Report of the Technical Evaluation Reference Group
For Board Information

The Global Fund

Executive Summary

Context: This presentation reports on: a synthesis of Prospective Country Evaluations (PCE) in 2018; thematic reviews on RSSH and Technical Support Partnerships; and updates on other on-going thematic reviews.

Questions addressed in this slide deck:
1. PCE delivered a second synthesis report based on evaluation in 8 countries in 2018. PCE has started to function as an evaluation platform for facilitating thematic review inputs and ad hoc rapid assessments.
2. The Review on RSSH was completed and most recommendations incorporated in the RSSH Roadmap.
3. The Review on Technical Support Partnership assessed the strengths and challenges of different models and proposed a partnership development framework.
4. A STC Policy Review is near completion and a Review of the Market Shaping Strategy Review initiated for completion by Q3 2019. A Review of the TERG is underway.
5. The TERG encourages key stakeholders to consider and incorporate recommendations from the evaluative work.

Executive Summary (2/2)

Conclusions – TERG Reviews continue to propose useful recommendations to improve the Global Fund model and its operationalization.

Input Sought – Board constituencies are encouraged to consider evaluation recommendations in their deliberations and decision making.

Input Received – the Strategy Committee (SC) and the GF Secretariat have been consulted on the selection of the topics and provided inputs to the scope of reviews. A steering group (a representative of the SC Chair, the SC focal point to the TERG, and the Chair of the TERG) was formed to oversee the ongoing Review of the TERG.

THE GLOBAL FUND PROSPECTIVE COUNTRY EVALUATION

Synthesis of Findings from 2018

Cambodia, Democratic Republic of the Congo, Guatemala, Mozambique, Myanmar, Senegal, Sudan, and Uganda

EURO HEALTH GROUP · itad · UCSF University of California San Francisco · IHME · PATH · JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

ANGKOR RESEARCH	PATH	CIESAR	UNIVERSIDADE EDUARDO MONDLANE / Instituto Nacional de Saúde MOÇAMBIQUE	MKM Myanmar Knowledge Management			IDRC
CAMBODIA	DEMOCRATIC REPUBLIC OF THE CONGO	GUATEMALA	MOZAMBIQUE	MYANMAR	SENEGAL	SUDAN	UGANDA

STRUCTURE OF PRESENTATION

- **Added value of the PCE**
  - How are findings being used in PCE countries
  - Lessons learned
- **PCE focus in 2018**
- **Key findings and recommendations**
  - Business model
  - Human rights, key and vulnerable populations, gender
  - Resilient and sustainable systems for health
  - Sustainability, co-financing, and transition
  - Value for money
- **PCE plans for 2019**

Added value of the PCE: Global level

PCE analysis provides **in-depth knowledge of the complexities of grant implementation** unlikely to be found in thematic reviews/short country visits

PCE evidence is **informing and/or validating findings from TERG Thematic and Strategic Reviews** (e.g. RSSH and Partnerships) and is able to use other TERG Review findings prospectively

PCE is able to **respond to emerging TERG or Secretariat issues** e.g. feasibility of implementing new MDR-TB treatment guidelines

PCE synthesis represents a whole that is greater than the sum of the parts with recommendations derived from and consistent with the **evidence from multiple countries**

PCE findings on lessons learned for key processes (e.g. funding request development, SR selection, etc.) **will inform Secretariat planning of the next implementation cycle**

Added value of the PCE: Country level

Targeting PCE findings to national program managers: The **ability to disseminate emerging findings in a timely manner** is a core strength of prospective evaluations and provides an opportunity for the PCE to contribute to continuous quality improvement

Opportunities for subnational data collection and analysis can add value to national level perspectives

Country stakeholders' appreciation for documenting the challenges, successes, and learnings throughout the Global Fund grant cycle – some of which are previously known, but not systematically or independently documented, nor synthesized across countries

Synthesis adds value at country level, **enabling stakeholders to compare their responses to those of other countries** as well as understanding how the PCE is part of a larger strategic process

What have we learned from the PCE approach?

