

Capacity, Quality and Decision-making in Sub- national Tailoring of Malaria Interventions

18 March 2025

This document contains the original text for the Terms of Reference of this evaluation as approved by the Independent Evaluation Panel (IEP). The document has been reformatted so it may be published to the Global Fund website.

Terms of Reference (ToR)

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1. Introduction

1. The Global Fund is commissioning an independent evaluation on Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions. In seeking to align with the priorities of the new Global Fund Strategy and examining key cyclical stages of the Global Fund business model, strong support was expressed by constituencies during the 20th Strategy Committee Meeting in October 2022 on conducting an evaluation in 2024 with a focus on sub-national tailoring (SNT) and program quality of malaria investments. This was reaffirmed by the Board's decision in November 2022 on the multi-year evaluation calendar.

2. Background

2. The Global Fund's independent evaluation function is tasked to improve and strengthen accountability, evidence-based decision making and greater learning from evaluation evidence. Independent evaluations are delivered by (1) the Evaluation and Learning Office (ELO) and (2) the Independent Evaluation Panel (IEP), an oversight panel, independent from the Secretariat and accountable to the Board through the Strategy Committee (SC).

3. The Global Technical Strategy (GTS) for malaria 2016–2030 was adopted by the World Health Assembly in May 2015. The GTS provides a comprehensive framework to guide countries in their efforts to accelerate progress towards malaria elimination. The strategy sets the targets of reducing global malaria incidence and mortality rates by at least 40% by 2020, at least 75% by 2025, and at least 90% by 2030.

4. Tremendous strides have been made in reducing the number of cases and deaths from malaria. However, despite huge investments and implementation of effective interventions, progress has stalled in high burden countries. The World Malaria Report of 2022 estimates that there were 249 million cases of malaria in 2022 compared to 244 million cases in 2021. The estimated number of malaria deaths stood at 608 000 in 2022 compared to 610 000 in 2021. Transmission is increasingly localized in difficult-to-reach sub-national areas and populations. Business as usual in these contexts is unlikely to achieve impact, strategic focus, or value for money. Targeting these pockets of transmission requires the development of tailored and targeted approaches suited to local context and strategic reorientation of resources at the sub- national level.

5. To get back on track, the World Health Organization (WHO) at the 71st World Health Assembly in 2018 called for an aggressive new approach to accelerate progress against malaria - "High Burden to High Impact (HBHI): a targeted malaria response". The WHO Director-General made it a flagship initiative of the Organization while the new response was prioritized by several partners including the Global Fund. Ten

countries in Africa with the highest burden of malaria (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania) and India were early adopters of the HBHI approach. Sudan was included to the list in 2022 giving a total of 12 HBHI countries. A key element of the HBHI approach is to use strategic information to drive impact. Through better analysis and the strategic use of quality data, this would enable countries to pinpoint where to deploy the most effective malaria control tools for maximum impact.

3. Purpose and Objectives

6. This evaluation is expected to provide the Global Fund Secretariat, Strategy Committee, Board, and global health community with an independent evaluation of data use and decision-making in SNT for optimal malaria programming. Learnings and recommendations will inform decisions on improving tailored, locally appropriate approaches to facilitate malaria control and elimination, and related investment and grant design. The evaluation may serve as a baseline for future evaluations.

To meet the purpose of the evaluation, two objectives will guide the evaluation process:

To assess the capacity, quality of data, and decision-making in sub- national tailoring of malaria interventions.

To assess how the Global Fund and national stakeholders have and can incentivize the use of data at sub-national level and financial optimization to maximize impact in the control of malaria.

7. SNT of malaria interventions is defined as the use of local data and contextual information to determine the appropriate mixes of interventions and delivery strategies, for a given area, for optimum impact on transmission and burden of disease. SNT is a global priority. Although there is no specific strategy on SNT, many global malaria strategies emphasize the importance of tailoring interventions to the specific local context. The GTS emphasizes the importance of tailored approaches based on local epidemiology. The 2023-2028 Global Fund Strategy promotes sub-national decision-making, evidence-based prioritization, and expansion of entomological surveillance to ensure optimal coverage and strengthened program effectiveness. This approach encourages national malaria programs in high malaria burden countries to include sub-national stratification of malaria risk and a rigorous approach to SNT of interventions that are informed by local data and the local context. SNT would facilitate intensification of control efforts in high transmission areas, while maintaining the gains achieved in low transmission areas.

