



Call for Expressions of Interest L'Initiative - L'Accélérateur

REGULATION

**Stepping up the fight against malaria
through community-based approaches**

Submission deadline: January 13, 2025 at 12:00 pm (UTC+1)

L'Initiative is launching a Call for Expressions of Interest (C.E.I.) to fund projects to strengthen community health approaches in the fight against malaria. Applicant organizations are invited to submit letters of intent in accordance with the terms and conditions set out below.

1. PRESENTATION OF L'INITIATIVE

Launched at the end of 2011, **L'Initiative is a facility implemented by Expertise France and complementary to the Global Fund (GF) to fight AIDS, tuberculosis and malaria.** It provides technical assistance and catalytic financial support to some 40 Global Fund recipient countries to improve the effectiveness of its grants and enhance the health impact of the programs financed. In this way, it helps to guarantee the effectiveness of the response to pandemics and of health systems.

Today, L'Initiative is a key partner in the Global Fund's impact. It gives France and its stakeholders - the research community, civil society, public agencies, etc. - a unique position in the fight against HIV/AIDS, tuberculosis and malaria, and in healthcare systems. Its budget comes from a fraction of the French contribution decided at the Global Fund's 7^{ème} replenishment. Governance of L'Initiative is entrusted to a Steering Committee chaired by the Ministry of Europe and Foreign Affairs (MEAE). L'Initiative is placed under the supervision of the MEAE.

2. PRESENTATION OF L'ACCÉLÉRATEUR

L'Accélérateur is a complementary modality to L'Initiative's other forms of support, based on themes prioritized and adopted by the Steering Committee. For this prioritization, L'Initiative identifies neglected challenges and opportunities for action based on data (monitoring-evaluation, accountability and learning from L'Initiative and published scientific data) and on the expression of needs by beneficiaries and partners. L'Accélérateur's priorities for 2024-2025 include human resources for health, child health and the fight against malaria in all its aspects (surveillance, prevention/vector control, screening, treatment, etc.). Other themes will be selected by the end of 2025.

As part of L'Accélérateur's investment prioritization, L'Initiative's steering committee has decided to invest more in the fight against malaria, and more specifically in strengthening community health approaches. This call for expressions of interest complements the investments made since 2012 by L'Initiative in the fight against malaria (Canal Expertises, Canal Projets and L'Accélérateur).

3. CONTEXT

Despite the efforts made in the fight against malaria and the advances made between 2000 and 2019, the disease has reached a plateau and the response is no longer generating progress, especially since the Covid-19 pandemic. In 2022, the number of deaths due to malaria is estimated at 608,000 (over 32,000 more than in 2019), and the number of malaria cases worldwide has increased by 16 million compared with 2019 (249 million cases versus 233 in 2019). Sub-Saharan Africa accounts for the overwhelming majority of cases (94%)

and mortality (95%).¹ Pregnant women and children under 5 are particularly vulnerable to malaria-related morbidity and mortality, as are gender differences in exposure to and treatment of the disease.

The intermediate targets of the Global Technical Strategy for Malaria Control 2016-2030, which aim to reduce incidence and mortality by at least 90% between 2015 and 2030, have not been achieved. At global level, malaria incidence was 58.4 cases per 1,000 people at risk in 2022, instead of the target of 26.2, and mortality was 14.3 per 100,000 people at risk in 2022, instead of the target of 6.6.²

Explanatory factors include the weakness of health systems in affected countries, lack of financial resources, resistance of parasites to drugs and mosquitoes to insecticides, humanitarian crises, the arrival of a new malaria vector in major cities (*A. stephensi*), genetic mutations that make the use of rapid diagnostic tests more fragile (deletion of *pfHRP2/3* genes) and, increasingly, the impact of climate change and natural disasters.³

Yet effective solutions to malaria exist, and many deaths are avoidable. Vector control is proving extremely effective in preventing infection and reducing transmission, as is chemoprevention, which has shown its effects on transmission, with a proven reduction in transmission in pregnant women and infants, and a significant reduction in severe cases in children aged between 3 months and 5 years. The arrival of two malaria vaccines recommended by the WHO offers great hope for child health in malarious areas. Finally, treatments are available and need to be brought closer to the population to facilitate access and compliance.⁴

Our ambition with this call for expressions of interest is to bring these effective interventions closer to communities by strengthening community health.

Community healthcare in Africa plays an essential role in improving access to and quality of primary healthcare. It broadens access to basic healthcare services in remote areas and for marginalized populations. Community health workers have proved particularly effective in promoting health and preventing malaria. They have an important role to play in malaria prevention, surveillance, diagnosis, management and referral, as well as in raising awareness of malaria for behavioral change and vector control.

