are the biggest data gaps in regards to program finance?
   e. What steps could be taken to improve the program's financial data?

13. In the past 3 years, the malaria program has utilized [percent] of the allocated finance.
   a. What are the primary causes for non-utilization of funds allocated to the program from government sources of finance?
   b. What are the primary causes for non-utilization of funds allocated to the program from donor sources?
   c. What impact does this non-utilization rate have on program performance? On resource mobilization activities?
   d. What steps could be taken to improve utilization of available finance?

14. Describe the strategies in place to increase efficiency of malaria spending.
   a. What was the process for selecting and implementing these strategies?
   b. How well are efficiency strategies implemented?
   c. What challenges have you faced in implementing these strategies?
   d. What other efficiency strategies would you like to see the program implement?

15. What are the key policies that impact how money is allocated and used by the malaria program at the national level? At the sub-national level?
   a. How do these policies impact the ability of the program to receive funding from government sources? From donor sources?
   b. How do these policies impact the ability of the program to allocate funding across key program staff and activities?

Module 2: Political Will

1. How would you describe the level of awareness and political support for the malaria program among national and sub-national leadership?
   a. How engaged are senior leaders from the health sector in the malaria program?
   b. How engaged are other political leaders in the malaria program?
   c. How has the level of awareness and engagement by senior leaders changed?
   d. What do you think contributed to this change?

2. Describe the approach your office has taken to increase awareness and support for the malaria program.
   a. What goals do you hope to achieve through this advocacy?
   b. What impact do you believe these efforts have had on leadership's perspective on the malaria program?
   c. What challenges does the national malaria program face in advocating for its needs at the national level? At the sub-national level?

3. Describe the process through which national and sub-national targets for malaria elimination were established.
   a. What staff, agencies, and partners were engaged in this process?
   b. What data was used to inform this process?
   c. If targets are revised, what is the process for doing so?

4. How well prepared do you think the country is to achieve these elimination targets?
   a. What are the primary challenges the program faces in meeting national targets? Sub-national targets?
   b. What programmatic, administrative, or financial changes are needed to put the program on track to meet targets?

5. What impact do you anticipate transition from donor finance will have on political support and awareness for malaria?
   a. What activities should the malaria program implement to maintain political support during and after transition?
   b. What activities should donors implement to maintain political support during and after transition?

Module 3: Management

1. Describe the position and role of the malaria program within the national and sub-national ministry/health office.
   a. Which other health agencies does the malaria program work with?
   b. How does the malaria program work with these agencies?
   c. What are the challenges your program faces in coordinating and aligning with partner agencies within the ministry/health office?
   d. How would you like to see the relationship between the malaria program and other relevant government agencies change?
   e. What could facilitate greater coordination and alignment between your office and these agencies?

2. Describe the relationship between the national malaria program and the sub-national offices that conduct malaria activities.
   a. What role does the national office have in establishing policies, work plans, budgets, and staffing for the sub-national offices?
   b. What challenges exist in the relationship between the national and sub-national offices?
   c. What programmatic, administrative, financial, or policy changes would improve the relationship between the national and sub-national offices?

3. Describe the process through which the national malaria program develops strategic plans.
   a. What staff, agencies, and partners are engaged in strategic plan development?
   b. What data is used to inform strategic plan development?
   c. Who is responsible for approving strategic plans?
   d. How are strategic plans communicated with sub-national health offices? With the ministry of health or other partner agencies?

4. What is the process your office uses to develop annual work plans (at the national or sub-national level)?
   a. What staff, agencies, and partners are engaged in work plan development?
   b. What data is used to inform the development of work plans?
   c. How does the program conduct risk stratification to identify high risk areas?
   d. How is risk stratification data used to inform malaria program strategy?

   e. Who is responsible for approving work plans?
   f. How are work plans communicated with the national program and funders?

5. How does the malaria program engage with the private sector?
   a. How are private sector providers monitored and regulated?
   b. What policies and management systems govern participation of private sector providers in national malaria surveillance system?
   c. What policies and management systems govern adherence of private sector providers to national treatment guidelines?
   d. How do private sector providers access quality assured malaria commodities? Government social contracts?

6. What challenges does the malaria program face in managing private sector and civil society engagement in malaria program activities?
   a. What could the malaria program do to overcome these challenges?

7. What do you see as the management strengths of the malaria program?
   a. What are the primary management challenges that the malaria program faces?
   b. What management and stewardship capacities would you like expand?
   c. What could the national program or ministry of health do to support the development of this management capacity?
   d. What could donors or other partners do to support the development of this management capacity?
   e. What management challenges do you anticipate may occur during transition from donor support?
   f. What do you think could be done to ensure a smooth management transition?

