TERG

The Global Fund 5 Year Evaluation

OCTOBER 2006

TECHNICAL BACKGROUND

TECHNICAL BACKGROUND DOCUMENT

ON THE SCALE AND SCOPE OF THE FIVE-YEAR EVALUATION OF THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

This report was prepared by a team from Social and Scientific Systems, Inc., under contract to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The team that prepared the document was led by Rosemary Barber-Madden, EdD, MPH, and included:

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The team carried primary responsibility for the development of Study Area 1 (Organizational Development Diagnostic Assessment and Evaluation of Global Fund Effectiveness and Efficiency) and Study Area 2 (Evaluation of Country Grant Performance and Partnership in 16 Countries). This team was also responsible for incorporating information on Study Area 3 as well as comments from various Global Fund structures into this document as it was developed and finalized over a several-month-long process.

Study Area 3 (The Overall Reduction of the Burden of the Three Diseases and the Global Fund Contribution) was prepared with input from Anastasia Gage, PhD, Associate Professor, and Joseph Keating, PhD, Research Assistant Professor of Tulane University School of Public Health and Tropical Medicine, Department of International Health & Development. Individuals from technical partner agencies provided input to the development of the impact evaluation plan.

The document was reviewed in draft by the Technical Evaluation Reference Group and discussed extensively in the 5th TERG meeting (Cuernavaca, Mexico, 31 August - 1 September 2006.) The document was further revised following input received from the Policy and Strategy Committee of the Global Fund Board.

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TERMS & ABBREVIATIONS USED

AIS	AIDS Indicator Survey
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CECS	Comprehensive evaluation country studies
DFID	Department for International Development (U.K.)
DHS	Demographic and health survey
DOTS	Directly Observed Treatment, Short-course
DRAS	Document Review, Analysis, and Synthesis
DSS	Demographic surveillance systems
EARS	Early Alert and Response System
FBO	Faith-based organization
FPM	Fund Portfolio Manager
GAVI	Global Alliance for Vaccines and Immunization
GHP	Global health partnerships
GTT	Global Task Team
ITN	Insecticide-treated bed net
LFA	Local Fund Agent
LOE	Level of effort
MACEPA	Malaria Control and Evaluation Partnership in Africa
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MICS	Multiple Indicator Cluster Surveys
MIS	Malaria Indicator Surveys
M&E	Monitoring and evaluation
NGO	Nongovernmental organization
PEP	Performance Evaluation and Policy unit of the Global Fund
PEPFAR	President's Emergency Plan for AIDS Relief (U.S.)
PLWHA	People living with HIV/AIDS
PR	Principal Recipient
RBM	Roll Back Malaria
SACS	Secondary analysis country studies
SPA	Service Provision Assessment
TA	Technical assistance
TB	Tuberculosis
THE	Total Health Expenditure
TRP	Technical Review Panel
TERG	Technical Evaluation Reference Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

TECHNICAL BACKGROUND

EXECUTIVE SUMMARY

The Global Fund was founded on a set of principles (described in the Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria) that guide its work from governance to grant-making. A major principle defining its scope is that it operates as a financial instrument, not as an implementing entity. As a global public/private partnership among governments, civil society, the private sector and affected communities, the Global Fund represents an innovative approach to international health financing. Now entering its sixth round of funding, the Global Fund (as of 30 September 2006) has approved proposals with a total commitment of US$ 5.6 billion for nearly 400 grants in 132 countries to support aggressive interventions against the three diseases: AIDS, tuberculosis and malaria. It is relatively unique in its commitment to a demand-driven approach and performance-based funding.

At its sixth meeting (October 2003), the Global Fund Board approved a five-year evaluation of the Global Fund's overall performance against its goals and principles after at least one full grant cycle has been completed. The Five-Year Evaluation is being planned and implemented under the oversight of the Global Fund Technical Evaluation Reference Group (TERG), which was created as an independent body to provide independent assessment and advice to the Board. The TERG has defined three overarching questions for the Five-Year Evaluation.

1. Does the Global Fund as an organization (Board, Secretariat, Technical Review Panel [TRP], Local Fund Agents [LFAs]) through both its policies and operations, reflect its core principles, including:

A. Acting as a financial instrument rather than as an implementation agency, and
B. Furthering country ownership?

In fulfilling these principles, does the Global Fund as an organization perform in an efficient and effective manner?

2. How effective and efficient is the Global Fund partnership system in supporting HIV, malaria, and TB programs at the global and country level?

3. What has been the overall reduction of the burden of the three diseases? What is the Global Fund's contribution to reducing the burden of the three diseases?

This report builds on a global stakeholder consultation that identified priority questions and issues to guide the Five-Year Evaluation of the Global Fund. The following are required elements of the report:

- Descriptions of studies to address the overarching questions, with detailed descriptions of the purpose, methodologies, options for implementation, timeline, and budgets
- An operational plan for the Five-Year Evaluation that results in comprehensive and cohesive products (synthesis evaluation reports) that draw from a wide range of information, including that already available as well as specifically-commissioned studies and analyses
- A timeline describing the sequencing of activities beginning upon Board approval of the evaluation plan (estimated: November 2006) through to the completion and reporting of the initial (November 2007) and final aspects of the evaluation (November 2008)
- An estimated budget for the implementation of the Five-Year Evaluation, inclusive of the individual studies required to fill gaps in available information

A subsequent section of this report defines and operationalizes the evaluation framework and the three overarching questions developed by the TERG. Based on a review of the extensive documentation, reports, and studies, the team identified priority themes and gaps in data and information for the Five-Year Evaluation, and identified and described three "Study Areas" (described below) which directly address priority issues under the three overarching questions.

- Synthesis Report focused on Organizational Efficiency and Partner Environment covering Study Areas One and Two (November 2007)
- Impact Evaluation Report covering Study Area Three (July 2008)
- Final Synthesis Report (November 2008)

The Five-Year Evaluation proposed overall budget of US$ 17,142,000 represents 0.6 percent of all funds disbursed to date and covers a coordinated set of evaluation activities that spans two years.

STUDY AREA 1: ORGANIZATIONAL DEVELOPMENT DIAGNOSTIC ASSESSMENT AND EVALUATION OF GLOBAL FUND EFFECTIVENESS AND EFFICIENCY

This study, which focuses primarily on overarching question one, examines the efficiency and effectiveness of the Global Fund's performance. The key question - How effective/efficient has the Global Fund been as an organization, in relation to its principles, purpose, and business model – examines two primary issues:

- Are the architecture and systems in place to ensure performance?
- How effectively are the various structures of the Global Fund (Board, Secretariat, TRP, LFAs) performing? Are they operating as envisioned?

This evaluation study draws from the field of organizational development and quality management, examining issues key to the operations of the Global Fund, including grant management, performance-based funding, resource mobilization, governance and communication with countries. It will examine several distinct but inter-related elements of the Study Area.

The centerpiece of this evaluation Study Area is examination of the Global Fund's business model (the foundation on which the Global Fund was created and the way in which the business model has been implemented) subsequently benchmarked with internal or external benchmarking against comparable organizations (as appropriate). This benchmarking will identify the Global Fund's success overall and the characteristics that have ensured its success, including the key competitive advantages of the Global Fund as compared to bilateral, multilateral and other partners and will examine how effectively the Global Fund has pursued these. As part of this study, information from the three components (LFA study, governance study, and private sector, in-country contributions study) will be incorporated into the analysis of the business model to ensure a full view of the Global Fund's performance. This Study Area is focused primarily on the Secretariat level.

The Study Area will examine:

- the strengths and weaknesses of the Global Fund's operations and parts;
- the way in which the Global Fund has acted as a "financial instrument, not as an implementing agency" with simplified, rapid, innovative process and efficient effective disbursement mechanisms;
- implementation of performance-based funding across grantees, disease focus, and regions;
- the way the Secretariat structures communicate effective guidance and support to grantees, including guidelines for progress reports;
- the effectiveness of the Board, TRP, and LFAs (along with the quality of Global Fund management of LFAs);
- Board governance, including the Board's efficiency and effectiveness, adequacy of Secretariat support to the Board and the effect of Board composition on promoting Global Fund principles, including support to technical assistance (TA), success in fundraising, etc.;

Key data collection methods to evaluate the business model include:

- Organizational development diagnostic to define the Global Fund's business model and analyze its implementation;
- Construct business model (Global Fund principles, business operations, business plan/strategic plan);
- Review functions, focus and efficiency of all units, identify overlap and gap in functions using task analysis of job functions/expectations at the unit level;
- Identify and document actual Global Fund performance (e.g., operations, business services, resource mobilization) across units from this analysis;
- Review and synthesize extensive amount of information based in the Global Fund Secretariat (operations and results) as well as external studies, assessments, and analyses;
- Key-informant interviews to identify internal and external perspectives and context of the Global Fund's business model implementation;
- Interview staff in different Global Fund structures (Board, Secretariat, TRP and LFA) to contextualize the Global Fund business performance analysis;
- Interview country and global partners to provide perspectives on Global Fund innovations in the business of public health, effectiveness of performance-based funding to ensure public health improvements, and describe recommendations and adaptations;
- Synthesis of Global Fund performance to date as a "financial instrument" resulting from the original business model. Results on appropriate management structure, efficiency, accountability and incorporation of the findings from the three studies (LFA study,[1] governance study, and private sector, in-country contributions study) will be incorporated into the analysis of the business model to ensure a full view of the Global Fund's performance;
- Internal and (as appropriate) external benchmarking of Global Fund performance against similar or comparable organizations, comparing them on operational principles, e.g. light administrative touch, leanness, harmonization and flexibility of procedures, responsiveness).

[1] Procurement for an external evaluation of the Local Fund Agent system already announced; budgeted from the 2006 budget of the PEP Unit of the Global Fund Secretariat.

THE PROPOSED BUDGET FOR STUDY AREA 1 IS US$ 1,264,500.

Examples of expected actionable results derived from this Study Area include:

- Gauge Global Fund current practices as a financial entity and define limits of "implementation" in accordance with Global Fund strategic choices;
- Identify best practices and areas for improvement in the Global Fund's model of performance-based funding and provide further guidance for applicants, grantees and the technical review process;
- Evaluate strengths and weaknesses in Global Fund operational mechanisms and recommend options for improvement;
- Analyze LFA system according to policy intent, effectiveness and efficiency of services provided and develop recommendations for improvement;
- Improve communication and guidance materials based on evaluation findings.

STUDY AREA 2: EVALUATION OF COUNTRY GRANT PERFORMANCE AND PARTNERSHIP IN 16 COUNTRIES

Study Area 2 focuses on the determinants of grant success, examining country performance and partners, with an emphasis on country context and pivotal factors including TA and management assistance, country structures, national ownership, presence of major partners, harmonization and alignment, fragile states, effects on and strength of health systems and involvement of civil society and NGOs. Performance will be examined at the stages of proposal application, in progression from Phase 1 to Phase 2, and beyond Phase 2.

The multi-method Study Area will be conducted in depth in 16 countries and will include quantitative modeling to provide generality to the whole portfolio. The study will examine determinants of performance by analyzing both high-performing and low-performing grants.

Methods will include:

- Modeling and comprehensive analysis of grant performance by country characteristics including poverty, health systems, fragile states, technical assistance, and the partner system; application of the modeling findings to the present Global Fund portfolio of grantees as a gauge of grantee performance when compared to characteristics of high-performing grantees/countries;
- In-depth diagnostic country assessments in 16 country settings to provide power for the analysis, especially to provide the qualitative and country-specific information to explain performance differences, including key informant interviews and/or focus-group discussions (through Global Fund country structures including host-country government, public/private partners, etc), self-assessment/email assessment across entire spectrum of country partners, document/statistics review, and visits to Global Fund-funded projects;
- Global key-informant interviews to assess the partnership system (including Fund Portfolio Managers (FPMs)/Early Alert and Warning System (EARS), Global Task Team, TA from the U.S. government);
- Review and synthesis of extensive existing material on country and partner environment and their effect on grant performance, including historical and trend analysis of grant proposals, routine reports, scorecards, the LFA reports to the Global Fund, minutes of CCM meetings, national plans related to the three diseases and existing internal and external studies (including results of the LFA study).

THE PROPOSED BUDGET FOR STUDY AREA 2 IS US$ 2,939,000.

Examples of expected actionable results derived from this study area include:

- In proposal submission and review process, focus proposal guidelines and recommend technical assistance elements most closely identified with best performers. Inform technical review process of those characteristics significantly associated with success in implementation;
- Refine and focus Global Fund procedures (grant management and early warning and response) on strongest determinants of grant performance;
- Provide guidance to partners on technical assistance, based on country diagnostics, and what forms of technical assistance (duration, intensity, mechanisms) are most associated with successful grant implementation;
- Use findings on sustained performance (beyond Phase 2) inform applicants and grantees on steps to take to during grant implementation.

STUDY AREA 3: THE EXTENT OF THE OVERALL REDUCTION OF THE BURDEN OF THE THREE DISEASES

Study Area 3 is a broad and comprehensive examination of the overall reduction of the burden of the three diseases and the Global Fund's contribution to that reduction. The approach of the Study Area is to examine collective efforts, including those of other major agencies and programs in recognition of the fact that, in many countries, the Global Fund is not the only major international investor. The impact evaluation sets out to assess overall impact on the burden of cases and deaths due to the three diseases. The evaluation will describe the contribution of the Global Fund without direct attribution to any individual agency or effort. It will also document the quality of interventions related to impact, including costing.

Two types of studies are proposed:

- Comprehensive Evaluation Country Studies (CECS) in eight countries. These studies involve primary data collection in 2007 and close partnership with country institutions.
- Secondary Analysis Country Studies (SACS) in 12 countries, predominantly based on secondary analysis and lower level of investment in data collection.

The impact evaluation will rely on a range of data collection efforts, including surveys, surveillance, research studies, service statistics, financing and administrative records.

Methods will include:

- Death registration systems;
- Surveys for impact and coverage;
- Service record systems;
- Finances through National Health Accounts;
- Synthesis and modeling.

THE PROPOSED BUDGET FOR STUDY AREA 3 IS US$ 12,000,600.

In addition to providing solid evidence that the Global Fund is reaching intended recipients, the impact evaluation can have far-reaching benefits and applicability in building a platform for future evaluation.

Expected actionable results include:

- Form a major input in the Millennium Development Goal (MDG) monitoring process and serve as foundation for future monitoring and evaluation of the impact of scaling up the fight against the three diseases;
- Contribute substantially to strengthening country health information systems by enhancing analytical and data collection capacity, increasing data availability and embedding its work in international efforts to support country health information system strengthening;
- Create a cohesive "package" of impact evaluation tools that can be made available to other grant recipients and partners.

Five-Year Evaluation: Key Considerations and Challenges

To ensure the successful planning and implementation of the Five-Year Evaluation, a management and implementation structure is proposed that includes tendering for two different contractors – one for Study Areas One and Two and one for Study Area Three (described in detail in Section IV.) The evaluation will also need services of an Evaluation Management Support Unit (at an estimated cost of US$ 937,900 over two years).

A number of challenges will emerge in the successful development and implementation of the Five-Year Evaluation. Among these are:

Country selection and visits: It is critical to ensure that the maximum amount of data is gained from country visits needed for different parts of the Five-Year Evaluation study while minimizing the burden on countries. Careful country selection and efficient planning for visits will minimize country-based transaction costs as well as ensure that the antecedent information to evaluate impact on health outcomes (Study Area 3) is available.

Building Systems and Capacities through the Five-Year Evaluation. The proposed impact evaluation represents a serious commitment on the part of the Global Fund not only to assess collective impact but to strengthen country capacity and systems for ongoing impact measurement. To succeed, the Five-Year Evaluation will need to be guided by a capacity-building plan that is integral to its overall conduct. Opportunities for the Global Fund to draw from existing capacity and to build on existing capacity in countries must be identified and used, starting with the Request for Proposal (RFP) process.

Needed experience and competencies. Given the very short time frame for these studies, and the massive coordination needs between and among different studies, study teams and countries, the Global Fund would be well advised to ensure that offerors with the technical credibility to conduct the needed studies are managed and supported by a team (and a contractor) with experience in conducting large-scale, simultaneous, multi-country evaluation studies on a global scale.

Rolling out the Five-Year Evaluation: The Global Fund will need a communication strategy to inform partners and countries on a global scale of the Five-Year Evaluation design, progress and interim findings. For example, it is important for the Global Fund to encourage country participation and to seek the means of building country capacity through the Five-Year Evaluation. Countries will need to be enlisted to participate and their commitment sustained with no Global Fund country presence or programs.

Global transaction costs must also be considered. The Secretariat should identify other studies and evaluations that bilateral and multilateral donors such as PEPFAR and DFID are planning for the 2007–2008 period. It should advocate for the Five-Year Evaluation, especially the need to coordinate and share costs in those countries where impact evaluation activities will overlap. It will also help identify opportunities for collaboration as well as ensure planning to reduce country-level burden and minimize disruption to busy programs.

Reaching populations at greatest need. The Five Year Evaluation needs to ensure sufficient disaggregation to establish that populations at greatest need are benefiting. This includes by gender, poverty, vulnerable populations, people living in fragile states, with poor health systems, and other populations particularly affected by the three diseases in the epidemic setting.

Transparency of all data and sources. The Global Fund needs to ensure (through the contracting process) that data collected as part of the Five-Year Evaluation are made transparently available, with recognition of confidentiality requirements. The investment in the Five-Year Evaluation should provide many researchers and actors with access to the data for use in further analysis and other evaluation efforts. This degree of data accessibility will help to build a transparent data platform for future Global Fund and partner evaluations.

INTRODUCTION AND BACKGROUND

In 2002, The Global Fund to Fight AIDS, Tuberculosis and Malaria was established at a crucial time when the international community came together to set goals for reducing infections, illness and death from HIV/AIDS, malaria and tuberculosis. Its mandate was to scale up global financing of interventions in a dramatic way. The Global Fund is the first organization of its kind. As a public/private partnership, it uses a country-based, demand-driven approach, providing financing to high-quality country proposals, with continuation only on the basis of performance. The innovative financing principles are considered to be key to successful results.