8. The key concepts of SNT include: 1). supporting sub-national data collection including disease burden and intervention data, entomological data, resistance data

and other contextual data; 2). Stratifying malaria burden, risk and their determinants, adjusting for key factors such as testing rates, reporting rates and health seeking behavior; and 3). articulating intervention scenarios and testing them based on assumptions of correlation to the data layers above (with or without mathematical modelling).

9. Accordingly, the SNT approach comprises many steps. Step 1: data compilation and analysis – data on disease burden, interventions and contextual factors are compiled and analyzed to support stratification of sub-national areas. Step 2. stratification of malaria risk and its determinants – stratification entails dividing geographic areas into strata based on the epidemiology, burden and other factors related to malaria control. The geographic area could entail a region, district, or a health facility area (micro stratification in the latter instance). Step 3: decision on intervention mixes and delivery strategies – these could be informed through many mechanisms, for example, a). using WHO normative guidance to identify intervention mix scenarios and delivery strategies. b). modeling the impact of the various intervention mix scenarios and c). financial modeling to assess the allocative efficiency and support prioritization decisions. This is important when developing the funding request for the Global Fund.

10. Countries are at varying stages and comprehensiveness of the SNT process, with many countries struggling with comprehensive data compilation while only a few countries have attempted an analysis of allocative efficiency. The Technical Review Panel (TRP) of the Global Fund reported that in 2020, some HBHI countries submitted funding requests to the Global Fund based on subnational analysis incorporated into their decisions on intervention allocation. However, they observed that some other countries had not presented an updated data-driven strategy to reverse the declining progress in malaria control. The Global Fund is aiming for 28 countries to submit funding requests in Grant Cycle 8 (GC8) with evidence-based approaches tailored to its districts. SNT is a continuous process. The broader emphasis should be about continual analysis and use of data for decision-making sub-nationally. This is also important in terms of understanding where the challenges lie in data management, analysis, and use.

11. The primary intended audience, users and key stakeholders for this evaluation include the Global Fund's Board, SC, and Secretariat. Stakeholders at country level, technical partners and donors are a secondary audience. The evaluation aligns with their focus and efforts to strengthen sub-national data generation and its use in SNT, programming and decision-making, ensuring disease impact through financial optimization, ultimately leading to elimination of malaria. Timing of the evaluation aims to ensure that the findings and recommendations of the evaluation would also provide key insights for applicants and technical partners to inform their next malaria funding request during GC8.

Theme Themes	Indicative Evaluation Questions
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A. Adequacy of country subnational systems	1) How adequate are country sub-national systems in capturing and analyzing malaria programming data and in supporting better tailoring and programming of malaria responses? What are some of the systems and data points that are missing and that should be considered for the future?
	2) What are the sub-national systems available in countries for capturing a). malaria burden data (cases, incidence, and mortality); b). malaria intervention data (access to services, use of vector control measures and early diagnosis and treatment); and c). other contextual information (climate, socio-economic, refugee populations). What is the availability of community and private sector data? To what extent is this data collected, disaggregated, and transcribed into the routine data systems?
	<p>3) What input was obtained from sub-national level for vaccine intervention in countries involved in malaria vaccine distribution? How were focus coverage areas identified?</p> <p>4) What is the quality of data at sub-national level? Are validation, verification, and quality improvement done at sub-national level to ensure data quality? By whom? What is the right balance between funding Global Fund Local Fund Agents (LFAs) for data verification and transmission versus supporting data reviews and use sub-nationally?</p> <p>5) To what extent are analytical capacities in place at national, regional and district levels to analyze data and inform SNT and programming?</p> <p>6) To what extent do population denominators inform SNT? What are the data sources and methods used for assessing population denominators at sub-national level? How are estimates currently calculated for service coverage, distribution of commodities etc.?</p> <p>7) What is the level of awareness of SNT approach at sub-national /national levels by those implementing programs? How adequately does malaria sub-national data and disaggregated analysis inform:</p> <ul style="list-style-type: none"> i) epidemiologic stratification ii) optimization of intervention mix iii) monitoring and evaluating the impact of stratification decisions iv) quality improvement initiatives in subnational areas

