Subnational tailoring of malaria interventions and strategies

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**What?**

**Subnational tailoring of malaria interventions (SNT)**

The use of local data and contextual information to determine the appropriate mixes of interventions and strategies, for a given area, for optimum impact on transmission and burden of disease.
Why?

Anchored on the basic principles of good public health - that health policies should be informed by the best possible evidence derived from the best available data and information.

**Global Technical Strategy**

**Pillar 1**
Ensure access to malaria prevention, diagnosis and treatment as part of universal health coverage.

**Pillar 2**
Accelerate efforts towards elimination and attainment of malaria-free status.

**Pillar 3**
Transform malaria surveillance into a key intervention.

**Supporting element 1.** Harnessing innovation and expanding research

**Supporting element 2.** Strengthening the enabling environment for sustainable and equitable results

A key pillar of the GTS is the use of surveillance and local data for decision making by malaria programs and partners to achieve malaria elimination.

**High Burden to High Impact**

Impact
Reduction in mortality & morbidity

Outcome
Implementation of prioritized operational plans derived from evidence-informed national malaria strategic plans

**Output**

- Effective Health System
- Multisectoral response

4 mutually reinforcing response elements

- Political will
- Strategic information
- Better guidance
- Coordinated response
# How?

The process requires a system-wide and multi-stakeholder participation anchored on the broad principles of health sector priority setting.

<table>
<thead>
<tr>
<th>Establishment of an SNT team</th>
<th>Determination of criteria for intervention targeting</th>
<th>Stratification of malaria risk and its determinants</th>
<th>Intervention mix scenarios</th>
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<tbody>
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<td>Lead by NMCP but includes other government departments, national, regional and global partners with consent from the NMCP. This team is responsible for the whole process, from data assembly, analysis, strategy development, resource mobilization and prioritization, and implementation.</td>
<td>The national team compiles all interventions and strategies under consideration and develops the criteria to be used for tailoring each one of them building on the WHO normative guidance.</td>
<td>Ecological, interventional, systemic, social and other determinants are stratified at operational units of relevance and in ways that answer the specific question at hand based on the agreed upon criteria. As such the process of stratification depends on the specific intervention or strategy under discussion and moves away the use epidemiological metrics alone. Here statistical and geospatial methods are useful.</td>
<td>Stratified layers required to inform intervention or strategy-specific criteria are used to develop various scenarios of intervention mixes.</td>
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The process requires a system-wide and multi-stakeholder participation anchored on the broad principles of health sector priority setting.

**How?**

1. **Impact projections**
   - The impact of these scenarios is estimated using mathematical models. At this point further refinements may be made to the scenarios. A consensus based approach informed by the evidence is used to select the final mix of intervention and strategies.

2. **Costing of agreed-upon plan**
   - This plan is thencosted and is used for resource mobilization.

3. **Prioritization of investments**
   - Once there is clarity in the available resources, the costed strategic plan is used as the basis to further inform rational prioritization of investments to maximize impact if the resources are insufficient. This is usually the most challenging part of the process. Mathematical modeling is helpful at this point to assess the impact of the various prioritization decisions.

4. **Monitor impact**
   - During the budgeting process it is expected that sufficient capacity to monitor the impact of the deployed intervention packages are set aside so that the response is sharpened over time and resources are reprioritized as needed.
## Principles

‘Priority-setting determines **the strategic directions of the national health plan**. Led by citizens who are the principals and decision-makers, priority-setting is a shared responsibility between the ministry of health (MoH) and the entire health stakeholder community.’ (WHO definition)

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<th>Harmonization</th>
<th>Invest for results</th>
<th>Mutual accountability</th>
<th>Capacity development</th>
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<td><strong>Ownership</strong></td>
<td><strong>Evidence-informed</strong></td>
<td><strong>Alignment</strong></td>
<td><strong>Capacity development</strong></td>
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<td>Countries set their own strategies for the response to malaria, provide strong leadership responsible for strengthening their institution and for providing transparency in the investments.</td>
<td>The choice of interventions and strategies should be underpinned by strong evidence of their effectiveness within a given context.</td>
<td>External donor support aligns behind these plans and prioritizes the use of local delivery systems.</td>
<td>To build the ability of countries to manage their own future, donors should support countries capacities in the development of sound strategic and operational plans, delivery systems and surveillance, monitoring and evaluation processes.</td>
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<td><strong>Evidence-informed</strong></td>
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<td><strong>Invest for results</strong></td>
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<td>Countries and donors agree to focus on real and measurable impact on development and invest in local systems that collect the required information.</td>
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<td><strong>Mutual accountability</strong></td>
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<td>Measuring impact also requires that all stakeholders are accountable for results.</td>
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<td><strong>Alignment</strong></td>
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