Now entering its sixth round of funding, the Global Fund (as of 30 September 2006) has approved proposals with a total commitment of US$ 5.6 billion for nearly 400 grants in 132 countries to support aggressive interventions against the three diseases: AIDS, tuberculosis and malaria. Results released in June 2006 indicate that 544,000 people are currently on antiretroviral (ARV) treatment, 1.43 million people are being treated for tuberculosis (TB) under Directly Observed Treatment, Short-course (DOTS), and 11.3 million insecticide-treated bed nets (ITNs) were distributed to protect families from malaria. The unique approach of the Global Fund, the results achieved so far and the Global Fund's ability to gear up to billion-dollar funding levels in a very short period are the subject of a Five-Year Evaluation. Given the impressive results, the timing of the Five-Year Evaluation of the Global Fund is propitious, as the global financing environment is changing dramatically and global expectations for the future are great.

The unique nature of the Global Fund is reflected in the principles that guide its operation. The Global Fund was founded on a set of principles described in the Global Fund's Framework Document that guides its work, from governance to grant-making:

- Operate as a financial instrument, not as an implementation entity;
- Make available and leverage additional financial resources;
- Support programs that reflect national ownership;
- Operate in a balanced manner in terms of different regions, diseases and interventions;
- Pursue an integrated and balanced approach to prevention and treatment;
- Evaluate proposals through independent review processes;
- Establish a simplified, rapid and innovative grant-making process and operate transparently, with accountability;
- In making funding decisions, support programs which adhere to a specific set of criteria, set out in the governing Framework Document of the Global Fund.

As a global public/private partnership between governments, civil society, the private sector, and affected communities, the Global Fund represents an innovative approach to international health financing. It is relatively unique in its commitment to a demand-driven approach and performance-based funding.

Overarching Questions for the Five-Year Evaluation

At its sixth meeting (October 2003), the Global Fund Board approved a five-year evaluation of the Global Fund's overall performance against its goals and principles after at least one full grant cycle has been completed. The Five-Year Evaluation is being planned and implemented under the oversight of the Global Fund Technical Evaluation Reference Group (TERG), which was created as an independent body to provide independent assessment and advice to the Board. The TERG defined three overarching questions for the Five-Year Evaluation:

1. Does the Global Fund as an organization (Board, Secretariat, Technical Review Panel [TRP], Local Fund Agents [LFAs]) through both its policies and operations, reflect the core principles, including:

   a. Acting as a financial instrument rather than as an implementation agency, and
   b. Furthering country ownership?

   In fulfilling these principles, does the Global Fund as an organization perform in an efficient and effective manner?

2. How effective and efficient is the Global Fund partnership system in supporting HIV/AIDS, malaria, and tuberculosis programs at the global and country level?

3. What has been the overall reduction of the burden of the three diseases? What is the Global Fund's contribution to reducing the burden of the three diseases?

The design for the Five-Year Evaluation Plan was launched during a five-day meeting held at Social & Scientific Systems, Inc., (SSS) in Silver Spring, Maryland, U.S., in early July 2006. The SSS team worked with both staff of the Global Fund Secretariat and members of the TERG during this period. These meetings were most important to prepare the team to initiate the development of the Technical Background Document on the Scale and Scope of the Five-Year Evaluation (hereinafter referred to as the Technical Background Document). They insured that the document reflected work initiated by the TERG, specifically:

- An extensive assessment of stakeholder opinions on Global Fund performance through high-level consultations as well as an online survey with over 900 respondents that served to identify and set priorities for key issues for the Five-Year Evaluation.[1,2]
- Development of an impact evaluation plan for the Global Fund (by a working group with members of the Secretariat, TERG, and staff from technical partners)

The Technical Background Document is an evaluation plan that will result in a comprehensive and consolidated Five-Year Evaluation report with important parts delivered to the Board in 2007 and in 2008. This document builds on the global stakeholder consultation that identified priority questions and issues to guide the Five-Year Evaluation of the Global Fund and includes:

- Descriptions of studies to address the overarching questions, with detailed descriptions of the purpose, methodologies, options for implementation, timeline, and budgets.
- An operational plan for the Five-Year Evaluation that results in comprehensive and cohesive products (synthesis evaluation reports) that draw from a wide range of information, including that already available as well as specifically-commissioned studies and analyses.

The development of the Technical Background Document was guided by an extensive document review. A large number of official Global Fund documents such as business reports, policies and procedures, information, documentation available on the Global Fund website and Global Fund–commissioned studies were reviewed along with externally-commissioned studies and the extensive amount of information appearing on the Internet about the Global Fund. Access to a wide variety of key internal and external documents was facilitated by the Global Fund Secretariat.[3]

The Technical Background Document was presented by members of the SSS team and individuals involved in the design of the impact evaluation at the 5th Meeting of the TERG, Cuernavaca, Mexico, 31 August – 1 September, 2006. During this meeting, the elements of the Technical Background Document and a proposed set of studies were analyzed.

This plan includes information for discussion and decision by the Board and respective committees, a timeline describing the sequencing of activities beginning upon Board approval of the evaluation plan (estimated: November 2006) through to the completion and reporting of the first product, a synthesis report for overarching questions one and two (November 2007), the results of the impact evaluation (overarching question 3) in June 2008, the final synthesis report for all three overarching questions of the evaluation (November 2008) and an estimated overall budget for the Five-Year Evaluation.

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[1] The Global Fund Five-Year Evaluation overarching questions report from a stakeholder consultation. Stein-Erik Kruse. May 2006.
[2] 360° Stakeholder Assessment. Perceptions and Opinions of Stakeholders on the Global Fund. The Global Fund to Fight AIDS, Tuberculosis and Malaria. October 2006. See www.theglobalfund.org/en/about/terg/
[3] The Evaluation Library maintained on the Global Fund website was a valuable centralized source for many of these materials. The Evaluation Library can be found at www.theglobalfund.org/en/links_resources/library/.. A list of references appear in Appendix 7.

The Global Fund Five-Year Evaluation: Overarching Questions and Study Areas

The TERG defined three overarching questions (see above) and recommended a phased approach to the evaluation, which the Secretariat began implementing with a set of priority activities, including an extensive process of stakeholder consultation. These consultations confirmed the framework provided by the three overarching questions for the Five-Year Evaluation and provided detailed information on priority issues.

The team developing the Technical Background Document reviewed the sub-questions proposed from the results of the stakeholder consultation[4] and modified them based on a review of existing internal and external information about the Global Fund and input from the TERG and the Global Fund Secretariat. (The Five-Year Evaluation questions and sub-questions are outlined in Annex 1.)

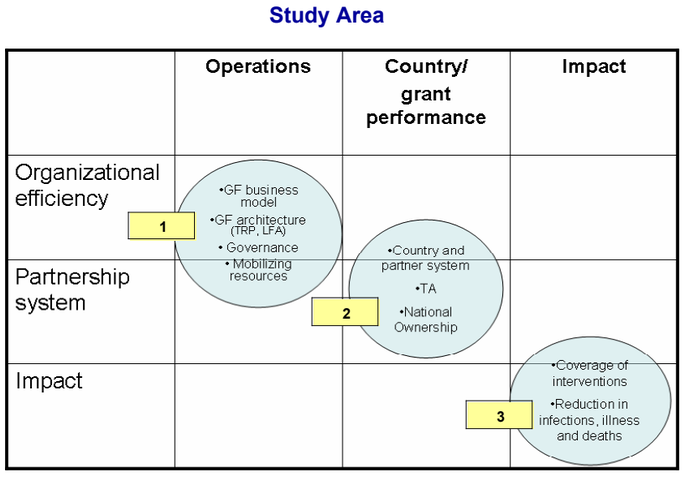
Based on these priority themes, the gaps in the information available to answer each overarching question were identified, a summary of which is shown in Figure 1 for overarching questions one and two.[5] A summary of the gap analysis and available data for each of the three overarching questions is found in Annex 2.[6]

FIGURE 1. SUMMARY OF GAPS IN OVERARCHING QUESTIONS 1 AND 2

GAPS IN OVERARCHING QUESTION 1:	GAPS IN OVERARCHING QUESTION 2:
• How the Global Fund implements its business model • How closely aligned the operative business model is with the original business plan of the Global Fund in light of its evolution • How has the donor landscape evolved • What has been the Global Fund's performance on its principle of being a "financial instrument, not an implementing entity" • Efficiency and effectiveness of performance-based funding in the Global Fund business model • The role and performance of the LFA system • Characteristics of the public/private sector partnership and role of the private sector	• Lack of clarity about roles and responsibilities for technical assistance • Priority technical assistance needs of countries • Nature of TA provision • Comparisons of the amount budgeted in the grant application and actual expenditures and the effectiveness of TA provided • Unclear definitions and definition and indicators on country ownership • No systematic study of alignment of national structures and systems and the Global Fund in program and financial management, procurement, and monitoring and evaluation systems • Adequacy of national capacity for alignment of systems • Uptake of performance-based funding by other global and national programs

The evidence from the wide-ranging assessments and reviews has been simplified and consolidated into a small core set of Study Areas which directly address priority issues under the three overarching questions. Figure 2 depicts the relationship between the overarching question and the Study Areas. Study Areas were developed in order to group and consolidate priority evaluation issues in a clear and focused manner to make implementation more efficient.

FIGURE 2. RELATIONSHIP OF OVERARCHING QUESTIONS AND STUDY AREAS



[4] See Terms of Reference for Request for Proposal No. HQ-GVA-06-018: Develop Inception Plan for the Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.
[5] It is well recognized and accepted that there is a broad gap of knowledge and documentation on the impact of Global Fund interventions at this point.
[6] A detailed analysis for each question is on file with the Secretariat.

The Five-Year Evaluation addresses all levels of the Global Fund. In addition to the Technical Background Document on the Scale and Scope of the Five-Year Evaluation, the evaluation's timeframe has three major deliverables:

- Synthesis Report focused on Organizational Efficiency and Partner Environment (November 2007)
- Impact Evaluation Report (July 2008)
- Final Synthesis Report (November 2008)

Figure 3 below summarizes the core products of the Five-Year Evaluation and the relevant due dates, along with the estimated cost and expected timing of each Study Area.

FIGURE 3. FIVE-YEAR EVALUATION: CORE PRODUCTS

STUDY AREA	TIMING	DELIVERABLE	DUE DATE
1. Organizational Development Assessment and Evaluation of Global Fund's Effectiveness and Efficiency	January – June 2007	Synthesis Report	November 2007
2. Determinants of Successful Grant Performance and Partnership	January 2007– September 2007		
3. Overall reduction of the burden of the three diseases and the Global Fund's contribution to reducing the burden of the three diseases	January 2007– June 2008	Impact Evaluation Report	July 2008
Complete package with consolidated evaluation findings		Final Synthesis Report (All three Study Areas)	November 2008

Evaluation Framework

The relationship and sequencing of the evaluation Study Areas (derived from the overarching questions) appear in Figure 4 below. The figure begins with the resources available for grant-making, in combination with other international and domestic resources, and the Global Fund's organizational effectiveness and efficiency. If implemented through well-performing grants, these resources, working together, contribute to the increased availability of interventions against AIDS, TB, and malaria, thereby leading to reductions in morbidity and mortality.

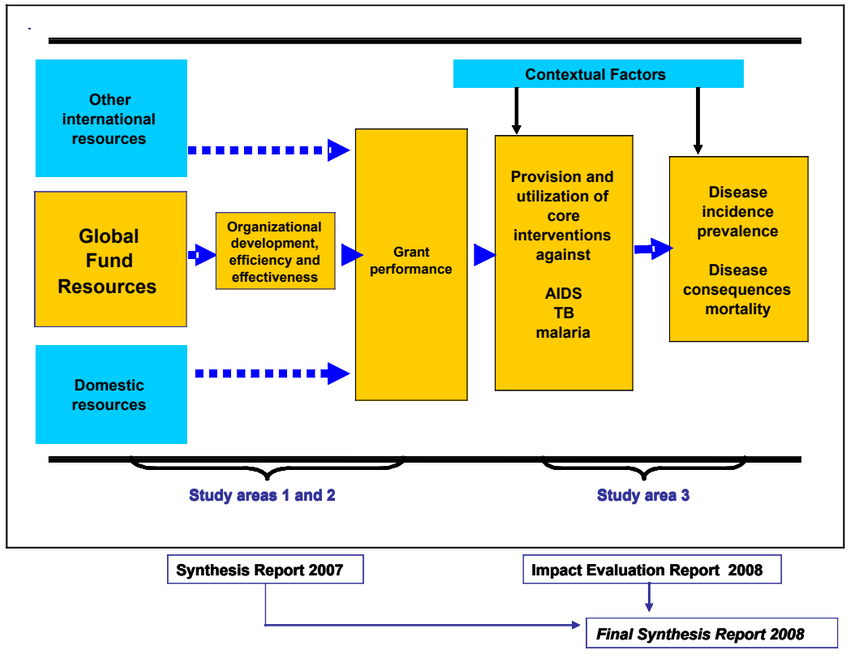


FIGURE 4. FIVE-YEAR EVALUATION STUDY AREAS: LINKING 2007 AND 2008, FOCUS AND PRODUCTS

Each of the three Study Areas should be considered as a multi-method evaluation study with methods and intensity depending on the study question. The studies include a large component of data/document review, analysis, and synthesis of the broad and comprehensive amount of information and studies (internal and external) – an important method which will produce a synthesis which will also be useful across and among the three studies. Annex 4 includes study templates which further describe the studies, identify components and estimate costs.

Study Areas 1 and 2 include quantitative elements that describe the whole Global Fund portfolio (much of this based on existing data and information from the Global Fund databases and other sources) as well as in-depth qualitative studies. Important information on implementation activities and epidemiologic trends is collected by the Global Fund through performance-based funding and through partner efforts. This information will be drawn from extensively in the Five-Year Evaluation and may fill gaps in existing studies and information.

MAJOR PRODUCTS

First Synthesis Report

First Synthesis Report (Study Areas 1 and 2)

By November 2007, the Global Fund's first evaluation product will define the Global Fund's organizational effectiveness and efficiency, specifically:

- Global Fund's structures (Board, Secretariat, TRP, LFAs)
- Country grant performance and characteristics of successful and unsuccessful performance
- Governance
- Effectiveness of partnerships at global and country level

The first Five-Year Evaluation product will evaluate the Global Fund structures, governance, and country grant performance showing strengths, weaknesses and essential areas for immediate improvement for the Global Fund and the partnership system in support of countries. The proposed country studies will assess the role of poverty, health systems, harmonization and alignment, fragile states, technical and management assistance and donor harmonization on grant performance. The study will also benchmark the effectiveness of the Global Fund in carrying out its principles.

This first product is given priority implementation in 2007, so that core lessons for the Global Fund model can be identified, and responses and adaptations by the Global Fund can be documented before the final synthesis report in 2008. This process of learning with clear recommendations to improve the Global Fund model is a central part of the Five-Year Evaluation. This information is also important as a contextual basis for findings from the impact evaluation.

STUDY AREA 1: ORGANIZATIONAL DEVELOPMENT DIAGNOSTIC ASSESSMENT AND EVALUATION OF GLOBAL FUND EFFECTIVENESS AND EFFICIENCY

Study Area 1: Organizational Development Diagnostic Assessment and Evaluation of Global Fund Effectiveness and Efficiency: This Study Area examines the efficiency and effectiveness of the Global Fund's performance. The key question – How effective/efficient has the Global Fund been as an organization, in relation to its principles, purpose, and business model – examines two primary issues:

- Are the architecture and systems in place to ensure performance?
- How effectively are the various structures of the Global Fund (Board, Secretariat, TRP, LFAs) performing? Are they operating as envisioned?

Study approach: This evaluation study will use multiple data collection methods and will comprise the following elements including:

- Organizational development diagnostic to define Global Fund business model and its implementation and results;
- Review and synthesis of extensive material on Global Fund operations and results;
- Key-informant interviews to identify internal and external perspectives and context of Global Fund's business model implementation;
- Synthesis of Global Fund performance to date as a "financial instrument" resulting from the original business model;
- Internal or external benchmarking of operational efficiency against similar or comparable organizations (on operational principles (e.g., light administrative touch, leanness, and flexibility of procedures, responsiveness);
- Proposed study on role of private sector, in-country contributions;
- Separate LFA study;
- Governance evaluation.

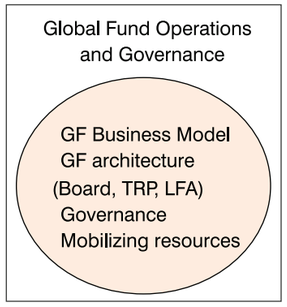
Proposed budget: US$ 1,264,500

Expected actionable results include:

- Gauge Global Fund current practices as a financial entity, identify transformation of Global Fund as "implementer" and define limits of "implementation" in accordance with Global Fund strategic choices;
- Identify best practices and areas for improvement in the Global Fund's model of performance-based funding and provide further guidance for applicants, grantees and the technical review process;
- Evaluate strengths and weaknesses in Global Fund operational mechanisms and identify options for improvement;
- Analyze LFA system according to policy intent, effectiveness, and efficiency of services provided and develop recommendations for improvements;
- Improve communication and guidance materials.

This study, which focuses primarily on overarching question one, examines the efficiency and effectiveness of the Global Fund's performance. The key question – How effective/efficient has the Global Fund been as an organization, in relation to its principles, purpose, and business model – examines two primary issues:

- Are the architecture and systems in place to ensure performance?
- How effectively are the various structures of the Global Fund (Board, Secretariat, TRP, LFAs) performing? Are they operating as envisioned?



This evaluation study draws from the field of organizational development and quality management, examining issues key to the operations of the Global Fund including grant management, performance-based funding, resource mobilization, governance, and communication with countries. It will examine several distinct but inter-related elements of the Study Area.