Platform/Methods

- Results chain is helpful analytic tool

- PCE knowledge of Global Fund takes time to develop but now seeing capacity & agility to respond to emerging issues

- Balancing competing priorities and multiple stakeholders is challenging

- Difficulty with timely feedback when evaluating processes that happen once during the grant cycle – findings relevant in 3 years

PCE Team Structure

- Strong linkages between global and country evaluation partners is essential

- Various staffing models among Global Evaluation Partners (GEP) and Country Evaluation Partners (CEP) – but tracking 3 diseases requires sufficient people for embedded evaluation model

- Opportunities for cross GEP/CEP learning: in-person, webinars, TERG meetings

- Relationship building with country stakeholders is critical

PCE Reporting/Dissemination

- Dissemination needs to be aligned with critical data use periods

- Annual report deliverable may be inconsistent with stakeholder preferences; shorter, more frequent briefs likely to be better

- PCE teams lack knowledge translation expertise – this could help in dissemination findings and strengthening feedback loop

PCE / TERG / Country Team Engagement

- TERG meetings and presentations require significant time and input (high transaction costs)
- Some inconsistencies in TERG feedback over time
- CT engagement early and often is critical to ensure PCE is helpful to CT's work
- Stronger engagement with Global Fund Secretariat could help ensure added value and synergies, while avoiding duplication

FOCUS OF PCE
in 2018

Building on analysis of funding request and grant making phase in 2017, 2018 focused on early implementation of 34 grants in eight countries, totalling over $2.1 billion in investments during this allocation

Tracked how Global Fund investments translated into activities and programmatic outputs

Identified how the business model enabled and constrained early grant implementation

Examined the efficiency and effectiveness of early grant operationalisation

KEY FINDINGS & RECOMMENDATIONS

Business model

Human rights, key and vulnerable populations, gender

Resilient and sustainable systems for health

Sustainability, transition and co-financing

Value for money

Some grant start up processes worked well and as intended

- The Secretariat approved the majority of grants in PCE countries on time

- First disbursements (Global Fund to PRs) for the majority of grants were made on time

- Approval processes for Matching Funds were aligned with main grants in some cases

- Country Teams allowed flexibilities which helped with grant transition

- Country Teams played important roles in resolving early bottlenecks

FINDINGS: Business Model

However, some processes worked less well and this affected grant implementation efficiency, contributing to delays and low early absorption rates in most PCE countries

- Concurrent business model-related processes reduced time and attention from grant start up including for program continuation grants

- PR transition created initial implementation delays

- Lengthy selection and contracting of implementers, particularly Sub-Recipients by Principal Recipients delayed activity implementation

- Some Matching Funds approvals and disbursements were mis-aligned with main grant approvals and this impacted on activity implementation

Summary of early grant implementation milestones
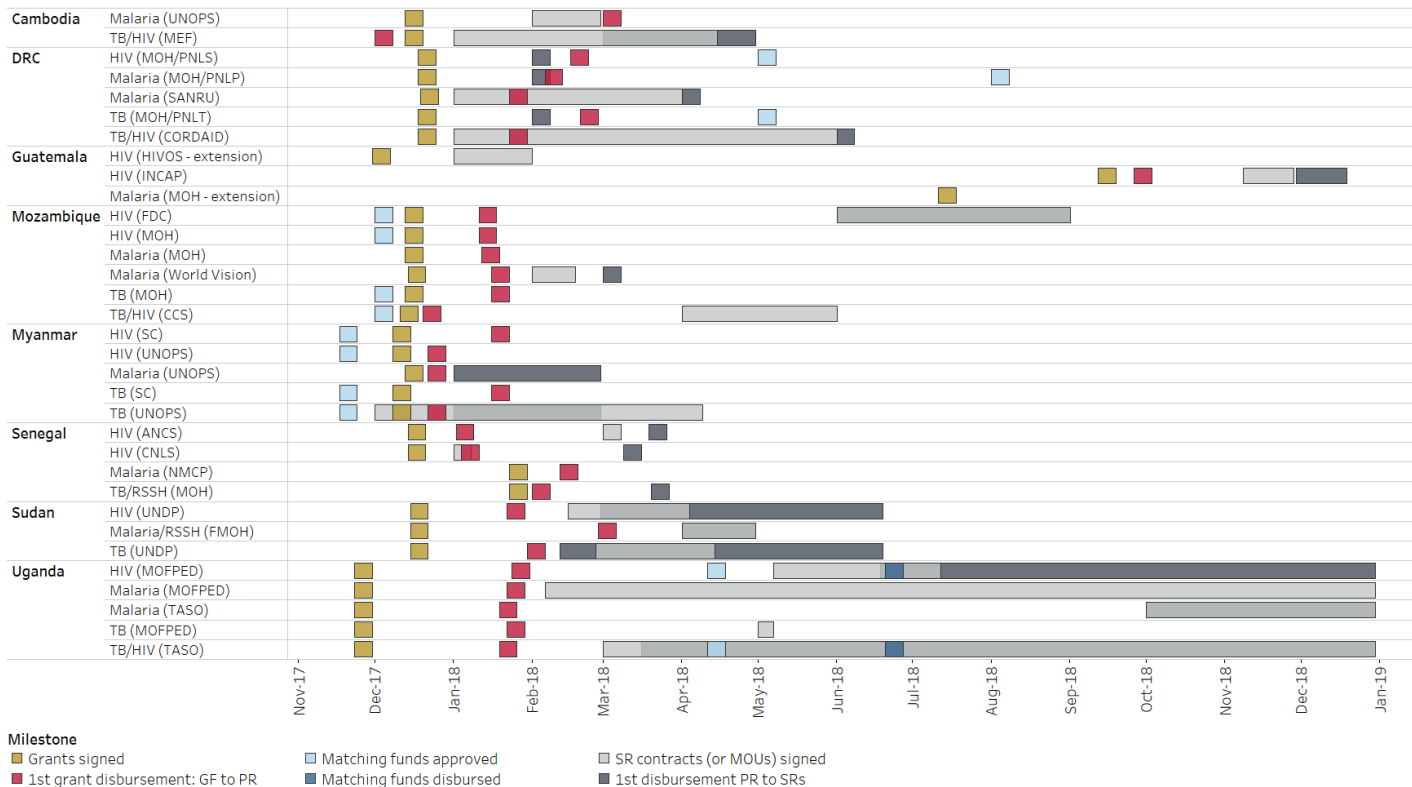
FINDINGS: Business Model