B. Challenges in decision-making	<p>8) What are the challenges related to decision-making in SNT? How much have Global Fund investments played a role in addressing these challenges?</p> <p>9) What is the degree of autonomy at subnational level for decision-making in SNT and malaria programming? What is the role of the overall administrative structure decision making processes on SNT decision making? How adequate are the structures, mandates, guidelines, and processes for coordination of national level and sub-national level decision-making?</p> <p>10) What are the contextual factors – including political, legal, economic, and social dimensions – and their role in affecting decision-making at the sub-national level for SNT?</p> <p>11) What political economy, governance, and other factors differ between countries where subnational level decisions are made, in law and/or practice, and where they are not? How can the capacity for on-going decision-making at sub-national level be strengthened – short-term and long-term – in different types of decision-making systems for SNT?</p> <p>12) What has been the role of Global Fund investments in supporting decision-making for SNT? Who makes the key decisions and what evidence do they use as basis for decision-making?</p>
C. Funding Requests and SNT	13) To what extent are the Global Fund malaria Funding Requests based on SNT?
	14) How much have the key concepts of SNT been reflected in the malaria Funding Requests (FRs)? How can this be strengthened in GC8?
	15) To what extent do the FRs reflect stratification and tailoring of interventions at sub-national level? What are the reasons why an initial stratification may not reflect the chosen interventions? What role do resource constraints play in the deviation from ideal interventions and interventions that are finally selected?
	16) What difficulties are faced by countries in moving from input-based programming to impact-based programming based on SNT? How can Global Fund processes better incentivize Funding Requests based on SNT and financial optimization?
	17) To what extent have countries requested resources and technical assistance for sustainable data compilation and analysis, stratification, identification of intervention mixes and support for scenario-building with stakeholders, and support to modeling groups to build iterative models based on the scenarios? If so, have they been provided and prioritized?
D. The Global Fund and high-quality data in SNT	<p>18) To what degree does the Global Fund promote generation of high-quality malaria data and its' use at national and sub-national level? How could the Global Fund better support countries to manage, analyze and use their sub-national malaria data?</p> <p>19) To what extent has the Global Fund facilitated the creation, maintenance, and use of subnational data systems, including</p>

	<p>consolidated and maintained malaria data repositories (MDR) in countries? What data sources do the MDRs draw from?</p> <p>20) Are the Global Fund monitoring frameworks built in a way that supports a sub-nationally tailored response in country? Do the Global Fund's Progress Update and Disbursement Request (PUDRs), the District Health Information System (DHIS) district dashboards and other tools lead to or encourage data use and action?</p> <p>21) Do the current indicators facilitate and incentivize the Secretariat and countries to work towards SNT and financial optimization? Are the indicators adequately adaptable and usable by sub-national level teams in a subnational context and to what granularity and periodicity?</p>
E. Role of country stakeholders	<p>22) What is the role of country stakeholders (including partners, Technical Assistance (TA) providers at global level and in-country research institutions) and national structures and strategies in facilitating SNT? How do partners engage with the country?</p> <p>23) To what extent has sub-national evidence been used to inform National Malaria Strategic Plans (NMSPs), Nation Health Strategic Plans (NHSPs) and subnational plans? What kind of data has been used and what data is needed to make stronger national strategic plans? Are there uniform and inclusive processes in-country to develop NMSPs? How does the costing of NMSPs consider the specific needs and interventions required at sub-national levels? Do the national plans reflect the use of SNT to optimize financial requests and allocations?</p> <p>24) What climate change and environmental management structures and policies are in place at national and sub-national level? To what extent have malaria stakeholders been engaged with climate change, environmental management and disaster risk reduction programs?</p> <p>25) How adequate is the guidance and activity level of national reference groups (M&E working group, other relevant technical groups) with regard to SNT and financial optimization? How can it be further improved?</p> <p>26) To what extent does technical assistance (TA) focus on SNT? How can the TA scope be expanded to focus on SNT and related financial optimization in preparation for GC8 as well as systematic local capacity building for SNT?</p>