8. Describe the role and operations of the national malaria expert/technical group.
   a. What staff positions/agencies participate in this group? How was the composition of the group determined?
   b. What level of political influence does this task force have?
   c. How would you describe the primary accomplishments of the task force?
   d. What role could the task force play in supporting the malaria program through transition from donor support?

9. [If donor recipient is not the national malaria program] Describe how your office works with the agency/department that is the recipient of donor funding for malaria to manage national malaria program activities?

  a. What is the process for establishing annual work plans and strategies? For developing national plans and policies?

  b. What are your primary management roles and responsibilities?

  c. What are the primary management roles and responsibilities as grant recipient?

  d. What is the process for coordinating strategy development and program implementation across the national malaria program and the donor-funded program?

  e. How is your office working with the grant recipient to develop a plan for transitioning donor-funded activities to the national office?

  f. What challenges do you anticipate may occur with this transition?

10. [For donors and other partners] Describe your work with the malaria program.

  a. What is the overall purpose of the partnership?

  b. What are your main priorities in working with malaria program?

  c. How well have you been able to achieve those priorities?

  d. What have been some challenges?

  e. How could those challenges be overcome?

Module 4: Human Resources

1. Describe the staffing structure for the malaria program.
   a. Which offices/agencies are primarily responsible for staffing the national program? The sub-national programs?

2. Describe the role of the donors in supporting human resources for the malaria program at the national and sub-national level.
   a. Which national staff positions are primarily financed by donor funding?
   b. Which sub-national staff positions are primarily financed by donor funding?
   c. What is the plan to transition these positions into the national malaria program or government health system at the end of donor support?

3. What human resources challenges do you anticipate when donor support ends?
   a. What would help the program prepare for and overcome these challenges?

4. What are the primary human resource challenges the program faces at the national and sub-national level?
   a. What are the primary human resource gaps for the program?
   b. Why do these gaps exist?
   c. What would help the program overcome these gaps and challenges?

5. What policies at the national and sub-national level are most important in determining the size and make-up of the malaria workforce?
   a. What are the primary policy barriers in ensuring adequate program staffing?
   b. What policy or administrative changes would help the program overcome these?
   c. What operational changes would help the program overcome these challenges?

6. Describe the process to create the national malaria program's workforce plan.
   a. What staff, agencies, and partners are engaged in workforce plan development?
   b. What data sources were used to develop the plan?
   c. What challenges do you anticipate in fully implementing the plan?
   d. What programmatic, administrative, financial, or policy changes would improve implementation of the plan?

7. Describe the training program for malaria staff at the national and sub-national level.
   a. How does the program plan for future training needs?
   b. What are the primary training and capacity building challenges for the program?
   c. How is the non-state sector engaged in malaria trainings and capacity building?

Module 5: Transition Planning

1. What do you anticipate will be the biggest changes to the malaria program at the national and sub-national levels when donor funding ends?

   a. Why do you anticipate these changes?

2. What do you anticipate the program's greatest challenges will be during transition from donor funding?

   a. What strategies can the malaria program implement to manage these challenges?

   b. What strategies can donors implement to manage these challenges?

3. Describe the process the national malaria program is using to plan for transition from donor funding.

   a. What staff, agencies, and partners are engaged in transition plan development?

   b. What data sources are used to develop transition plans?

   c. Who are the key stakeholders that need to be involved in transition planning?

   d. What is the process for communicating with and engaging key stakeholders?

4. What organizational changes will be made to the malaria program at national and sub-national levels when donor support ends?

   a. What activities and staff positions will be discontinued during or after transition?

   b. What activities and staff positions will be re-organized during or after transition?

   c. What was the process for determining which programmatic and human resource changes would occur during transition?

   d. What is the plan for integrating parallel donor-supported systems into the national malaria program?

   e. What challenges will the national malaria program face in making these proposed program and staffing changes?

   f. What activities should be implemented before the transition period to mitigate these challenges?

5. How do you think transition from donor funding will impact government finance for malaria?

6. What impact has declining donor support had on your program to date?

   a. What has the program done to respond to the decline in donor funding?

   b. How effective have these activities been in minimizing any adverse effects from reduced donor funding?

7. What financial challenges will the program face when donor support ends?

   a. Which areas of the malaria program are most financially vulnerable to disruption during the transition period? Why?

   b. Which areas of the malaria program are best prepared financially to manage the transition period? Why?

   c. Which areas of the malaria program are most vulnerable to disruption during transition due to management or operational issues? Why?

   d. Which areas of the malaria program are best prepared managerially or operationally for transition? Why?

   e. What plans does your program have in place to manage and respond to these financial and management challenges?

   f. How can donors best support the program in managing and responding to these challenges?

8. What opportunities are available to increase public financing for malaria elimination during and after transition from donor funding?

9. [For donors and other partners] How will the end of donor support impact your partnership with the national and sub-national malaria program?

   a. What role does your organization have in working with the malaria program to prepare for transition?

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