Budget absorption for Q1 and Q2 PUs 2018 highly variable but low overall:

- HIV: 14%
- TB: 47%
- Malaria: 30%
- RSSH: 7%

Despite this, our qualitative data suggests that core services (e.g. treatment services provided by national programs) did not stop between grants

Q3/Q4 absorption is expected to be higher

*Obervations with absorption > 200% not displayed.
Points represent average absorption across country/disease, with range showing min and max.
Parentheses show number of countries (out of 8) with Q1-Q2 absorption data for each disease.
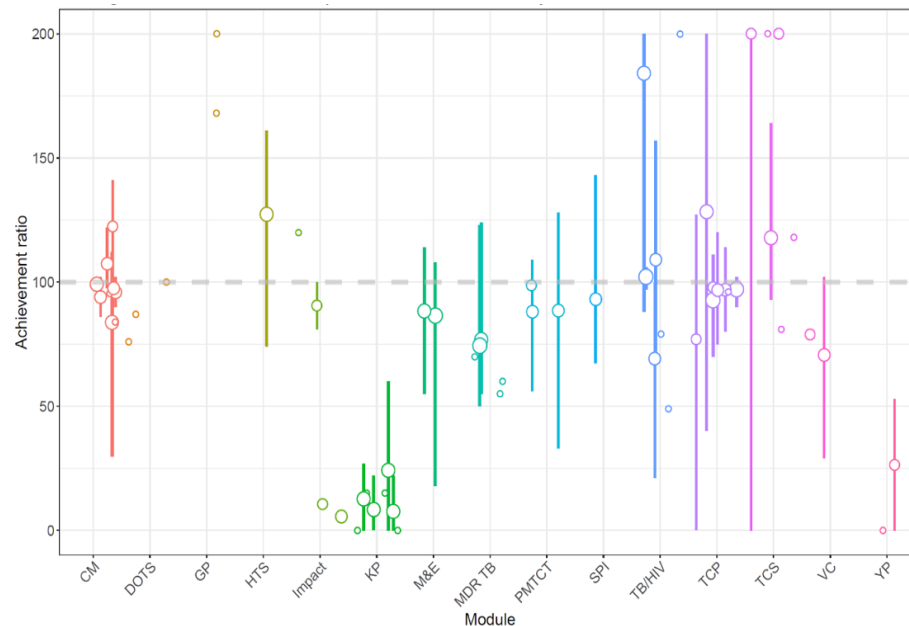
Reflecting that the provision of core services did not stop between grants, the majority of countries are meeting or nearly meeting performance indicators

- HIV: 79%
- TB: 96%
- Malaria: 80%

This is primarily due to performance indicators being focused on coverage, outcome and impact metrics that relate to the overall national program (rather than grant) performance