The centerpiece of this evaluation study is examination of the Global Fund's business model (the foundation on which the Global Fund was created and the way in which the business model has been implemented) subsequently benchmarked either internally or against comparable organizations, as appropriate. This benchmarking will identify the Global Fund's success overall and the characteristics that have ensured its success, including the key competitive advantages of the Global Fund as compared to bilateral, multilateral and other partners and how effectively the Global Fund has pursued these. As part of this Study Area, information from the three components (LFA study,[7] governance study, and private sector, in-country contributions study) will be incorporated into the analysis of the business model to ensure a full view of the Global Fund's performance. This Study Area is focused primarily on the Secretariat level.

[7] Procurement for an external evaluation of the LFA system already announced; budgeted from the 2006 budget of the PEP Unit of the Global Fund Secretariat.

The Study Area will examine:

- the strengths and weaknesses of the Global Fund operations and parts;
- the way in which the Global Fund has acted as a "financial instrument, not as an implementing agency" with a simplified, rapid, innovative process with efficient and effective disbursement mechanisms;
- implementation of performance-based funding across grantees, disease focus, and regions;
- the way the Secretariat structures communicate effective guidance and support to grantees, including guidelines for progress reports;
- the effectiveness of the Board, TRP and LFAs (along with the quality of Global Fund management of LFAs);
- Board governance, including the Board's efficiency and effectiveness, adequacy of the Secretariat to the Board, and the effect of Board composition on promoting Global Fund principles including support to technical assistance (TA), success in fundraising, etc.

Key methods to evaluate the business model include:

- Organizational development diagnostic to define the Global Fund business model and its implementation;
  - Construct business model (Global Fund principles, business operations, business plan/strategic plan);
  - Review functions, focus and efficiency of all units, identify overlap and gap in functions using task analysis of job functions/expectations at the unit level;
  - Identify and document actual Global Fund performance (e.g., operations, business services, resource mobilization)across units from this analysis;
- Review and synthesis of extensive amount of information based in the Global Fund Secretariat (operations and results) as well as external studies, assessments, and analyses;
- Key-informant interviews to identify internal and external perspectives and context of the Global Fund's business model implementation;
  - Interview staff in different Global Fund structures (Board, Secretariat, TRP and LFA) to contextualize the Global Fund business performance analysis;
  - Interview country and global partners to provide perspectives on Global Fund innovations in the business of public health, effectiveness of performance-based funding to ensure public health improvements, and describe recommendations and adaptations.

STUDY AREA 2: EVALUATION OF COUNTRY GRANT PERFORMANCE AND PARTNERSHIP IN 16 COUNTRIES

Study Area 2: Evaluation of Country Grant Performance and Partnership in 16 Countries: Study Area 2 focuses on the determinants of grant success, examining country performance and partners with an emphasis on country context and pivotal factors including technical assistance and management assistance, country structures, national ownership, presence of major partners, fragile states, effects on and strength of health systems, and involvement of civil society and NGOs. Performance will be examined at the stages of proposal application, in progression from Phase 1 to Phase 2, and beyond Phase 2.

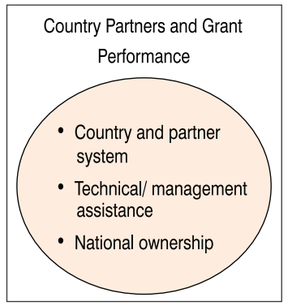
Study approach: This multi-method evaluation study will be conducted in depth in 16 countries, including quantitative modeling, to provide the generality to the whole portfolio.

Proposed budget: US$ 2,939,000

Expected actionable results include:

- In proposal submission and review process, focus proposal guidelines and recommend technical assistance elements most closely identified with best performers. Inform technical review process of those characteristics significantly associated with success in implementation.
- Refine and focus Global Fund procedures (grant management and early warning and response) on strongest determinants of performance in grant.
- Provide guidance to partners on technical assistance; based on country diagnostics, on what forms of technical assistance (duration, intensity, mechanisms) are most associated with successful grant implementation.
- Use findings on sustained performance (beyond Phase 2) to inform applicants and grantees on steps to take to during grant implementation.

The multi-method evaluation study will be conducted in depth in 16 countries and will include quantitative modeling, to provide greater generality to the whole portfolio. The study will compare high-performing country grantees to low-performing country grantees, possibly using the eight countries identified for comprehensive impact studies. (See subsequent sections on impact evaluation and country selection.)



Methods will include:

- Modeling and comprehensive analysis of grant performance by country characteristics including poverty, health systems, fragile states, technical assistance, and the partner system. Application of the modeling findings to the present Global Fund portfolio of grantees as a gauge of grantee performance when compared to characteristics of high-performing grantees/countries
- In-depth diagnostic country assessments in 16 country settings to provide power for the analysis, especially to provide the qualitative and country-specific information to explain performance differences. These will include key informant interviews and/or focus-group discussions (Global Fund country structures including host-country government, public-private partners, etc), self-assessment/e-mail assessment across entire spectrum of country partners, document/statistics review, and visits to Global Fund-funded projects.
- Global key-informant interviews to assess the partnership system (including Fund Portfolio Managers (FPMs)/Early Alert and Warning System (EARS), Global Task Team, TA from the U.S. government)
- Review and synthesis of extensive material on country and partner environment and their effect on grant performance, including historical and trend analysis of grant proposals, routine reports, and scorecards; LFA reports to the Global Fund; minutes of Country Coordinating Mechanism (CCM) meetings, national plans related to the three diseases and existing internal and external studies (including results of LFA study)
- Synthesis of Global Fund performance to date as a "financial instrument" resulting from the original business model. Results on appropriate management structure, efficiency, accountability and incorporation of the findings from the three studies (LFA study, governance study, and private sector, in-country contributions study) will be incorporated into the analysis of the business model to ensure a full view of the Global Fund's performance.
- Internal or external benchmarking of Global Fund performance, as appropriate, against similar or comparable organizations, comparing them on operational principles, e.g., light administrative touch, leanness, harmonization and flexibility of procedures, responsiveness)

STUDY AREA 3: IMPACT EVALUATION REPORT

IMPACT EVALUATION REPORT

By July 2008, the Global Fund's second evaluation product will define the Global Fund's impact through a report based on comprehensive-evaluation country studies and a dozen country analyses, largely based on secondary data. These products will answer the questions:

- *What has been the overall reduction of the burden of the three diseases?*
- *What is the Global Fund's contribution to reducing the burden of the three diseases?*

The Five-Year Evaluation's second major product focuses on the ultimate impact of the Global Fund investments combined with those of other funding partners in reducing the health impact[8] of the three diseases. This is a major cost component of the Five-Year Evaluation and is important given its central role in documenting the impact of the Global Fund, as incorporated in its core principles.

The importance of evaluation of the Global Fund is stressed in the Framework Document of the Global Fund: "The future financial viability of the Global Fund will depend on being able to demonstrate results, initially in terms of coverage of activities and subsequently in terms of outcome." Even though the Global Fund is still young, there are widespread expectations about health impact. A recently-conducted opinion survey[9] found that 72 percent of surveyed stakeholders believe that the Global Fund will make a substantial contribution to the reduction in the burden (illness and death) of the three diseases.

Available evidence of impact will be presented in a synthesis report in June 2008 based on examining two related questions:

- *What has been the overall reduction of the burden of the three diseases?*
- *What is the Global Fund's contribution to reducing the burden of the three diseases?*

The report will describe a careful mapping of contributions of the Global Fund and other partners to impact, without direct attribution. The impact evaluation will use standard international measures related to the MDGs and will rely on a range of data collection efforts including surveys, surveillance, research studies, service and administrative records. To a large extent, the impact evaluation will build on existing information, including that generated by recipient countries as part of the performance-based funding model of Global Fund grant implementation.

Taken together, these efforts will not only inform the Five-Year Evaluation but will also contribute to capacity-building of the basic country-level health information systems to ensure that impact measurement tools are in place for ongoing use. Thus the current investments will assist to establish a solid country foundation to measure impact in 2010-2015 towards the Millennium Development Goals (MDGs) and beyond. Due to its value for a wide range of health initiatives, the TERG recommends that major partners be actively encouraged to support the impact evaluation effort.

[8] For purposes of the Five-Year Evaluation, *impact* is defined as the direct measurement or estimation of overall program effect on disease morbidity and/or mortality resulting from the combined efforts of all control initiatives and programs irrespective of their funding source(s), in a country or region.

[9] 360° Stakeholder Assessment. Perceptions and Opinions of Stakeholders on the Global Fund. The Global Fund to Fight AIDS, Tuberculosis and Malaria. October 2006.

STUDY AREA 3: THE EXTENT OF THE OVERALL REDUCTION OF THE BURDEN OF THE THREE DISEASES

Study Area 3: The Extent of the Overall Reduction of the Burden of the Three Diseases: a broad and comprehensive examination of the overall reduction on the burden of the three diseases and the Global Fund's contribution to that reduction

Study approach: Examination of collective efforts including those of other major agencies and programs, in recognition of the fact that, in many countries, the Global Fund is not the only major international investor:

- *Assess overall impact on the three diseases and the contribution of the Global Fund, without direct attribution to any individual agency or effort*
- *Document the quality of interventions related to impact, including costing*

Products of the Impact Evaluation:

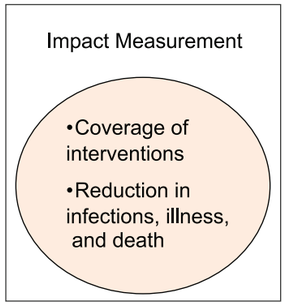
- *One final report, by June 2008*
- *Eight comprehensive evaluation country study reports, including the three diseases and health trends in general, by May 2008*
- *At least 12 country analyses, largely based on secondary analysis, by May 2008*

Proposed budget: US$ 12,938,500

Expected actionable results include:

- *Form a major input in the MDG monitoring process and serve as a foundation for future monitoring and evaluation of the scale-up*
- *Contribute substantially to strengthening country health information systems, by enhancing analytical and data collection capacity, increasing data availability and embedding its work in international efforts to support country health information system strengthening*
- *Create a cohesive "package" of impact evaluation tools that can be made available to other grant recipients and partners*

Study Area 3 is broad and comprehensive, examining the extent of the overall reduction of the burden of the three diseases and the Global Fund's contribution to this reduction. This Study Area represents an evaluation approach that includes the efforts of other major agencies and programs so it will focus on collective efforts in recognition of the fact that, in many countries, the Global Fund is not the only major international investor. The impact evaluation sets out to assess overall impact on the three diseases and the contribution of the Global Fund without direct attribution. It will also document the quality of interventions related to impact, including costing.



Two types of studies are proposed:

- *Comprehensive Evaluation Country Studies in eight countries*. These studies involve primary data collection in 2007 and close partnership with country institutions.
- *Secondary Analysis Country Studies in 12 countries*. These studies are predominantly based on secondary analysis and a low level of investment in data collection.

The impact evaluation will rely on a range of data collection efforts, including surveys, surveillance, research studies, service statistics, and administrative records. A majority of the funds devoted to the impact evaluation will be invested in country systems and capacity strengthening. The impact evaluation will place high priority on filling gaps in existing data collection mechanisms including these key areas:

- Death registration systems;
- Surveys for impact and coverage;
- Service record systems;
- Financial tracking through National Health Accounts;
- Synthesis and analysis of existing quality data and use of that data in modeling.

Impact Evaluation Approach

The scope of the Five-Year Evaluation is guided by a set of recommendations from the TERG.[10] These recommendations are summarized below and underlie the general approach to be used to evaluate the impact of the Global Fund.

Impact and attribution

- Define impact as the measurement or estimation of overall program effect on disease morbidity and/or mortality brought about by all control initiatives and programs combined irrespective of their financing source(s) in a country or region.

[10] Different options for impact evaluation were presented in a Concept Paper discussed at the TERG in 2004 and 2005, which focused on methodological issues. The Concept Paper and further recommendations from the TERG to guide impact evaluation can be found in meeting reports of the TERG at www.theglobalfund.org/en/about/terg/.

- Focus impact evaluation on collective efforts. The Global Fund's impact evaluation should not attempt to evaluate impact of its efforts in isolation but rather focus on the joint contributions of all relevant partners. This approach recognizes that, in many countries, the Global Fund is not the single major international investor. As a financial instrument, any discernable impact that would be produced will only be accomplished through partnerships with multiple actors, including the country itself. Therefore, the impact evaluation sets out to assess overall impact on the three diseases and the contribution of the Global Fund without direct attribution.

Gather supporting information

- Take into account the early timing of the evaluation. Any potential impact of Global Fund-supported activities will depend on the amount of funds disbursed and the length of time that they have been available to work on-the-ground. Data collection for the Five-Year Evaluation will need to be complete by early 2008. At that time, only 28 percent of grants (using all grants in Rounds 1 to 5 as a base) will have completed a full five years of implementation. These factors suggest that mortality impact should be estimated in countries with widespread coverage of interventions supported by the Global Fund, relatively large influx of resources and at least three full years of grant implementation.
- Measure exposure variables. If the amount of disbursed resources is sufficiently large, the potential impact on the three diseases depends on the effectiveness of the interventions (i.e., coverage, efficacy, relevance, quality) and on contextual factors (e.g., epidemiology, political stability). Documentation of exposure to the interventions is an essential element of the evaluation. Measures of intervention exposure should include funding, service provision, and service utilization or coverage.
- Link exposure to and coverage of interventions with health outcomes. There are different types of scientific inference used for policy-making in the field of health, each based on different approaches in evaluation.[11] The Global Fund's impact evaluation should focus on documenting trends in exposure and health outcomes. The impact evaluation will measure trends in morbidity and mortality to assess whether rates are moving in the expected direction and are of the expected magnitude. Coupled with exposure data, this approach can strongly suggest that the interventions are having an important effect. In evaluation parlance, this degree of rigor is referred to as adequacy evaluation. In some countries, where implementation is phased across geographic areas, it may be possible to conduct analyses which compare groups at the sub-national level. This type of evaluation provides stronger evidence of program effect and impact which could plausibly link observed changes in health outcomes to Global Fund-supported activities.

Country focus

- Use a flexible design involving many countries. Based on a demand-driven proposal model, the Global Fund supports a wide variety of intervention packages in country settings which differ according to disease epidemiology, health system strength, presence of other major players and general contextual factors. Consistent with the diversity of the portfolio, the impact evaluation cannot rely on a "one size fits all" approach. Multi-country evaluation studies are a powerful but underutilized tool in public health. The Global Fund will use a multi-pronged evaluation with different types of evaluation questions being posed in different countries. The first prong seeks to answer more complex evaluation questions with investments in direct data collection and more in-depth analysis in a smaller set of countries (comprehensive-evaluation country studies). The second prong includes countries where the evaluation questions are mainly addressed through secondary analysis of existing data (secondary-analysis country studies).
- Build on and strengthen country health information systems. The impact evaluation will rely on a range of data collection efforts, including surveys, surveillance, research studies, service statistics, and administrative records. Recipient countries are encouraged to strengthen these types of data collection as part of implementing their Global Fund grants in a way that not only informs the 2008 evaluation but also strengthens the country health information system. A link with the Health Metrics Network efforts to strengthen country health information systems and country capacity is crucial.

Link with existing networks of expertise on the three diseases

- Reference groups and special task forces for monitoring and evaluation exist for the three diseases and provide essential inputs for the impact evaluation. The Global Fund impact evaluation is only possible with close collaboration with relevant partners. Essential partners include the Health Metrics Network, WHO, UNAIDS, the Stop TB Partnership, the Roll Back Malaria Partnership and others. The Global Fund will actively engage with the President's Emergency Plan (PEPFAR), also undergoing impact evaluation in 2008, to coordinate activities.

Design of the Impact Evaluation

The design is two-pronged, involving two types of country studies: a small set of comprehensive evaluation country studies (CECS) and a larger number of secondary analysis country studies (SACS).

Comprehensive-evaluation country studies. In general, impact evaluation for each country in the in-depth study category should include a rigorous analysis of all facets of the Global Fund measurement framework (i.e., operational framework, grant performance, systems effect and health impact). In-depth study methods should show how each level in the measurement framework is explicitly linked to the other and should build the overall argument that observed impact is the result of additional funding and its improved and/or expanded services. Each in-depth study should be done independently (i.e., no aggregating across countries or programs) and build upon existing data in that country. Eight countries will be chosen for in-depth study.

[11] Victora CG, Habicht JP, Bryce J. Evidence based public health: moving beyond randomized trials. AJPH 2004, 94: 400-405.

Undoubtedly, additional investments may be needed to generate the necessary follow-on survey and program data for each country. In-depth studies will only be possible through partnerships with major technical partners including Health Metrics Network, RBM, Stop TB, UNAIDS, and the U.S. government/PEPFAR. Extraordinary efforts will be needed to build partnerships, involve in-country institutions, and influence data collection and analysis during 2007 and 2008. The investments aim to strengthen country health information systems which will benefit health programs in general, including monitoring and evaluation of major initiatives.

There are a selected number of data collection and analysis activities that will be needed in the CECS. The five components include:

- Death registration systems: Mortality and causes of death data from through strengthening and analysis of data collection such as civil registration, demographic surveillance sites (DSS) and hospital statistics
- Household or target population surveys with or without biomarkers (e.g. testing for HIV or malaria) and mortality data collection with causes of death (verbal autopsy if no medical certificate). This may be a stand-alone survey, an additional module in an existing survey, or a follow-up study nested in a survey such as household or target population surveys to measure the availability and quality of key interventions at the population level (general or target populations). This will also provide data on coverage of services.
- Service record systems: Strengthening and analysis (by disease) of clinic-based surveillance systems (health and disease records), service provision, service availability and provision statistics, and facility census or survey to map health system and access to interventions including NGOs and the private sector along with further analysis and support to collection of service statistics.
- Finances: National Health Accounts with sub-account components for the three diseases
- Synthesis and modeling: In-depth and sub-national analysis of:
  - existing data on HIV prevalence, incidence and AIDS mortality using sentinel surveillance, special studies, household surveys and clinical data;
  - existing data from TB surveillance system, special studies and clinical data;
  - TB/HIV: analysis of existing data and special studies to assess implementation programs and collect data for selected TB-HIV indicators;
  - existing data on malaria from clinics and surveillance sites if available, special studies.

