Evaluation Brief

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

7 August 2025   GF/ELO/2024/05

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Evaluation Methodology

Evaluation Briefs are produced by the Global Fund's Evaluation and Learning Office to synthesize the key learnings and takeaways formulated in independent evaluations.

This evaluation brief is a high-level summary of the documents developed for the Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, including:

- The Evaluation Report
- The Independent Evaluation Panel Commentary
- The Secretariat Management Response

For a more complete view of the evaluation, the final evaluation documents can be accessed individually through the above links.

This independent evaluation was managed by the Evaluation and Learning Office of the Global Fund and conducted by Euro Health Group. The evaluation was conducted under the oversight of the Global Fund Independent Evaluation Panel (IEP).

Introduction

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 (0.3% increase). 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.

One such approach is Sub-National Tailoring (SNT) of malaria interventions which 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".[1] SNT is a global priority and is a continuous process, which requires system-wide and multi-stakeholder participation. Many global malaria strategies emphasize the importance of tailoring interventions to the specific local context. The Global Fund Strategy (2023-2028) 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 apply a sub-national stratification of malaria risk and a rigorous approach toward SNT interventions informed by local data and the local context. The primary role of the Global Fund Secretariat is to facilitate SNT of malaria interventions by funding critical activities that can strengthen SNT, in addition to coordinating with normative bodies like the World Health Organization (WHO) and Rollback Malaria (RBM), to ensure that their recommendations are broadly disseminated and encourage their enactment. The Secretariat relies on these partnerships for issuing normative guidance and best practice-sharing within the broader partnership.

In response to this context, the Global Fund incorporates Program Essentials, which are key evidence-based interventions and approaches, among which Sub-national Tailoring is critical, and which are derived from the aforementioned normative and technical guidance, within all aspects of its investment. These are considered critical for meeting the Global Fund's malaria strategy and the Global Technical Strategy(GTS) targets. Applicants are expected to consider the Program Essentials during Country Dialogue in addition to the following grant life cycle stages: funding request development, grant-making and grant implementation. Funding requests are expected to demonstrate the use, and in some cases the future use, of SNT strategies and plans, in alignment with national priorities and normative guidance[2].

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[1] World Health Organization Strategic Information and Response Unit. "Subnational Tailoring of Interventions." Malaria Policy Advisory Committee Documentation, March 2024. https://cdn.who.int/media/docs/default-source/malaria/mpac-documentation/mpag-march2024-session4-subnational-tailoring-of-interventions-rev.pdf?sfvrsn=6eeebf97_3

[2] https://resources.theglobalfund.org/media/14330/cr_malaria_infonote_en.pdf

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Evaluation Objectives

Evaluation Purpose

Timed to inform grant cycle 8 (GC8), the evaluation aims to provide the Global Fund Secretariat, Strategy Committee, Board and the global malaria community with evidence on progress, challenges and opportunities in translating SNT theory and process into optimized malaria programs in high-burden countries (HBCs).

The evaluation aims to identify and recommend actionable pathways for advancing SNT and financial optimization through the GC8 investment process.

Objectives

To assess:
1. The capacity, quality of data and decision-making in SNT of malaria interventions;
2. How the Global Fund and other stakeholders have incentivized and can incentivize the use of sub-national data and financial optimization to maximize impact;
3. The role of national and sub-national leadership, agency and capacity in producing effective SNT, including optimized national malaria strategic plans (NMSPs) and funding applications to the Global Fund.

A summary of the evaluation methodology is provided at the end of this brief.

Evaluation Domains, Conclusions and Key Findings

The section below provides a high-level overview of the evaluation's key conclusions and findings, with some background and context where relevant. Conclusions and findings for this evaluation are grouped under six thematic domains. This section is followed by a summary of the evaluation recommendations, as well as the Secretariat's level of acceptance and initial response to each recommendation. For the full evaluation recommendations, please see Evaluation Recommendations and the Secretariat Management Response.

DOMAIN 1 National Program Leadership and Capacity, Including Capacity for Innovation

The independent evaluators developed a theory of change to explain how malaria SNT interventions are expected to lead to specific outcomes. The theory of change suggests that the more country-led, country-owned and country-driven the management of malaria, the more appropriate and tailored it will be to context.

1   *Strong program leadership is central to SNT success.*

There is wide agreement across both in-country and remote national and global Key Informant Interviews (KIIs) with Primary Recipients, Sub-Recipients, Ministry of Health representatives, and technical specialists that national program leadership is an essential component for successful SNT. As defined in the evaluation, leadership embodies qualities of effectiveness like organization, drive, capacity, mission and agency. The evaluation also concluded that programs with effective technical leadership tend to drive respect and enable more symmetrical relationships with donors. In support of this conclusion and the existing theory of change developed for this evaluation, the evaluation observed that global actors and funding frameworks significantly shape national strategies.

