



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

The Global Fund



Year Evaluation

Five-Year Evaluation Update

Study Area 2 - Partnership Environment

Study Area 3 - Health Impact

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18th Board Meeting

New Delhi

Five-Year Evaluation - Study Areas 2 & 3

Study Area 2 Partnerships

- ❖ Background
- ❖ Key findings and Recommendations

Study Area 3 Health Impact– Update

- ❖ Evaluation Status
- ❖ Selected Highlights from Interim Report

Study Area 2: Background

Goal:

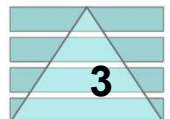
- To evaluate the effectiveness of partnership environment at global and country levels in relation to grant performance and health system effects

Approach:

- Analysis of partnerships and grant performance at global and country level
- In-depth analysis of partner and grant performance in 16 countries purposely selected to represent poor to good performers

Deliverable:

- Actionable recommendations based on the findings



Participating Countries

Study Area 2 Countries	
Burkina Faso*	Malawi*
Cambodia*	Nigeria
Ethiopia*	Peru*
Haiti*	Tanzania*
Honduras	Uganda
Kenya	Vietnam*
Kyrgyzstan*	Yemen
Nepal	Zambia*

** Also Study Area 3 countries*

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TERG Review and Reporting Process

TERG had intensive dialogue with the contractors to improve the quality to an acceptable level.

In order to facilitate the Board's deliberations, TERG has prepared a summary report on Study Area 2:

- **Prioritizing, focusing and sharpening recommendations**
- **Providing strategic orientation to contribute to the Board's current strategy discussions**
- **Addressing shortcomings and misinterpretations in selected areas**

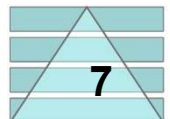
Study Findings

After six years the Global Fund has made notable and significant contributions towards its original aims, specifically:

- ✓ Exceptionally rapid start-up
- ✓ New model for global public-private partnerships
- ✓ Significant levels of funding
- ✓ Inclusion of new constituencies
- ✓ Country led and demand-driven
- ✓ Without a field structure
- ✓ High standards of transparency
- ✓ Performance-based funding
- ✓ Contribution to strengthening health systems

But:

Several areas identified where improvements are required in the establishment of effective partnerships



Overarching Recommendations:

Overall:

Global Fund policy principles remain sound but need for change in behaviour and communication

- Respect country ownership as the foundation of all Global Fund partnerships and support to country-led programs.
- Resolve misconceptions regarding Global Fund policies. Global Fund staff should act as ‘ambassadors’ of these principles.
- The tension between country ownership and performance-based funding is desirable.

Global Fund in the Development Architecture

- The Global Fund should remain true to its mandate as a financing entity, with the awareness that its scale and scope influence policy and development issues.
- The Global Fund Board should seek to open “governing body to governing body” dialogue:
 - **Leading to negotiation of a Global Partnership Framework and concrete commitments to a common goal, and**
 - **Ensuring that specific outputs are included in the work plans and budgets of partner organizations**

Global Fund Partnerships

The Global Fund should:

- Pursue its pioneering and proactive engagement of Civil Society,
- Significantly expand and strengthen its engagement with the private sector also at country level
- Work with countries to adjust the roles and functions of CCMs to local needs,
- Integrate and highlight gender in the development of its partnership strategies

Development partners should strengthen their engagements with the Global Fund around country-led strategies and programs.

Grant Oversight Capacity

The Global Fund should:

- Improve grant oversight by encouraging country-led quality assurance mechanisms instead of increasing control mechanisms
- Overcome potential threats to the credibility of the Global Fund's PBF model by assuring data quality relevant to program management decisions and regular data audits
- Fundamentally streamline and simplify guidelines and procedures to facilitate country-level grant oversight
- Selectively fund national strategies based on clearly defined circumstances, criteria, and processes

Technical Assistance

The Global Fund should:

- Maintain the essential principle of funding through country grants.
- Work with partners to clarify processes for responsive and rapid support
- Emphasize that demand-driven TA is a strength of any proposal

Development partners should:

- Re-examine the extent to which their resources and budgets can be targeted to support Global Fund funded programs.
- Support human resource capacity building over a 5 -10 year horizon through a longer-term perspective in delivering quality technical support (applies equally to HSS)

Determining Grant Performance

The Secretariat should:

Improve the current performance monitoring system as a matter of highest priority through:

- A systematic and quality assured approach to performance ratings
- Consistent approaches to assessment of contextual factors
- Sufficient discrimination of disbursements in relation to performance ratings
- Explicit incorporation of positive incentives for performance

Technical partners should:

Work with countries to strengthen surveillance and M&E systems, taking into account the needs of performance-based funding.

