This document, updated annually, provides an overview of all current WHO technical guidance on malaria as well as practical considerations for developing programmatic costing estimates.

**Background**

- Countries fund national malaria control programmes through several sources: national budgets, the private sector and donors. The majority of funding for malaria comes from bilateral and multilateral donors like the Global Fund to Fight AIDS, Tuberculosis and Malaria. To receive funding, countries must submit proposals that are aligned with WHO technical guidelines.

**Rationale for guidance**

- This document is intended to facilitate the proposal development process for countries and partners by making it easier for them to appropriately select intervention strategies and to budget for them, while ensuring that plans already in place are aligned with WHO recommendations.

- The document also provides practical guidance for national malaria programmes on how to develop accurate and comprehensive costing estimates across ten technical areas.

**Summary of ten technical areas**

- **Case management (diagnosis and treatment).** Malaria case management, encompassing prompt diagnosis and treatment with an effective antimalarial, is one of the key strategies for the control of malaria. This section provides an overview of recommended malaria treatment guidelines based on patient, type of malaria parasite, and severity of infection. Also included are recommendations for the use of mass drug administration, and the rational use of antimalarial medicines in a country.
Supply management for malaria diagnostic testing and treatment. WHO recommends parasitological confirmation of malaria through quality-assured diagnostic testing in all settings before treatment is started. This section outlines WHO guidance on the characteristics of a robust microscopy quality assurance programme, procurement requirements for rapid diagnostic testing, the selection and procurement of safe quality effective antimalarials, RDT lot testing, HRP2/3 gene deletion, and guidance on budgeting a malaria diagnosis and treatment programme.

Community case management of malaria. WHO recommends that community case management of malaria be delivered as part of an integrated approach which includes the treatment of pneumonia and diarrheal diseases. A summary of the requirements and resources needed to facilitate delivery of quality assured treatment services and essential commodities for integrated community case management (iCCM) is included.

Malaria in pregnancy. WHO recommends that all endemic countries provide a package of interventions for the prevention and management of malaria in pregnancy, consisting of diagnostic testing and treatment for all episodes of clinical disease and anaemia, the provision of vector control either with long-lasting insecticidal nets (LLINs) or indoor residual spraying (IRS), and intermittent preventive treatment in countries in sub-Saharan Africa with stable malaria transmission. The guidance addresses implementation issues in integrating malaria prevention into reproductive health services.

Preventive treatment in infancy. WHO recommends Intermittent preventive treatment for infants (IPTi) against Plasmodium falciparum malaria in areas of moderate-to-high malaria transmission. Provision should be made for the delivery of this intervention through Expanded Programme on Immunization (EPI) programmes. Support for capacity building of personnel to improve quality of care, with resources, staff training and supervision included, should be part of the Global Fund proposal.

Seasonal malaria chemoprevention. The objective of seasonal malaria chemoprevention (SMC) is to maintain therapeutic antimalarial drug concentrations in the blood throughout the transmission season, which is the period of greatest malarial risk. SMC is recommended for children aged 3–59 months in areas of highly seasonal malaria transmission across the Sahel subregion in Africa.

Monitoring antimalarial drug efficacy. Antimalarial drug resistance is a major public health problem that hinders the control of malaria. Guidance on establishing sentinel surveillance sites, sampling size and strategy, and criteria for surveillance protocols is included in this document.

Malaria vector control including insecticide resistance. WHO recommends universal coverage of at-risk populations with effective vector control. In most cases, this means full coverage with LLINs and/or IRS. This section includes conditions for implementation of LLINs (especially transport and storage), epidemiological and socioeconomic factors to take into consideration when selecting target areas, and guidance on when LLINs and IRS can be combined.
• **Surveillance, monitoring and evaluation for high burden countries.**

   Strengthening malaria surveillance is fundamental to programme planning and implementation, and is a crucial factor for accelerating progress. All countries should have effective health management and information systems in place to ensure that there is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. These systems can help national malaria programmes direct resources to the most affected populations, identify gaps in programme coverage, detect outbreaks, and assess the impact of interventions.

• **Malaria elimination.** Malaria elimination programmes target the parasites and the localities where they are transmitted. This section provides guidance on the substantial changes in activities, priorities and programmatic focus that must take place as programmes reorient their activities – moving, first, from control to elimination-focused activities and, subsequently, from elimination activities to a focus on the prevention of reintroduction of malaria.

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**QUESTIONS AND ANSWERS**

**Dr Peter Olumese, WHO Medical Officer, Prevention, Diagnostics and Treatment Unit, WHO Global Malaria Programme**

1. **Where does funding for malaria come from?**

   Malaria funding comes from different sources: from the national budgets of malaria endemic countries, from funding donors (bilateral, multilateral, loans) and from the private sector. The Global Fund to Fight AIDS, Tuberculosis and Malaria remains one of the world’s biggest funders of malaria. For a country to receive money from the Global Fund, they must develop a proposal that explains why they need the money and how it will be used. Funding proposals are based on robust national malaria strategic plans that are informed by WHO policy and guidance.

2. **How did the idea for developing this document come about?**

   WHO provides norms, standards and guidelines for technical strategies for the control and elimination of malaria. Each piece of WHO guidance is detailed in a fairly substantial document. Several years ago, we realized there was a need to have a summary compilation of all of WHO’s recommendations in one document. The WHO “Funding proposal development” document is just that – a concise summary of all of WHO’s recommended strategies to combat malaria. Technical areas covered in the document include malaria diagnosis and treatment, community case management, malaria in pregnancy, vector control, surveillance, monitoring and evaluation, and elimination.

3. **How can this be used by countries applying for malaria funding?**

   This document is intended to facilitate the proposal development process for countries and partners by making it easier for them to align their plans with WHO recommendations. We also share the document with the Global Fund’s Technical Review Panel (an independent panel that reviews all proposals submitted by malaria endemic countries) so they know what to look for in a robust malaria proposal. In addition, it provides practical guidance for national malaria
programmes on how to develop accurate and comprehensive costing estimates across each technical area.

We update this document every year, or whenever there is a major change in policy recommendations. We talk about the Global Fund quite a bit in this document, but it is also a useful resource for countries applying for funding from other sources.

4. What is the process by which WHO issues technical guidance?

One of WHO’s core functions is to serve as a secretariat and convene expert meetings to inform the development of health interventions that best serve our end users – the countries. There isn’t a fixed timeline; WHO is constantly reviewing available evidence and assessing public health needs to determine when new global guidance is needed. For example, we tend to review our malaria treatment guidelines every two years or so. But if new evidence pops up in the meantime, an ad hoc review process is initiated. This strengthens our work and expands our impact.

5. Are there other ways WHO provides support to countries applying for funding?

Yes. WHO helps countries develop strong national strategic plans from the outset. We also support activities that help countries learn about the proposal development process and notify them when there are changes to this process. As part of the RBM Country/Regional Support Partner Committee, WHO held an orientation meeting on the Global Fund processes in Tanzania in December with 35 countries attending, followed by a second meeting in Uganda in January with 22 countries attending. We also hold “mock” technical review panel workshops, where experts provide feedback on draft funding proposals and help countries better position themselves for a more successful application process.

**ONLINE RESOURCES**
