



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

The Global Fund



Year Evaluation

Five-Year Evaluation Final Reports

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Introduction

The Five-Year Evaluation is the **first major global effort** to systematically evaluate the Global Fund and its contribution to the impact of combined efforts in the fight against the three diseases.

The study was designed:

- Using a **developmental approach** emphasizing country ownership and partner involvement;
- As a **joint learning experience** for the Global Fund, its development partners, and countries;
- To assist in establishing a solid country **foundation to better measure performance and impact** in 2010-2015 towards the MDG goals.
- With an **incremental design** to enable the Board and Secretariat to take action as findings evolved.

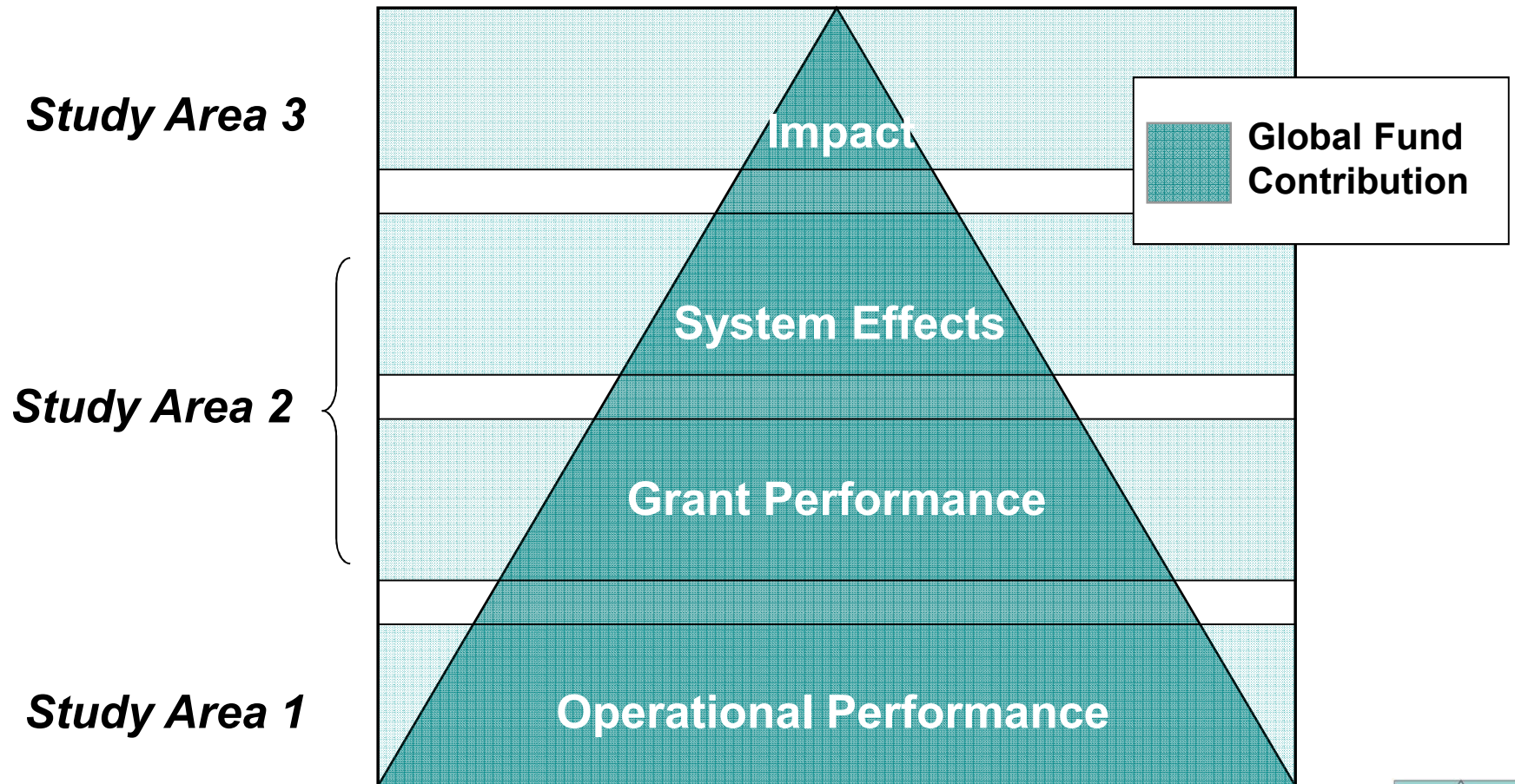
*The Five-Year Evaluation Reports together with TERG summary papers and partner comments form a **strong basis for shaping Board policy.***