Health Systems Strengthening

HSS will be fully discussed by the TERG when the final Study Area 3 Report is available.

Procurement:

The TERG recommends that the discrepancies between Global Fund procurement **policy** and **practice** be urgently investigated and resolved.

Five-Year Evaluation - Study Area 3

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Study Area 3: Health Impact Evaluation

Goal:

- **To comprehensively assess the collective impact that the Global Fund and other national and international partners have achieved on reducing the disease burden of HIV, TB and malaria and beyond**

Methodology:

- **Studies in 10 countries based on secondary analysis of existing data:** Benin, Burundi, DRC, Ghana, Kyrgyzstan, Lesotho, Moldova, Mozambique, Rwanda, Vietnam
- **In-depth studies in 8 countries designed to fill data and information gaps through primary data collection, to include significant capacity building:** Burkina-Faso, Cambodia, Ethiopia, Haiti, Malawi, Peru, Tanzania, Zambia

Impact Evaluation Framework

Has funding increased?
Amount?
Sources?



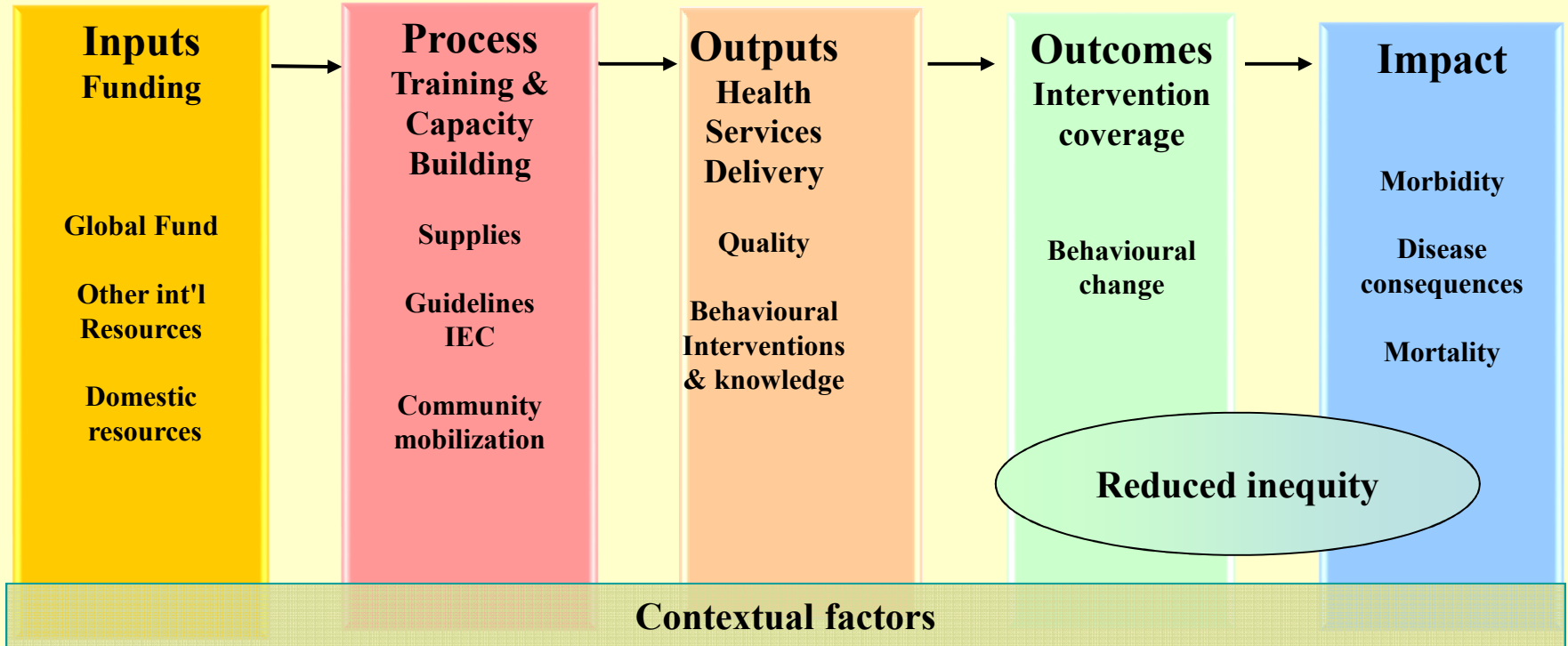
Have access and quality of services improved?