2   *SNT-mature countries demonstrate strong ownership of SNT process, products and decision-making, and vice versa.*

The evaluation concluded that national program leadership, distinguished by consistent and effective implementation, is essential for successful SNT, noting that effective program leadership requires ownership of disease goals. For example, in some interviews, global stakeholders indicated that for donors to align with the outputs of SNT, it is crucial that the Ministry of Health fully supports and takes ownership of the process.

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SNT sharpens focus on the impact of resource constraints at both national and sub-national levels and is a driver of domestic resource mobilization.

The evaluation found that SNT can facilitate domestic resource mobilization. It concluded that an awareness of resource constraints coupled with growing country ownership was found to be a good catalyst for action. The finding that the SNT of malaria interventions is a facilitator of domestic resource mobilization, including in places where resources for malaria are particularly scarce, was supported by recent literature on malaria, and confirmed by country visits and stakeholder consultations. In addition, the evaluation found that increased agency among key community stakeholders and economic actors can mobilize additional resources.

4

Effective climate-malaria partnerships remain nascent at both country and global levels, but awareness is growing in preparation for GC8.

Many of the submitted Global Fund grant cycle 7 (GC7) Funding Requests[3] highlight climate change effects, like flooding and internally displaced populations, but few consider climate data in the "malaria intervention mix" decisions or advanced climate impact mitigation.

The evaluation did not find evidence of formal multi-sectoral coordination or policy between ministries of health, environment or meteorology in the countries where country visits took place: the Democratic Republic of Congo, Ghana, Kenya, Madagascar, Nigeria, and Papua New Guinea. However, remote interviews with national programs allowed the evaluation to conclude that there has been an increase in climate risk mitigation awareness, as well as an increase in informal multi-sectoral coordination on climate impact and disease. The evaluation also found that global malaria stakeholders see an opportunity for addressing climate change's impact on malaria through impact mitigation financing and partner support.

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[3] For more information on Funding Requests and applying for funding, please see https://resources.theglobalfund.org/en/grant-life-cycle/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/

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DOMAIN 2 Sub-national Government and Program Leadership and Capacity, Including Capacity for Innovation

The same theory of change suggests that the more locally understood, informed and managed the prevention and treatment of malaria, the more appropriate and tailored it will be to context.

1 *Countries with more robust sub-national decision-making on malaria have multiple enabling factors: well-paced political and fiscal decentralization; stronger sub-national health governance structures; a high level of digitization; regular communication between national and sub-national levels on malaria data validity, interpretation, and use; increased resources at sub-national level; capacity building of sub-national teams in data analysis and use; adequate human resources; and more systematic community engagement.*

The evaluation found that the above factors were key enablers of sub-national governance and decision-making in the six countries where country visits took place. For example, the evaluation developed an SNT Maturity Assessment Tool, where it identified SNT mature countries like Ghana, Kenya and Nigeria, noting these had clearer policy, collaboration and decision-making frameworks and better-established mechanisms for joint planning with sub-national entities.

On the other hand, key barriers to sub-national governance and decision-making include:
1. **Limited decision-making autonomy:** limited authority of sub-national level leadership.
2. **Weak governance structures**: unclear roles and responsibilities between national and sub-national entities.
3. **Delayed procurement and disbursement:** delayed distributions affecting programmatic timelines.
4. **Inadequate financial resources**: budgetary constraints at the sub-national level. Insufficient resources to implement all identified SNT priorities. Demotivation of local health teams due to repeated unmet funding needs.

More information on how the evaluation calculated SNT maturity levels in countries is available in Annex C of the Evaluation report.

2 *Even national programs with a high level of SNT maturity navigate political factors that influence (the) execution of SNT plans.*

As noted above, the evaluation made a distinction between SNT mature and less mature countries by applying its own SNT Maturity Assessment Tool ("the Tool"). The Tool is a multi-component measure of how effectively and appropriately a

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country adapts malaria policies and programs to local contexts in service of its malaria impact goals.

The evaluation considered that mature SNT countries were characterized by meeting multiple criteria, including: context-appropriate interventions, policy flexibility and alignment, national coordination and partner alignment, sub-national engagement in priority setting, the consideration of community priorities, sub-national devolution of resources and coordination, data-driven operational planning, adaptation, effective monitoring and evaluation, high institutional capacity, as well as data availability, quality and architecture.

The evaluation found that SNT mature countries were just as likely as those in less SNT-mature countries to feel the influence of political factors that hinder SNT plans.

4 *Flexibility in donor financing may facilitate sub-national devolution of funding, and vice versa: decentralized fiscal structures may also facilitate sub-national donor alignment.*

The evaluation found that a higher-degree degree of sub-national budgetary authority and sub-national funding resources are measures of decentralization. Supporting this finding, the evaluation team also observed that insufficient or unequal funding limited country teams' ability to implement context-specific interventions.