4. OBJECTIVES OF THE CALL

The overall objective of this call for expressions of interest (CEI) is to improve the response to malaria by promoting, strengthening and scaling up community health approaches in the fight against malaria.

¹ World Malaria Report 2023 (<https://www.who.int/publications/i/item/9789240086173>): "In the WHO Africa region, the number of malaria deaths fell from 808,000 in 2000 to 548,000 in 2017, before rising again to 604,000 in 2020. The number of deaths is estimated to have fallen again in 2022, to 580,000. Over the period 2000-2019, associated mortality fell by 60%, dropping from 143 to 57 deaths per 100,000 inhabitants exposed to the risk of malaria, before rising again to 61 in 2020 and finally falling back to 56 in 2022." (p.39)

² World Malaria Report 2023 (<https://www.who.int/publications/i/item/9789240086173>) p.10

³ Variations in temperature and rainfall significantly affect the seasonality of transmission, as well as the density, distribution and behavior of vectors. They also largely redefine the perimeter of endemic malaria zones, causing a proliferation of malaria parasite-carrying mosquitoes at altitudes and latitudes that were previously parasite-free, or bringing the disease back to areas that were in the process of being pre-eliminated.

⁴ The WHO's unified guidelines on malaria are available at the following link: <https://www.who.int/fr/teams/global-malaria-programme/guidelines-for-malaria>

The CEI seeks to support the various effective interventions in the fight against malaria, from prevention, community surveillance, community diagnosis, care and referral, as well as malaria awareness for behavior change and vector control.

This CEI seeks to promote **integrated approaches** between malaria and primary health care, based on the central role of community health workers and community monitoring (including *CLM-Community Led Monitoring*).

Cooperation between civil society organizations, district health centers, community health departments and national malaria control programs seems crucial to the success of the projects.

Gender-sensitive approaches (differentiated approach based on exposure to mosquitoes and work/leisure patterns, access to information, prevention, diagnosis and treatment, economic barriers, domestic work and burdens) have shown results in the fight against malaria, and L'Initiative has embraced the ambition of a transversal and integrated gender approach in its supported and implemented projects. Pregnant women remain an extremely vulnerable group to malaria.

To help them draw up their projects, applicants should consult the Global Fund's technical information note on "Equity, human rights, gender equality and malaria".⁵

Environmental health approaches (early warning systems based on rainfall and temperature, climate change and mosquito development, community vector control through the elimination of stagnant water, animal health, etc.) are also indispensable keys to the fight against malaria.

This CEI will enable the steering committee to make a discretionary selection of proposals to develop complete projects. Unlike a call for projects, L'Accélérateur offers close support to project leaders in the development and follow-up of their complete project, following pre-selection via the call for expressions of interest, and will be supported by an evaluation if necessary.

5. ELIGIBILITY CRITERIA

5.1. Countries of operation

- Burundi
- Guinea
- Liberia
- Central African Republic
- Democratic Republic of Congo
- Sierra Leone

Projects submitted may be implemented in one or more of the countries on this list. Multi-country projects will only be accepted if they are part of a clearly justified regional setting.

5.2. Areas of intervention

⁵ The Global Fund's briefing note is available here: [core_malariagenderhumanrights_technicalbrief_en.pdf \(theglobalfund.org\)](https://www.theglobalfund.org/media/press-releases/2016/06/core_malariagenderhumanrights_technicalbrief_en.pdf)

Improve people's access to existing malaria control resources by supporting community health approaches.

⇒ **Cross-cutting themes:** projects may incorporate the following cross-cutting themes:

- Community monitoring and surveillance (including *community-led monitoring*) ;
- Strengthening data collection and analysis ;
- Supporting vector control and mitigating the impact of climate change on vector control;
- Environmental health
- Support for the deployment of preventive measures such as chemoprevention and/or vaccines;
- Support for access to and compliance with treatment, including prophylaxis;
- Raising awareness and promoting health, combating inequalities in access to healthcare, particularly in terms of gender, and the impact of climate change on the fight against malaria;
- Strengthening the skills of community health workers ;
- Capacity building for community health organizations and services ;
- Cooperation between civil society organizations, primary healthcare structures, local authorities and national programs.

⇒ **Gender approach:** Projects must incorporate a cross-functional approach to tackling gender inequalities, in order to accelerate efforts to promote equality between women and men, girls and boys, and to take better account of their specific needs - including effective participation in decision-making and the implementation of activities.

