

CELO Learning and Synthesis Report

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Board Information

Purpose of the paper: This report synthesizes key insights from IEP-endorsed evaluations conducted between 2024 and 2025, highlighting strategic themes on community systems and their role as a critical lever for sustainability and equity. It also assesses how evaluation evidence is being used in practice, including signals of uptake and progress in implementing accepted and partially accepted recommendations.

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Abbreviations

AI	Artificial Intelligence
CCM	Country Coordinating Mechanism
CELO	Chief Evaluation and Learning Officer
CLM	Community-led Monitoring
CRSS	Community Responses and Systems Strengthening
CSO	Civil Society Organization
CSS	Community Systems Strengthening
ELO	Evaluation and Learning Office
GC	Grant Cycle
IEP	Independent Evaluation Panel
KP	Key Population
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
MRCO	Mutually Reinforcing Contributory Objective
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
RSSH	Resilient and Sustainable Systems for Health
SNT	Sub-national Tailoring
TA	Technical Assistance
TB	Tuberculosis
WHO	World Health Organization

Foreword from the Chief Learning and Evaluation Officer

As Chief Evaluation and Learning Officer (CELO), I am pleased to present the 2026 Learning and Synthesis Report, which brings together key insights from independent evaluations conducted between 2024-2025. This report arrives at an important moment for the Global Fund partnership. While the evaluations synthesized here took place before the new challenges facing global health financing, the key messages are unchanged. The evolving dynamics of country transition and the renewed urgency of strengthening community-led systems to drive equity and sustainability to achieve health outcomes are still central to success. Further, the need for rigorous and more actionable evidence is more important now than ever before.

Across the evaluations synthesized in this report, a consistent message emerged: **stronger community systems were foundational to both improved disease outcomes and critical toward long-term sustainability**. Yet the evaluations also showed that, while the Global Fund's strategic commitments in this area were overwhelmingly strong, operationalization mechanisms have not kept pace in recent grant cycles (GCs). Inconsistency of stakeholder engagement across grant processes, uneven capacity at sub-national levels and persistent power asymmetries continued to limit the full potential of community engagement and community systems strengthening (CSS). The evaluations pointed to where we have made progress, and where deeper institutionalization requires focus and strengthening.

I am encouraged to see how evaluation evidence is supporting decisions, influencing areas such as the Community Responses and Systems Strengthening (CRSS) Maturity Framework, updates to the Modular Framework, integration of Community-led Monitoring (CLM), engagement with partners and the streamlining of grant processes. These early signs of uptake demonstrate the value of evaluation not merely as an accountability tool but as an enabler of organizational learning and refinement.

Looking ahead to 2026-2027, our task is to sharpen the "aperture" and relevance of evaluations and analyses in a new context; to ensure evidence products are well-timed, fit-for-purpose and aligned with the complex decisions the Global Fund must make in the coming years, while remaining agile and free of cumbersome process obstacles. The Office of the Inspector General (OIG) audit of the Independent Evaluation Function¹ makes an urgent case for change. What was learned will inform adaptation of the independent evaluation function: pivoting to different and more rapidly generated evidence products, leveraging artificial intelligence (AI) to support the analysis of important evidence from Global Fund and partner information, focusing on risks to successful

¹ *Review of the Independent Evaluation Function* (Global Fund Office of the Inspector General, 2025) available here: https://www.theglobalfund.org/media/5c1n5ypo/oig_gf-oig-26-003_report_en.pdf

strategy realization, engaging more deeply with internal partners and strengthening the usability of our findings.

This report is a reminder of both the progress made and the challenges ahead. The evidence reinforces that if we are to deliver on the ambitions of the 2023-2028 Strategy² – namely, ending AIDS, TB and malaria through people-centered and equitable health systems – we must move to consolidated effort and, in some cases, transition. For operations to improve, clearer frameworks and theories of change are required, as well as more consistent terminology and more coherent incentives across the areas of community engagement and systems, and disease-specific investments. This is critical for scaling new tools like Lenacapivir, diagnostics, and other innovations in a targeted manner.

Such direction means the Global Fund's governance bodies and Secretariat must work to revolutionize support for community systems; strengthen financing, sustainability and sub-national leadership toward transition; and prioritize, using high-quality and comprehensive evidence, as an organizational priority.

My thanks go to the evaluation teams, key informants, Secretariat colleagues and community partners whose insights and reflections shaped the individual evaluations and this synthesis report. I look forward to our continued collaboration as we work to ensure that evidence meaningfully informs decision-making at every level of the Global Fund partnership.

John Grove, PhD., MA

Chief Evaluation and Learning Officer
Office of the Executive Director

² *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023-2028)* (Global Fund, 2023) available here: https://www.theglobalfund.org/media/11497/strategy_globalfund2023-2028_executivesummary_en.pdf

Introduction

The objectives of the Chief Evaluation and Learning Officer (CELO) learning and synthesis report are to:

1. Summarize key insights emerging from independent evaluations commissioned by the Global Fund between 2024-2025.
2. Provide an update on the use or influence of evidence from recent evaluations and the status of recommendations.

This synthesis uses the Mutually Reinforcing Contributory Objectives (MRCOs)³ and the evolving objective of the Global Fund Strategy as anchors.

The report offers strategic and operational insights from independent evaluations commissioned by the Global Fund Evaluation and Learning Office (ELO) and endorsed by the Independent Evaluation Panel (IEP) between 2024-2025, with specific review of the following:

- *Evaluation of Capacity, Quality and Decision-making in Sub-National Tailoring (SNT) of Malaria Interventions*,⁴ referred to as “Malaria SNT Evaluation” throughout this report.
- *Evaluation of Community Responses and System Strengthening*,⁵ referred to as “CRSS Evaluation” throughout this report.
- *Evaluation of Community Engagement in the Global Fund Grant Life Cycle*,⁶ referred to as “CE Evaluation” throughout this report.