Outline

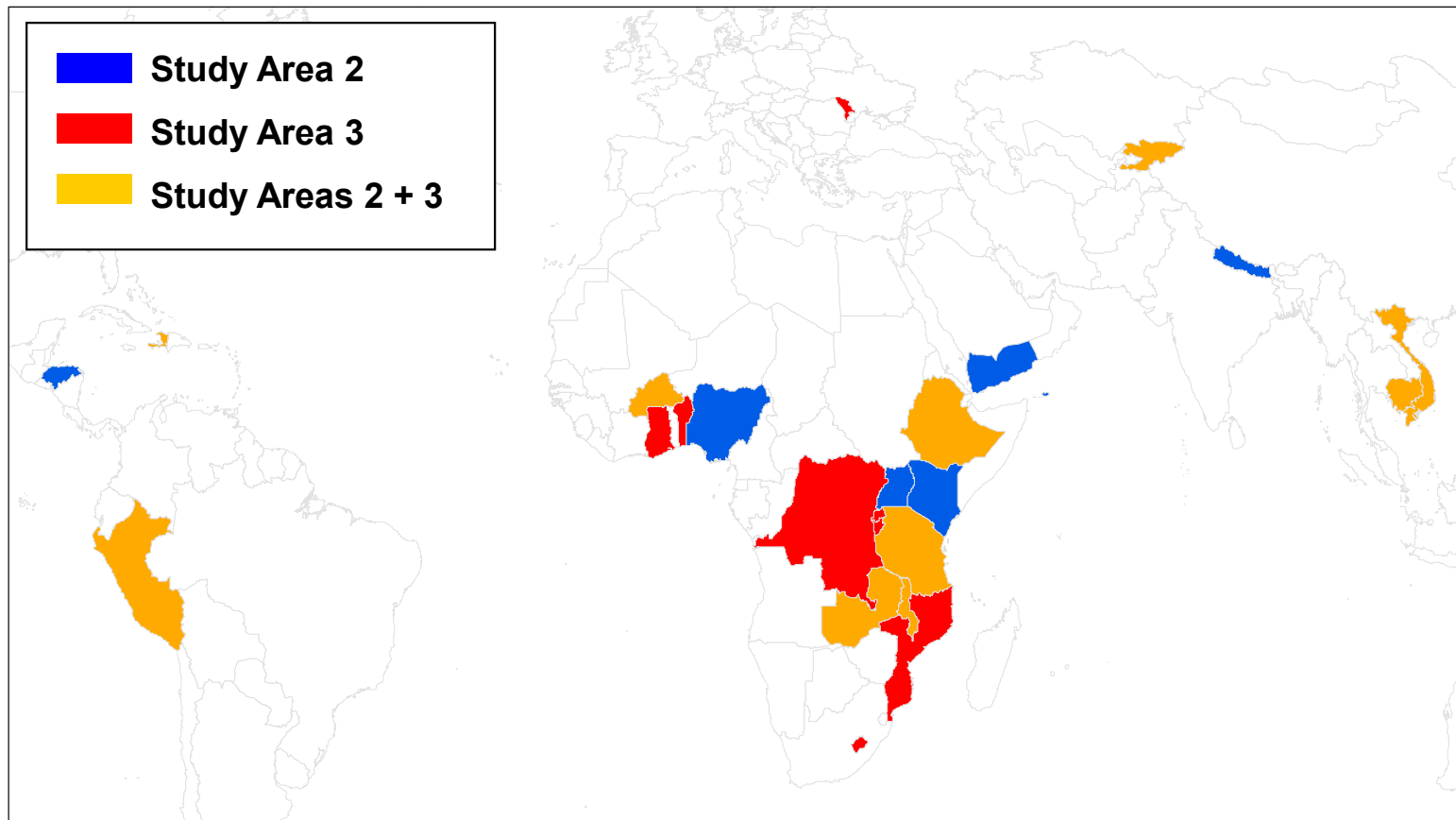
- ❖ Approach
- ❖ Main Findings focusing on Synthesis Report
- ❖ TERG Quality Assessment
- ❖ Key Issues and Priorities
- ❖ Comments by Partners
- ❖ Next Steps