5 *Rapid, extensive Community Health Workers (CHWs) expansion and community data integration across the portfolio have significantly enabled SNT progress. Coordination of growing, multi-donor investment in community health worker programs (including malaria components) and district/sub-national systems is perceived to be weak but improving.*

The evaluation found that there have been significant improvements and expansions in community health systems in many countries, some supported by innovative funding mechanisms. 16% of malaria cases from the countries sampled for this evaluation were treated and tested by CHWs. They are playing expanding roles in malaria service delivery, for example in community-based Intermittent Preventive Treatment in Pregnancy (IPTP). Based on these findings, the evaluation underlines the urgency of empowering district-level facilities, since health workers at facilities often oversee CHWs.

The evaluation asserted that some of the benefits include providing:

- Malaria programs with access to a widening range of sub-national data for decision-making, including district-level Integrated Management of Childhood Illness (IMCI) and Expanded Programme on Immunization (EPI) data on CHW performance, and
- Data on district-level health sector functioning, with accompanying resources for district and community systems strengthening

The evaluation also found that tracking and coordinating the investments of different funders to maximize resilient and sustainable systems for health (RSSH)

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benefits is perceived to be improving slowly as the CHW policy landscape strengthens.

DOMAIN 3 Actively Supported and Assisted by the Global Fund and All Partners

The evaluation's theory of change assumed that the more collaborative & equitable the relationship between a national program & the Global Fund & other partners, the more conducive the environment will be for achieving impact within resource constraints.

1 *Longer-term, National Malaria Country Programs (NMCP)-embedded, health systems-oriented SNT technical assistance has been a significant enabler of SNT advancement.*

Normative guidance to countries is provided principally by the World Health Organization (WHO) and indirectly by the Global Fund through the Malaria Information Note, the Resilient and Sustainable System for Health (RSSH) Information Note, and the format of Global Fund Funding Requests (FRs).

Key WHO guidance on SNT includes the updated Global Technical Strategy, the 2024 Guiding Principles for Prioritizing Malaria Interventions in Resource-constrained Country Contexts to Achieve Maximum Impact, and an SNT manual that is scheduled to be publicly released in 2025.

SNT Technical Assistance to countries takes two primary forms:

1. Shorter-term SNT NSP and FR support (stratification, intervention mix decision-making, prioritization/optimization), provided primarily by WHO, secondarily by CHAI and PATH, and by other partners in partnership with analytic and modeling groups, generally in advance of NMSP and Global Fund FR development.

2. Longer-term, in-country SNT support and capacity building, including support to data architecture and systems, integrated analytics and modeling, and strategic, operational micro-planning, at national and sub-national levels, provided by partners supported by the Gates Foundation and PMI (particularly in surveillance and data systems).

The evaluation found that countries benefiting from more intensive TA support tend to be more SNT mature. Short-term SNT TA has been

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helpful in jump-starting and accelerating SNT progress in previously unsupported countries.

2

Countries are focused on building local capacity; TA should focus on skills transfer.

The evaluation found that countries and international partners strongly preferred approaches where data use, analysis, and modeling is country-led and owned. Some programs are training statistical modelers; many national research institutions are well-positioned to house efforts moving forward. For example, in terms of local capacity needs, Kenya has a long track record of using data to inform risk stratification and has consistently chosen to work with its own experts rather than relying on outside modeling support.

3

Among global stakeholders, there was widespread acknowledgment of intra-partner misalignment as a "disabler" of effective SNT. Initiatives aimed at partner coordination (e.g., Costed optimized operational plans (COOPs), RBM dashboard) are steps towards addressing transparency and harmonization concerns.

There are many initiatives designed to boost partner coordination, like COOPs, which are written and published by countries and serve as a template for partner contributions and activities.

The evaluation found that there was a consensus among international survey respondents on the need for improving SNT partner communication and information sharing to increase harmonization among partners, transparency around partner funding and activities and coordination.

4

Many programs highlighted concerns that national consensus and local expertise are undervalued by partners. Many global stakeholders acknowledge this as a persistent and significant issue, despite significant partner efforts to address it.

National Malaria Programs (NMPs) consistently emphasized the need for donors and partners to listen to their perspectives and to align support received with country priorities. In all six evaluation country visits, national and sub-national stakeholders identified "managing partner agendas" as a key SNT challenge and considered funding partners "insufficiently responsive to country needs and priorities."

The evaluation found that national and international respondents acknowledged and emphasized the influence global stakeholders have on country-level resource allocation decisions.