When relevant, evidence is also included from the following:

- *End-Term Strategic Review (2017-2022)*⁷.
- *Independent Evaluation of the Global Fund Allocation Methodology*,⁸ referred to as “Evaluation of the Allocation Methodology” throughout this report.
- *Evaluation of the Global Fund Funding Request and Grant-making Stages of the Funding Cycle*,⁹ referred to as “FRGM Evaluation” throughout this report.

³ The MRCOs of the Global Fund Strategy comprise of:

- 1) Maximizing people-centered integrated systems for health to deliver impact, resilience and sustainability.
- 2) Maximizing the engagement and leadership of most affected communities to leave no one behind.
- 3) Maximizing health equity, gender equality and human rights.

⁴ *Evaluation of Capacity, Quality and Decision-making in Sub-National Tailoring (SNT) of Malaria Interventions* (Global Fund, 2024) available here: https://www.theglobalfund.org/media/1y2pjsvw/iep_qf-elo-2024-05_tor_en.pdf

⁵ *Evaluation of Community Responses and System Strengthening* (Global Fund, 2024) available here: https://www.theglobalfund.org/media/jzenb4wl/iep_qf-elo-2024-07-iep_commentary_en.pdf

⁶ *Evaluation of Community Engagement in the Global Fund Grant Life Cycle* (Global Fund, 2024) available here: https://www.theglobalfund.org/media/djghuigu/iep_qf-elo-2024-06_report_en.pdf

⁷ *End-Term Strategic Review (2017-2022)* (Global Fund, 2023) available here: https://www.theglobalfund.org/media/14802/iep_qf-elo-2024-01_report_en.pdf

⁸ *Independent Evaluation of the Global Fund Allocation Methodology* (Global Fund, 2024) available here: https://www.theglobalfund.org/media/14706/iep_qf-elo-2024-02_report_en.pdf

⁹ *Evaluation of the Global Fund Funding Request and Grant-making Stages of the Funding Cycle* (Global Fund, 2024) available here: https://www.theglobalfund.org/media/15332/iep_qf-elo-2024-04_report_en.pdf

The development of this report coincides with a period of heightened constraint and transition for the Global Fund and the broader global health landscape. While the 8th Replenishment mobilized meaningful pledges, the outcome fell short of the initial target, against a backdrop of declining development assistance for global public health. At the same time, shifts in country-level partnerships and ongoing discussions on optimizing the global health architecture have raised questions about how collective results can be sustained in a more fragmented and resource-constrained environment. In this context, the findings synthesized in this report underscore a central conclusion: **stronger community systems provide a critical foundation for sustaining impact and improving outcomes across disease programs. As external financing tightens and delivery models evolve, investments that strengthen community leadership, engagement and systems emerge as a key lever for sustainability and equity.**

The primary target audience for this report is the Global Fund governance bodies and the Secretariat. Specific processes to be informed by the current portfolio of evaluations include the finalization of GC7 and preparation of GC8, monitoring and evaluation (M&E) tools including the Global Fund's M&E¹⁰ and key performance indicator (KPI)¹¹ Frameworks, as well as sustainable program design and transition for HIV, TB, malaria and RSSH strategic shifts and related investments.

The structure of this report is as follows:

- Section 1 presents the key takeaways from the report, grouped by theme.
- Section 2 summarizes the observed influence of evaluations, including updates on progress in advancing recommendations.
- The annexes provide an overview of the evaluations considered in this report, a summary of the synthesis methodology, an update on the uptake of evaluation evidence and recommendations, and a consolidated list of references.

¹⁰ More information on the Global Fund's M&E Framework is available here:

<https://www.theglobalfund.org/en/monitoring-evaluation/>

¹¹ Key Performance Indicators (KPIs) Handbook for the 2023-2028 Strategy (Global Fund, 2025):

https://www.theglobalfund.org/media/3skcbxsw/strategy_globalfund2023-2028-kpi_handbook_en.pdf

1. Strategic observations and themes from 2024-2025 Evaluations¹²

Two strategic observations emerged from this synthesis, supported by underlying sub-themes and reinforced by evidence generated in evaluations commissioned in 2024-2025.

Evaluations showed progress toward integrated, community-centered systems that enhanced equity and sustainability for impact. However, this steady progress was weakened by a series of implementation considerations; the result was fragmented operationalization in practice, uneven measurement of results, and questions regarding the extent to which equitable access to health was achieved. The themes articulated in this report suggest that stronger community systems were foundational to both improved disease outcomes and as supportive for long-term sustainability, and that community systems strengthening (CSS) was needed to realize the full potential of Global Fund investments.

1.1 Observation: Uneven strength of community system practices weakens equity and effectiveness

The CE, CRSS and Malaria SNT Evaluations provided insights into how Global Fund investments shaped – and were shaped by – broader national and community systems for health. Collectively, these findings reinforced the Strategy's framing that achievement of the primary goal – to end AIDS, TB and malaria – is underpinned by the MRCOs that must be pursued concurrently and synergistically. However, the Evaluations also pointed to uneven practices that hindered the Strategy's ability to deliver key MRCOs. A focus on short-term delivery priorities and inconsistent stakeholder engagement hindered progress. However, where these efforts could be more focused and resourced, service delivery advanced.

(a) Theme: Community systems investments delivered sustained impact but were constrained by short-term delivery and measurement pressures

Evaluations consistently showed that community responses and systems were critical to sustainable, people-centered health systems. As emphasized in the CRSS Evaluation, community systems played a critical role in whether services continued, adapted, and remained accountable over time.

It was found that community-led and -based interventions supported through Global Fund investments consistently improved access for underserved and stigmatized populations, strengthened accountability and enhanced service continuity. These contributions were particularly

¹² Final Reports, Secretariat Management Responses and Independent Evaluation Panel Commentaries for all evaluations considered in this report can be consulted under: <https://www.theglobalfund.org/en/iel/evaluations/>.

visible in HIV responses, where community leadership was more institutionalized. The CE Evaluation confirmed that stronger community engagement led to better design and oversight of prevention activities. Meanwhile, the CRSS Evaluation further highlighted that CLM, and the engagement of community-based actors like community health workers, can strengthen accountability and improve monitoring of prevention coverage, particularly for underserved populations.