4. Methodological Considerations

11. Systems approach:

The evaluation will consider the complex context of intervention tailoring and malaria programming at national and sub-national level and the role of the Global Fund

investments. SNT decisions on intervention mixes and service delivery methods are informed by the wider context including local epidemiology of malaria; rain and drought patterns; different vector types; human behavior; the political economy of the systems of health and the broader political context in which it is embedded that impacts SNT decisions; socio-economic status of populations; access to services; and health infrastructure and capacity. National and sub-national structures and variations must also be understood, including variations between their functioning in law and in practice. The unique characteristics will influence the utilization, effectiveness, and impact of the interventions. A systems approach would provide a comprehensive understanding of decision-making and selection of interventions, identify unintended consequences and areas for improvement. Hence, the evaluation will adopt a systems approach to better understand the contextual factors and complex interactions around SNT and decision-making.

12. Mixed methods approach and triangulation:

The evaluation will adopt a mixed-methods approach combining qualitative and quantitative methods, including document reviews, analysis of existing quantitative and qualitative data, key informant interviews, analysis of performance indicators, country insights and a portfolio analysis. The analysis may include a systematic specification of logic and analysis against pre-identified assumptions, comparative analysis, and a political analysis. Data will be triangulated to ensure robust and comprehensive evaluation findings, conclusions, and recommendations. The evaluators will be guided by ethical considerations. The evaluation will be performed in line with ethical principles of human subject research¹ and be gender sensitive.

13. Country Insights:

The evaluation will include gathering country experiences which will provide a deeper analysis of national and sub-national data systems, data gathering and its use in sub-national decision-making for tailoring and malaria programming. Countries will be selected based on a pre-defined set of criteria developed in consultation with ELO, and relevant to the design proposed. Some of the key criteria used for the selection of countries for insights include malaria burden and HBHI status, country risk profile, SNT implementation spectrum, diversity and representativeness.

14. Specific Methods:

The evaluation will use tailored and appropriate methods for eliciting information at the sub-national level, including methods that will be used for quality assessment, capacity assessment and decision-making.

^{1 2} The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Washington, DC. U.S. Government Printing Office, 1978. DHEW Publication No. (OS) 78-0012. Reprinted in Federal Register 44 (April 18, 1979):23192.

Suggested information sources and methods:

The following data and data sources can be used by the selected Service Provider to compile the necessary information for the evaluation (note: this list is not exhaustive):

15 Document Review:

This will include a review and analysis of relevant documentation to include key Global Fund documents (e.g., Malaria Information Notes, previous malaria program evaluations, relevant Technical Review Panel (TRP) and OIG reports, Strategic Initiatives); relevant partner documents, for example: the WHO SNT guidelines which are currently being developed; program reviews; broader literature; and country-specific documents from country insights studies and the portfolio analysis.

16. Quantitative and qualitative data analysis

Analysis of Funding Requests for GC 6 and GC7.

A portfolio analysis of Global Fund grants covering malaria high burden countries including the 12 HBHI countries. The analysis will cover successive phases from funding request, grant making and grant agreement to grant performance and absorption of malaria interventions.

Insights (both quantitative and qualitative) from Global Fund documents analyzed and generated by a natural language processing (NLP) software.

Funding for malaria programs and intervention across GC6 and GC7. Data on donor landscape on malaria interventions and programming, if available.

Outputs, outcomes and impacts of prevention interventions (programmatic data collected as part of Global Fund grants, which includes an analysis of outputs in terms of coverage indicators and performance against targets).