Has coverage improved and risk behaviour changed?



Have health outcomes improved?



TERG Review Process

Review of an interim draft report showing large amounts of valuable data, but:

- Impact data not yet fully analyzed
- Global Fund contribution assessment needs to be strengthened
- Data collected through the District Comprehensive Assessments (DCAs) needs to be further analyzed
- Additional country level information must be documented to explain observed changes

Development Approach to Evaluation Achievements

- **Country ownership and alignment** through the creation of 17 country-level task forces
- **Capacity strengthening** of 47 local institutions & consultants responsible for conducting the evaluation at country level
- **Harmonization** through sharing an early draft report with partners for comments; and provision of \$3.5 M from PEPFAR for additional capacity building and dissemination
- **75% of the contract was spent on activities with direct benefit in-country: provision of tools, financing of local costs, TA, support for report writing**

Five-Year Evaluation - Study Area 3

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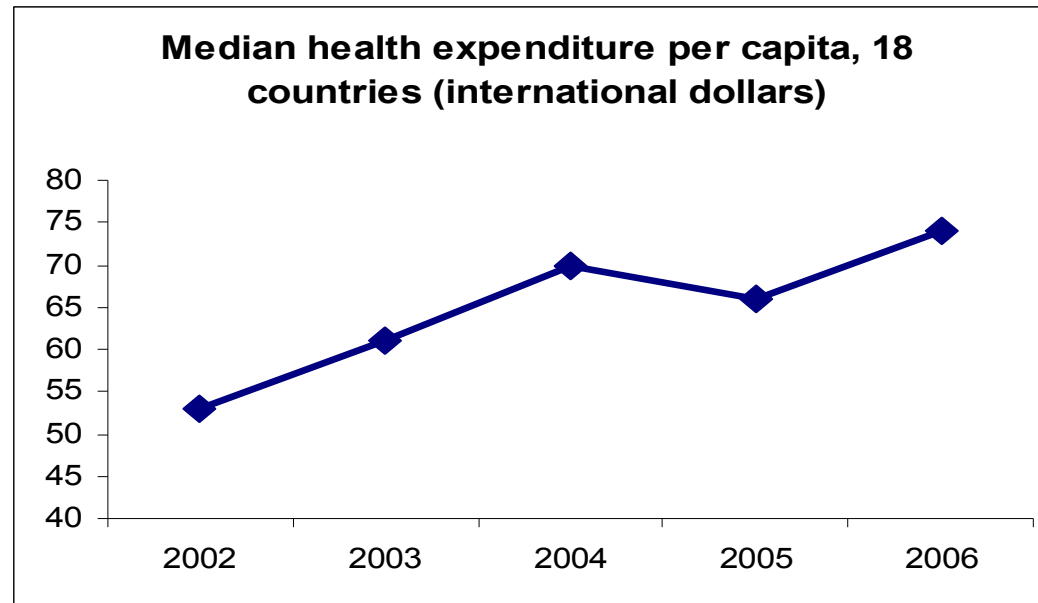
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Selected Highlights

This presentation only presents selected highlights based on the analysis available to date (interim report)