“Integration of community-led approaches into national health systems remains nascent.”

- CRSS Evaluation

Among the four distinct CSS interventions,¹³ CLM was emphasized across the CE and CRSS Evaluations as improving service quality, exposing rights violations, shaping program adjustments by developing an evidence base for programs and policies, and being valued by key populations (KPs) for capacity building. Evaluations also showed that, **where communities and/or country systems were more mature, Global Fund investments yielded greater outcomes and scaled more effectively.** Similarly, the CRSS and CE Evaluations showed that community outcomes improved where sustained investment and local enabling environments were present.

Despite this evidence, the CRSS Evaluation found that integration between community-led efforts and national health systems remained partial and inconsistent, as a result of **persistent vertical silos, reinforced by a focus on disease-specific programs, which counteracted system investments.** Integration was generally stronger in HIV at the level of service delivery, referral pathways and accountability mechanisms because of the longstanding presence and advocacy capacity of civil society organizations (CSOs) but remained less developed to bolster TB and malaria services. **In some cases, national programs needed to prioritize near-term, measurable service delivery, including community-led response, in lieu of community systems that sustain uptake and equity.**

¹³ The definition of CSS used in Global Fund evaluations draws upon the Community Systems Technical Brief for GC7 (no longer online pending the publication of GC8 guidance) that outlined four distinct CSS interventions:

1. Capacity building and leadership development.
2. Engagement, coordination and linkages.
3. Research and advocacy.
4. CLM.

(b) Theme: Stakeholder dynamics and grant processes shaped uneven community engagement and influence on grant-making

Both the CE and CRSS Evaluations noted varying levels of community engagement across affected communities and KPs across the three diseases, with meaningful participation strongest across HIV-affected communities, followed by TB-affected communities and weakest for malaria-affected communities. The CE Evaluation found that HIV-affected communities had the most organized community structures: peer networks, CSOs, KP groups. For TB, where long-term technical assistance (TA) and community structures existed,¹⁴ community engagement was sustained; elsewhere, TB communities lacked the organized architecture seen in HIV. Community engagement in fighting malaria was promoted through community health workers and volunteers, but malaria-affected community organizations were less visible and less influential.

“(Community response and systems strengthening) CRSS investments have contributed to increased access to HTM services, particularly for underserved and stigmatized populations”

- CRSS Evaluation

Between GC6 and GC7, malaria sub-national tailoring (SNT) increasingly incorporated gender and human rights considerations through tools like the Malaria Matchbox¹⁵, while also placing greater emphasis on population movement data to better inform targeted and effective malaria decision-making; TB communities lacked this engagement and required more consistent involvement of KPs in sub-national and national structures to ensure rights-protective programming. Across the Evaluations, **community engagement was observed, however, the influence of communities decreased during grant-making and grant implementation stages of the grant cycle**, in particular, when civil society and community groups were less organized. Power asymmetries persisted between governments, implementers, partners and communities, particularly in TB and malaria grants and in constrained civic space contexts, including in the CCMs. The Evaluations noted various occasions where stakeholder engagement was felt to be consultative rather than truly influential during grant-making and grant implementation, including where communities were weakly organized or politically marginalized.

¹⁴ The CE Evaluation noted various examples of TB-focused civil society partners and community organizations in Cambodia actively participating in the country dialogue, TB-HIV consultative meetings, and TB technical working group meetings, therewith guiding the prioritization of certain interventions. The Evaluation also noted sustained Global Fund TA, for example in a CLM project, which empowered TB-affected individuals to provide feedback on the quality and accessibility of services.

¹⁵ Refers to an equity assessment tool used to improve the effectiveness of malaria programs:
https://endmalaria.org/sites/default/files/Malaria%20Matchbox%20Tool_en_web.pdf.

(c) Theme: Decentralization delivered results on community engagement and health outcomes when paired with national and sub-national ownership and sustained technical assistance (TA)

Evaluations showed that targeted decentralization¹⁶ of service delivery structures strengthened sub-national decision-making, improved community engagement and enhanced program responsiveness, but only when accompanied by strong sub-national and community ownership and well as sustained TA. Sub-national ownership, in addition to national, was a decisive factor in whether programs endured beyond donor cycles. The Malaria SNT Evaluation showed that strong sub-national ownership was an essential component for tailored intervention planning and long-term sustainability, while weak sub-national ownership constrained sustainability even with strong technical design. The CRSS Evaluation found that TB community ownership was stronger in contexts where targeted TA supported community and survivor groups. In the absence of such support, TB programs tended to remain more vertical and externally driven. The Evaluations demonstrated that, for sustainability, equal effort and investment in service delivery, as well as community organizations and systems, were critical.

“Achieving meaningful community engagement through oversight and CLM interventions builds community and KP capacity to engage in the subsequent grant cycle.”

- CE Evaluation

(d) Theme: Stronger community systems and financing structures position the HIV response for greater potential sustainability than TB and malaria programs

A cross-disease comparative analysis examined how different disease communities and programs fared across key programmatic and financial sustainability factors. This analysis is summarized in Table 1. It is important to recognize that the funding landscape has shifted dramatically since the finalization of these Evaluations. The impact on community engagement and mobilization requires innovative action and monitoring to sustain the response.

“By disease area (...), malaria-affected communities are least likely to be meaningfully engaged, with fewer organized, visible partners.”

- CE Evaluation

Across all dimensions reviewed, **HIV communities and programs were consistently identified as best positioned for sustainability**. This positioning reflected longstanding community and dynamic rights-focused ecosystems, established KP

¹⁶ Decentralization is defined as the devolution of decision-making for health to sub-national governments within strong technical norms from an organized central disease program and increased budgetary autonomy. This definition was presented on page 18 of the Malaria SNT Evaluation.

networks, clearer engagement norms and more institutionalized community participation. By contrast, TB and malaria programs exhibited weaker levels of community organization, fewer dedicated investments in aligned community systems and more limited metrics to capture community contributions. CCMs and other engagement spaces were perceived to prioritize better-organized HIV groups and governments while deprioritizing malaria-affected communities, TB survivors and KPs with weaker organizing capacity.