17. Stakeholder consultations and Key Informant Interviews (KII):

Global Fund Malaria Team and Global Fund staff, global malaria partners, implementing partners – National Malaria Control Programs (NMCPs), Principal Recipients (PRs), malaria program managers at sub national level, Global Fund Country Fund Portfolio Managers, disease specialist teams, CCM/PR representatives, Technical Review Panel (TRP) members, etc. Program recipients and community representatives.

18. Process mapping:

The selected Service Provider will conduct a process mapping exercise to document and analyze the steps, inputs, outputs, resources involved in the SNT

process, to determine the decision-making within the process, including relevant political economy factors, and to identify best practices and bottlenecks.

19. Country Insights:

It is anticipated that (5 to 7) countries will be selected for specialized assessment at the national and sub-national level to gather country insights. Appropriate methods will be proposed and detailed by the selected Service Provider for eliciting information at national and sub-national level (paying attention to possible sub-national variations within countries), including methods that will be used for quality assessment, capacity assessment and decision-making. Comparison of experiences between countries can also be considered.

20. The criteria for country selection should be suggested by the Bidders for this RFP while the final list of countries for review will be agreed on between the ELO, in consultation with the Secretariat, and selected Service Provider.

Country studies may include the following:

- Documentation review
- Stakeholder consultations and key informant interviews.
- Focus Groups
- Assessment of quality, capacity and decision-making.
- Data analysis
- A comparative analysis

21. **Stakeholder Survey:** The selected Service Provider may consider a survey of the 28 countries, identified as the highest malaria burden countries, to ascertain the various stages that countries are in the SNT process, to inform the process mapping and to identify best practices and bottlenecks.

22. **Inception Report:** Prior to initiating the evaluation, the selected Service Provider will develop an inception report, reviewed by the ELO, Secretariat Teams, external reference group, and the IEP. As part of the inception report, the consultant team will review key documents and conduct interviews with a selected number of key informants to develop an evaluation framework and refine the questions, if needed. The selected Service Provider will also be asked to describe the methods to be used for quality assessment, capacity assessment and decision-making. The selected Service Provider is also required to explain how strength of evidence will be assessed and documented. They would also be required to identify criteria and select countries for review and develop the data collection tools and analysis plan.

5. Evaluation Phases, Expected Deliverables and Timelines

23. All deliverables listed below will be submitted to the ELO. The Evaluation Manager identified from the ELO will liaise on a regular basis with the selected Supplier. The expected deliverables are as follows:

24. Workplan within 10 days of contract.

The selected Supplier will provide an evaluation workplan and timeline to the ELO within 10 days of contract approval.

25. Inception Report - *by 28 June 2024*

The selected Supplier will submit an Inception Report of no more than 20 pages. The report should provide the selected Supplier's understanding of the evaluation context, objectives, and evaluation questions, as well as provide an evaluation framework, approach, and methodology, which should build on their initial proposal and from what has been learned during the inception phase of work. The report should include data collection tools and methods; analysis tools; synthesis methods; and tentative country case study schedules.

26. Preliminary Findings – *by 30 August 2024*

The selected Supplier will summarize progress and preliminary findings from the evaluation to be discussed at the IEP meeting in early September 2024.

27. First Draft Report - *by 30 September 2024*

The selected Supplier shall submit a 1st draft report for review and comments by the ELO, IEP focal points and relevant Secretariat Teams.

28. Second Draft Report - *by 15 November 2024*

The selected Supplier shall submit a 2nd draft report for review and comments by the ELO, IEP focal points and Secretariat Teams. Following review and approval by the ELO, the selected Supplier shall incorporate comments and submit the final report.

A Recommendation Workshop will be conducted with relevant staff to discuss the findings and recommendations prior to submitting the final report. The timing of the Workshop will be decided in consultation between ELO and the selected Supplier.

29. Final report - *by 15 January 2025*

The final report should be concise, indicative 40-50 pages (inclusive of the executive summary), with annexes as needed, such as summaries of country case studies. An information design should be included to help readers understand the data and information. The report should ensure confidentiality and anonymity of key informants and avoid referring to individuals and confidential materials, in case of publication on web.