⇒ **Interventions targeting peripheral areas (particularly hard hit) are encouraged to submit this call for projects.**

5.3. Target population

The general population in affected areas, with particular attention to those most vulnerable to malaria (refugees and internally displaced persons, migrants, pregnant women, children under five, indigenous populations from highly endemic areas, etc.) and those geographically remote from health facilities.

5.4. Co-financing amounts and ceilings

The indicative total amount made available under this call for expressions of interest is **€8,000,000**. L'Initiative wishes to finance several projects from this envelope.

The total amount of the grant requested must be between **€500,000 and €2,000,000** (see financial criteria in the next section).

L'Initiative may finance the entire project budget. However, co-financing of at least 10% of the total budget is strongly recommended (co-financing can be provided in the form of valorization).

5.5. Duration

The implementation period should be between **24 and 48 months**.

5.6. Monitoring-Evaluation-Accountability-Learning (MEAL)

L'Initiative has a comprehensive MEAL system, and project partners will be asked to comply with this system, including the definition of a logical framework, biannual reporting, the use of the LogAlto platform

to monitor project indicators, and the annual collection of THEMA accountability indicators from project partners.

The CEI malaria program will be evaluated independently, according to the rules defined by L'Initiative. It is important that future winners are informed of the evaluation and accept the process by responding to future requests from the evaluators within a defined timeframe: i.e. responding to the questionnaire, interviews, sharing their databases and documentation.

6. ELIGIBILITY CRITERIA

To be eligible, the organization must meet the following criteria:

- **Lead applicant:** the CEI response must be submitted by a **lead applicant**, in collaboration with "implementing partners" or "stakeholders". The "lead applicant" is the organization that submits the letter of intent and will be the sole recipient and manager of L'Initiative grant.

The lead partner, as well as its implementing partners, must not have any statutory provisions that would prevent Expertise France, or any external auditor appointed by Expertise France, from carrying out on-site checks and verifications and from having an appropriate right of access to the sites/premises where the project will be carried out, including all computerized documents and data concerning the technical and financial management of the project.

Implementing partners", who are involved in the design and implementation of the project, must receive a budget delegation from the main sponsor.

Stakeholders" are other organizations associated with the project that do not receive a budget delegation (other donors, beneficiaries, national institutions, international organizations, etc.).

- **Registration:** the applicant must be a legal entity with its board of directors/executive committee and head office registered in one of the countries eligible for L'Initiative listed* below, or in France.

International organizations⁶, with the exception of non-state regional organizations, may neither be the main sponsor nor an implementing partner of the project; they may, however, be stakeholders without receiving a budget delegation.

Civil society organizations, ministries of health, health departments, national authorities or any other public organization linked to health are eligible for this call.

- **Duration of legal existence:** The principal holder must have been in existence for at least 3 years at the time the letter of intent is submitted.
- **Financial:** To be submitted by a main sponsor with sufficient management capacity to handle the budget requested. The average annual cost of the⁷ project must not exceed 70% of the main sponsor's total annual expenses. For this call for expressions of interest, total expenses are established on the basis of the last complete financial report (income statement and balance sheet), validated by the General Meeting or any other governance body.

***List of eligible countries on registration form**

⁶ United Nations and associated agencies, regional state organizations.

⁷ Calculated on the basis of the total project budget, not the share requested from L'Initiative.

-
- | | | |
|---------------|---------------------|--------------------------------|
| - Algeria | - Ghana | - Central African Republic |
| - Benin | - Guinea | - Democratic Republic of Congo |
| - Burma | - Equatorial Guinea | - Dominican Republic |
| - Burundi | - Guinea-Bissau | - Rwanda |
| - Cambodia | - Haiti | - Senegal |
| - Cameroon | - Laos | - Sierra Leone |
| - Comoros | - Lebanon | - Chad |
| - Congo | - Liberia | - Thailand |
| - Ivory Coast | - Madagascar | - Togo |
| - Djibouti | - Morocco | - Tunisia |
| - Ethiopia | - Maurice | - Ukraine |
| - France | - Mauritania | - Vietnam |
| - Gabon | - Mozambique | |
| - Gambia | | |

Please note: this list only concerns the country of registration of the project leader (plus France), and not the implementation of the project, which must take place in one or more of the countries listed in point 5.1.