Table 1: Cross-disease analysis of programmatic and financial sustainability factors

Factor	Disease	Finding
Funding and financial sustainability	HIV	Historically stronger. Better sustained funding flows, growth in community-led scale-up.
	TB	Mixed. Varied by country depending on sustained CSO investment and long-term TA.
	Malaria	Most fragile. Large funding gap, heavy donor dependence, domestic and/or private financing needed.
Community systems and engagement	HIV	Historically strongest. Communities and KPs most consistently engaged, sustained service delivery and advocacy.
	TB	Variable but was improving. TB communities integrated and sustained oversight and/or advocacy where long-term investment and TA existed.
	Malaria	Least organized. Communities less visible and organized. Community engagement existed but community priorities and activities lacked predictable funding, and influence and were therefore not as sustainable.
Integration into national systems and country ownership	HIV	Well integrated in many contexts in the past. Strong civil society and program scale encouraged institutionalized services.
	TB	Depended on context. Integrated where there was TA and political will; elsewhere, it was programmatic- and donor-dependent.
	Malaria	Mixed. In countries with higher SNT maturity, country ownership of SNT processes and decision-making was stronger, and SNT was more consistently embedded in national and sub-national planning and implementation.
Human resources and community health workforce	HIV	Strong cadre of peer educators and CSO staff in the past. Sustained capacity-building pipelines.
	TB	Growth trajectory but still inconsistent. Success stories where capacity building was targeted.
	Malaria	Rapid community health systems expansion. Multi-donor coordination and consistency of community health worker programs financing was weak but had been improving.

Data, monitoring and adaptability	HIV	Well-established. Good use of program data for targeting and KP outreach.
	TB	Mixed. Where invested, data use supported CLM and program adjustments.
	Malaria	Had been improving but was more recently at risk. Sub-national data availability was increasing, but limitations in sub-national data quality, analysis and use remained critical bottlenecks for the effective delivery of SNT through grant processes and partner-led execution and for strengthening data-informed decision-making.
Intervention cost-effectiveness and commodity dependence	HIV	Stronger. Mix of prevention and treatment with scalable commodities and/or services; where costed models existed, advocacy could influence domestic uptake.
	TB	Mixed. Sustained treatment and diagnostics required steady financing; long-term costs and program integrated remained challenges.
	Malaria	Heavy reliance on commodities. Market prices and new technologies raised long-term cost uncertainty unless domestic or pooled procurement strategies were used.

This cross-disease comparison highlights further structural differences in programmatic and financial sustainability. HIV programs benefited from relatively stronger and more sustained funding flows and greater scope for community-led scaleup. TB financing outcomes were mixed and varied by country, often depending on sustained civil society investment and long-term TA. Malaria programs were the most financially fragile, characterized by large funding gaps, heavy donor dependence and more limited domestic or private financing.

Similar patterns were evident across community systems and engagement, integration into national systems, workforce capacity, data use and cost structures. HIV programs showed the strongest and most consistent community engagement, better integration into national systems and more established data and monitoring practices. TB outcomes were more variable but improved where targeted investment and TA were present. Malaria programs faced persistent challenges linked to uneven subnational ownership, coordination gaps in the community health workforce and heavy reliance on commodities with long-term cost uncertainty.

Moving forward, an increased balance of effort and investment will be critical to pursue sustainability and transition. The Evaluation of the Allocation Methodology highlighted that country financing for TB and malaria was far more dependent on the Global Fund than was the case for HIV. Combined with the comparatively stronger representation of HIV communities relative to malaria and TB communities, this funding dependency suggested that sustainability prospects for malaria and TB programming were weaker than for HIV.

1.2 Observation: Strategic commitment to improving community systems outpaced consistent and balanced implementation of guidance and measurement

Strategic emphasis on importance of community systems exceeded consistent and balanced attention across investments, affecting delivery on the ground. Fulfilling the Strategy's objectives of "maximizing people-centered integrated systems", "resilience and sustainability" and "maximizing engagement of most affected communities" remains a challenge. Opportunities persisted to strengthen M&E frameworks, data systems and analysis, and for further integration and clarification of Global Fund concepts and guidance during implementation.

(a) Theme: Civic space, rights constraints and Global Fund grant-making processes affected key population (KP) engagement and outcomes

The CE, CRSS and Malaria SNT Evaluations highlighted **gender, rights and inclusion as necessary but unevenly applied elements of the Global Fund Strategy**. The performance of the Global Fund's human rights KPIs varied significantly across HIV, TB and malaria. Broadly, **HIV showed the strongest, most mature infrastructure to address human-rights related barriers; TB exhibited moderate progress, while malaria continued to lag behind**, though with limited-but-growing integration of efforts to reduce rights-based barriers.

"TB and malaria modules contain no KPIs of direct relevance to measuring the contribution of community responses."

- CRSS Evaluation

Evaluations further indicated that Global Fund processes can amplify or mitigate these disparities, though the grant-making stage was found to be the most challenging. The CE Evaluation reported perceptions of reduced community engagement and limited transparency regarding how decisions are made in the grant-making stage. Power balances between governments, major donors and community organizations persisted, often limiting the extent to which community-led identified priorities are reflected in final grant agreements. **Representational inequities and power dynamics, both among KPs and communities and within CCMs, further disadvantaged least-organized KP communities**. These dynamics could result in equity-efficiency tradeoffs, where pressure for rapid results sidelined certain populations. At the same time, the Evaluations noted that flexible, context-sensitive approaches enabled continued engagement in restrictive environments, underscoring the importance of adaptive strategies to sustain rights-based participation where civic space was limited.

(b) Theme: Gaps in monitoring frameworks and fragmented data systems limited the visibility of community and subnational contributions

Evaluations noted challenges in monitoring and fragmented data systems; **community contributions and sub-national decision-making were poorly captured by these systems**.