Financing : Additionality of Global Fund grants

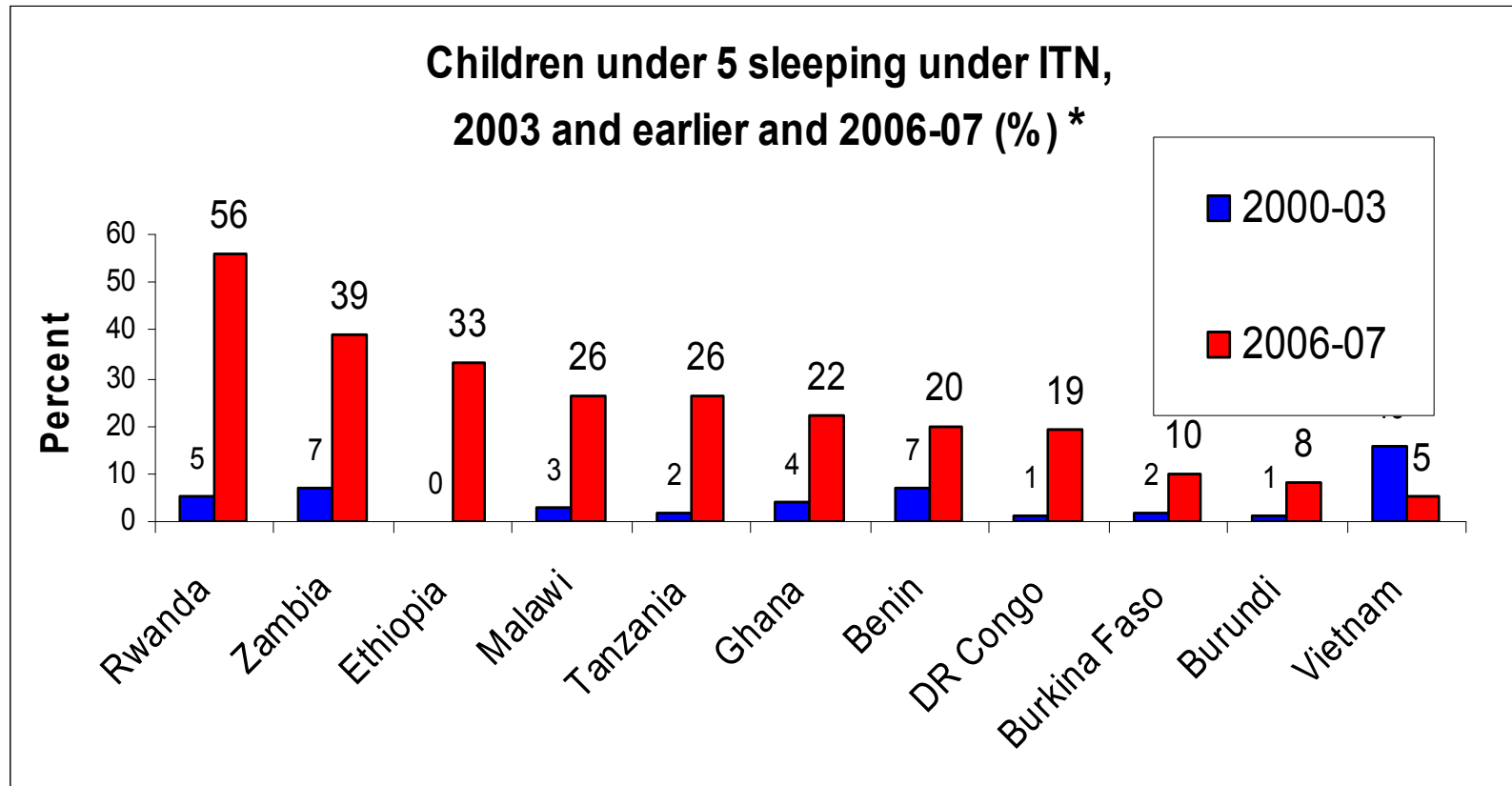
Total health expenditure has increased by 40% since 2002 in the 18 countries



Source: National Health Accounts

- **Malaria funding increase from \$62M in 2004 to \$289M in 2006 in 11 countries**
- **Average increase in HIV funding of 67% per year for the 5YE countries**
- **No evidence of a decreasing government expenditures in absolute amounts**