Secondary-analysis country studies. Impact evaluation included as part of the SACS group will, in general, be less comprehensive than comprehensive-study country evaluations in terms of the types of questions asked and data needed. SACS will utilize existing data sources, notably population-based household surveys as well as other important data sources: health facility information, special surveys, WHO estimates, etc. Secondary analyses address questions related to the linkages between outcomes and impact as well as the determinants of disease reduction in the respective countries. As for CECS, these SACS should not be aggregated across countries but, rather, should draw independent conclusions from individual country-level analyses. At least 12 countries will be selected. This group also includes countries that are intensive focus countries of PEPFAR or other major initiatives with major investments in data collection and analysis.

The indicators and data sources vary by disease. Annex 3 provides information on impact evaluation indicators, data collection and analysis, proposed approaches, and operational issues in relation to the three diseases.

Impact Implementation Plan

Country selection criteria. There are a number of criteria which will determine the selection of countries for both the CECS and SACS. In this section, these criteria are summarized and an initial application is made to generate a list of candidate countries.

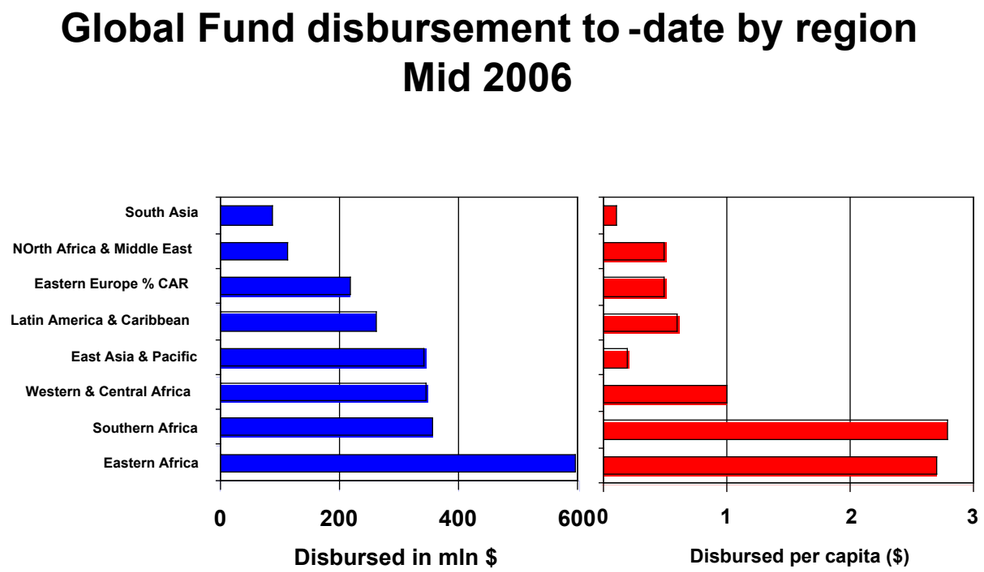
The criteria for selection include:

- Availability of baseline data. The primary criterion is the availability of relevant baseline data. These data should be population-based, nationally representative, and collected between 2001 and 2004. Ideally, these surveys should have included laboratory components to measure HIV prevalence and malaria incidence.
- Magnitude of disbursement. Countries for both CECS and SACS should have a level of Global Fund resources to substantiate the potential impact on the three diseases. This level of investment is gauged either in terms of absolute dollars disbursed or in terms of Global Fund money as a percent of the total health expenditure (THE) per capita in country.

If measured as a relative investment, criteria might include the Global Fund investment per capita as a percent of total health expenditure per capita. It is suggested that the Global Fund investment should be at least five percent of the per capita health expenditure. The absolute amount of the resources per disease per country should exceed US$ 10 million.

The first step is to assess the role of different regions. Figure 5 shows the distribution of the Global Fund disbursements in mid-year 2006 by region, both in terms of absolute amount and per capita. Eastern and Southern Africa are the largest recipients, which may justify the selection of a larger number of countries for in-depth evaluation in this region.

FIGURE 5. GLOBAL FUND DISBURSEMENT TO DATE, BY REGION, AS OF MID-2006



In accordance with its founding principle to act as "a financial instrument, not as an implementing agency," the Global Fund differs from conventional donor or technical assistance agencies that provide a combination of funding and technical support to country programs. Therefore, the impact evaluation may need to account for differing models of Global Fund "fit", depending on the country setting. For example, countries could also be considered for in-depth studies if Global Fund resources were used to fill a specific, well-defined gap in an existing program or sustain gains already made in an existing, well-performing program.

Duration of programming. In addition to the magnitude of the investment relative to other resources for health, the Global Fund investment must have a duration that would allow the available resources to work on the ground. It is suggested that countries chosen for the impact evaluation have at least three years of Global Fund-supported program implementation by early 2007.

Partnership opportunities. As mentioned above, much of the plan laid out in this document cannot be achieved without partner input. The most important of these partners are, of course, the countries in which the studies may be conducted. Notably, the Principal Recipient(s) (PRs) and the CCMs should be interested in participating in a multi-country evaluation of this sort. In the best-case scenario, the types of information needed for impact evaluation would already be anticipated and budgeted for in the grant implementation plans. Technical partners are also essential to bring needed expertise for planning and implementing impact evaluation for the three diseases. Finally, the Global Fund should work closely with other global health initiatives engaged in their own evaluations. Foremost among these is PEPFAR, which will be undergoing its own impact evaluation during the same period. Efforts should be coordinated in those countries where the impact evaluations will overlap.

Initial application of the criteria. Annex 5 presents information about relevant characteristics such as planned data collection efforts and levels of disbursement for key countries. Based on discussions with different stakeholders and an analysis of the Global Fund disbursements by mid-year 2006, the following countries were initially identified as candidates for comprehensive evaluation studies[12]:

- Zambia, and Malawi (Southern Africa)
- Tanzania and Rwanda and Burundi (Eastern Africa)
- Benin (Western Africa)
- Peru (Latin America)
- Cambodia (Asia)

It must be emphasized that this list represents an initial draft.

Secondary analysis study countries may include:

- Swaziland, Zimbabwe, Mozambique (Southern Africa)
- Kenya, Uganda, Ethiopia and Eritrea (Eastern Africa)
- Burkina Faso, Central African Republic and Ghana (Western and Central Africa)
- Haiti and Honduras (Latin America and Caribbean)
- Bangladesh, Indonesia and Thailand (Asia)
- Kazakhstan and Kyrgyzstan (Eastern Europe & Central Asian Republics)

[12] More information on these countries including amount of grants, amount disbursed, and score for each grant is shown in Annex 5: Key Indicators for Initial Draft Impact Evaluation Comprehensive-Study Countries.

Several countries have been included because there is considerable analytical work going on in the context of PEPFAR, Stop TB, the Malaria Control and Evaluation Partnership in Africa (MACEPA), etc. In addition, a state in India (e.g. Andhra Pradesh or Karnataka), a province in China, and a state in Nigeria may be included. This group currently includes 19 countries. Some countries already have planned secondary analysis in the context of PEPFAR, malaria or TB initiatives and will need little additional funding. Figure 6 presents these countries, along with the initial application of key criteria.

FIGURE 6. INITIAL APPLICATION OF SELECTION CRITERIA FOR GLOBAL FUND IMPACT EVALUATION

			Of total disbursed,				
Country	Population	Total amount disbursed (millions)	HIV (%)	TB (%)	Malaria (%)	Disbursed per capita (US$)	GF grant per capita as % of THE per capita
Proposed CECS							
Benin	8,439,000	$24,163,463	69%	18%	13%	2.9	15%
Cambodia	14,071,000	$45,977,060	71%	22%	7%	3.3	18%
Malawi	12,884,000	$49,793,160	87%	13%	0%	3.9	136%
Peru	27,968,000	$43,960,224	44%	0%	56%	1.6	3%
Rwanda	9,038,000	$83,248,350	44%	37%	19%	9.2	210%
Burundi	7,548,000	$31,453,595	43%	53%	4%	4.2	183%
Tanzania	38,329,000	$106,623,939	61%	30%	10%	2.8	45%
Zanzibar	1,200,000	$7,404,484	19%	68%	13%	6.2	NA
Zambia	11,668,000	$113,794,624	57%	26%	17%	9.8	66%
Proposed SACS							
Burkina Faso	13,228,000	$21,756,180	42%	33%	26%	1.6	10%
Eritrea	4,401,000	$10,742,543	76%	24%	0%	2.4	46%
Ethiopia	77,431,000	$218,732,422	44%	49%	7%	2.8	88%
Ghana	22,113,000	$54,853,632	37%	43%	21%	2.5	26%
Haiti	8,528,000	$59,081,120	81%	10%	9%	6.9	46%
Honduras	7,205,000	$28,924,288	67%	17%	16%	4.0	6%
Indonesia	222,781,000	$64,401,517	32%	18%	49%	0.3	2%
Kazakhstan	14,825,000	$11,632,699	100%	0%	0%	0.8	2%
Kenya	34,256,000	$89,835,935	33%	61%	7%	2.6	24%
Kyrgyzstan	5,264,000	$9,854,194	76%	9%	15%	1.9	NA
Mozambique	19,792,000	$32,457,797	57%	20%	22%	1.6	22%
Uganda	28,816,000	$90,461,261	37%	58%	5%	3.1	39%
Swaziland	1,032,000	$39,831,248	95%	3%	2%	38.6	65%
Zimbabwe	13,010,000	$10,334,954	42%	58%	0%	0.8	3%

In each of the countries participating in the impact evaluation, the Global Fund needs to:

- build on existing data for the estimation of impact in both in-depth and non in-depth countries, to the maximum degree possible; and
- invest strategically to fill gaps in the data needed to estimate impact.

This approach requires an accurate assessment of the quality and relevance of existing data in selected countries and carefully planning for additional primary data collection. Annex 2 provides an overview of the gaps in available data for impact evaluation and points to the areas of strategic investment required to conduct the impact evaluation. It must be noted, however, that this type of analysis is properly done with dialogue at country level and thorough analysis of existing datasets (e.g., to determine level of estimation from sample, possibility of geographic sub-analysis, validity of indicators according to agreed international standards, etc.). Therefore, this plan provides only an initial assessment of gaps.

In the comprehensive-evaluation study countries, an initial step will be a careful analysis of data availability, data quality and existing and planned data collection efforts, including national and partner efforts. Based on gaps identified in this exercise, specific and detailed budgets will be developed. Figure 7 outlines the types of data collection systems and analyses that will be needed to cover Study Area 3.

FIGURE 7. DATA COLLECTION METHODS FOR THE KEY AREAS OF INFORMATION

	Mortality	Morbidity	Coverage	Service capacity	Financial Resources	Comment
Death registration	X					Civil registration, DSS
Surveys	X	X	X			DHS, AIS, Malaria survey, etc.
Service records and assessments	X	X		X		Survival analysis on treatment, disease surveillance, facility survey/census, disease records
National Health Accounts					X	Most useful to include sub-accounts for the three diseases
Synthesis and modeling	X	X	X	X	X	

Annex 3 includes a table with information on the availability of data for the proposed in-depth study countries and a broader set of Global Fund recipient countries.

Budget and Oversight Arrangements

Estimated budgetary requirements. This section provides the TERG's preliminary estimates of the average costs associated with the Global Fund impact evaluation. It is important to note that the required budget per country will vary widely depending on the availability of existing data and the opportunity to leverage partner contributions to data collection and analysis.

The evaluation will build upon the existing country and international investments in data collection during the coming 18 to 24 months. These include investments in surveys, surveillance, clinic recording and reporting systems, etc. Additional money is needed to:

- strengthen ongoing data collection activities and fill some of the gaps of the health information system; and
- bring together the data from the different sources to inform the Global Fund evaluation.

The TERG estimates that existing, combined global partner efforts represent a cumulative investment of US$ 11,000,000 in each comprehensive-evaluation study country for the duration of the Five-Year Evaluation. Additional investments required for the impact evaluation are estimated at US$ 1,000,000 per country. Current and needed investments are summarized by type of data collection category in Figure 8. Investments in the Five-Year Evaluation are considered as gap-filling in relation to the wider partner investments.

FIGURE 8. INVESTMENTS IN COUNTRY HEALTH INFORMATION SYSTEMS
(Data collection and analysis only) during the period October 2006- March 2008* (in US$)

	Current national	Planned international partners	Evaluation additional needs	Specification
Death registration	500,000	500,000	200,000	Additional analysis of cause of death data
Surveys	1,000,000	3,000,000	250,000	Survey modules, local surveys, analysis
Service records and assessments	2,000,000	2,000,000	250,000	Strengthen surveillance and clinical data collection, facility survey/census, analysis
National Health Accounts	500,000	100,000	100,000	
Synthesis and modeling	500,000	200,000	200,000	
Other	500,000	200,000		Health Metrics Network, HIS
Total	5,000,000	6,000,000	1,000,000	
***average estimates as the situation will vary from country to country**				

The budget requested for comprehensive evaluation country studies will be the full amount per country (US$ 1,000,000) for all eight countries. For secondary-analysis countries, the amount requested only includes synthesis and modeling (US$ 200,000) and limited resources for compilation of existing data or supplementary data collection (US$ 50,000), totaling US$ 250,000 per country. A minimum of 12 countries is proposed.

In close collaboration with the FPMs for the relevant countries, the funding of the additional funds needed for the evaluation will be sought from three sources:

- Direct funding for the Five-Year Evaluation study
- Grant funds devoted to monitoring and evaluation. Each grantee is advised that between five and ten percent of their total grant resources should be budgeted for monitoring and evaluation. These funds can cover a significant portion of the required resources in each country, depending on the specifics of the grant and its implementation status
- Contributions of technical partners and funding organizations. This category might include the costs of technical assistance for data collection in specific countries from technical partners including Stop TB Partnership, Roll Back Malaria, UNAIDS, and WHO as well as bilateral donors. Further, the Global Fund and other donors including PEPFAR should closely coordinate and share costs in those countries where their impact evaluation activities will overlap

Final Synthesis Report for Five-Year Evaluation

The final product, due for the Board in November 2008, will be the synthesis report of key findings from all three Study Areas.

Final Synthesis Report

This summary report, due for the November 2008 Board Meeting, combines and synthesizes the key findings from the first Synthesis Report from 2007 with the findings from the Impact Evaluation Report (June 2008) as well as key learning from additional studies carried out by Global Fund .

Elements: Report-writing, consensus-building workshops, gap filling and data analysis, and consultation

Budget: US$ 510,000 (budgeted under Study Area 2)

This Final Synthesis Report combines and synthesizes the key findings from the First Synthesis Report from 2007 with the findings from the Impact Evaluation Report (June 2008) as well as key learning from additional studies carried out by Global Fund during the period. The Final Report is a stand-alone report providing the overall evaluation of the Global Fund and recommendations.

Preparation of this final report will require gap filling and data analysis. An ongoing process will be needed to ensure that, as gaps are identified, data can be gathered as needed and incorporated as information is available.

The report will include key recommendations to improve the Global Fund business model, effectiveness of the Secretariat and partner system, ensure better and improved country grant performance, and link these closely to continued impact evaluation. It is expected that the Global Fund will want to have consensus-building workshops, consultations in various fora, and high-level review meetings – primarily reviewing key findings and outcome recommendations – as part of this final report.

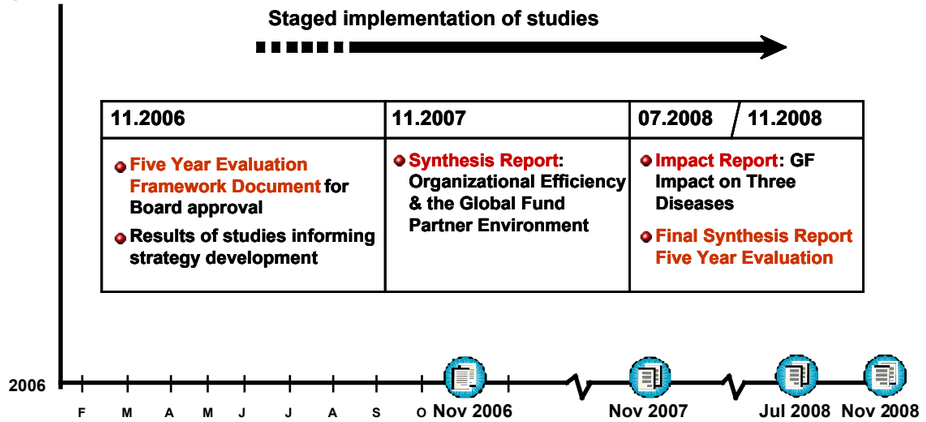
It is envisaged that this work will be included as part of the contract for Study Areas 1 and 2 to most effectively ensure continuity. Key team members in the contracted organization should have the skills to coordinate and continue synthesizing and updating the findings. These team members will work closely with the Secretariat to incorporate the ongoing learning that Global Fund is noted for and to identify as early as possible gaps in data and develop and implement strategies for filling those gaps.

TIMELINE AND SUMMARY BUDGET

Figure 8 shows the timeline for the Five-Year Evaluation, including key Global Fund events and the three different evaluation products:

- Synthesis report for overarching questions one and two (November 2007)
- Impact evaluation report for overarching question three (June 2008)
- Five-Evaluation Synthesis Report (November 2008)

FIGURE 8. FIVE-YEAR EVALUATION TIMELINE AND PRODUCTS



The synthesis report for overarching questions one and two (November 2007): Evaluates the Global Fund structures, governance, and country grant performance showing strengths, weaknesses and essential areas for immediate improvement for the Global Fund and the partnership system in support of countries. The proposed country studies will assess the role of poverty, health systems, fragile states, technical assistance, and donor harmonization and alignment on grant performance. The study will also benchmark the effectiveness of the Global Fund in carrying out its principles.