RECOMMENDATIONS:
Business Model

The Global Fund Secretariat should

- Consider flexibilities [in the management of] the three-year grant cycle to facilitate smoother transition between grants, facilitate early grant implementation and enable adequate time for grant implementation

- Update and strengthen guidance for CCMs and PRs on the selection and contracting of SRs to increasingly 'front load' PR/SR selection and contracting processes

- Consider embedding matching funds in the timeline for the design, approval and implementation of the main grants

- Consider trying to better link financial and programmatic data

Activities to reduce human rights-related barriers to services are well represented in HIV grants, but there is less focus in TB and malaria grants

Global Fund interventions to address human rights-related barriers in country grants

Disease: HIV (blue), TB (orange), Mal (red)

Key GF program areas	CAM	DRC	GTM	MOZ	MYN	SEN	SDN	UGA
Reducing discrimination against women	HIV	HIV					HIV	HIV
Legal literacy	HIV	HIV	HIV	HIV, TB	HIV	HIV	HIV	HIV
Legal services	HIV	HIV	HIV	HIV	HIV	HIV	HIV	HIV
Meaningful participation of affected populations		HIV	HIV	HIV, TB				
Improving services in prisons & detention centers	HIV	HIV, TB	TB	HIV, TB	HIV, TB	TB		TB
Ensuring confidentiality and privacy				HIV				
Improving malaria services for refugees & others affect..			Mal		TB	HIV	Mal	Mal
Mobilizing & empowering patients & community grou..			HIV, TB			HIV		HIV, TB, Mal
Monitoring & reforming laws, regulations & policies	HIV	HIV		HIV, TB	HIV		HIV	
Sensitization of law-makers & law enforcement agents	HIV	HIV	HIV	HIV	HIV	HIV	HIV	HIV
Stigma & discrimination reduction	HIV	HIV	HIV	HIV, TB	HIV	HIV	HIV	HIV
Training for health care providers on human rights ..	HIV	HIV	HIV	HIV, TB	HIV, TB	HIV		HIV
Undertaking human rights & gender assessments of mal..						HIV		

- **Gender and human rights dimensions are not well understood or discussed by stakeholders**
  - Perception that sex-specific targeting alone is sufficient for gender-responsive programming
  - Lack of experience among Ministry of Health and other stakeholders on gender and on programs to reduce human rights-related barriers to services (including legal dimensions)
  - Few examples of programs that are actually addressing gender-related vulnerabilities (DRC SASA! pilot project is an exception)
- **TB and malaria activities are less gender responsive**
  - For example, despite greater TB prevalence in men, most programs lacked interventions that addressed men's gender-related risks
- **Overall implementation delays due to sub-contracting issues**

RECOMMENDATIONS:
Human Rights, key and vulnerable populations, gender

The Global Fund Secretariat should

- **Ensure that Global Fund-supported programs clearly defines key and vulnerable populations, aligned with national epidemiological context**
- **Continue efforts to build in-country capacity and expertise on gender and human-rights related issues**

Country Stakeholders should

- **More explicitly articulate the gender-related vulnerabilities of men/boys, women/girls, transgender and gender non-conforming individuals, the impact of these on disease-specific outcomes, and specific strategies to mitigate these effects in funding requests and designing disease-specific strategies**