5 *Differences exist between the Technical Review Panel (TRP)/ and Funding Request Technical Assistance and some country programs, especially around vector control; some advice has felt "de-stratifying"; local expertise is not always appreciated; recent WHO guidance for resource-constrained contexts enshrines a more proscriptive stance toward Indoor Residual Spraying (IRS) that is out of step with what some national programs believe is necessary for elimination.*

In their GC7 Funding Requests, many national programs suggested shortening the interval between distribution rounds, citing durability data, but only one of these funding requests was approved by the Global Fund. Larval Source Management (LSM) grew substantially as part of the SNT plans submitted in GC7, though international donors did not usually fund it. GC7 was also characterized by a widespread withdrawal from IRS, which is expected to increase in response to the WHO's recent Guidance Principles for Prioritizing Malaria Interventions in Resource-constrained Country Contexts to Achieve Maximum Impact.[4]

The evaluation found that several countries noted that their data-informed plans for targeted vector control, including IRS and LSM, were not approved. Respondents raised concerns about the implications of this shift.

6 *Country stakeholders prioritized scale-up of routine entomological surveillance as a source of data needed for decision-making on vector control interventions.*

The evaluation found that while partner support for entomological surveillance has grown and several funding requests had a strong entomological focus, many survey respondents expressed concern that entomological surveillance remains inadequate. National and sub-national stakeholders prioritized widespread, routine entomological measurement to enable impact evaluation of control measures.

7 *Some country programs would like more inclusion in global strategic planning and decision-making fora.*

The evaluation found that many program managers felt unheard at high levels of global partner agencies. Multiple respondents referenced the Lusaka Agenda and its core recommendations to address power

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[4] https://www.who.int/publications/i/item/B09044

asymmetries in global health decision-making, particularly between national programs and their international partners.

DOMAIN 4 Better access to quality data and analytics for decision-making

The theory of change used in the evaluation stipulates that improved data infrastructure, capacity-building, data systems support and improved access to appropriate, quality data and analytics will inform decisions in the context of strategy, planning, execution and course correction.

1 *There were significant improvements in sub-national data availability, completeness and accuracy between 2018 and the GC7 round. RSSH investments (including under C19RM) were a catalyst for sub-national data architecture, availability, analysis, and use.*

The evaluation found several examples of the increasing availability of sub-national data. Almost all Global Fund countries included in the evaluation report sub-national data into DHIS2, a district health information software. The completeness of routine reporting has improved since 2018 – for example, testing rates for suspected malaria cases were more than 90%. The entire sample of countries where country visits were conducted used data from the private sector health clinics to inform Malaria SNT though private sector's integration into adherence to guidelines and data reporting is slow. In many countries, surveys acting as the main source of parasitemia data are not regularly performed in view of their high expense. Demand among countries remains high for the digitalization of their data systems given the enhanced availability, quality and timeliness of sub-national and national data for decision-making digitization provides. The disaggregation of routine malaria data varies among countries - most disaggregate by age, and some by sex. The lowest reported level of disaggregation was at the healthy facility or community level for most countries.

Despite this progress, the evaluation found that despite investments by the Global Fund and other partners, the scale of investment needed to make SNT fully feasible in many countries remains immense.

2 *There is a growing array of data available for informing intervention targeting, tailoring and decision-making, but evaluation of SNT is hindered by a lack of evidence on effectiveness of layered interventions.*

Since 2018 there has been a significant increase in the availability of spatially and temporally relevant data for SNT and a proliferation of increasingly visual, dashboard-informed or interactive ways of

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presenting it. Data on resistance, gender, health worker geolocation, and performance are increasingly available. Data on malaria risk stratification also increased between GC6 and GC7.

Despite the advances made in data availability, the evaluation found that a large majority of respondents identified research and modeling on the impact of mixed interventions as top analysis needs. Scarce data is available on the differential impact of layered interventions and innovative intervention mix decisions.

3 *Despite improvements, stakeholders identified limitations in sub-national data quality, use and analytics as the largest barriers to effective SNT.*

Between GC6 and GC7, there was a rise in both awareness and application of malaria risk stratification based on epidemiological data. By the time of GC7, 28 out of the 30 countries analyzed in the evaluation had incorporated stratified risk maps into their national malaria strategic plans (NMSPs), and most also included them in their funding proposals.

The evaluation found the most critical concerns for effective SNT raised by all interviewed stakeholders included the increasing complexity of SNT processes, data gaps, poor data quality, and limited sub-national analytical capacity. Global stakeholders, including the Global Fund, noted difficult trade-offs between investing in data systems for better SNT and the shrinking funding landscape.

4 *Routine, real-time data are preferred by programs for planning, monitoring, and response. Continued improvement in routine data is prioritized by programs; all acknowledge significant issues with quality remain.*

National and sub-national program staff rely on the continual availability and localized nature of sub-national case data for routine planning and monitoring, despite its known deficits. Survey data are more precise but lack timeliness and granularity of scale.