The impact evaluation report for overarching question three (June 2008): The report focuses on the ultimate impact of the Global Fund investments combined with those of other funding partners in reducing the health impact of the three diseases.

The Five-Year Evaluation Synthesis Report (November 2008): The first two reports together inform the Five-Year Evaluation. This synthesis report of the overall Five-Year Evaluation will have key recommendations to improve the Global Fund business model and effectiveness of the structure and partner system and link these closely to outcomes and impact of the Global Fund's work.

The next figure (Figure 9) is a more detailed timeline showing the planning, implementation, and reporting schedules for the Five-Year Evaluation's Study Areas along with the evaluation products.

FIGURE 9. PLANNING, IMPLEMENTATION AND REPORTING TIMELINE FOR FIVE-YEAR EVALUATION

Figure 10, below, shows in summary form the cost of the budget elements for the Five-Year Evaluation, total and by year. Detailed budget information is contained in each Study Area template in Annex 4 (Evaluation Study Descriptions) which details the budget by the various components and by year of expenditure.

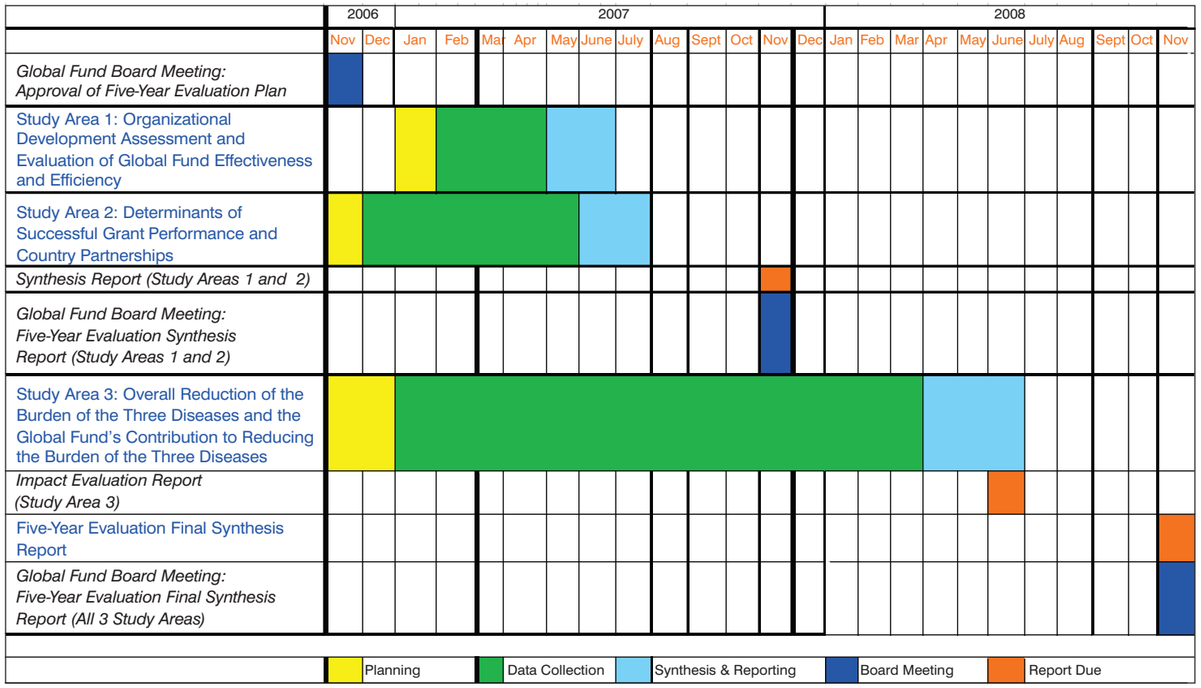


FIGURE 10: BUDGET SUMMARY FOR THE FIVE-YEAR EVALUATION

Evaluation Components	2-year budget	Budget by year	
		2007	2008
Organizational efficiency and effectiveness	$ 1,264,500	$ 1,264,500	0
Country partner/grant performance	$ 2,939,000	$ 2,939,000	0
Impact	$ 12,000,600	$ 7,920,148	$4,081,452
Management support in Secretariat	$ 937,900	$468,450	$468,450
Total for Five-Year Evaluation	**US$ 17,142,000**	**US$ 12,592,098**	**US$ 4,549,902**

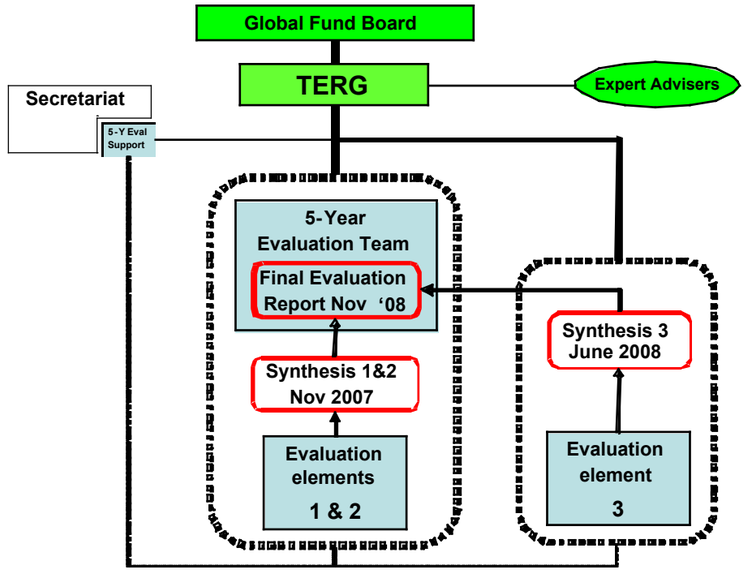
MANAGEMENT AND IMPLEMENTATION OF THE EVALUATION

Coordination and Efficiency in Conducting the Five-Year Evaluation

The Five-Year Evaluation is being conducted in a context of both time and resource limitations. It is important to be efficient in using resources and minimizing transaction costs while ensuring synergies in the different proposed studies. The minimum learning curve and maximum ability to collect data and use findings across and among the studies is needed to ensure being able to answer overarching questions one and two and to feed into overarching question three.

Proposed arrangements for ensuring efficient and responsive implementation of the Five-Year Evaluation are shown in Figure 11.

FIGURE 11. FIVE-YEAR EVALUATION IMPLEMENTATION ARRANGEMENTS



There continue to be discussions about the best option to ensure efficient and rapid implementation of the evaluation while ensuring that the synthesis of results from all three Study Areas can and are tracked and integrated in a timely fashion. The discussions have also focused on the need to ensure that offerors who are selected for any of the three Study Areas must have the international technical credibility that guarantees that results will be taken seriously.

Given the very short time frame, however, for these studies, and the massive coordination needs between and among different studies, study teams and countries, the Global Fund would be well advised to ensure that offerors with the technical credibility to conduct the needed studies are managed and supported by a team (and a contractor company) with experience in conducting large-scale, simultaneous, multi-country evaluation studies on a global scale. The Global Fund should consider making sure that the following skill sets are available so that there will be wise use of resources and maximization of synergies as well as having, at any point in time, specialists who can track and monitor progress toward results.

These skill sets include:

- Organizational development specialist;
- Business and private sector specialist;
- Public health specialist with expertise in integrated program management as well as one of the three diseases;
- Public health specialist with expertise in management information systems and/or data analysis/statistics as well as one of the three diseases;
- Technical experts needed for disease-related and other information.

Impact Evaluation Technical and Managerial Oversight

The entire Five-Year Evaluation of the Global Fund is conducted under the direction of the TERG. However, the TERG recognizes that the impact evaluation component requires specialized skills and expertise to assure a synthesis product with acceptable credibility and rigor. Therefore it is proposed that expert advisors are co-opted to provide needed advice and guidance. In particular, expert advisers will be called upon to:

- Review and provide input on the terms of reference for the competitive tendering of Study Area 3;
- Review and provide comments on the operational plan and design the evaluation;
- Facilitate the implementation of the evaluation and participate if possible;
- Review products based on both comprehensive evaluation studies and secondary analysis studies.

If need arises, the TERG may chose to convene an Impact Evaluation Task Force (IETF) consisting of a sub-set of the TERG along with co-opted expert advisers or other experts seconded as needed to provide high-level guidance over the impact evaluation process on an ongoing basis. This will require sustained commitment through at least November 2008. Such a task force would include the disease-specific members (both regular and *ex officio*) of the TERG. The actual management unit of the impact evaluation will be the responsibility of the contractor.

Five-Year Evaluation: Key Considerations and Challenges

A number of challenges will emerge in the successful development and implementation of the Five-Year Evaluation. Among these (described in detail below) are:

- Country selection and visits;
- Building systems and capacities through the Five-Year Evaluation;
- Rolling out the Five-Year Evaluation;
- Needed experience and competencies;
- Minimizing transaction costs and ensuring synergies;
- Transparency of all data and sources.

Country Selection and Visits

It is critical to ensure that the maximum amount of data is gained from country visits needed for different parts of the Five-Year Evaluation Study. Careful country selection and efficient planning for visits will minimize country-based transaction costs as well as ensure that the antecedent information to substantiate health outcomes and impact (Study Area 3) is available.

As described in previous sections, the impact evaluation is proposing to conduct intensive activities in eight countries, to be determined. While an initial application of the criteria for country selection developed for the impact evaluation has identified a list of countries, the TERG recognizes that further work is required to fine-tune the selection criteria and carefully examine feasibility in the countries identified. This will be done in consultation with expert advisers and technical partners. For countries in Study Areas 1 and 2, there are other considerations and criteria to ensure representativeness, a focus on Global Fund and partner funding, and build on existing data systems.

The same eight countries are proposed as the high-performing countries to be studied under Study Areas 1 and 2 to ensure the maximum synergies as well as having the needed antecedent information and context for the impact evaluation findings. To select the comparison countries (low-performing countries) will require review and discussion among the Secretariat, the TERG and expert advisers, among others.[13] Criteria for country selection for low-performing countries should include grant size, duration of programming, grant disbursement patterns, grant scorecard rating, etc. Careful consideration will be needed to select low-performing countries with the cost and benefit of different country selection strategies examined.

Additional considerations for country selection in Study Area 2 include grant size and duration of implementation, allowing for effective study of grant performance especially as related to national ownership, factors internal to the Global Fund and technical and managerial assistance. Other criteria to be applied for Study Area 2 countries such as these:

- Balance of countries with and without the support of major global health initiatives (such as PEPFAR);
- Balance between the three diseases in grants in countries studied;
- Regional distribution.

The Global Fund should consider selection criteria that maximize country representation across the Study Areas. For example, the low-performing countries identified for Study Area 2 might be selected from among the secondary analysis countries in the impact evaluation.

[13] To the extent possible, countries selected for the LFA study should also be part of this review for selection.

Building Systems and Capacities through the Five-Year Evaluation

The proposed impact evaluation represents a serious commitment on the part of the Global Fund not only to assess collective impact but to strengthen country capacity and systems for ongoing impact measurement. To succeed, the Five-Year Evaluation will need to be guided by a capacity-building plan that is integral to its overall conduct. Elements of that plan should include partnership arrangements between actors in the Five-Year Evaluation such that recipient countries benefit from technical assistance, skills-building, and resource investments according to agreed-upon country plans. All elements of impact measurement, from primary data collection to collation and analysis of existing data, will be conducted in a manner that strengthens capacity and draws from existing evaluation expertise in countries.

To the extent possible, the investments in the Five-Year Evaluation should focus on involving and building country capacity. In implementing the evaluation, the Global Fund will need to carefully weigh the trade-offs between country capacity-building, which can require longer timeframes, and the demand for rapid action based on the short timeline for the evaluation. The Global Fund will need a strategy to balance these demands. Figure 12 describes opportunities for the Global Fund to draw from existing capacity and suggests ways to build on existing capacity in countries.

At its base, the Five-Year Evaluation will partner with national institutions and others in country to both draw on and to build substantial capacity in systems for measuring program progress and tracking trends in health outcomes. In many countries, long-established partnerships have existed between northern research organizations, especially, but not limited to, universities. Growing out of the decades-long efforts to identify and document the effect and impact of population and reproductive-health interventions in development settings, these have focused on capacity-building of host-country research organizations. Examples include Tulane University School of Public Health and Tropical Medicine and the Zaire School of Public Health, The Johns Hopkins University and Makerere University in Uganda, and the Population Council and the Navrongo Health Research Centre in Ghana. These country-based organizations are usually strong in population-based surveys and methods relying heavily on representative samples.

FIGURE 12. OPPORTUNITIES TO DRAW FROM AND BUILD ON EXISTING COUNTRY AND REGIONAL CAPACITY, BY STUDY AREA

	Opportunities to	
Study Area	**Draw from Existing Country and Regional Capacity**	**Build Capacity in Countries**
Study Areas 1 and 2	• Survey multilateral and bilateral agency colleagues to identify country research and survey organizations with appropriate skill profiles • In RFP, specify preference for proven partnerships such as between universities and country-based research organizations • Use regional teams/ institutions to implement cross-country studies of grant performance • Ensure that existing regional networks (e.g. African Evaluation Association) are informed of the Request for Proposals	• Require proposals to describe the steps that will be taken to build capacity through the conduct of the Five-Year Evaluation • Convene regionally-based workshops with partners to develop study protocols and develop tools. • Increase capacity to evaluate institutional performance through linkages between GF, evaluation contractors and network organizations of public health schools.
Study Area 3	• In RFP, specify preference for proven partnerships, such as between universities and country-based research organizations • To the extent possible, use skills and experience from partnerships involved in Study Areas 1 and 2 • Use strength of existing partnerships as an evaluation criteria for proposals submitted for Study Area 3	• Require development of a plan for strengthening systems needed to measure health outcomes and impact • In each country, devote majority of budget to fill gaps in existing country data and capacity, based on plans (item above) developed to guide evaluation activities • Evaluate proposals, in part, on their plans to build capacity through the conduct of the Five-Year Evaluation • Convene regionally-based workshops with partners to adapt and/or develop study protocols and data collection tools.

Rolling out the Five-Year Evaluation.

The Global Fund will need a communications strategy to inform partners and countries on a global scale of the Five-Year Evaluation design and progress and interim findings. Clear and consistent communication with stakeholders at all levels should be built into the evaluation from the start.

Needed Experience and Competencies

Given the very short time frame for these studies, and the massive coordination needs between and among different studies, study teams and countries, the Global Fund would be well advised to ensure that offerors with the technical credibility to conduct the needed studies are managed and supported by a team (e.g., contractor staff) with experience in conducting large-scale, simultaneous, multi-country evaluation studies on a global scale.

Minimizing Transaction Costs and Ensuring Synergies.

Another issue—and one of the most important—is the potential transaction costs the Five-Year Evaluation will require, especially at the country level. Study methodologies have been streamlined, but country-based data collection is an important part of all three Study Areas. Data collection can be coordinated to boost country impact efforts, focus and capacity and also to reduce transaction costs.

In some countries, much evidence has been gathered over time on Global Fund functioning at the country level. While these existing studies provide an important base for the Five-Year Evaluation, they do not provide answers to many of the questions raised. It is therefore important that the Secretariat plan carefully across the Study Areas to identify the type of data to be collected in each candidate country and the means to streamline and minimize burden on countries.

Annex 6 presents and compares selection criteria for country-based data collection for various evaluation studies – from the impact evaluation design team, the proposed LFA study, and Study Areas 1 and 2. These criteria and discussion points should be used in planning exercises such as that described above to ensure the maximum synergy in selecting countries for study.

Global transaction costs must also be considered. The Secretariat should also identify other studies and evaluations that bilateral and multilateral donors such as PEPFAR (described above under the impact evaluation) are planning for the 2007–2008 period. It should advocate for the Five-Year Evaluation, especially the need to coordinate and share costs in those countries where impact evaluation activities will overlap. It will also help identify opportunities for collaboration as well as ensure planning to reduce country-level burden and minimize disruption to busy programs.

Reaching populations at greatest need

The Five Year Evaluation needs to ensure sufficient disaggregation to establish that populations at greatest need are benefiting. This includes by gender, poverty, vulnerable populations, people living in fragile states, with poor health systems, and other populations particularly affected by the three diseases in the epidemic setting.

Transparency of All Data and Sources

The Global Fund needs to ensure (through the contracting process) that data collected as part of the Five-Year Evaluation are made transparently available, with recognition of confidentiality requirements. The investment in the Five-Year Evaluation should provide many researchers and actors with access to the data for use in further analysis and other evaluation efforts. This degree of data accessibility will help to build a transparent data platform for future Global Fund and partner evaluations.

Annex 1
Global Fund Five-Year Evaluation Questions and Sub-Questions

Below is a sample set of questions which were discussed by the TERG in the context of the Five-Year Evaluation. They are intended to stimulate discussion rather than serve as a list of requisite questions for the evaluation.

OVERARCHING QUESTION 1

1. Does the Global Fund as an organization (Board, Secretariat, TRP, LFAs) reflect its purpose and principles through both its policies and operations? In fulfilling these principles, does the Global Fund as an organization perform in an efficient and effective manner?

A. Does the Global Fund adhere to the principle that it acts as a "financial instrument, not as an implementing agency"?

i. To what extent has a rapid and effective process for disbursement been put in place? Does the disbursement process operate efficiently? Does it operate effectively? How do these processes function from Global Fund level to country level? How does the Global Fund ensure that funds reach the intended populations?

ii. Has the Global Fund Secretariat provided efficient and effective support to grantees? To what extent do procedures and guidelines facilitate efficient and effective fund portfolio management? To what extent does portfolio management reflect the principle of acting as a "financial instrument, not as an implementing agency"? What is the quality of due diligence performed by the Global Fund in assessing grantees throughout the grant lifecycle? Have these procedures strengthened grant performance, reduced risk and promoted flexibility and innovation in grant implementation?

iii. Has the Local Fund Agents system provided efficient and effective support to the Global Fund Secretariat and to grant programs?