Approach: Five-Year Evaluation Framework

Based on the Global Fund Measurement Framework



Approach: Participating Countries



Health Impact Assessment took place in 18 countries

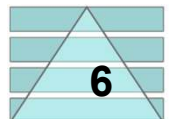
Partnerships and grant performance assessed in 16 countries

Study Area 3: A Developmental Approach

The developmental approach emphasized:

- **Country leadership:** 18 national 'Impact Evaluation Task Forces', 47 subcontracts with local analysts / in-country institutions
- **Use of existing systems** and the combined force of technical partners: Additional support of US \$3.5 million from PEPFAR for capacity building and continued work in 2009
- **Capacity building** for individuals and institutions
- **Development of a package of evaluation tools** and approaches to be widely available: a 'Model Evaluation Platform'

75% of contract budget spent on activities with direct benefit in-country: provision of tools, financing of local costs, TA, support for report writing



Study Area 3 Findings: Resources & Coverage

Massive increase in funding for the three diseases

- 300% increase in HIV funding from 2003-2006
- Global Fund investments have had a catalytic effect on malaria programs in many countries
- But significant difference in funding levels per capita between countries e.g. \$25 to >\$300 per PLWHA

Major progress in availability of services and coverage

- Rapid increase of ART coverage
- VCT & PMTCT utilization has at least doubled in most countries since 2004
- Major progress in coverage of key malaria interventions especially ITNs, and IPTp in almost all countries
- Continued progress in TB control

Study Area 3 Findings: Highlights

Early evidence of impact

- **Decline in under-5 mortality** in three countries
- **Evidence of a possible decline in HIV new infection** rates among young people since scaling-up in three countries; survival data among people on ART is impressive
- **Steady progress in positive TB treatment outcomes**, resulting in high number of life years saved but more work needed on TB-HIV and MDR-TB.

Health systems need to be strengthened to accelerate scale-up

- **No evidence that HIV funding scale-up adversely affected MCH funding** or coverage of interventions
- In many health facilities, **serious deficiencies in terms of basic amenities, essential equipment, medicines and diagnostics**
- **Weak information systems** and major data gaps seriously limit ability to evaluate progress.

Synthesis Report: Approach

*Evaluating the **Fund's overall performance against its goals and principles** in the first five years after its inception*

- **Linkage of the results from the three study areas** to the original intent, goals, principles, and expectations that the Global Fund was designed to address
- Conclusions are articulated around **9 key findings supported by evidence collected throughout the evaluation**

Synthesis Report: Overarching Messages

- The Global Fund plays an **important role in the global development architecture** and has made very important contributions in the fight against the three diseases;
- **The Global Fund merits continued support** and collaboration from partners;
- But the report also **identifies weaknesses that merit serious consideration** by the Global Fund and its partners to position the organization and its partners for future success.