30. Learning and dissemination-related deliverables - Learning Briefs, preliminary insights, and other learning and dissemination products - Q1 2025

The evaluators will provide learning and communication tools to ELO and IEP at different intervals of the evaluation and will work to provide preliminary insights as available during the evaluation's conduct. Examples may include slide decks and pre-recorded presentations; videos; briefs of preliminary findings, conclusions and recommendations; and themes to facilitate “early” learning and adaptation by the Global Fund Secretariat and other key stakeholders in their processes, policies, and programs.

1. As a minimal requirement, the selected Supplier will also lead and produce the following learning products for the evaluation: Summative slide deck on final findings: A slide deck on the final findings, conclusions and recommendations will be submitted to the ELO to be presented to the IEP and Secretariat.
 2. An evaluation brief, following ELO's standard template, to summarize the evaluation's findings, recommendations, management response and key points from the IEP commentary;
 3. A storyboard proposal, developed in consultation and under guidance from ELO that can be used toward the development of an e-learning course or a multimedia video. For this deliverable, the vendor may be asked to partake in an audiovisual recording.
 4. The organization, planning and delivery of learning and engagement workshop/s.
 5. A learning brief focusing on evaluation learning topics confirmed to be of interest by ELO and the User Group. These products will be further discussed between the ELO and the selected Supplier during the inception period.
31. Deliverables will comply with the Global Fund Style Guide, be consistent with definitions and concepts defined in governance documents, as well as follow guidelines to be provided on Key Terms and Spelling. Abbreviations and Acronyms and geographic names and regions.

32. The selected Supplier shall provide regular updates to the ELO and will develop all above products in coordination and under guidance from ELO.

33. Risks

Any risks identified during the evaluation such as delays, difficulties with access to data, collaboration with stakeholders, etc. shall be duly identified and reported in a timely manner to the ELO evaluation Manager, and appropriate mitigation measures should be taken under the guidance of the ELO.

6. Bidder's Requirements

34. Bidders are required to include the following information in their technical proposal:

- **High-Level Workplan/Timeline:** A proposed workplan and timeline for the evaluation, indicating key milestones and deadlines. These should be based on the indicative deliverables and timelines given in this document.
- **Detailed Approach and Methodology:** A comprehensive description of the approach and methodology based on an appropriate evaluation framework used for the evaluation. The methodology should describe the specific methods, data collection techniques, data quality assurance mechanisms and data analysis procedures. The methodology should incorporate both quantitative and qualitative data collection and analysis methods to ensure a comprehensive evaluation. The Bidder is also required to explain how the strength of evidence will be assessed and documented.
- **Limitations:** The methodology should clearly state the limitations of the chosen methods, including any limitations due to data availability, country access and representation of specific stakeholder groups. This transparency is essential for the credibility of the evaluation.

7. Skills and Experience Required from Evaluation Consultants

35. The Global Fund is looking for a Supplier team comprising at least one senior expert with extensive knowledge and experience in malaria programming and SNT approaches, supported by 3-4 evaluators with a mix of experiences of in- depth understanding of the Global Fund; different regions (sub-Sahara Africa, Asia etc.); knowledge and experience in malaria programming including different prevention and treatment interventions; analyses of

political and economic drivers in implementing public health programs; expertise in conducting mixed-methods and systems approach evaluations; and data compilation and analysis. Experience with stakeholder consultation is also critical, including with external reference groups. The consultants should be proficient in English and French.

36. Team Leader:

- Over 15 years of demonstrated experience in implementing and evaluating malaria programs and interventions with a good understanding of country contexts related to malaria programming. Knowledge and experience in SNT approaches is an added advantage.
- Expertise in conducting complex, mixed-methods evaluations with a systems-lens. Expertise in systems approach to evaluations and ability to consider the broader context in which programs or interventions operate.
- Advanced university degree or comparable training in epidemiology, public health, health policy and management or a related area.
- Professional proficiency in English. Professional proficiency in French is an added advantage.
- Project management expertise to efficiently manage the evaluation including scope, budget, timely deliverables, and quality assurance.