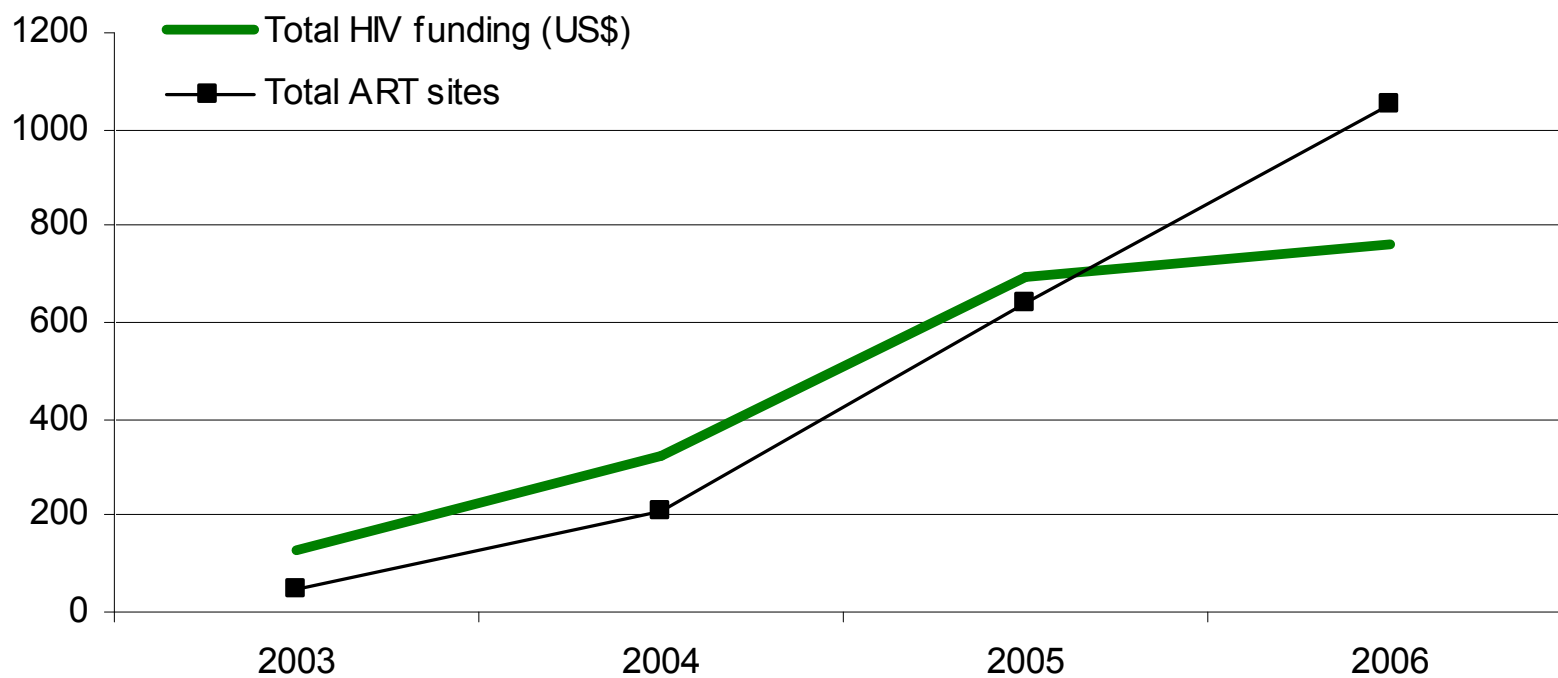
Malaria : Dramatic scale-up in ITN use



* Source: National Health Surveys

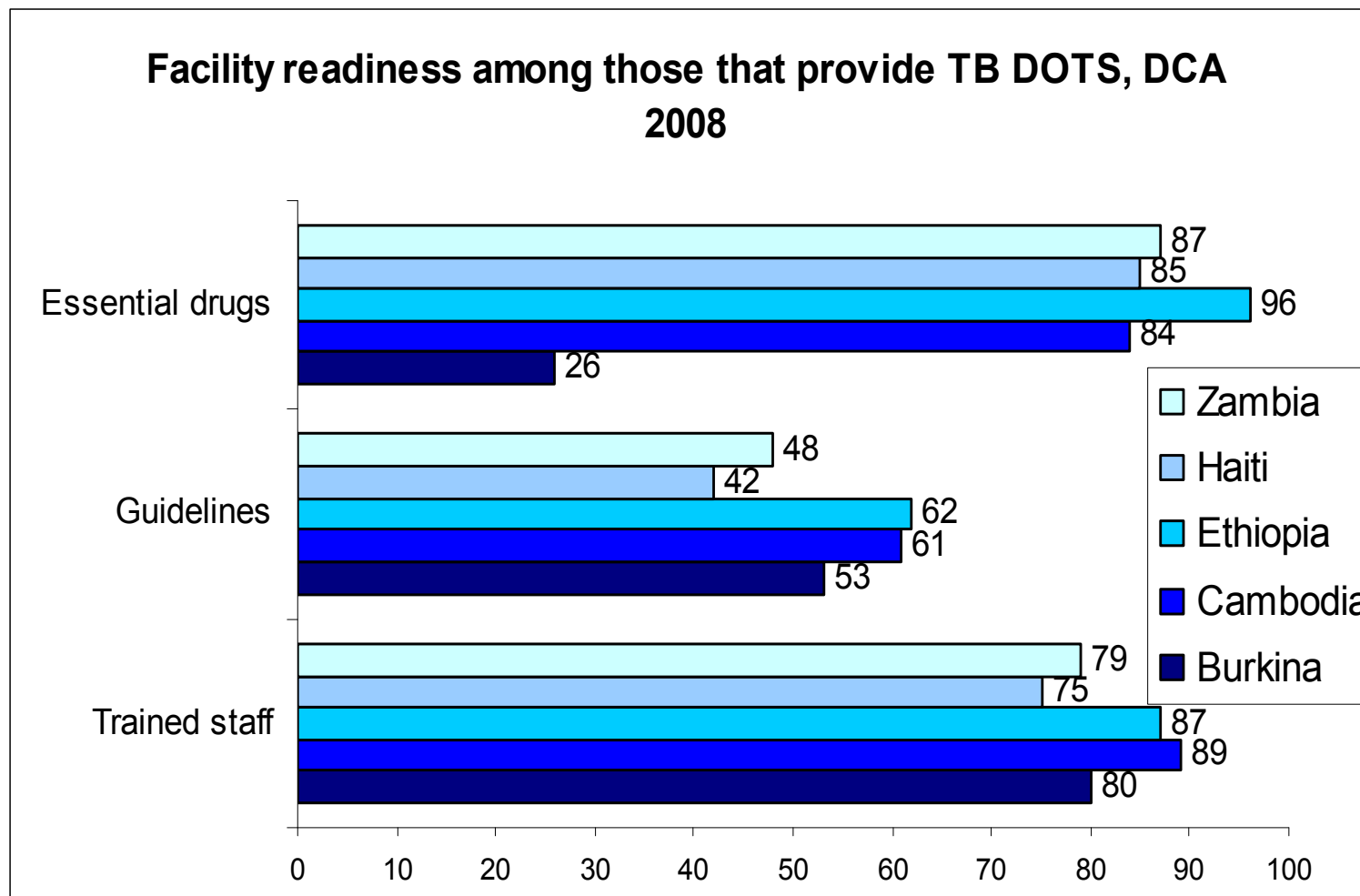
HIV/AIDS : Increase in the number of ART sites

Total HIV funding (US\$ mln) and number of ART sites,
GF evaluation countries, 2003-2006