Synthesis Report: Main Findings (1)

Finding 1: Mobilization of Resources

The Global Fund, together with major partners, has mobilized impressive resources to support the fight against AIDS, Tuberculosis and Malaria.

Global Fund Contribution 2003-2006 in the 18 countries studied (% of external funding):

<i>HIV</i>	<i>18%</i>
<i>TB</i>	<i>61%</i>
<i>Malaria</i>	<i>76%</i>

Finding 2: Scale-up of Interventions

Collective efforts have resulted in increases in service availability, better coverage, and reduction of disease burden

Synthesis Report: Main Findings (2)

Finding 3: Health System Strengthening

Health systems in most developing countries will need to be greatly strengthened if current levels of services are to be significantly expanded

Finding 4: Equity

The Global Fund has modeled equity in its guiding principles and organizational structure. However, much more needs to be done to reflect those efforts in grant performance.

Finding 5: Performance-Based Financing

The performance-based funding system has contributed to a focus on results. However, it continues to face considerable limitations at country and Secretariat levels.

Synthesis Report: Main Findings (3)

Finding 6: Global level partnership

The Global Fund partnership model has opened spaces for the participation of a broad range of stakeholders. But existing partnerships are largely based on goodwill rather than negotiated commitments.

Finding 7: Country level partnership

CCMs have been successful in mobilizing partners for submission of proposals but their role in grant oversight, monitoring, and technical assistance mobilization roles remain unclear. The CCMs' role in promoting country ownership is in need of review.

Synthesis Report: Main Findings (4)

Finding 8: Risk management

The lack of a robust risk management strategy during its first five years of operation has weakened the effectiveness of the Global Fund's investment model.

Finding 9: Governance

The governance processes of the Global Fund have developed slowly and less strategically than required to guide its intended partnership model.

Quality Assessment: Oversight

TERG Oversight

- **Ensured independence and technical soundness** of the evaluation
- **Informed and updated PSC, Board and Secretariat** regularly
- **Supported the organization of peer-review** by partners, independent experts and Secretariat focusing on factual errors on several occasions

Over 2 years the TERG held **numerous meetings with contractors** to review work plans, tools and reports, **visited 8 countries**, participated in **stakeholder meetings** and **data analysis workshops**.

Quality Assessment: Study Area 3 Report and Synthesis Report

Study Area 3

- The implementation of Study Area 3 **closely followed the guiding principles**. The work has been carried out on a professional manner and has addressed most questions of the terms of reference.

Synthesis Report

- Represents a **credible synthesis** of the data, findings and recommendations from the 3 study areas covering the main determinants of Global Fund efficiency and effectiveness

Quality Assessment: Areas identified for further analysis and study

- Strategic **analysis of the Global Fund's role in health sector** programs and financing, addressing harmonization & alignment
- Comparative assessment of extent to which Global Fund's **resource allocation** is appropriate, cost-effective and aligned with mandate
- Further analysis of **role of civil society** in the partnership model and in the scaling-up of interventions at country level
- Differential **analysis of contextual factors** and differences in performance between countries
- In-depth analysis of **HIV prevention services** and interventions targeting high risk populations

These areas may also be addressed by partners through further analysis of the data collected or via additional studies commissioned by the Global Fund

Quality Assessment: Key Issues for Board Attention (1)

Urgent need for updated business plan with special focus on:

- Strengthening country ownership in proposal development, implementation and oversight
- More proactive approaches to grant-making to maximize impact
- Focused, strategic approach to M&E system strengthening
- Greater focus on quality assurance mechanisms and longer-term capacity building
- Improve predictability of funding to reinforce country planning processes
- Differentiated approaches to grant management
- Improved communications for better mutual understanding of roles and responsibilities

Quality Assessment: Key Issues for Board Attention (2)

Performance-based funding system:

- The entire PBF system should be reviewed to streamline it and ensure its integrity.