B. What policies and procedures were set in place by the Global Fund to enable national ownership?

i. How effectively did the Global Fund communicate the principle of ownership to potential recipient countries and achieve buy-in? What role have partners played in communicating the concept and how effective were their approaches?

ii. To what extent have the Global Fund's policies and procedures been aligned with recipient country systems?

iii. To what extent have the Global Fund's policies and procedures emphasized support of inclusive national programs with government, public/private partnership, NGO and civil society initiatives?

iv. To what extent do the operational mechanisms of the organization such as communication strategy, promote access across sectors?

C. To what extent has the Global Fund operationalized and used effectively the performance-based funding system? What are its strengths and weaknesses?

i. To what extent does the performance-based funding system incorporate innovative approaches to link resources to the achievement of measurable results? Has the Global Fund responded to, learned from or adapted its use of performance-based funding?

ii. To what extent are policies and procedures related to performance-based funding understood by key stakeholders, including the Board, TRP, Principal Recipients, Country Coordinating Mechanisms, and technical partners?

iii. To what extent does the Global Fund make decisions about performance in a transparent fashion? To what extent is information on performance communicated and available to stakeholders at country level?

iv. To what extent has the Global Fund developed and implemented a system to identify flagging performance and to communicate effectively at country level?

D. To what extent have funds been leveraged (funds replenished/mobilized) to extend the reach of the Global Fund's priorities globally?

i. To what extent do the Global Fund's policies and operations reflect its principles related to making available and leveraging additional financial resources?

ii. To what extent has the Global Fund's partnership with the private sector mobilized additional resources?

E. Are the terms of reference for the Technical Review Panel and its structure, processes and leadership effective? Have independent review processes and procedures been adapted appropriately over time?

i. To what extent have provisions for independent review been competent and sensitive to the realities at country and community level?

ii. To what extent is the Technical Review Panel able to gauge whether a proposal reflects "genuine, broad participation and ownership of all interested groups"?

iii. What has the performance of the Technical Review Panel been over time, for each region? For each disease?

OVERARCHING QUESTION 2

2. How effective and efficient is the Global Fund partnership system in supporting HIV/AIDS, malaria, and tuberculosis programs at global and country levels?

A. What systems and procedures are in place for providing managerial and technical support to countries? What has been the quality, availability and cost of technical assistance?

i. What has been country experience with defining technical assistance (TA) needs and providers in the proposal process and then using/accessing the TA in program implementation? To what extent is the role of grant funds in acquiring technical assistance clearly understood?

ii. To what extent have the partners (Global Fund, technical partners, and recipient countries) communicated and coordinated their efforts to identify technical assistance needs and provide it on a timely basis? To what extent is the division of labor clearly understood?

B. What factors have encouraged or impeded country ownership and broad representation in proposal formulation and grant implementation?

i. How is 'national ownership' perceived, defined and implemented by the partners?

ii. What procedures and systems have been put in place so that both public and private participation, including civil society, is assured in the partnership?

C. What has been the role and effect of the Global Fund as a new actor in the donor landscape?

i. Does the Country Coordinating Mechanism (CCM) build on existing partnerships to constitute itself and not create unnecessary parallel bodies? Are roles and functions clearly defined and understood? Do CCMs increasingly perform in accordance with Global Fund requirements and recommendations?

ii. To what extent has the Global Fund partnership system, including the Global Fund itself, aligned with national programs and systems and to what extent have actors harmonized efforts among themselves? What factors are seen to enable alignment and harmonization? What factors impede it?

iii. Are partners at country level increasingly aware of and able to implement principles of the Global Fund?

iv. How have grantees implemented the guidelines for performance-based funding? Is there evidence of learning and adaptation? Is there a discernible effect on how programs are planned and implemented?

v. How have partners (donor governments, multilateral and bilateral development agencies, NGOs, etc) responded to the Global Fund model of performance-based funding and decisions based on performance?

D. To what extent have financial resources reached implementing partners and target groups?

i. What is the enabling environment that permits funding to flow directly from the Global Fund to country level and to people? (country perspective)

ii. At country level, what are the specific transaction costs of doing business with the Global Fund? Has the Global Fund efficiently made resources available at country level?

OVERARCHING QUESTION 3

3. What has been the overall reduction on the burden of the three diseases? What is the Global Fund's contribution to reducing the burden of the three diseases?

A. Are Global Fund-supported activities evidence-based or based on best practices? Are the "right things" being funded?

B. Are proven HIV/AIDS, tuberculosis and malaria interventions available to more people in 2008? What role has the Global Fund played in that increased population coverage?

C. How cost-effective is the Global Fund business model (proposals, Country Coordinating Mechanisms, performance-based funding/Phase 2) in increasing coverage?

D. How much have combined national and international efforts (2003 – 2008) reduced morbidity and mortality from HIV/AIDS, tuberculosis and malaria compared to international targets?

E. What has been the Global Fund's contribution to that reduction in disease burden?

Annex 2
Summary of the Gap Analysis and Available Data for the Three Overarching Questions

The Stakeholder Assessment[1] found that stakeholders have a positive opinion of Global Fund organizational efficiency (overarching question one) with:

- The most positive responses about Global Fund's performance focus on funding proven interventions, transparent information sharing, and funding based on achieving results; and
- Low ratings for Global Fund performance on the effectiveness of LFA model for financial oversight, alignment of Global Fund monitoring requirements with national M&E systems, mobilization of private sector resources.

This review showed gaps in the currently available information to answer elements of overarching question one, in particular, how the Global Fund implements its business model,; how closely aligned the operative business model is with the original business plan of the Global Fund in light of its evolution; how has the donor landscape evolved, and what has been the Global Fund's performance on its principle of being a "financial instrument, not an implementing entity". Another important area not evaluated fully is the efficiency and effectiveness of performance-based funding in the Global Fund business model.

Stakeholder opinions are considerably lower in relation to the partner and country environment (overarching question two) in which the Global Fund works:

- Thirty-eight percent of respondents rated the effectiveness of the technical support for grant implementation in countries as fair or poor;
- Low ratings were given to effectiveness of technical support through partners for proposal development, technical support through partners for grant implementation, and strengthening of health systems capacity through grants for the three diseases.

Important gaps identified in answering overarching question two were identified. A number of studies identified a lack of clarity about roles and responsibilities for technical assistance. Systematic evidence has not been marshaled about priority technical assistance needs of countries, the nature of TA provision, comparisons of the amount budgeted in the grant application and actual expenditures and the effectiveness of TA provided. Managerial assistance has been much less well reviewed or studied. In addition, the Global Fund identifies country ownership as a major priority, but clear definitions and definition and indicators are lacking.

There has been no systematic study of alignment of national structures and systems and the Global Fund in program and financial management, procurement, and monitoring and evaluation systems. The adequacy of national capacity for alignment of systems has not been reviewed thoroughly. There appears to be a lack of information regarding whether systems being aligned are unified, and the effectiveness of the innovative approaches being developed. Further, until now, no study has examined the determinants of grant performance beginning with the proposal application through Phase 1 and Phase 2, and beyond Phase 2. As a new model of providing assistance, it is important to assess whether there has been uptake of performance-based funding by other global and national programs. Stakeholders have a high opinion of the contribution of the Global Fund in making a difference in the lives of people (overarching question three). More than two-thirds of respondents believe that programs financed by the Global Fund are reaching people living with or affected by the three diseases. And three quarters of respondents believe that the Global Fund will make a substantial contribution to the reduction of the burden of the three diseases. Half of all respondents felt that the Global Fund's performance is either very good or excellent in regard to placing priority on the most-affected and at-risk countries and communities.

To adequately answer whether the Global Fund has had an impact on the burden of the three diseases, the impact evaluation needs to focus on the following:

- Building on existing data for the estimation of impact in both comprehensive evaluation country studies and secondary analysis country studies, to the maximum degree possible;
- Investing strategically to fill gaps in the data needed to estimate impact;
- Where impact is shown, the study will describe the types of interventions, target groups and overall costs of the program.

Much of the underlying data needed for impact assessment is in place. For example, many countries have recently conducted population-based surveys. There are, however, important gaps in the available data with availability varying by disease, by types of data and by key indicators. The bullets below serve to illustrate data gaps for a set of countries identified in an initial selection process:

- Five of the initial draft countries proposed for comprehensive evaluation studies have conducted National Health Accounts. No countries have current National Health Account data. Therefore, while there are data and processes in place to build on, any comprehensive evaluation country would require a re-application of the National Health Account analysis with sub-accounts for the three diseases in 2007.

[1] 360° Stakeholder Assessment. Perceptions and Opinions of Stakeholders on the Global Fund. The Global Fund to Fight AIDS, Tuberculosis and Malaria. October 2006. See www.theglobalfund.org/en/about/terg/

Three of the initial draft CECS have conducted a Service Provision Assessment. Two countries (Zambia and Tanzania) have conducted recent SPA exercises (2005 and 2006, respectively) as part of PEPFAR. In these cases, a more focused, streamlined version of the facility survey could be sufficient to update those relatively recent data. One country (Rwanda) carried out a SPA in 2001, an exercise which would need to be updated in 2007. Four of the proposed CECS have not conducted an SPA and would need to have facility data collected in 2007. Service Availability Mapping was conducted in Zambia (2004, all districts), Rwanda (2004, all public facilities visited), Tanzania (2005, all districts and all facilities in 15 districts). Malawi had a facility census in 2002.

- Therefore, the impact evaluation would require either a streamlined re-application of a facility survey (in two countries) or a full application of a facility survey in 2006-2007 (five countries).
- Coverage with population-based surveys for this set of proposed comprehensive evaluation countries is good. Data availability varies by disease which will, in part, determine whether impact is evaluated for one or more diseases per country.
- Four of the initial draft countries appear to have baseline data for HIV/AIDS and malaria key indicators (notably related to coverage of key interventions and behavioral data) generated between 2001 and 2004 (Zambia, Tanzania, Malawi and Benin). This initial gap analysis would suggest that four countries lack the essential baseline data for the period 2001 to 2004 (Rwanda, Burundi, Cambodia, and Peru). These countries do have baseline data available from household surveys in 2000.
- Four countries have household surveys underway in 2006 (Zambia, Malawi, Benin, and Rwanda). For these countries, it will be critical to carefully assess the duration of program implementation with support through Global Fund grants. It may be possible to consider some form of streamlined follow-up analysis in late 2007 (e.g., through panel design at the cluster level) to determine changes since the time of data collection in 2006. One country has plans for an AIDS Indicator Survey in 2007 (Tanzania). Two countries (Peru and Cambodia) have no plans for population-based surveys in 2006 or 2007.

In sum, there appears to be good opportunity to build strategically on household survey work conducted in 2006 in four countries in Southern, East and West Africa. Opportunity exists to collaborate with PEPFAR in at least one country slated for a 2007 AIS (Tanzania). In only two countries would resources be required for full implementation of a population-based survey in 2007 (Peru and Cambodia), if it was deemed necessary.

Annex 3
Impact Evaluation Indicators, Data Sources and Analysis Issues

The following tables present the impact indicators that the Global Fund and its partners have agreed upon and they summarize key issues related to each of the three diseases. Indicators proposed for impact measurement are based on agreed international standards and common use among the technical partners. A range of data sources are needed to monitor the key impact indicators. Disease-specific information sources for measuring impact are summarized below. More in-depth discussion of the advantages and disadvantages of each data source can be found in the TERG background paper[2] and the documentation of the disease-specific expert groups.

HIV/AIDS

In generalized epidemics, anonymous unlinked testing of pregnant women in antenatal clinics is the primary source of data for monitoring HIV prevalence among young people. An increasing number of countries are conducting national surveys with HIV data collection. These surveys provided detailed information on the prevalence by age, sex and geographic location in the general adult population. In concentrated epidemics, data are derived from mixed biological and behavioral surveillance of at-risk populations. Data for ascertaining the impact of treatment on survival and quality of life and HIV status among TB patients are derived from clinical data, although very few countries have collected such data to date. Models are the primary tool for estimating the survival benefits of treatment for the prevention of transmission from mother to child.

FIGURE 1. INDICATORS, INFORMATION SOURCES, AND ISSUES: MEASUREMENT OF HIV/AIDS IMPACT

Indicators	**- % of young women & men aged 15 to 24 who are HIV-infected** **- % of adults aged 15to 49 who are HIV-infected** **- % of adults & children with HIV still alive 12 months after initiation of antiretroviral therapy** **- % of infants born to HIV-infected mothers who are HIV-infected** **- HIV sero-prevalence among all newly registered TB patients**
Data collection and analysis	- Population-based surveys with HIV testing - Sentinel surveillance systems - Community cohort research studies - Clinical data on survival of people on ART and on HIV status among TB patients - Modelling on survival benefits for children of PMTCT
Approaches	Assess funding flows for AIDS, major partners and Global Fund role Measure availability of key interventions and their coverage over time Assess trends in health outcomes from multiple data sources, and use modelling to provide best estimates
Existing bodies and partnerships	UNAIDS Reference Group on Epidemiology & Modelling
Countries	At least one and preferably more than one population-based surveys; high quality consistent surveillance system; good system of clinical reporting for ART (PMTCT and TB/HIV))
Special issues	Include countries with concentrated epidemics and focus on high risk population health outcomes PEPFAR also has 2008 evaluation and interest in collaboration Consider secondary analysis of HIV trend data, including non in-depth countries

[2] Evaluation of impact and the Global Fund. Concept paper for the TERG. October 2004.

Tuberculosis

TB incidence can be evaluated annually through routine surveillance data, provided the data from the surveillance is of proven accuracy. Tuberculin surveys may also be used but are generally recommended only in populations where the prevalence of infection is expected to be high (annual risk of infection greater than one percent). In highly-endemic countries, especially those with weak surveillance systems, consecutive population-based disease prevalence surveys can provide estimates of TB prevalence. Counts of TB deaths can be derived from vital registration systems of proven accuracy. Clinical data are the primary source for TB notification and treatment outcomes.

FIGURE 2. INDICATORS, INFORMATION SOURCES, AND ISSUES: MEASUREMENT OF TB IMPACT

Indicators	**- TB prevalence, or estimated number of all active TB cases per 100,000 population at a given point in time** **- TB incidence rate, or estimated number of TB cases occurring per year, per 100,000 population** **- TB mortality rate, estimated number of deaths due to TB (all cases) per year, per 100,000 population** **- Treatment success rate**
Data collection and analysis	- Clinical data - TB notification, treatment outcomes - TB prevalence surveys - mortality by cause of death from death registration systems
Approaches	Assess funding flows for TB, major partners and Global Fund role; describe availability of key interventions and their coverage over time Where implementation is phased, focus on sub-national analysis of existing data Assess trends in health outcomes from surveillance and other data sources
Existing bodies and partnerships	Stop TB Task Force
Countries	India, Indonesia and Kenya are likely to get analytical support in context of new Gates grant; at least one in-depth country with TB/HIV grant
Special issues	Critical to find in-country analytical resources Consider secondary analysis of annual TB report data to inform 2008 evaluation, including non in-depth countries

Malaria

Data on all-cause under-five mortality rate and the coverage of malaria interventions, in particular the use of insecticide-treated bed nets, the coverage of prompt and effective antimalarial treatment of children under five, and, in some cases, bed net use by pregnant women, are derived from nationally-representative household surveys such as the DHS and Multiple Indicator Cluster Surveys (MICS) and Malaria Indicator Surveys (MIS). Delivery of IPT for pregnant women would is also available through services records maintained in antenatal clinics. In some cases, anaemia is also measured through household surveys such as the DHS and through clinical data. Trends in malaria episodes and malaria-attributable mortality are obtained from sentinel demographic surveillance sites and outside sub-Saharan Africa from vital registration and health facility records. Outside of sub-Saharan Africa, trends in malaria incidence may be derived from clinical data provided that reporting completeness is stable over time.

FIGURE 3. INDICATORS, INFORMATION SOURCES, AND ISSUES: MEASUREMENT OF MALARIA IMPACT

Indicators	**- Incidence of clinical (symptomatic) malaria episodes** **- Prevalence of malaria-related anaemia among children under five years of age** **- Death rates associated with malaria; all-cause under-5 mortality in highly endemic areas**
Data collection and analysis	- Household surveys with birth history; - Longitudinal population-based community studies - Clinical and population data on anaemia in childhood - Clinical data on trends in malaria episodes
Approaches	Assess funding flows for malaria Describe availability of key interventions and coverage trends Where implementation is phased, focus on sub-national analysis of existing data Possible investment and alignment with malaria indicator surveys
Existing bodies and partnerships	Malaria MERG and its Task Forces
Countries	Some countries have surveys (Zambia, Malawi) or high levels of investment (e.g. Rwanda, Eritrea)
Special issues	Consider secondary analysis of malaria-related data, including non in-depth countries

Financial information

At the country level, a National Health Account (NHA) exercise will be able to provide information on the role of the Global Fund in financing health programs. As a minimum, a general NHA exercise will need to provide information by major diseases (HIV/AIDS, TB, malaria and others). Ideally, the general NHA would be accompanied by sub-accounts for HIV/AIDS, TB and malaria. The sub-accounts provide detailed information on expenditures by providers and types of goods and services for each disease, as well as expenditures for different components of disease program (e.g., expenditure for bed nets, preventive therapy for pregnant women).

NHA data collected in 2007 would typically provide information for the period 2002-2005. A wide range of issues could be examined through NHA data including the following:

- Relative contribution of Global Fund funds including as a proportion of total health expenditure, relative to other external funds for health spending, and specifically for HIV, TB, malaria vs. donor funds for these diseases vs. overall expenditure on these diseases;
- Out-of-pocket spending including whether supplies provided free of charge as part of Global Fund grants actually get to the patients/users free of charge. There is some evidence that insecticide-treated bed nets, free of charge in principle, acquire considerable mark-ups along the distribution channel;
- Relative balance of funded activities on-the-ground for HIV, TB and malaria through sub-account analysis (e.g. balance between treatment and no prevention)

For non in-depth countries, existing WHO databases could provide the estimates of trends for variables including: Global Fund as a percent of total health expenditures and as a percent of total external resources for health; trends in per capita expenditure on health.