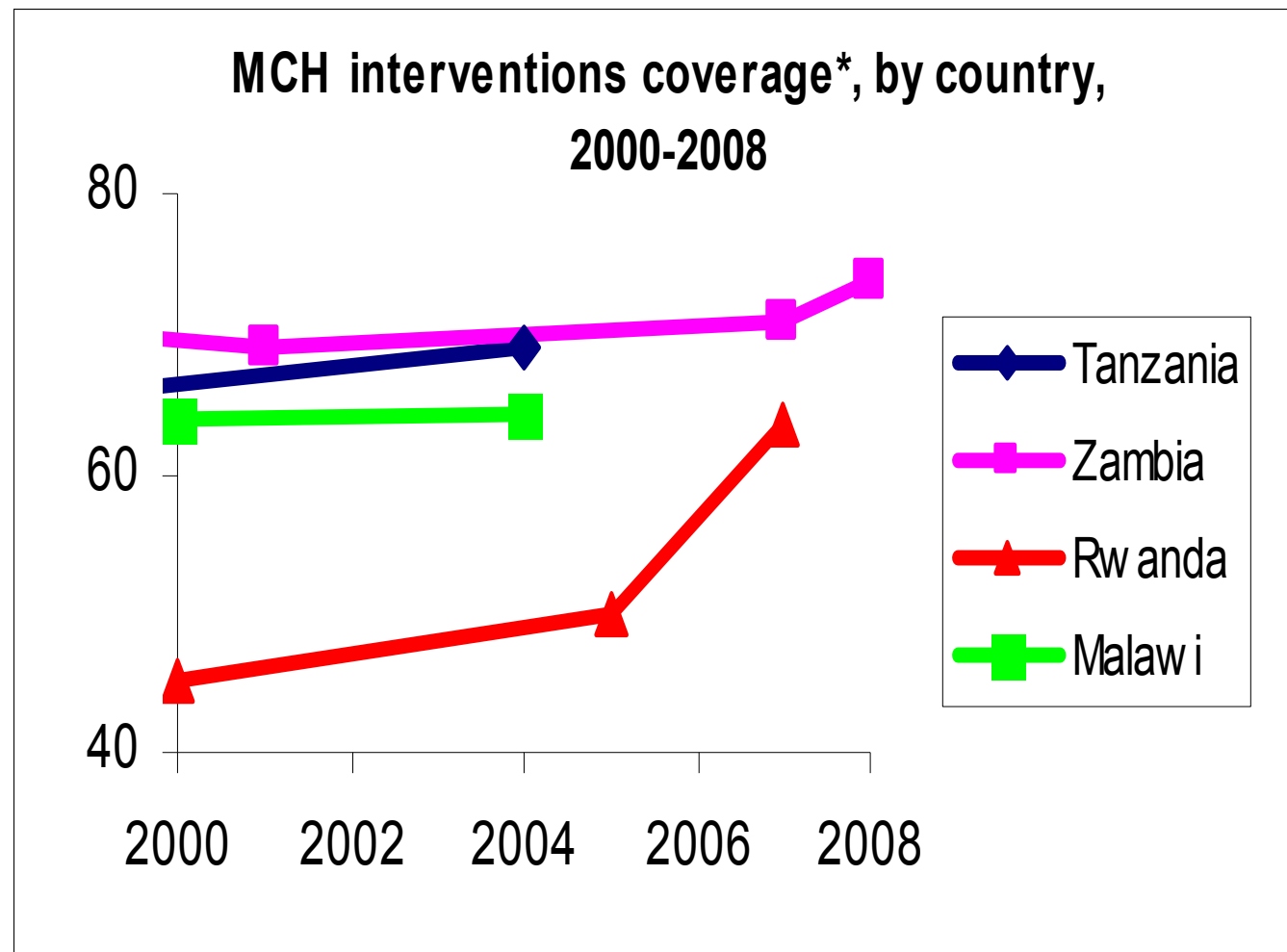


Source: Finance chapter; country evaluation reports (ART sites)

TB: Gains in treatment success but room for improvement in service readiness



Health system effect : no evidence of negative impact on MCH services



* Data based on national health surveys

Call for Action: ... collective action towards sustainability now

This requires:

- **Shift in focus by countries themselves, their partners, Global Fund grant-management structures from specific project monitoring to systematic investment in unified M&E systems.**
- **Build country institutional and analytic capacity**
- **Transparent sharing of data and wider use (data depository)**
- **Partners to support and mobilize around country owned Impact Evaluation Platforms**

Five-Year Evaluation: Next Steps

- December 2008: TERG review Study Area 3 pre-final report
- Board May 2009: Final SA3 Report and TERG Summary Report and Synthesis Report
- Dissemination workshops in all 18 countries for SA3 country reports and introduction of the model impact platform (set of tools and processes, that can be used to assess disease impact for the three diseases and beyond)

Self-evaluation of TERG experience:

Lessons Learnt

Thank you...

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