37. Evaluators (cumulatively):

- At least 15 years' cumulative experience working on malaria-related issues across different regions of the world, including managing malaria programs, and a demonstrated understanding and experience of malaria SNT and programming.
- Documented evidence of conducting evaluations related to malaria programs. Experience in evaluating the capacity, quality, effectiveness, and outcomes of SNT is an added advantage.
- Expertise in conducting complex, mixed-methods evaluations with a systems-lens. Specialist skills with experience in structured synthesis of information from a broad range of source materials and country insights studies.
- Expertise in developing qualitative and quantitative methodologies to produce sub-national analysis of complex and diverse health-systems that interact with disease interventions and governance etc.
- Expertise in political economy, especially in decision-making at country-level.

8. Annexes

Annex A: Preliminary List of Relevant Literature

Global Fund documents

- Board documents
 - <https://www.theglobalfund.org/kb/board-decisions/>
- Data sets

- <https://data.theglobalfund.org/results?components=Malaria>
- Past evaluations
 - <https://www.theglobalfund.org/en/iel/>
- Applying for funding materials: <https://www.theglobalfund.org/en/applying-for-funding/understand-and-prepare/reviews-and-reference-materials/>
 - Funding request materials which include documents and templates, for information documents, Briefing notes, Funding Requests, Handbooks available here: <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/>
 - Information notes
 - Malaria Information Note for the allocation period 2023 – 2025, https://www.theglobalfund.org/media/4768/core_malaria_infonote_en.pdf
 - Guidance notes
 - Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria
 - Technical briefs
 - Equity, Human Rights, Gender Equality and Malaria Technical Brief, https://www.theglobalfund.org/media/5536/core_malariagenderhumanrights_technicalbrief_en.pdf
 - Programmatic gap tables
 - Programmatic Gap Table: Malaria, https://www.theglobalfund.org/media/5705/fundingrequest_programmaticgap-malaria_table_aa.xlsx
- TRP documents
 - <https://archive.theglobalfund.org/technical-review-panel/>
- Other Global Fund documents
 - Global Fund strategy 2023-2028: <https://www.theglobalfund.org/en/strategy/>
 - Results report: <https://www.theglobalfund.org/en/results/#malaria>
 - State of the fight: Malaria: https://www.theglobalfund.org/media/13085/thematic_malaria_report_en.pdf

WHO documents:

- WHO 2023 World Malaria report
- Global Technical Strategy for Malaria 2016 – 2030, <https://www.who.int/publications/i/item/9789240031357>
- WHO guidelines for malaria, 2023. <https://www.who.int/publications/i/item/guidelines-for-malaria>
- WHO, guidelines for SNT (to be published).

Scientific literature

- Evaluating malaria programs in moderate- and low-transmission settings: practical ways to generate robust evidence.
- Malaria Stratification Mapping in Thailand to Support Prevention of Re-establishment
- SNT of malaria interventions in Mainland Tanzania - simulation of the impact of strata-specific intervention combinations using modelling.
- Sub-National Targeting of Seasonal Malaria Chemoprevention in the Sahelian Countries of the Nouakchott Initiative
- SNT of seasonal malaria chemoprevention in Mali based on malaria surveillance and rainfall data
- Stratification and Adaptation of Malaria Control Interventions in Chad

- Sub-national stratification of malaria risk in mainland Tanzania: a simplified assembly of survey and routine data
- Supporting Strategic Planning with Malaria Modelling in Mozambique
- Bayesian spatio-temporal modeling of malaria risk in Rwanda
- Spatio-temporal modelling of routine health facility data for malaria risk micro-stratification in mainland Tanzania
- Accounting for regional transmission variability and the impact of malaria control interventions in Ghana: a population level mathematical modelling approach
- Mapping malaria seasonality in Madagascar using health facility data
- Advances in mapping malaria for elimination: fine resolution modelling of *Plasmodium falciparum* incidence
- Malaria Risk Stratification and Modeling the Effect of Rainfall on Malaria Incidence in Eritrea
- Childhood malaria case incidence in Malawi between 2004 and 2017: spatio-temporal modelling of climate and non-climate factors