

GLOBAL FUND
PORTFOLIO REVIEW

OCTOBER 2006

Evaluation Brief No. 4

SUMMARY:

The portfolio of Global Fund grants was reviewed based on available data to inform the discussion on whether the Global Fund has been “funding the right things”. The review showed that the distribution of funds by disease and geographical region adequately reflected the distribution of health burden by disease and region. Major limitations to available data were identified, and improved tracking of grant finances by service area is recommended.

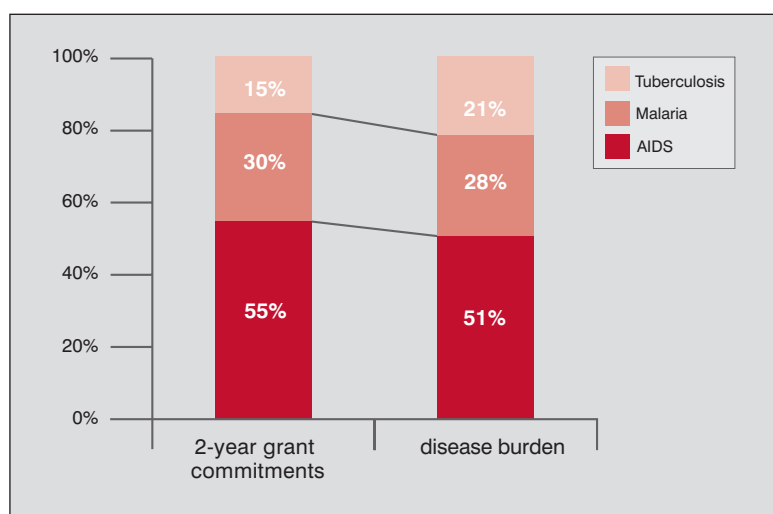
BACKGROUND:

To inform its strategy development efforts and the Five-Year Evaluation, the Global Fund conducted a Portfolio Review exploring the extent to which the grant portfolio has been “funding the right things”. Grants from the first five funding rounds (2001-2005) were reviewed for distribution by burden of disease, geographical region and balance between prevention and treatment services. The primary focus of the review was linked to two relevant core principles stated in the Global Fund framework document: 1) that the Global Fund will seek to operate in a balanced manner in terms of different regions, diseases and interventions and 2) that the Global Fund will pursue an integrated and balanced approach covering prevention, treatment and care and support in dealing with the three diseases.

KEY FINDINGS:

1. Overall, the distribution of funds between AIDS, malaria and tuberculosis matches the distribution of burden for these three diseases:

Fifty-five percent of allocation has been to HIV/AIDS, 30 percent to malaria and 15 percent to tuberculosis, as compared to proportional shares in global disease burden of 51 percent, 28 percent and 21 percent, respectively.



2. Approximately 60 percent of Global Fund financing targets Africa. This share increased from 54 percent in Round 1 to 67 percent in Round 5.



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3. The available evidence indicates that for all three diseases Global Fund investments are on track in targeting countries bearing the greatest proportion of the global disease burden.

Besides Ethiopia, Tanzania, Uganda, Zambia and Kenya, the top recipients are China, Thailand, the Russian Federation, Indonesia and India. Together, these ten countries absorb 40 percent of Global Fund grant commitments, which is in line with their proportionate share in global disease burden.

4. Variations in disease distribution by round reflect programmatic changes and partnership efforts.

An increased demand for costly artemisinin-based combination therapies (ACTs) for malaria led to an increased allocation to malaria from Round 4 onwards, and in Round 5, the allocations to tuberculosis increased in response to an improvement in the quality of TB proposals.

5. Drugs and commodities accounted for over half (56 percent) of grant commitments, followed by human resources and training (22 percent), administration and planning, and infrastructure.

6. The assessment revealed the following key limitations in data availability and collection:

- A. Costed and credible national strategic plans**, to assess the financial context of Global Fund grants, are frequently lacking.
- B. Lack of grant budget information by service area** limits the ability to further assess the portfolio, for example to examine the balance of funding among prevention, treatment and care and support.

RECOMMENDATIONS:

- 1. Based on available evidence, the Global Fund demand-driven investment model is on track in operating in a balanced manner in terms of different regions and diseases. Countries bearing the greatest proportion of the global disease burden are the major recipients of Global Fund grants.**
- 2. To allow comparisons of costs across countries for given services and result areas, the Global Fund should implement a system for tracking budgets and expenditures by grant objectives. This will further improve the ability to review the portfolio in terms of balance of funding among prevention, treatment and care and support.**
- 3. In order to assess how well Global Fund investments fill gaps in country funding, the Global Fund should work with programs and partners at the country level to develop updated, costed, credible national strategic plans for control of the three diseases which include all internal and external financial contributions to scaling up services.**

TECHNICAL EVALUATION REFERENCE GROUP (TERG)

The Technical Evaluation Reference Group (TERG) is an advisory body providing independent technical advice to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The TERG advises the Global Fund on evaluation approaches and practices, independence, reporting procedures and other technical and managerial aspects of monitoring and evaluation at all levels. Membership of the TERG is drawn from a range of stakeholders, including practitioners, research institutions, academics, donor and recipient countries and nongovernmental organizations.

FIVE-YEAR EVALUATION OF THE GLOBAL FUND

The Five-Year Evaluation is being planned and will be implemented under the guidance of the TERG. The first major synthesis report on organizational efficiency and the partner environment will be published in late 2007 and the final evaluation report (including a strong focus on impact on the three diseases) in late 2008. Each element of the evaluation is designed to generate actionable findings. The Global Fund is committed to learning from and making concrete improvements based on evaluation findings.

TO ACCESS THE FULL REPORT:

http://www.theglobalfund.org/en/links_resources/library/

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The Global Fund



Year Evaluation

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