Global Fund efforts to promote measurement have been concerted but inconsistent in application. Differentiation in content and strength of monitoring and analysis across HIV, TB and malaria on rights- and gender-related barriers led to an incomplete picture of progress and contributing factors. HIV modules in the KPI Handbook included indicators relevant to community delivery, but TB and malaria modules lacked community-specific KPIs, so community impact is less frequently visible in aggregated results. This was further compounded for malaria by country monitoring frameworks that primarily emphasized intervention coverage and commodity outputs. The CRSS Evaluation acknowledged the current KPIs focusing on community contributions to prevention, (e.g., KPI S4, “Community systems for service delivery”, an outcome indicator that measures the percentage of countries with systems in place for community health service delivery), but did not find these to be actionable.

There also was strong variation in **systematic rights and gender barrier monitoring and analyses across countries**. The HIV sector has a long tradition of rights and gender analysis and CLM, which has been widely used to capture barriers and service delivery inequities. Efforts to improve TB case finding and service delivery increasingly relied on CLM and rights assessments, but the uniform adoption of this practice heavily depended on partnerships with capable CSOs. For malaria, analytic rights and gender tools were “rare” in GC6, but experienced an increase in GC7, for example, through the use of the Malaria Matchbox Tool.¹⁷

Finally, data quality limitations were reported to constrain the visibility of community and sub-national contributions. The Malaria SNT Evaluation documented the use of multiple sub-national data sources, including routine reporting, campaign-related data and community-level information, to inform prevention targeting. However, it identified persistent limitations in data quality, analytical capacity and decision-making approaches as constraints to effective SNT implementation.

¹⁷ Refers to an equity assessment tool used to improve the effectiveness of malaria programs: https://endmalaria.org/sites/default/files/Malaria%20Matchbox%20Tool_en_web.pdf

(c) Implementation complexity and fragmented guidance limited the effectiveness of community response and systems strengthening

Evaluations consistently identified implementation and contextual complexity as a key concern for community response and systems strengthening operationalization. The FRGM Evaluation pointed to the importance of TA due to “the complexity and expansion of Global Fund guidance and requirements”.

Beyond volume and process complexity, **the Evaluations also reported inconsistent terminology and conceptual fragmentation**, such as varying use of “community-led” vs. “community-based”, which contributed to incoherence across frameworks, variable implementation in Global Fund-supported mechanisms and challenges in accountability tracking.

In parallel, the FRGM Evaluation also concluded that “the guidance and assessment on RSSH funding have shown weaknesses that impact the efficiency and effectiveness of RSSH investments”, including investments for community systems. This weakness included a lack of specificity on RSSH funding amounts in Allocation Letters, which complicated Program Split decisions and affected Funding Request approaches for country stakeholders applying to grants.

To advance community response and systems strengthening implementation in Global Fund-supported mechanisms, Evaluations consistently pointed to the need for simplified and clearer guidance, more consistent terminology and unified, complementary frameworks that better align implementation, resourcing and accountability.

“The Global Fund’s commitment to communities is evident in its strategy, grant and catalytic investments, and partnerships. However, the current approach to CRSS lacks the clarity, consistency, and the resources needed to fully realize its potential.”

- CRSS Evaluation

2. From evaluation to use:

Signals of evidence uptake and learning

In 2025, the ELO established an annual follow-up process to assess how evidence from IEP-endorsed independent evaluations is used in practice, and to monitor progress in implementing recommendations accepted and partially accepted recommendations by the Secretariat through Management Responses. Evaluations with a Secretariat Management Response published six to 12 months earlier than the initiation of the follow-up process are included. The ELO's process assesses signals and evidence of influence, uptake and status of recommendations, as well as of emerging learning needs.

The process draws on structured interviews with Secretariat focal points, targeted document review and website analytics. Together, these sources provide insight into how evaluation evidence is informing decision-making, shaping policy and guidance, and contributing to operational adjustments, while also identifying constraints and opportunities to strengthen the utility of future evaluations.

As of March 2026, follow-up efforts have taken place for the CE, CRSS, FRGM and Malaria SNT Evaluations.¹⁸

Across these cases, Secretariat focal points consistently described evaluation evidence as reinforcing existing strategic directions, clarifying expectations and accelerating ongoing reforms; while triggering wholly new lines of action was rarer. This pattern underscores the importance of evaluations as instruments of alignment, sense-making and learning within complex organizational systems. Similarly, it points to the need to tighten the focus of evaluative processes and evidence, as well as timeliness and scope. Overall, follow-up on the recommendations indicates strongest progress where actions align with existing Secretariat levers. At the same time, some stakeholders noted more limited use of evaluation evidence beyond these actions, also observing that several initiatives were already underway prior to a given evaluation, which shaped perceptions of the evaluation's added value. The summaries below are based on the verification of documents and response and outcomes of follow-up with Secretariat staff through email, consultation and interviews.

2.1 *Evaluation of Community Engagement in the Global Fund Grant Life Cycle* (CE Evaluation)

Follow-up discussions indicate that, while it is too early for definitive conclusions, the CE Evaluation has contributed to sustaining and evolving minimum expectations for community

¹⁸ Please note that the Secretariat Management Response for the Evaluation of the Allocation Methodology was published in June 2024 and was therefore considered to be out-of-scope for the follow-up process undertaken for this report.

engagement across GC processes. A concrete example is the retention of the Community Priorities Annex in the Funding Request application package, previously at risk for removal due to streamlining efforts – a decision was made to keep the Annex a requirement for Core and High Impact portfolios based, in part, on the findings highlighted in the CE Evaluation. The Evaluation also informed revisions to the Modular Framework and supported the articulation of a theory of change for community engagement, helping clarify roles, terminology and expectations. At the same time, stakeholders noted that the Evaluation’s utility was partly constrained by timing and scope, particularly in relation to GC8 decision-making.