The evaluation found that survey respondents evinced a particularly strong demand for routine epidemiologic and entomologic data improvements, when asked to specify the types of data analysis improvements that would most benefit SNT.

DOMAIN 5 SNT maturity and a context-appropriate sub-nationally tailored malaria response

The evaluators define SNT maturity as how effectively and appropriately a country adapts its policies and programs to local

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contexts in service of an overarching impact goal and financial constraints.

(1) *The portfolio's increasing SNT sophistication is reflected in evaluator scores of SNT maturity in 15 countries (40% high, 40% moderate and 20% low maturity).*

As previously mentioned under conclusion 2 of domain 2, the evaluation team developed a scoring matrix that was used to determine SNT maturity scores for 15 out of the 30 countries analyzed in the portfolio analysis for this evaluation (see conclusion 2 under domain 2 for an overview of the criteria considered by the evaluation team for categorizing SNT-mature and less mature countries). Examples of countries that ranked higher on the SNT maturity scorecard are: Angola, Burkina Faso, Ghana, Kenya, Malawi, and Tanzania. Examples of countries that received a lower SNT maturity score were India, Papua New Guinea and South Sudan.

The evaluation found significant improvements in SNT awareness, practice, and sophistication across sampled country portfolios through an examination of trends in GC6 and GC7, for example: the de-prioritization of urban LLIN coverage, increased use of larval source management (LSM) – most of which is funded by national governments, and interest in sub-national elimination, a trend that was observed even in countries that are categorized by the Global Fund as high-burden countries.

(2) *SNT in GC7 is more focused on choices among new interventions or combinations of layered interventions and less directed toward improving the quality of existing interventions through improvements in delivery, quality of care (QOC), and use, though these are improving as SNT becomes more granular.*

As evidence of this conclusion, the evaluation relied on examples like the customization of Intermittent Preventive Treatment (IPT) and SMC (Seasonal Malaria Chemoprevention), net type choices, and malaria targeting strategies like the de-prioritization of urban areas. The evaluation also observed that the use of SNT to improve quality of care is rarer but growing as NMPs gain capacity to stratify at the healthy facility and community level and for QOC metrics.

(3) *The integration of gender, human rights, and vulnerable population concerns into NSPs and FRs is progressing slowly, with increasing use of related assessments, analytic tools, TA, and emerging program exemplars. Stakeholders differ on whether community, human rights, and/or gender objectives are separate from, or crucial to, disease impact goals.*

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The evaluation found that there was a limited understanding of attention to gender and malaria in grant cycle (GC) 6 among the countries selected for the evaluation portfolio analysis but also noted the uptake of analytic tools and more data-driven response strategies in GC7. The use of gender analytic tools in GC6 was rare, though many countries proposed such this type of analyses, usually a [Malaria Matchbox Assessment](#), (an equity assessment tool to improve the effectiveness of malaria programs), to generate more specific and actionable data. The RBM country support tracker confirms growing demand for and use of the Malaria Matchbox Tool both in advance of and during the GC7 round funding. Several GC7 funding requests, for example, those submitted by Benin, Congo, Liberia and Togo emphasized growing women-centered, community-based services through CHWs and partnerships with maternal, newborn and child health departments.

Despite this finding, the evaluation observed that there were differing understandings of how the Global Fund's Community, Human Rights and Gender (CRG) objectives and approach align with the main goal of ending malaria.

④ *With some exceptions, the malaria vaccine was not considered in the context of broader SNT intervention targeting and tailoring decisions in GC7. National and international stakeholders expressed concern about the relative cost-effectiveness of the malaria vaccine (with most referring implicitly or explicitly to the original vaccine as opposed to the newer, more efficacious one).*

Gavi's mandate supports the procurement, rollout and delivery of malaria vaccines, including ancillary equipment and cold chain support, which is why the Global Fund does not finance the procurement of malaria vaccines or ancillary equipment. The Global Fund provides broad support for malaria prevention and control as well as RSSH-Pandemic Preparedness and Response (PPR) interventions.

The evaluation analyzed vaccine consideration in overall malaria targeting and tailoring interventions, basing this analysis on a review of 30 FRs and associated NSPs in GC6 and GC7. It found that NMPs were enthusiastic about the vaccine but expressed concern about its cost-effectiveness as part of the intervention mix.

DOMAIN 6 Optimized resource use

This domain clusters conclusions and findings related to optimal resource use. Optimal resource use must be assessed with respect to evidence and reasoned alignment with the impact goals chosen by stakeholder countries, where evidence of cost effectiveness is used to support intervention mix choices, while applying a logical prioritization of constrained resources.