Global Fund-maintained data would also be critical to the impact analysis include records from PRs which would indicate the amount of funds disbursed through government or nongovernmental sources.

Service availability and coverage

The Global Fund impact evaluation needs to include information which traces the process through which increased funding leads to improvements in health outcomes. Two types of information will serve as the linchpin in the impact analysis: data on provision of services and data on service coverage.

The majority of interventions against the three diseases are delivered through facilities. These include HIV testing and counseling, prevention of mother-to-child transmission, and ARV therapy for HIV/AIDS; DOTS for TB control and treatment for malaria. Therefore, it is important to have an accurate gauge on the quality and availability of those services to population in need.

Perhaps the best strategy to obtain this type of data for in-depth study countries is to conduct a facility census in 2007. Such a facility census would include verification of reported data on selected interventions, and could be built on national household surveys (adding questions if needed) to be conducted in 2007.

Moving beyond data on service quality and availability are measures of service coverage which account for the population in need. Service coverage data are generally collected in two ways: through service records and through household surveys. Service records are less reliable but will provide more frequent data on trends. Regular household surveys are required to obtain population trends and could be used to adjust facility-based coverage estimates.

Annex 4
Evaluation Study Descriptions

APPENDIX 4.1: STUDY AREA 1: ORGANIZATIONAL DEVELOPMENT DIAGNOSTIC ASSESSMENT AND EVALUATION OF GLOBAL FUND EFFECTIVENESS AND EFFICIENCY

ITEM	INFORMATION	
Proposed Study title	Study Area 1: Organizational Development Diagnostic Assessment and Evaluation of Global Fund Effectiveness and Efficiency	
Study summary	This study examines the efficiency and effectiveness of the Global Fund's performance. The key evaluation question - How effective/efficient has the Global Fund been as an organization, in relation to its principles, purpose, and business model – examines two primary foci: • Are the architecture and systems in place to ensure quality performance? • How effectively are the various structures of the Global Fund (Board, Secretariat, TRP, LFAs) performing? This evaluation study draws from the field of organizational development and quality management, examining issues key to the operations of the Global Fund including grant management, performance-based funding, resource mobilization, governance, and communication with countries. The effort is expected to be 3-4 FTEs over 5 months with the FTEs providing various functions in organizational development and evaluation as outlined below.	
Summary budget and study duration	Expected cost =US$ 1,264,500 Duration = January – June 2007	
Overarching Question(s) being addressed	OA 1: Does the Global Fund as an organization (Board, Secretariat, TRP, LFAs) through both its policies and operations, reflect the core principles? In fulfilling these principles, does the Global Fund as an organization perform in an efficient and effective manner?	
	Note: Will have some results on OA 2. How effective and efficient is the Global Fund partnership system in supporting HIV, malaria, and TB programs at the global and country level?	
Methodology	Multi-method evaluation study with quantitative elements that describe the whole Global Fund portfolio (much based on existing data and information from the Global Fund databases and other sources) as well as in-depth qualitative studies and benchmarking of Global Fund performance as a financial instrument. A large component comprises data/document review, analysis, and synthesis of the broad and comprehensive amount of data, information and internal and external studies.	
	Focus	**Method**
Study elements	Perform organizational development diagnostic by constructing GF business model (principles, business operations, business plan/strategic plan) as a cash-flow organization dependent on contributions and pledges and making performance-based awards and reviewing functions and focus	DRAS[3] – Review and synthesis of extensive material on Global Fund operations and results
	Measure GF performance against its business model including Board governance and fund-raising capacity and on operational principles (e.g. light administrative touch, leanness, harmonization, and flexibility of procedures, responsiveness)	DRAS, Benchmark/Best Practice, Key-Informant interviews of Board, Secretariat, country and partners, Task analysis of job functions/expectations at the unit level and actual performance (e.g., Operations, business services, resource mobilization)
	Compare with external best-practice orgs.(such as, Global Environment Facility, International Fund for Agricultural Development and The European Bank for Reconstruction and Development) getting funding thru contributions with respect to fund raising, governance, management structure, efficiency, accountability, and effectiveness.	Benchmark/Best Practice
	Assess GF performance to date as a "financial instrument" (e.g., What are costs/unit of treatment or prevention and how does unit cost compare to other donors?)	DRAS, Survey/Interview, Compare with data from country assessments, Benchmark
	Determine Effectiveness of Performance-Based Funding (PBF) in ensuring responsive country program implementation	DRAS, Survey/Interview, Compare with data from country assessments
	Use results from LFA study to examine LFAs' role in assuring maximum financial effectiveness and efficiency	DRAS, Compare with data from country assessments

[3] DRAS = Document/Data Review, Analysis, and Synthesis

ITEM	INFORMATION	
Proposed Study title	Study Area 1: Organizational Development Diagnostic Assessment and Evaluation of Global Fund Effectiveness and Efficiency	
	Document mobilization and leveraging of resources and incorporate results from study on private-sector, in-country contributions to examine GF efficiency to identify resource mobilization potential and needs to for future tracking	DRAS
	Determine TRP performance in grant proposal review for sensitivity to country context and genuine/broad participation and to technical relevance and merit.	DRAS, Key-informant interviews
	Define extent to which and manner that partners have responded to Global Fund's innovative model (especially, performance-based funding and program decision making-based on performance).	DRAS, Key-informant interviews of global partners, Country assessments
Expected data source(s)	Global Fund Business Plan, Board Documents	
	Interviews, Survey, Key Informants	
	Extensive material on Global Fund operations and results, implementation activities, and epidemiological trends collected through performance-based funding	
	Results from country assessments	
Types of partners, organizations to be involved	• A business-sector entity with business and financial expertise in the team, preferably led by a senior business expert with entrepreneurial background who has successfully built and led a global business through rapid start-up and implementation. • Experts in organizational development and evaluation	
Expected Study Duration	6 Months	
Planning phase	1 month: January 2007	
Data collection phase	3 Months: February-April 2007	
Synthesis/ reporting phase	2 Months: May-June 2007	
Deliverable(s)	Complete business analysis from business plan and business model to Board governance and fundraising to disbursement and expenditure	
	Synthesis of extensive data/document review, analysis (also useful to other two studies and overall synthesis)	
	An analysis of GF organizational strengths, weaknesses, opportunities, and threats. This analysis will include recommendations for refinements to the GF business model to assure a healthy business prognosis for the organization.	
Examples of Expected Actionable Results	• Confirm GF as financial entity and/or identify transformation of GF as "implementer" and define limits of "implementation"	
	• Performance-based funding successes and determinants of success defined and relevant determinants included in grant guidelines and review processes	
	• Fit and composition of Secretariat and functions examined vis-à-vis present business model	
	• Strong and weak mechanisms of GF operations evaluated and options for improvement identified	
	• Analysis of the LFA model and experiences results in recommendations for changes/improvements	
	• Improved country grantee and TRP guidance to ensure grant proposal review recommending appropriate interventions, genuine/broad participation	
	• Tracking needs defined and implemented to capture private-sector, in-country contributions for resource mobilization	

ITEM	INFORMATION
Proposed Study title	Study Area 1: Organizational Development Diagnostic Assessment and Evaluation of Global Fund Effectiveness and Efficiency
Key background documents	Global Fund Business Plan, Board Documents, Interviews, Survey
	Strategic Positioning Options Paper (13th Board meeting documents
	Replenishing the Global Fund: An independent assessment; Keith A. Bezanson (see website under 1st Replenishment meeting). March 2005
	Global Fund-World Bank HIV/AIDS Programs, Comparative Advantage Study, Alexander Shakow Jan 06
	Global Fund Operations Policy Manual. Introduction, Stage 2 Grant Negotiation and Initial Disbursement.
	The Global Fund to Fight AIDS, Tuberculosis and Malaria. Progress, Potential and Challenges for the Future. Steven Radelet. Center for Global Development. June 2004.
	Key Performance Indicators http://www.theglobalfund.org/en/files/boardmeeting13/GF-B13-12_Report_of_Key_Performance_Indicators_for_2006.pdf
	The Global Fund to Fight AIDS, TB and Malaria Is Responding to Challenges but Needs Better Information and Documentation for Performance-Based Funding. GAO (June 2005
	Global Fund Internal Follow up to General Accounting Office Report of 2005, Virginia Jackson, August 2005.
	Harmonization of Global Fund Programs and Donor Coordination: Four Case Studies with a Focus on HIV/AIDS. 2005.
	Private Sector Resource Mobilization Strategy, Draft June 6th 2006
	Global Fund strategy development related to private sector involvement: Excerpted notes
	Mobilizing Additional Resources from the Private Sector, Mid term Replenishment Update August 2006
	Private Sector Resource Mobilization Strategy
	Assessment of the Global Fund Proposal Development and Review process. EuroHealth Group, March 2006
	Report of the Technical Review Panel and the Secretariat on Round 5 Proposals (11th Board meeting)
	Lessons Learned from the Technical Review Panel, Rounds 1-4 (9th Board meeting)
	ToRs for the Technical Review Panel. http://www.aidspan.org/gfo/docs/gfo7.pdf
	Mobilizing Additional Resources for the Global Fund: A Planning Guide for the Private Sector. Prepared by the Private Sector Delegation to the Board of the Global Fund.
	Vuckovic et. al., Making Co-Investment a Reality. Strategies and Experiences. 2005
	GF Draft Resource Mobilization Strategy paper. June 2006
	Private Sector Replenishment Mobilization Update
	Private Sector-Beyond Best Practices
	Elements Strategy Options on the private sector
	Private Sector Solutions to Global Public Challenges in Health Opportunities for Collaboration. Financing Global Public Goods For Health - 714th Wilton Park Conference, June 19, 2003. Rajat Gupta. McKinsey and Co
	Mobilizing Additional Resources for the Global Fund: A Planning Guide for the Private Sector, Private Sector Delegation to the Global Fund Board/ McKinsey and Company, 8/1/2005
	UNFPA/UNAIDS/NIDI Resource Flows Newsletter. January 2006
	Global HealthLink: Following the Money in Global Health, http://www.cgdev.org/doc/ghprn/FollowingMoney_GlobalHealth.pdf
	Following the money: Monitoring financial flows for child health at global and country levels, presentation by Anne Mills at Tracking Progress in Child Survival, Countdown to 2015, 13-14 December 2005, at the University of London

FIGURE 1. ESTIMATED BUDGET: STUDY AREA 1: ORGANIZATIONAL DEVELOPMENT ASSESSMENT AND EVALUATION OF GLOBAL FUND EFFECTIVENESS AND EFFICIENCY

Study Area components	Estimated labor required[4]		2007 In US$	2008 In US$
Document and desk review	Level 1 staff	100 person days	85,000	
	Level 2 staff	50 person days		
Task analysis	Level 2 staff	20 person days	27,500	
	Level 3 staff	15 person days		
Efficiency study including required financial input	Level 1 staff	120 person days	129,000	
	Level 2 staff	60 person days		
	Level 3 staff	30 person days		
Key informant and group interviews	Level 2 staff	80 person days	83,000	
	Level 3 staff	30 person days		
Self-assessment methods	Level 1 staff	40 person days	34,000	
	Level 2 staff	20 person days		
Private sector, in-country contributions study	Level 1 staff	100 person days	130,000	
	Level 2 staff	50 person days		
	Level 3 staff	50 person days		
OD expert assessment/external experts	Level 2 staff	90 person days	108,000	
	Level 1 staff	90 person days		
Key informant network	Level 1 staff	40 person days	141,000	
	Level 2 staff	30 person days		
	Key informants	200 person days		
Data management	Level 1 staff	80 person days	40,000	
Benchmarking	Level 1 staff	40 person days	61,000	
	Level 2 staff	20 person days		
	Level 3 staff	30 person days		
Synthesis/overall report	Level 1 staff	60 person days	126,000	
	Level 2 staff	60 person days		
	Level 3 staff	60 person days		
Other costs (communications, travel, meetings, translations)			300,000	
Total Study Area 1	**US$ 1,264,500**			

Notes:
- Level 1 staff could include research assistants, data managers, analysts, and project coordinators. Daily rates for level 1 staff are estimated at US$ 500 to include overheads.
- Level 2 staff could include mid-to senior-level professionals with specialist skills in the required Study Area. Daily rate for level 2 staff is US$ 700 to include overheads.
- Level 3 staff are highly experienced and recognized specialists in the relevant Study Area. Daily rates for level 3 staff are estimated at US$ 900 to include overheads.

[4] This table provides indicative budgets based on level of expertise required per study component and estimated level of effort in person-days.

FIGURE 2: STUDY AREA 2: EVALUATION OF COUNTRY GRANT PERFORMANCE AND PARTNERSHIP IN 16 COUNTRIES

Item	Information	
Proposed Study title	Study Area 2: Evaluation of Country Grant Performance and Partnership in 16 Countries	
Study summary	Study Area 2 focuses on the determinants of grant success, examining country performance and partners, with an emphasis on country context and pivotal factors including technical assistance and management assistance, country structures, national ownership, presence of major partners, harmonization and alignment, fragile states, effects on and strength of health systems and involvement of civil society and NGOs. Performance will be examined at the stages of proposal application, in progression from Phase 1 to pass to Phase 2, and beyond Phase 2	
Summary budget and study duration	Expected cost =US$ 2,939,000 Duration = November/December 2006 – September 2007	
Overarching Question(s) Being Addressed	**OA 1. Does the Global Fund as an organization (Board, Secretariat, Technical Review Panel [TRP], Local Fund Agents [LFAs]), through both its policies and operations, reflect the core principles?**	
	OA 2. How effective and efficient is the Global Fund partnership system in supporting HIV, malaria, and TB programs at the global and country level?	
	*Note: Will have results on both OA 1 and 2	
Methodology	Multi-method evaluation study to be conducted in 16 countries in depth, including quantitative modeling, to provide the generality to the whole portfolio. The study will compare high-performing country grantees to low-performing country grantees. Country selection could include all countries selected for the impact evaluation's comprehensive country studies. This study will also benchmark all GF existing grantee performance against high-performance country characteristics. One component comprises data/document review, analysis, and synthesis of the broad and comprehensive amount of data, information and internal and external studies.	
Elements	**Focus**	**Method**
	Document the extent that Global Fund has communicated the principle of ownership to potential recipient countries and has achieved buy-in, and how well the strategy reaches across sectors.	Desk and data reviews – historical and trend analysis • Grant proposals, routine reports, scorecards, etc • LFA reports to GF • National plans related to three diseases • Existing internal and external studies (including results of LFA study)
	Characterize the role partners played in communicating the Global Fund concept and effectiveness of their approaches.	Global Key Informant Interviews: (FPMs/ EARS, Global Task Team, USG TA, etc)
	Country assessments of 30 working days of 2 FTEs per country to compare high-performing countries to low-performing countries:	
	Determine the extent, and adequacy of alignment of Global Fund's policies and procedures with recipient country systems: • Processes adopted (M&E, alignment with program and financial management, procurement systems) • Results obtained • Differences by region, disease, country size, and income. • Operating under the Three Ones	• Key Informant Interviews and/or focus-group discussions (GF country "structures including host-country government, public-private partners, etc) • Self-assessment/ email assessment across entire spectrum of country partners • Document/stats review • Visits to GF-funded projects
	Document how well Global Fund policies and procedures are inclusive of national programs with government, public/private partnership, NGO and civil society initiatives (e.g. persons living with diseases, women & youth)	
	Analyze perceptions of government, partners about how 'national ownership' perceived, defined, and implemented by the partners.	
	Identify and analyze procedures and systems put in place to assure public and private participation, including civil society in proposal formulation and grant implementation.	

	Document the nature and extent of TA provided by different partners at different stages of the project lifespan	DRAS
	Determine perceptions of adequacy, quality, appropriateness and timing of TA from perspectives of projects, TA providers and relevant stakeholders	Country assessments, Interview/survey TA providers/partners and Country TA recipients and other stakeholders
	Characterize the grant/recipient in terms of type of project, variation by region/disease and grant lifespan	DRAS
	Document how and by whom the specific need for TA for a project was perceived and conceptualized	DRAS
	Analyze TA (whether TA helps a project come more into alignment with national strategies), M&E mechanisms and coordinating bodies (linked to actual number of TA requests made.	DRAS
	Examine results of TA in terms of satisfaction with quality, timing, adequacy, and appropriateness.	Country assessments, Interview/survey TA providers/partners and Country TA recipients and other stakeholders
	Compare all existing GF grants by characteristics of high-performing grantees/countries assessed to determine rankings of successful countries	Benchmark grantee/country performance
Expected data source(s)	Board meeting minutes, Global Fund grant proposals, reports and EARS, CCM bylaws, minutes and other documentation, interviews with national partners (donors, technical partners, civil society, CCM, PR, SRs, EARS, CCM self-assessments and studies	
	Regional workshop reports from GFATM, RBM, GTT and other partners	
	Global Fund Secretariat (grant proposals and reports, grant review reports (Phase II), LFA assessments, national plans (related to three diseases)	
	National recipient, government, and partner interviews	
Types of partners, organizations to be involved	National, global partners and the Secretariat Input from technical partners is critical (UNAIDS, WHO, RBM, StopTB), donors (bilateral and multilateral), CCMs, PRs, SRs, government officials (Ministries of Health, Finance, Procurement)	
Expected Study Duration	9 months from November/December 2006	
• Planning phase	1-2 months: November 2006	
• Data collection phase	6 months: January-May 2006	
• Synthesis/reporting phase	2 months: June-July 2006	
Deliverables	16 country syntheses	
	1 synthesis report	
	Current grantee performance benchmarked for success against high-performing country characteristics	
Examples of Actionable Areas for Improvement	Use determinants of success at different grant stages to ensure higher chance of country success: • Grant application stage: o Focus grant guidelines and recommended TA based on determinants of success	
	• In Phase 1 to pass to Phase 2 o Grant-progress reporting needs that include characteristics of high-performing Phase 1-into-Phase-2 grantees defined so FPMs and EARS can monitor likelihood of success o Identify recommended TA needed in Phase 1 to ensure passing to Phase 2	
	• In longer-term grants (beyond Phase 2) o Use defined characteristics of countries that continue successful performance to shape guidelines for subsequent applications	
Key background documents	Assessment of Global Fund Proposal Development and Review Process. EuroHealth Group Final Report.	
	Global Fund (2005) Harmonization of Global Fund Programs and Donor Coordination: Four Case Studies with a Focus on HIV/AIDS.	