2.2 Evaluation of Community Responses and System Strengthening (CRSS Evaluation)

Influence from the CRSS Evaluation has been broader than for the CE Evaluation. The Evaluation helped sharpen and accelerate the development of a Community Responses and Systems Strengthening Maturity Framework – now being piloted and tested across multiple countries – and contributed to renewed attention to measurement, including refinement of the Global Fund KPI S4 on “Community systems for service delivery”. Similarly, guidance integrating community systems into RSSH approaches (i.e. health financing or sustainability, transition and co-financing) has begun to support more coherent, multi-cycle sustainability planning for community-led responses, a strategic point reinforced through the GC8 Matching Funds for social contracting.

The recommendation to adjust incentives for Fund Portfolio Manager accountability for supporting countries’ adherence to the Community Responses and Systems Strengthening Maturity Framework has influenced broader, system-wide mechanisms, such as new investments and policy adaptations related to community systems financing, particularly those related to community systems financing and Matching Funds.

The Evaluation’s recommendation to update CLM guidance has been reflected through the integration of CLM into the Modular Framework, Information Notes and related guidance documents, helping streamline technical materials and strengthen linkages between CLM, RSSH and broader health system objectives. In practice, this has also expanded CLM’s role in preparedness and outbreak response, particularly in initiatives related to the COVID-19 Response Mechanism.

Secretariat focal points noted that the Evaluation continues to inform internal discussions on Catalytic Investments, prioritization and resource allocation for community systems. The recommendation toward the creation of the Community Responses and Systems Strengthening Maturity Framework has been especially influential in shaping discussions on sustainability and integration. The Evaluation was widely perceived as legitimizing strategic priorities and supporting internal and Board-level discussions with independent evidence.

2.3 Evaluation of the Global Fund Funding Request and Grant-making Stages of the Funding Cycle (FRGM Evaluation)

This evaluation contributed evidence to support a broader streamlining effort that aimed to reduce the level of effort for the development and review of Funding Requests and grants by at least 30 percent in GC8 compared to GC7. Examples of streamlining include a 60-70 percent reduction in pages in the published application forms and instructions and a 30-35 percent reduction in the number of annexes required for submission, with the degree of streamlining varying by portfolio classification. While this streamlining was already underway, Secretariat focal points in technical teams consistently highlighted the role of the Evaluation in drawing attention to specific process inefficiencies and in supporting greater shifts to more streamlined Funding Request processes.

Looking ahead, Secretariat focal points expect the Evaluation's core findings to remain relevant, even as rapid changes in the broader funding context may affect the longer-term applicability of specific recommendations. Identified learning priorities for the future include strengthening approaches to engagement with the Technical Review Panel and further clarifying processes for acceleration pathways for transition.

2.4 Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions (Malaria SNT Evaluation)

For the Malaria SNT Evaluation, actions planned prior to the completion of the Secretariat Management Response are underway, with the support of the Secretariat or Global Fund partners. SNT of malaria interventions is widely recognized as strategically important for malaria programming and is reflected as a core principle in relevant Secretariat tools and guidance. Secretariat focal points noted that GC8 tools have been finalized as planned, supporting needs also identified in the Secretariat Management Response, forthcoming updates to the Global Fund Malaria Investment Guidance, the World Health Organization's *Subnational tailoring of malaria strategies and interventions: Reference manual*¹⁹ and the RBM Partnership to End Malaria's surveillance, monitoring and evaluation guidance²⁰, alongside coordinated updates by the Global Fund and Gavi to support country-level collaboration. The SNT maturity model developed through the Evaluation was also cited as a useful resource by technical partners supporting country planning.

¹⁹ *Subnational tailoring of malaria strategies and interventions* (WHO, 2025) available here: <https://www.who.int/publications/i/item/9789240115712>

²⁰ Surveillance, monitoring and evaluation working group (RBM Partnership To End Malaria, 2025) available here: <https://endmalaria.org/our-work-working-groups/monitoring-and-evaluation>

Annex 1: Methodology

This chapter outlines the analytical framework used, key limitations of the exercise and the key data sources used for the synthesis.

Objectives and sources

The enclosed synthesis emphasizes cross-cutting insights related to community systems, SNT for malaria and disease differentiation, prevention, sustainability, equity and Global Fund processes and mechanisms. IEP-endorsed evaluations completed in 2025 form the core of the analysis, though relevant findings from earlier evaluations were incorporated where feasible as reflected in Table 2 below.

Table 2: Overview of evaluations included in the synthesis

Type of inclusion	Evaluation report	Publication date
Core focus of the synthesis – informing key themes and findings of the report	<i>Evaluation of Community Responses and Systems Strengthening</i>	November 2025
	<i>Evaluation of Community Engagement in the Global Fund Grant Life Cycle</i>	August 2025
	<i>Capacity, Quality and Decision-making in Sub-national tailoring of Malaria Interventions</i>	July 2025
Secondary sources to inform the key themes; findings and recommendations featured as relevant	<i>End-Term Strategic Review (2017-2022)</i>	July 2024
	<i>Independent Evaluation of the Global Fund Allocation Methodology</i>	June 2024
	<i>Evaluation of the Global Fund Funding Request and Grant-making Stages of the Funding Cycle</i>	December 2024

Analytical framework

The themes presented in this report were identified through a multi-step analytical process:

1. **Individual document analysis** focused on identifying key findings, conclusions and recommendations from each evaluation.
2. **Comparative analysis using AI tools**²¹ involved repeated prompts across different combinations of reports and thematic search keys.

²¹ The AI analysis relied on generative AI, namely ChatGPT and Microsoft Co-Pilot. AI prompts followed three paths: a) comparative analysis between evaluations, b) thematic word searches linked to pre-defined concepts, and c) generative AI prompts to summarize individual evaluation findings across key report themes. A human-in-the-loop approach was applied for reviewing AI-generated outputs for accuracy and alignment with evaluation findings.

3. **Thematic grouping and prioritization** organized findings into thematic clusters, emphasizing frequently referenced issues and synthesizing overarching takeaways.