The Global Fund Secretariat and Country Stakeholders should

- **Encourage more explicit promotion of gender and human rights integration throughout the grant lifecycle, particularly for TB and malaria**
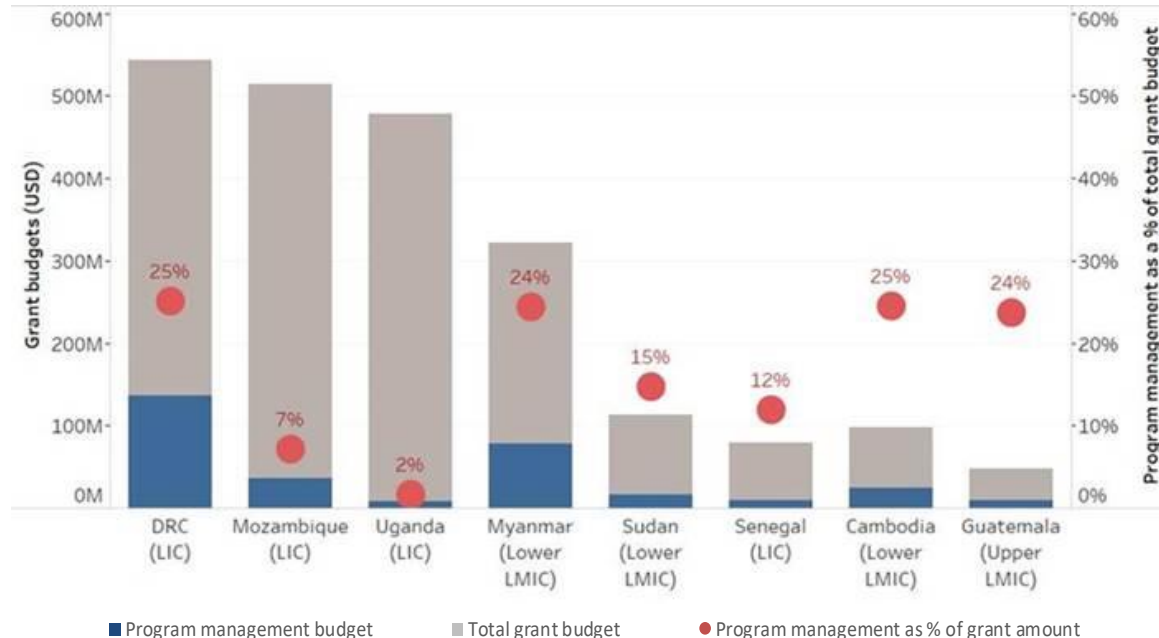
KEY FINDINGS:
Value for money: Efficiency & Effectiveness

Strong examples of efforts to improve efficiency of grant design and national programs, particularly in countries facing significant reductions in program budgets

Program management costs vary significantly across countries and by type of PR, with substantially higher costs for UN agencies and CSOs than for governments

Cost-effectiveness considerations inform program design and decision making in most settings (such as through modelling) but not systematically

- While equity is often discussed, trade-offs between equity, cost-effectiveness and programmatic targets are dealt with differently (often informally)

- More could be done to ensure that Global Fund-supported activities (and their benefits) are fairly distributed amongst target recipients

- Some evidence that over ambitious target setting vis-à-vis available funding has been counterproductive to the prioritization of hard-to-reach areas

- Despite some examples of Global Fund support being used to reduce financial barriers to accessing services, this still poses a significant issue

RECOMMENDATIONS:
Value for money

The Global Fund Secretariat, together with partners, should

- **Expedite work [by partners] to collect unit/service delivery costs** at the country level and use this as a basis for budgeting.

- **Consider ways to strengthen** country-level and/or grant-specific analysis of VfM throughout the grant life-cycle (while considering the burden of reporting).

Plans for the PCE in 2019

Process evaluation

- **Continued** grant implementation monitoring and business model process tracking

- **Greater use** of root cause analysis to understand implementation barriers and facilitators

- **"Deeper dive"** inquiries into linkages between activities and outcomes along the result chains to help explain observed trends, using thematic areas as possible analytic lenses

- **Stronger emphasis** on timely feedback to country stakeholders and use of PCE findings

Impact evaluation

- **Differentiated approach by country and disease**
  - Extend analysis of results chains
  - Additional indicators and paths
  - Country-specific tailored analysis
    - Programs, populations or geographic regions of specific interest to the country

- **Model-based impact analysis**
  - Statistical correlations between adjacent elements of results chains (i.e. inputs vs. outputs; outputs vs. coverage, etc.)
  - Structural equation modeling where complete data at sub-national level are available
  - Alternative (e.g. causal inference; epidemic) models where less complete data are available

TERG Review on RSSH: Background

Scope and Objectives of RSSH Review	Linkages with other reviews	Methods					Timelines and progress
To review the approach to RSSH since the start of NFM (strategy, model, processes, partnerships), focusing on five of the seven RSSH sub-objectives	Collaboration with TRP and OIG RSSH reviews, PCEs	Based on clearly elaborated review framework (provided in Annex)	Document and data review and analysis	Consultation Global Fund, partners, donors, experts	Country case studies Visit-based: Ethiopia, Georgia, Ghana, India, Tanzania, Zambia and desk-based: Côte d'Ivoire, Sierra Leone, South Africa, Sudan, Vietnam		June 2018 - Feb 2019