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1 *(A) lack of resources is a significant disabler of progress against disease, even in the context of robust SNT: a prioritized plan may not achieve impact because funding levels are consistently below National Strategic Plans (NSPs) needs. Programs emphasize (the) need to improve domestic resource mobilization for prioritized, tailored programs, including public-private engagement.*

The total estimated gap in malaria financing for the countries sampled in this evaluation was USD $5.2 billion, equivalent to 44% of the combined budgets.

The evaluation found that national and international stakeholders emphasized the urgency of mobilizing domestic resources to fund SNT plans. Reported resource optimization challenges include cost calculus, cost per impact determination, and unstable unit costs shaped by donor purchasing power.

The evaluation argued that to reach maximal impact, new resources, localized, and lower-cost approaches are needed. It also recognized that in order to accelerate progress on the elimination of malaria, stakeholder countries must provide more human and financial resources toward the global malaria effort.

2 *Funding requests more commonly discuss optimization in terms of efficiencies created by integration or economies, rather than in terms of greater impact for a given cost.*

In funding requests, resource optimization is often framed in terms of efficiency through integration and cost savings, rather than cost-effectiveness or cost per unit of impact.

The evaluation found that true resource-optimized SNT plans, where proposed intervention sets with estimated impacts and relative costs per impact are compared, and an "optimal" one chosen, are still rare, given the difficulty of the exercise.

3 *Programs encounter significant challenges in operationalizing resource optimization and cost effectiveness. Difficulties associated with obtaining accurate cost data and calculating cost effectiveness, particularly for layered or mixed interventions for which the research base is thin, multiply uncertainties.*

The evaluation found three types of cost uncertainty:

- The true costs of interventions, including delivery and use, which are difficult to calculate;
- Cost per unit of impact, which varies by transmission and context and is also difficult to determine; and

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- Commodity costs, which are not fixed, but change in response to market demand.

(4) *Opportunities to engage the private sector in vector control (and in other aspects of health service delivery) have (the) potential to increase access to interventions that countries believe are essential to achieving their goals.*

The literature reviews conducted in the evaluation suggest that within the current global environment of limited donor capacity and funding, private sector or multisectoral engagement, governmental domestic funding, and shared cost models with non-governmental organizations (NGOs) and local community-based organizations (CBOs) could all increase the cost-effectiveness and sustainability of interventions at the sub-national level.

The evaluation found that given the rise of vector-borne disease, increases in the funding gap, efficiencies and resources available to non-government actors, as well as the interest in partnerships between ministries of health and private sector and actors, there is interest in a broad multisectoral approach led by the health sector to expand and promote them. The evaluation also noted that private sector delivery can fill some of the known funding gaps and are likely to implement more cost-effectively than the public sector.

(5) *The Global Fund and PMI play important market-shaping roles in commodity purchasing, and countries are highly affected.*

The evaluation observed that the costs of commodities are not fixed. When global donors purchase commodities, they shape the market.

The evaluation found that the Global Fund and President's Malaria Initiative (PMI) play important market-shaping roles in commodity purchasing, which highly affects countries. For instance, when dual active ingredient nets are purchased on a very large scale, the price per unit goes down. Similarly, global insecticide costs rise if fewer countries deploy IRS.

(6) *Evaluation and documentation of the costs and impact of layered interventions in varied contexts in stakeholder countries could fill a critical evidence gap.*

The evaluation found that studies of layered interventions are rare and expensive. "Natural experiments" occurring in many countries could be leveraged to provide much-needed evidence on SNT malaria interventions.

The evaluation concluded that a standardized framework on best practices for measuring cost-effectiveness is urgently needed, as well as an improved evidence base for evaluating intervention effectiveness.

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Many recent intervention trends (i.e. growing use of LSM among others) are not based on formal efficacy or effectiveness trials.

The evaluation suggested that the need for an improved evidence base might be partially met through in-country studies of ongoing interventions using an implementation research framework, a structured approach for analyzing and evaluating how to apply health policies and interventions in real-world settings. It suggested that where formal implementation research funds are not available, efforts to monitor and evaluate sub-national and national impact can help determine which interventions are most effective for a given context.

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Evaluation Recommendations and the Secretariat Management Response

In March 2024, the Global Fund commissioned an independent evaluation of capacity, quality and decision-making in SNT of malaria interventions from Pilgrim Africa. Timed to inform GC8, the evaluation aims to provide the Secretariat, Strategy Committee, Board and the global malaria community with evidence on progress, challenges and opportunities in translating SNT theory and process into optimized malaria programs in high-burden countries. The aim was to identify and recommend actionable pathways for advancing SNT and financial optimization through the GC8 investment process and has culminated in a set of nine recommendations. This evaluation was finalized before January 2025, noting that the global health landscape has undergone significant changes since then. The current funding landscape for both The Global Fund and the malaria community has shaped the Secretariat's response and possible action.