As further analysis of findings and evidence took place, results were arranged into the observations and themes presented in the report. In addition to the report analysis process described above, ELO engaged in primary data collection among Secretariat staff to understand how findings and recommendations from the individual evaluations have been taken up by various units, departments and programs.

Annex 2: Overview of recommendations

The table presents an overview of all accepted and partially accepted recommendations from the evaluations which were considered for this year's annual follow-up exercise. The following evaluations are in scope:

- *Evaluation of Capacity, Quality and Decision-making in Sub-National Tailoring (SNT) of Malaria Interventions;*
- *Evaluation of Community Responses and System Strengthening;*
- *Evaluation of Community Engagement in the Global Fund Grant Life Cycle; and*
Evaluation of the Global Fund Funding Request and Grant-making Stages of the Funding Cycle.

Table 3: Overview of evaluation recommendations

Accepted or partially accepted recommendations	Level	Evaluation name and recommendation number	Secretariat response	Recommendation status
<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions</i>				
Strengthen the inclusion of country program perspectives in global consultative processes at malaria policy, strategy and planning meetings.	Critical	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 1</i>	Partially accepted	At the time of preparation of this report, ELO had not yet received status updates on this recommendation.
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	Critical	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 2</i>	Partially accepted	Information on the progress of recommended Secretariat-led actions is pending. Other activities undertaken by RBM Partnership to End Malaria and other partners were reported as ongoing.
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.	Critical	<i>Evaluation of Capacity, Quality and Decision-making in Sub-National Tailoring of Malaria Interventions, Recommendation 3</i>	Partially accepted	Progress has been made with RBM Partnership to End Malaria publishing a Surveillance, Monitoring and Evaluation Gap Table that collates information on systems and gaps critical to SNT. These tables are now used as the GC8 Funding Request Gap Tables completed by malaria applicants.

Support the generation of evidence on the effectiveness of new interventions and intervention layering strategies in varied contexts.	Critical	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 5</i>	Partially accepted	The intended impact of the recommendation, insofar as it relates to the Secretariat, focuses on strengthening how Secretariat teams use data, conduct analyses and support countries in interpreting cost-effectiveness and uncertainty to inform decision-making. Fulfillment of the recommendation has been framed primarily through planned participation in partner-led evidence generation, notably with the WHO. This will be done through the development of a Global Fund analytic plan, shared with WHO and RBM Partnership to End Malaria to ensure alignment, currently in progress. Additional information on the status and operationalization of the analytic plan is pending.
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.	Important	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 6</i>	Partially accepted	Secretariat colleagues indicated that there is ongoing work toward the actions specific to this recommendation.
Better leverage external (non-Global Fund) investment in sub-national and community health systems.	Important	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 7</i>	Partially accepted	The developments outlined in the Secretariat update do not directly address the core intent of the recommendation, which is to leverage and better coordinate external investments to inform the strategic allocation of limited Global Fund resources for community and sub-national health systems. The update confirms that guidance has been provided by Gavi and update on its operationalization is pending. Coordination and collaboration with Gavi are also ongoing in the area of health systems support, with opportunities to align and leverage being identified currently.

Apply the core principles of the Lusaka Agenda to the core malaria SNT partnership.	Important	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 8</i>	Partially accepted	The harmonization of the M&E maturity index with RBM Partnership to End Malaria's Surveillance, Monitoring and Evaluation Gap Table are underway and will inform GC8 Funding Requests and TA. The Global Fund has also participated in the RBM Partnership to End Malaria's Country and Regional Support Partner Committee ensuring TA for SNT is organized, communicated, and fits within the TA request system. Further information on how long-term TA focused on skills transfer and transparency of provision – as well as discussion on coordination, sustainability, or institutional learning aspects – are pending.
Streamline the funding request 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	Important	<i>Evaluation of Capacity, Quality and Decision-making in Sub-national Tailoring of Malaria Interventions, Recommendation 9</i>	Accepted	Relevant feedback on the Funding Request documents was provided to Access to Funding Department. Further follow-up updates are pending related to whether, or to what extent, the full set of feedback was incorporated into the GC8 revisions of Funding Requests.

<i>Evaluation of Community Engagement in the Global Fund Grant Life Cycle</i>				
The Global Fund should demystify the grant-making stage by developing clear guidance for civil society and communities on when and how to engage during grant-making.	Critical	<i>Evaluation of Community Engagement in the Global Fund Grant Life Cycle, Recommendation 4</i>	Accepted	The Evaluation and its recommendations contributed to maintaining the required submission of the Community Priorities Annex, (introduced as a requirement in GC 7 as a part of the Minimum Expectations for engagement of community and civil society), as a part of the GC 8 Funding Request application package as a requirement for High and Core portfolios and best practice for Focused portfolios. Additionally, the Evaluation has informed the development of a Strategic Framework for Evolving the Global Fund's Approach to Community Engagement in GC8. The Theory of Change developed by the Evaluation was further elaborated and evolved as part of the Framework.
Through provisions in the modular handbook and other guidance documents for GC 8, the Global Fund Secretariat and Partners should mobilize countries to invest holistically in CLM and other reinforcing CSS interventions as an integrated package so that meaningful community engagement is increased.	Important	<i>Evaluation of Community Engagement in the Global Fund Grant Life Cycle, Recommendation 6</i>	Accepted	In response to this recommendation, the Secretariat strengthened the positioning of CLM and CSS through updates to the Modular Framework, including dedicated interventions for community coordination and engagement. The Community Responses and Systems Strengthening Maturity Framework was developed to provide a baseline for assessing progress and to support structured dialogue with country partners. In parallel, a new Catalytic Investment for community networks and engagement was introduced, allocating 60 percent of its resources to strengthening CSS and supporting transition, particularly through social contracting. Relevant information notes and guidance documents for GC8 will be updated accordingly.