	Assessment of the Proposal Development and Review Process of the Global Fund to Fight AIDS, Tuberculosis and Malaria (February 2006)
	Radelet S. (2004 June) The Global Fund to Fight AIDS, Tuberculosis and Malaria: Progress, Potential, and Challenges for the Future. Washington, DC: Center for Global Development, p. 27. http://www.cgdev.org/doc/commentary/GFATM%20full%20report.pdf
	Stillman K, Bennett S. (2005 September). Systemwide effects of the Global Fund: interim findings from three country studies. Bethesda, MD: The Partners for Health Reform plus Project, Abt Associates Inc. http://pdf.usaid.gov/pdf_docs/PNADF196.pdf
	Phase II Report/Score Cards – Progress Reports for each project
	GF/B13/12 Report On The 2006 Key Performance Indicators For The Executive Director
	GF/B5/b Report Of The Technical Review Panel And The Secretariat On Round Four Proposals
	Guidance for U.S. Government-funded Technical Assistance to Global Fund Grants (2006)
	Measuring The Systems Effects Of The Global Fund, GF 2005
	CCM Case studies – c.f. Honduras
	HQ-GVA-05-010 - Assessment of the Proposal Development and Review Process of the Global Fund to Fight AIDS, Tuberculosis and Malaria (February 2006)
	Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility
	Categorization of country support based on country readiness for scaling up in Africa, RBM 2003
	Annex: Early Alert and Response System, GFATM http://www.theglobalfund.org/en/funds_raised/ears/
	GAO. (2005 June) Global health: the Global Fund to Fight AIDS, TB and Malaria is responding to challenges but needs better information and documentation for performance-based funding. Washington, DC: GAO.
	Results of upcoming UNAIDS GTT evaluation

FIGURE 3. ESTIMATED BUDGET: STUDY AREA 2: EVALUATION OF COUNTRY GRANT PERFORMANCE AND PARTNERSHIP IN 16 COUNTRIES

Study Area components	Estimated Labor Required[5]		2007 In US$	2008 In US$
Desk and data review and modeling for trend analysis	Level 1 staff	50 person days	53,000	
	Level 2 staff	40 person days		
Country Assessments (16 countries)	Level 1 staff	960 person days	1,688,000	
	Level 2 staff	800 person days		
	Level 3 staff	720 person days		
Global key informant interviews (20 persons), data, travel and communications	Level 2 staff	60 person days	72,000	
	Key informants	60 person days		
Benchmarking	Level 2 staff	25 person days	40,000	
	Level 3 staff	25 person days		
Synthesis and overall report	Level 1 staff	60 person days	126,000	
	Level 2 staff	60 person days		
	Level 3 staff	60 person days		
Other costs (communications, reports, travel, translations, meetings)			450,000	
Final Overall Evaluation Report	**Includes report writing, workshops, gap filling and consultation**			**510,000**
Total Study Area 2	**US$ 2,939,000**			

Notes:

- Level 1 staff could include research assistants, data managers, analysts, and project coordinators. Daily rates for level 1 staff are estimated at US$ 500 to include overheads.
- Level 2 staff could include mid-to senior-level professionals with specialist skills in the required Study Area. Daily rate for level 2 staff is US$ 700 to include overheads.
- Level 3 staff are highly experienced and recognized specialists in the relevant Study Area. Daily rates for Level 3 staff are estimated at US$ 900 to include overheads.

[5] This table provides indicative budgets based on level of expertise required per study component and estimated level of effort in person-days.

FIGURE 4. STUDY AREA 3: EVALUATION OF COLLECTIVE IMPACT ON THE THREE DISEASES

Item	Information
• **Proposed Study title**	Study Area 3: Evaluation of collective impact on the three diseases.
• **Study summary**	Study Area 3 is focused on the impact achieved on the disease burden of HIV, tuberculosis and malaria. The design is two-pronged involving two types of country studies: a small set of comprehensive evaluation country studies and a larger number of secondary analysis country studies. It is proposed to conduct comprehensive evaluation studies in eight countries and secondary analysis in an additional 12 countries.
• **Summary budget and study duration**	Expected cost =US$ 12,000,600 Duration = January 2007 to June 2008
• **Overarching Question(s) Being Addressed**	**OA3: What has been the overall reduction on the burden of the three diseases? What is the Global Fund's contribution to reducing the burden of the three diseases?**
• **Methodology**	Data collection and analysis activities that will be needed in comprehensive evaluation country studies (CECS) include: 1. Death registration systems: mortality and causes of death data from through strengthening and analysis of data collection, such as civil registration, demographic surveillance sites (DSS) and hospital statistics 2. Household or target population surveys with or without biomarkers (e.g. testing for HIV or malaria) and mortality data collection with causes of death (verbal autopsy if no medical certificate). This may be a stand alone survey, an additional module in an existing survey or a follow up study nested in a survey. This will also provide data on coverage of services: household or target population surveys to measure the availability and quality of key interventions at the population level (general or target populations. 3. Service record systems: strengthening and analysis of disease clinic based surveillance systems (health and disease records) and service provision, and Service availability and provision statistics: facility census or survey to map health system and access to interventions, including NGOs and private sector; further analysis and support to collection service statistics 4. Finances: National Health Accounts with sub-account components for the three diseases; 5. Synthesis and modeling: in-depth and sub-national analysis of existing data on HIV prevalence, incidence and AIDS mortality, using sentinel surveillance, special studies, household surveys and clinical data; existing data from TB surveillance system, special studies and clinical data; TB/HIV: analysis of existing data and special studies to assess implementation program and collect data for selected TB-HIV indicators; existing data on malaria from clinics and surveillance sites if available, special studies. In secondary analysis countries (SACS), impact evaluation will be less comprehensive in terms of the types of questions asked and data needed. SACS will utilize existing data sources, notably population-based household surveys as well as other important data sources: health facility information, special surveys, WHO estimates, etc. Secondary analyses address questions related to the linkages between outcomes and impact, as well as the determinants of disease reduction in the respective countries.

Elements	Focus	Method

• **Expected data source(s)**	Death registration systems, household or target population surveys, service record systems, finances through National Health Accounts, synthesis and modeling
• **Types of partners, organizations to be involved**	• National, global partners and the Secretariat • Input from technical partners is critical (UNAIDS, WHO, RBM, Stop TB), donors (bilateral and multilateral), CCMs, PRs, sub-recipients, government officials (Ministries of Health, Finance, Procurement)
• **Expected Study Duration**[6]	24 months from October 2007 through September 2008
• **Planning phase**	5 months: October 2006 to February 2007
• **Data collection phase**	15 months: March 2007-March 2008
• **Synthesis/reporting phase**	4 months: April-August 2008
• **Deliverables**	Impact Evaluation Report
	Substantive additional input into the Final Synthesis Report
• **Examples of Actionable Areas for Improvement**	The proposed impact evaluation will: • form a major input in the MDG monitoring process and serve as foundation for future monitoring and evaluation of the scale-up;
	• contribute substantially to strengthening country health information systems, by enhancing analytical and data collection capacity, increasing data availability and embedding its work in international efforts to support country health information system strengthening;
	• create a cohesive "package" of impact evaluation tools that can be made available to other grant recipients and partners.
• **Key background documents**	

[6] Please note that impact evaluation builds on extensive existing information. Therefore, anticipated data collection will complement those existing efforts.

FIGURE 5. ESTIMATED BUDGET: STUDY AREA 3: THE EXTENT OF THE OVERALL REDUCTION ON THE BURDEN OF THE THREE DISEASES AND THE GLOBAL FUND'S CONTRIBUTION TO REDUCING THE BURDEN OF THE THREE DISEASES

Study Area components	Estimated labor required[7]		2007 In US$	2008 In US$
Comprehensive evaluation country studies (8 country studies	Labor	1,879,200	6,247,488	1,762,112
	Travel	320,000		
	Data systems strengthening, capacity building and synthesis	4,610,400		
	Workshops/dissemination	600,000		
	Other costs	600,000		
Secondary analysis country studies (12 country studies)	Labor	1,878,000	1,742,160	1,368,840
	Travel	75,000		
	Data collection	480,000		
	Workshops/dissemination	378,000		
	Other costs	300,000		
Impact Evaluation Secretariat	Level 1 staff	500 person days	365,000	365,000
	Level 2 staff	300 person days		
	Level 3 staff	300 person days		
	Travel		75,000	75,000
Total Study Area 3	**US$ 12,000,600**		**$ 8,429,648**	**$ 3,570,952**

Notes:

- Level 1 staff could include research assistants, data managers, analysts, and project coordinators. Daily rates for level 1 staff are estimated at US$ 500 to include overheads.
- Level 2 staff could include mid-to senior-level professionals with specialist skills in the required Study Area. Daily rate for level 2 staff is US$ 700 to include overheads.
- Level 3 staff are highly experienced and recognized specialists in the relevant Study Area. Daily rates for Level 3 staff are estimated at US$ 900 to include overheads.

[7] This table provides indicative budgets based on level of expertise required per study component and estimated level of effort in person-days.

Annex 5
Key Indicators for Initial Draft Comprehensive-Study Countries in Impact Evaluation

Country Name	Grant	Disease	Round	Grant start date	Grant Amount	Amount disbursed	Grant Performance rating
Benin	Grant under negotiations	HIV/AIDS	5				
	BEN-102-G01-M-00	Malaria	1	May-03	2,973,150	2,955,032	B1
	BEN-202-G02-T-00	TB	2	Nov-03	3,104,104	2,997,310	B1
	BEN-202-G03-H-00	HIV/AIDS	2	Jul-03	17,324,228	16,729,577	B1
	BEN-304-G04-M	Malaria	3	Nov-04	1,383,931	1,383,696	B1
Burundi	BRN-102-G01-H-00	HIV/AIDS	1	Mar-03	8,657,000	8,657,000	B1
	BRN-202-G02-M-00	Malaria	2	Oct-03	17,766,125	16,568,331	B1
	BRN-405-G03-T	TB	4	May-05	1,887,175	845,240	B2
	BRN-506-G04-H	HIV/AIDS	5	Jun-06	13,053,866	4,859,474	NR
Cambodia	Grant under negotiations	HSS	5				
	Grant under negotiations	TB	5				
	CAM-102-G01-H-00	HIV/AIDS	1	Sep-03	15,714,629	15,432,557	B1
	CAM-202-G02-H-00	HIV/AIDS	2	Jan-04	14,765,625	7,031,618	B1
	CAM-202-G03-M-00	Malaria	2	Jan-04	9,730,345	6,884,389	B1
	CAM-202-G04-T-00	TB	2	Jan-04	6,169,733	3,390,524	B1
	CAM-405-G05-H	HIV/AIDS	4	Sep-05	8,794,982	3,557,967	B2
	CAM-405-G06-M	Malaria	4	Sep-05	5,221,242	3,003,277	B2
	CAM-506-G07-H	HIV/AIDS	5		16,292,779	-	
Malawi	Grant under negotiations	HSS	5				
	MLW-102-G01-H-00	HIV/AIDS	1	Oct-03	178,614,264	41,444,923	A
	MLW-202-G02-M-00	Malaria	2	Oct-05	18,815,810	6,363,507	NR
	MLW-506-G03-H	HIV/AIDS	5		7,708,331	-	
Peru	PER-202-G01-H-00	HIV/AIDS	2	Dec-03	22,166,497	16,626,797	B1
	PER-202-G02-T-00	TB	2	Dec-03	25,552,603	23,261,851	B1
	PER-506-G03-H	HIV/AIDS	5	Jun-06	8,061,442	2,707,018	NR
	PER-506-G04-T	TB	5	Jun-06	13,603,065	1,364,558	NR
Rwanda	RWN-102-G01-C-00	HIV/TB	1	May-03	14,641,046	14,641,046	A
	RWN-304-G02-H	HIV/AIDS	3	Jul-04	14,860,735	14,860,735	A
	RWN-304-G03-M	Malaria	3	Oct-04	13,045,293	13,045,293	B1
	RWN-404-G04-T	TB	4	Dec-04	5,946,347	5,946,347	A
	RWN-505-G05-S	HSS	5	Jan-06	14,322,867	8,198,973	NR
	RWN-506-G06-M	Malaria	5	Mar-06	28,140,771	14,935,348	NR
Tanzania	TNZ-102-G01-M-00	Malaria	1	Nov-03	19,827,716	13,217,306	A
	TNZ-102-G02-H-00	HIV/AIDS	1	Nov-03	5,400,000	4,647,000	
	TNZ-304-G03-C	HIV/TB	3	Nov-04	23,951,034	20,432,050	B1
	TNZ-405-G04-H	HIV/AIDS	4	Jun-05	79,741,826	34,036,797	
	TNZ-405-G05-H	HIV/AIDS	4	Jun-05	7,895,004	2,115,620	
	TNZ-405-G06-H	HIV/AIDS	4	Jun-05	2,373,516	2,116,705	A
	TNZ-405-G07-H	HIV/AIDS	4	Jun-05	13,180,952	3,841,358	
	TNZ-405-G08-M	Malaria	4	Jun-05	54,201,787	18,575,572	
Zambia	ZAM-102-G01-H-00	HIV/AIDS	1	Jul-03	21,214,271	21,211,430	
	ZAM-102-G02-M-00	Malaria	1	Aug-03	17,039,200	17,039,200	
	ZAM-102-G03-T-00	TB	1	Jul-03	12,447,294	12,447,294	
	ZAM-102-G04-H-00	HIV/AIDS	1	Jul-03	22,840,611	15,224,803	B1
	ZAM-102-G05-M-00	Malaria	1	Aug-03	3,382,500	2,366,616	B2
	ZAM-102-G06-T-00	TB	1	Jul-03	10,364,690	6,925,087	B1
	ZAM-102-G07-H-00	HIV/AIDS	1	Jan-04	6,395,758	1,166,000	
	ZAM-102-G08-H-00	HIV/AIDS	1	Jul-03	20,204,481	14,427,439	B1
	ZAM-102-G15-T-00	TB	1	Dec-05	1,164,676	107,046	NR
	ZAM-405-G09-H	HIV/AIDS	4	Jul-05	11,091,640	5,395,639	
	ZAM-405-G10-H	HIV/AIDS	4	Jul-05	8,487,920	4,839,353	
	ZAM-405-G11-H	HIV/AIDS	4	Jul-05	4,814,840	1,912,195	
	ZAM-405-G12-H	HIV/AIDS	4	Jul-05	2,376,376	912,162	
	ZAM-405-G13-M	Malaria	4	Jul-05	14,450,063	4,810,017	
	ZAM-405-G14-M	Malaria	4	Sep-05	5,829,887	5,010,343	B2

Annex 6
Comparison of Country Selection Criteria for Various Evaluation Studies

Impact Evaluation	Explanation	LFA Study	General for 2006-07 Studies
Availability of baseline data	▪ population-based, nationally representative, and collected between 2001 and 2004 ▪ should have included laboratory components to measure HIV prevalence and malaria incidence		▪ GF Secretariat has disaggregated grant-performance and funding data available for countries selected
Magnitude of disbursement	▪ a level of Global Fund resources to substantiate the potential impact on the three diseases ▪ Gauged either in terms of absolute dollars disbursed or in terms of Global Fund money as a percent of the total health expenditure per capita in country.	▪ Sample of countries selected should represent at least three different LFAs	▪ Should visit at least 1 country from each of 5 regions
Duration of programming	▪ Global Fund investment must have a duration that would allow the available resources to work on-the-ground. ▪ Countries chosen for the impact evaluation have at least 3 years of Global Fund-supported programme implementation by start of 2007.	▪ Majority of countries should be selected from rounds 3-5 and preferably have one year of experience with the same LFA	▪ A range of countries across the rounds to be able to examine national ownership and performance-based funding over the evolution of the GF
			▪ For TA study: half should be countries that used/mobilized technical and managerial assistance before GTT came into existence so that the effect and role of GF guidelines and the GTT can be examined
The "fit" of the Global Fund in country setting	▪ account for and type differing models of Global Fund "fit" in country settings, e.g., Global Fund resources were used to: • fill a specific, well-defined gap in an existing program OR • Sustain gains already made in an existing, well-performing program.	▪ At least of the half countries selected should have experience with the Phase 2 process	▪ At least of the half countries selected should have experience with the Phase 2 process
Partnerships	• countries in which the studies may be conducted • the Principle Recipient(s) and the Country Coordinating Mechanism should be enthusiastic about participating in a multi-country evaluation of this sort • In best-case scenario, information needed for impact evaluation would already be anticipated and budgeted in the grant implementation plans. • Technical partners are also essential to bring needed expertise for planning and implementing impact evaluation for the three diseases. • Global Fund should work closely with other global health initiatives engaged in their own evaluations: • USG PEPFAR which will be undergoing its own impact evaluation during the same period. Efforts should be coordinated in those countries where the impact evaluations will overlap.		▪ Principal Recipient(s) and the Country Coordinating Mechanisms should be enthusiastic about participating in a multi-country evaluation of this sort
Other criteria		▪ There should be a balance between those countries which are deemed to be going well versus those where there have been problems	▪ There should be a balance between those countries which are deemed to be going well versus those where there have been problems
		▪ There should be a balance between simple and complex countries (e.g. countries with several grants/weak PRs; difficult country situation, complex CCMs versus those with single grant PR with experience)	▪ There should be a balance between simple and complex countries

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