The evaluation recommendations are outlined below alongside the Secretariat's level of acceptance of each recommendation and initial response to each, as set out in the Secretariat Management Response.

Overall the Secretariat is committed to simplifying processes under the steer and guidance of an internal Grant Life Cycle (GLC) Governance Mechanism[5]. Final decisions on changes and simplification will only take place later in 2025. The Secretariat will be using the recommendations of the evaluation to inform potential changes.

Recommendation 1	Level of acceptance
Strengthen the inclusion of country program perspectives in global consultative processes at malaria policy, strategy, and planning meetings.	Partially

In response to recommendation 1, the Secretariat:

- Agrees with the recommendation that countries should have a stronger voice in policy and strategy, though it recognizes that this is the primary role of WHO and The Malaria Policy Advisory Group (MPAG) who regularly invite malaria endemic programs to share their feedback.
  As a potential way forward, the Global Fund Secretariat can work with the WHO and RBM leadership to discuss current mechanisms for feedback and determine if processes need to put in place to collect and present country feedback to the WHO.

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[5] The Secretariat has consolidated and formalized the Grant Life Cycle (GLC) governance structure, including the GLC Steering Committee. This governance mechanism is responsible for overseeing the end-to-end grant life cycle, including processes, systems and additional information requirements.

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Recommendation 2

Reinforce national and sub-national program ownership of sub-nationally tailored strategic plans by supporting local capacity building and south-south collaboration, learning, and examples.

Level of acceptance

Partially

In response to Recommendation 2, the Secretariat:

- Argues that short-term technical assistance will not sustainably build capacity and transfer skills. Instead, the Secretariat suggests working through regional or local academic institutions, noting that funding to create forums for country ownership and capacity building are no longer available.
- Suggests that the Global Fund team that is responsible for technical programming on malaria can develop a mechanism for the Secretariat, through Country Teams and Malaria Advisors, to highlight best practices on SNT plans and National Strategic Plans (NSPs) and to share this information with Roll Back Malaria for wider dissemination among its committees and working groups.
- Can communicate best practices generated from country leadership in SNT and present these to relevant RBM bodies, by referring to the SNT maturity model developed for this evaluation.

Recommendation 3

Encourage national investment in sub-national leadership and capacity, and in sub-national data systems, analytic capacity, and data use through new indicators and a strengthened RSSH information note.

Level of acceptance

Partially

In response to Recommendation 3, the Secretariat:

- Does not agree on the need for adding two Global Fund key performance indicators, noting that for the first indicator suggestion, it is possible to track financial investment at subnational level through national budgeting and spending. For the second indicator proposed by the evaluation, the Secretariat underlines that there is already a similar indicator which tracks the percentage of districts that produce semi-annual reports.
- Agrees that a harmonized Global Fund Secretariat response on data use will help the Secretariat agree on the core aspects and gaps in the surveillance response, while noting that the Secretariat must determine the desirability to implement the proposed measures toward this effort, in light of the overall context of simplification and streamlining.
- Plans to work on harmonizing surveillance gap tables that are part of the funding request process and the M&E maturity index so countries and country teams may receive these ahead of GC8.

Recommendation 4	Level of acceptance
Recognize and creatively incentivize SNT as a driver of domestic resource mobilization, including public-private or public-private-philanthropic partnerships	Rejected

In response to Recommendation 4, the Secretariat:
- Asserts that grant technical assistance and matching funds will not be available while also adding that the private sector is broad, so incentives alone will not suffice.
- Acknowledges that though technical assistance designing Private Sector engagement strategies would be helpful, they require a central funding mechanism.
- Reasserts that best practice forums are the responsibility of the RBM partnership, and notes that private partnerships will be incorporated into activities in support of Recommendation 2.

Recommendation 5	Level of acceptance
Support the generation of evidence on the effectiveness of new interventions and intervention layering strategies in varied contexts. In response to Recommendation 5, the Secretariat:	Partially

- Will devise an analytic plan for improving how Global Fund country teams (CTs) can use reported indicator information and will share the plan same with the WHO and RBM to incorporate into their relevant guidance and best practice discussions on the use of routine data and data triangulation.
- Agrees that robust SNT should consider the malaria vaccine as one option during the stratification of interventions, while also noting that there remains a need for the generation of evidence to guide the consideration of cost-effectiveness of malaria tools and subsequent intervention layering, as well as technical guidance on the relative prioritization of vaccines compared to other malaria tools.
- Acknowledges that while prioritization and optimization of resources are critical, the guidance on conducting SNT, and the support system to provide it, are provided by WHO and the broader global malaria partnership, under RBM.