Utilize performance reviews to inform approaches to strengthen community engagement	Important	<i>Evaluation of Community Engagement in the Global Fund Grant Life Cycle, Recommendation 7</i>	Accepted	Further discussions with Secretariat focal points are required to provide a more comprehensive assessment related to the status of this recommendation.
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<i>Evaluation of Community Responses and System Strengthening</i>				
Develop a comprehensive framework for community response and systems strengthening, which links to RSSH and a community/health systems maturity framework.	Critical	<i>Evaluation of Community Responses and System Strengthening, Recommendation 1</i>	Accepted	The Secretariat developed the Community Responses and Systems Strengthening Maturity Framework, which includes a theory of change, and is deliberately aligned with RSSH and broader health systems maturity frameworks. The Framework has been piloted in one country and is additionally being rolled out in five other countries. It has also been shared with community stakeholders. A next step is to publish the Framework for external audiences and position it for broader institutional uptake and use.
Improve the monitoring and results framework to make community contributions to health outcomes more measurable and visible.	Critical	<i>Evaluation of Community Responses and System Strengthening, Recommendation 2</i>	Partially accepted	A series of consultations has been completed to refine and further define the Global Fund KPI S4 on community systems for service delivery. The consultations focused on improving the visibility and measurability of community contributions, while also making the Community Responses and Systems Strengthening Maturity Framework more actionable.
Develop a multi-cycle sustainability plan for countries which includes critical community-led responses as part of funding requests, based on the new community response and systems strengthening framework and the maturity model.	Critical	<i>Evaluation of Community Responses and System Strengthening, Recommendation 3</i>	Partially accepted	Progress toward a multicycle sustainability approach is being advanced through a broader community systems and financing shift, presented to the Strategy Committee in December 2025, which embeds community-led responses within transition planning and long-term sustainability frameworks.

Adjust incentives for FPMs to be accountable to supporting countries adhere to the CRSS framework and make progress on sustainability plans.	Critical	<i>Evaluation of Community Responses and System Strengthening, Recommendation 4</i>	Partially accepted	Implementation is being advanced through systemic investments and policy adjustments (including community systems financing and Matching Funds) designed to create enabling conditions for country teams to apply the Community Responses and Systems Strengthening Maturity Framework and sustainability objectives consistently. In participating countries, the Secretariat has engaged directly with Country Teams to secure input and buy-in and to embed community responses and system strengthening considerations into sustainability and transition planning and delivery. Overall, progress is being pursued through cross-cutting, portfolio-wide mechanisms intended to reinforce consistent application of the Community Responses and Systems Strengthening Maturity Framework and sustainability principles across countries.
Update the information note on CLM to provide more explicit guidance on how CLM should be integrated into health systems, appropriate pathways to scale, and better adaptation to context.	Important	<i>Evaluation of Community Responses and System Strengthening, Recommendation 5</i>	Partially accepted	As a result of this recommendation, no separate, dedicated guidance on CLM has been developed. Instead, CLM has been integrated across core frameworks and guidance, including the Modular Framework, Information Notes, integration guidance and GC7 reprioritization guidance.

Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle				
Introduce an extended (6-year) planning cycle increasingly aligned with NSPs/NHPs and support light touch review to extension.	Critical	<i>Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle, Recommendation 1</i>	Partially accepted	The Secretariat, specifically the Management and Executive Committee, did not consider a six-year funding request to be feasible in a volatile funding environment, noting this approach would risk becoming quickly outdated in the current funding landscape. However, longer-horizon planning is being encouraged in specific contexts and is required for transitioning portfolios for which GC8 or GC9 is an applicant's final allocation. Other elements of the recommendation, namely alignment with the National Strategic Plans and further streamlining of the application process, are being implemented.
Streamline FR stage through one simplified FR approach 'Funding Application'.	Critical	<i>Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle, Recommendation 2</i>	Partially accepted	The most significant change relate to reducing the level of effort required by applicants and the Secretariat to develop Funding Requests, with a target of reducing efforts by 30 percent set by a Management Executive Committee-level Steering Committee. Measures included reducing questions and requests for details, as well as streamlining annexes. Nonetheless, these measures may result in more complexity rather than simplification. The differentiation necessary to achieve these streamlined requirements alongside accommodating varying transition timelines for country disease components has yielded growing complexity. Instead of the single application approach recommended by the evaluation, six application approaches and four submission pathways were developed for GC8.

Streamline grant-making processes by ensuring the right people provide the right inputs at the right moments	Critical	<i>Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle,</i> Recommendation 3	Partially accepted	Grant-making processes were further streamlined through several adjustments. A new submission pathway, referred to as “Grant-ready funding requests”, was introduced to improve implementation readiness by enabling Principal Recipients to develop grant-level documents at the Funding Request stage. In parallel, grant-making requirements were reduced. In addition, the Terms of Reference for the Grant Approval Committee are being revised to optimize both phases of this Committee’s meetings.
Provide targeted support to country NSPs/NHPs during the grant cycle using external TA and Technical Partners	Critical	<i>Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle,</i> Recommendation 4	Partially accepted	This recommendation was not taken forward, as it was considered outside the Global Fund’s direct remit, given that TA is primarily delivered by partners rather than the Global Fund itself. As a result, no specific progress was reported. In addition, decreases in global funding for TA were cited as a constraining factor for implementation.
Develop a 'gatekeeper' role with the authority to uphold the internal goal to achieve simplification in GC8.	Important	<i>Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle,</i> Recommendation 5	Accepted	This recommendation was implemented with the Grant Lifecycle Steering Committee assuming a gatekeeping role to uphold simplification objectives. Reducing and rationalizing requested materials in the Funding Request process were largely successful, but operationalizing the GC8 strategic shifts resulted in greater complexity rather than simplification.

Ensure grant priorities including for RSSH are identified prior to start of FA.	Consideration	<i>Evaluation of the Global Fund Funding Request and Grant-Making Stages of the Funding Cycle,</i> Recommendation 6	Partially accepted	RSSH priorities remain an important focus for the Global Fund and are reflected, where relevant, in Allocation Letter messaging to countries. These priorities are also incorporated in the forthcoming GC8 RSSH Investment Guidance. Further work is planned to refine RSSH priorities and to communicate them to countries ahead of Funding Request submission.
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Annex 3: References

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