Defined Partnership Framework:

- Urgently required with clearly articulated roles and responsibilities, going beyond the MoU model

Global Fund contributions to health system strengthening:

- Should focus on key factors limiting scale-up and be implemented through partnership arrangements

Quality management

- Emphasize Quality Management approaches to build capacity for grant oversight

Comments by Partners: Timeline

Date	Deliverables
19 March	Final drafts presented to PSC for input
2 April	Deadline for PSC comments
15 April	Final reports circulated to Board
27 April	Deadline for Board comments
28 April	All comments received posted on Board extranet

Comments Received

Global Fund Board members were invited to submit comments on Study Area 3 and the Synthesis Report to guide discussion at the Board. Comments have been received from:

- Japanese Delegation
- WHO
- UNAIDS

In addition to this process, throughout the Five-Year Evaluation **the Global Fund Secretariat** was invited to submit comments on the design, interim products and final reports. A formal Management Response is forthcoming.

Comments: Study Area 3

Overall, Board member comments were supportive and agreed with the findings. All comments received have been posted on the Board extranet. The errata sheet addresses all Study Area 3 factual errors.

Areas identified for further discussion:

- **More data on the amount and quality of TA for M&E system support**
- **The diagnosis regarding data availability and quality is accurate but understates the amount of effort invested in the last 5 years**
- **The assessment of the TB program seems too negative, with regard to both data quality and progress**
- **Interest in the district level data for the evaluation health service delivery pattern**
- **Technical discussion on the use of routine service statistics vs. survey data to assess malaria burden**

Comments: Synthesis Report

Comments received included valuable suggestions for consideration in Board deliberations:

- Partners welcomed the opportunity to comment on the report and its findings, and found the conclusions useful
- A better focus on cost-effective strategies is needed, keeping country ownership as a key principle
- Recognition of the role of bilaterals at country level
- Strengthen linkages between program areas (e.g. PMTCT and MCH)
- Some recommendations were not sufficiently specific to be actionable; task of the Board and Secretariat in following-up
- Need for improvement in alignment and harmonization of Global Fund processes
- Demand for increased TA needs to be matched with resources

Comments: Global Fund Secretariat

- The Synthesis Report makes very valuable suggestions which will be taken seriously, and against which a formal Management Response will be provided.
- The Secretariat raises a number of issues regarding study design that could be considered in future studies.

No significant factual errors were identified that would alter the study's conclusions.

While the TERG considered employing a variety of evaluation approaches, the 'developmental approach' was adopted in order to initiate a process of joint learning and to build country capacity for continuous and sustained evaluation.

Comments: Pre-Board meeting discussions

- Timing of measurement of impact and **need for continuous evaluation** aligned with country cycles
- Measuring **contribution vs attribution** particularly in countries with pooled financing
- Clarifying methodology for estimates of **TB progress and malaria impact**
- Measurement of effect of **scale-up on MCH funding**
- Importance of strengthening **civil society's role on CCMs**
- Global Fund progress since inception of evaluation in 2007 will be addressed in the **Management Response**
- Emphasizing need to increase **resources for TA provision**
- Need for clear **process for responding to evaluation findings**

Next Steps

Follow-up of Five-Year Evaluation

- Errors summarized in the **errata sheet** will be incorporated in the printed version of the final report and published online by 16 May
- **TERG offers to work with the Board and Committees** in process of interpreting and refining recommendations for follow-up
- **Five-Year Evaluation momentum needs to be sustained:** country report dissemination, model evaluation platform refinement, data repository made public

Next Steps

TERG Agenda

- Special studies to be commissioned to fill some key knowledge gaps
- TERG self-assessment will provide recommendations to the Board on how to refine TERG role in line with Global Fund needs
- Important lessons learned from this evaluation can benefit the AMFm independent evaluation

TERG requires independence, resources and support

The Economist: Results of recent World Bank assessment underscore importance of independent evaluation group to ensure independence of organizational performance assessments.

Thank you...

TERG MEMBERS

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