Recommendation 6	**Level of acceptance**
Evaluate the long-term equity impacts of market shaping of costs. Offer countries strategic engagement in global market shaping in exchange for national funding commitments toward commodity purchases.	Partially

In response to Recommendation 6, the Secretariat:
- Plans to review the findings of this evaluation's final report to determine ways in which to incorporate country perspectives into supply operations activities and decisions.
- Will continue to monitor the product pipeline across grant cycles to inform and prioritize market shaping, while recognizing that resource limitations prevent conducting a full market assessment.

Recommendation 7	**Level of acceptance**
Better leverage external (non-Global Fund) investment in sub-national and community health systems.	Partially

In response to Recommendation 7, the Secretariat:
- Noted the RBM gap tables and the funding landscape tables take into account sub-national and community health systems. It also notes that though the external partner tracking of commodities is important, it would be better placed within RBM.
- Plans to work with RBM and the team responsible for leading the Global Fund's health product management efforts to ensure granularity and visibility into gaps. It will also continue discussions with GAVI so that sub-national and community systems are tracked and aligned.
- Continues to hold discussions with the Gavi Board on potential collaboration options on malaria, with the expectation that if new guidance is produced in response to these discussions, it will be communicated to countries and partners ahead of GC8. It also continues to work with RBM to review malaria gap tables, so they accurately reflect the robust community and subnational systems.

Recommendation 8	Level of acceptance
Apply the core principles of the Lusaka Agenda to the core malaria SNT partnership.	Partially

In response to Recommendation 8, the Secretariat:
- Recognized the monitoring and evaluation maturity index, the **Surveillance**, **Monitoring** and **Evaluation** (SME) Gap table from Roll Back Malaria (RBM), and the continued availability of pre-qualified technical assistance (TA) providers in countries as key element for countries to determine their TA needs and for directing such technical assistance where it is most needed.
- Referred to the proposed activities under Recommendation 3 as potential next steps.

Recommendation 9	Level of acceptance
Streamline the funding request (process) to make the data and planning on which SNT planning is based more visible; support active integration of sub-national data on climate, the malaria vaccine, malaria-relevant health equity factors in SNT planning, and access to and quality of care.	Accepted

In response to Recommendation 9, the Secretariat:
- Appreciates the evaluation's recommendations to streamline funding request information requirements, and reaffirms the Secretariat's commitment to significantly reducing the level of effort needed for funding request processes in GC8, as noted in the _Secretariat Management Response_ for the _Evaluation of the Global Fund Funding Request and Grant-making Stages of the Funding Cycle_.
- Notes that while streamlining funding request information requirements can contribute to strong SNT in funding request applications, these improvements also require strong country ownership and continuous engagement with the global malaria partnership to strengthen countries' ability to leverage sub-national data for decision-making related to intervention mixes and delivery.
- Will operationalize potential changes to funding request application materials in time for the start of the next funding cycle, July 2025.

Independent Evaluation Panel (IEP) Commentary

The IEP endorsed the Evaluation of Capacity, Quality, and Decision-making in Sub-national Tailoring of Malaria Interventions (see IEP Commentary)

The IEP Commentary concluded:

> "The IEP endorses the SNT evaluation. Having observed the evaluation process from supplier selection to submission of the final deliverables, the IEP is of the view that the evaluation was carried out independently and is satisfactory in terms of quality. The methods employed demonstrate adequate scientific rigor leading to credible results and conclusions that have been categorized by a rating of the supporting strength of evidence."

Evaluation Methodology

The evaluation employed a mixed methods approach covering 30 countries, including multiple primary and secondary data collection and analytic techniques. The evaluation relied on the triangulation of evidence derived from the following data collection methods:

- **A literature review** of peer-reviewed and gray literature on SNT, in addition to data from dashboards and country profile documents belonging to the Global Fund, CHAI, Path, WHO, PMI and RBM portfolio documents.
- **Over 50 stakeholder consultations** with Global Fund stakeholders, in addition to global partners and national malaria programs (NMPs), among these the World Health Organization, CHAI, PATH and PMI.[6]
- **Country visits to six countries**, including the Democratic Republic of Congo (DRC), Ghana, Kenya, Madagascar, Nigeria and Papua New Guinea (PNG), during which key informant interviews, focus group discussions were undertaken at the national and sub-national level;
- **A rapid online survey** whose objective was to elicit perspectives from various national and sub-national SNT stakeholders from the countries where country visits took place. The survey sought input on advancements and gaps in capacity, data systems and use, national and sub-national systems needed to support SNT, and the role of malaria funding structures in decision-making.
- **A review of innovations, global trends and pilot projects relevant to SNT**, with a focus on innovations mentioned by interviewees and other relevant innovations from the last five years that are likely to impact GC8.
- **A historical review of five transition/elimination countries** that were previously high/ moderate burden status. These included Cambodia, Costa Rica, Guatemala, Panama and Sri Lanka.

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[6] Refer to Annex I: Remote Stakeholder Consultation List of the main evaluation report.

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