7. EVALUATION CRITERIA

Projects submitted under this call for expressions of interest will be evaluated in two phases:

I. Phase I (November 2024 to February 2025): submission, appraisal and pre-selection of letters of intent

Phase I letters of intent will be selected on a discretionary basis by the selection committee according to the following criteria:

- **Compliance of project objectives with** the call for expressions of interest and with the guiding principles and priorities of France's global health strategy;
 - **Inclusive and integrated response to various health issues**, including the fight against pandemics, and in particular the fight against malaria;
 - **Selection of project beneficiaries** relevant and consistent with their needs ;
 - **Relevance of proposed strategy** and intervention methods ;
 - Integrating a **cross-functional gender, diversity and inclusion approach**;
 - **Logic of reinforcement and complementarity** with Global Fund grants ;
 - Requested **budget** and management capacity: consistency between the requested budget and the project's planned activities; the organization's capacity to manage similar funding;
 - **Relevance of the partnership and capacity building**: greater attention will be paid to building the capacity of local organizations, which must be reflected in a delegated budget;
- If the sponsor is not based in the country of implementation, it must have a **local implementing partner**;
- In the case of a **project** led by a local organization, even if there is no obligation to delegate the budget to partners, this is encouraged, as is the strengthening of the skills of the project leader and his partners.

II. Phase II: Development of a complete project (from March 2025)

Lead applicants will be shortlisted and contacted to submit a full project.

Following notification of the pre-selection process, the project leaders concerned may express a need for assistance in drafting a complete project, which may be provided by the L'Initiative team and its partners.

L'Initiative's steering committee will make a discretionary selection of the complete projects funded at the end of this phase.

8. DOCUMENTS TO BE SENT TO EXPERTISE FRANCE

The languages of the call for expressions of interest are **French and English**. Applications submitted in any other language will not be considered.

The submission file for Phase I must include the following documents:

1. **Concept note** (Appendix 1) ;
2. **Administrative form** (Appendix 2) ;
3. A **copy of the main sponsor's articles of association** (if in a language other than French or English, a simple translation will be required);
4. **Proof of registration** of the main supporting organization, including its registered address (if in a language other than French or English, a simple translation will be required) or affidavit if not available in your country;
5. Proof that the main sponsor has fulfilled **its social and tax obligations in the country of registration** (e.g. last URSSAF certificate when the sponsor is registered in France or equivalent available, last tax certificate or equivalent available) or affidavit if not available in your country;
6. **Latest complete financial report** (income statement and balance sheet) from the main sponsor organization, validated by the Annual General Meeting or other governing body;
7. **The main sponsor's projected budget** for 2024;
8. **The latest annual activity report** from the main sponsor ;
9. **The most recent validated audit report** from the main sponsor (if not available for Phase I, please note that this report will be requested if you are shortlisted for Phase II).

9. TERMS OF SUBMISSION

Applications must be sent by e-mail in **PDF format and in XLS format for budgets** before **Monday January 13, 2025 at 12:00 pm** (Paris time UTC+1) (date and time being taken as proof) to the following e-mail address: ami.paludisme@expertisefrance.fr

If the size of the attachments exceeds 10 MB, you will need to send the documents in separate e-mails.

Once you have submitted your application, you will receive a confirmation e-mail. If you do not receive it, please let us know by writing to the same e-mail address.

Two **information sessions** will be organized in French (with simultaneous interpretation in English), to help applicants submit their proposals.

- **Tuesday, December 10, 2024** from 10am to 12pm (UTC+1)
- **Wednesday, December 18, 2024** from 10am to 12pm (UTC+1)

If you would like to take part in this session, please register at the following link:

<https://expertise-france.formalto.app/g6sguUUsPD>

All files received after January 13, 2025 at 12:00 pm (UTC+1) or sent incomplete will not be processed.

10. PROVISIONAL TIMETABLE

CEI Malaria milestones	DATES	Time
1. Publication of the Call for expressions of interest	October 30, 2024 to January 13th, 2025	
2. Virtual information session	December 10th 2024 December 18th, 2024	
3. Application deadline	January 13, 2025	12:00 pm (UTC+1*)
4. Notification of pre-selection of concept notes	End of February 2025	
5. Deadline for preparing a complete project	April 2025	
6. Notification of selection of complete projects	June 2025	

* Paris time (UTC+2 or UTC+1 depending on summer or winter time)

L'INITIATIVE

Sida, tuberculose, paludisme


linitiative.expertisefrance.fr/en



EXPERTISE FRANCE

40 boulevard de Port-Royal

75005 Paris

01 70 82 70 82

@ef.linitiative 

@ef_initiative  

L'Initiative – Expertise France 



L'INITIATIVE

sida, tuberculose, paludisme

Mise en
oeuvre
par



**EXPERTISE
FRANCE**
GROUPE AFD

Financée et
placée sous
la tutelle du



**MINISTÈRE
DE L'EUROPE
ET DES AFFAIRES
ÉTRANGÈRES**

*Liberté
Égalité
Fraternité*

Dans le cadre de
la contribution
française au



**LE
FONDS
MONDIAL**