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TERG Review on RSSH:
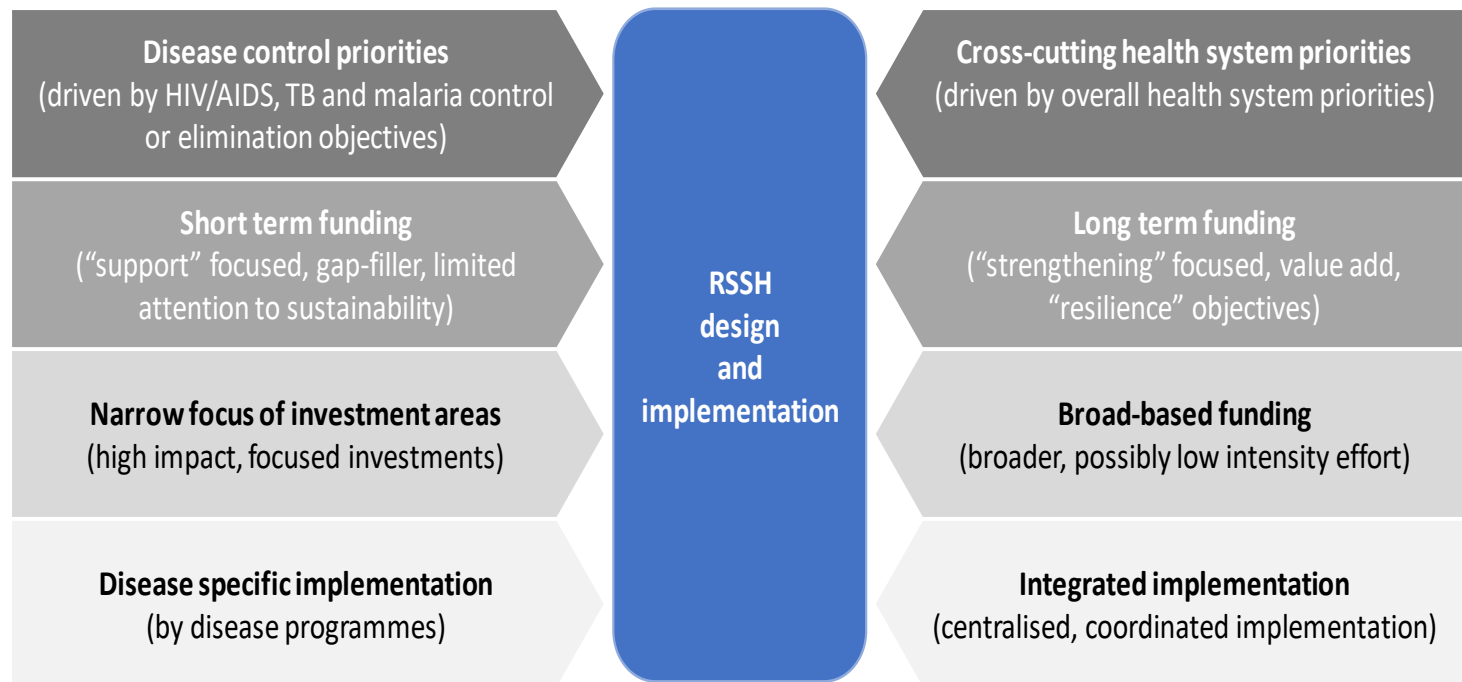
(A) Strategic recommendation

> The Global Fund should consider initiating a process that clarifies the scope and expectations of its investments in RSSH for the next strategy period.

In the context of the SDGs and the growing commitment to UHC, it is important to clearly articulate how Global Fund RSSH investments can be used to:

- Support disease control objectives across the development continuum;
- Boost health system resiliency and sustainability; and
- Contribute to UHC objectives.

Need to Clarify the Expectations of the GF's Investments in RSSH

Tensions around RSSH

	RSSH design and implementation	
Disease control priorities (driven by HIV/AIDS, TB and malaria control or elimination objectives)		**Cross-cutting health system priorities** (driven by overall health system priorities)
Short term funding ("support" focused, gap-filler, limited attention to sustainability)		**Long term funding** ("strengthening" focused, value add, "resilience" objectives)
Narrow focus of investment areas (high impact, focused investments)		**Broad-based funding** (broader, possibly low intensity effort)
Disease specific implementation (by disease programmes)		**Integrated implementation** (centralised, coordinated implementation)

TERG Review on RSSH:
(B) Operational recommendations

The Secretariat should

➢ Further develop a **prioritization and differentiation framework** to guide decision-making on RSSH and **upfront guidance** for countries across the development continuum;

➢ Improve the **use of overall guidance on RSSH,** and its content, where needed**;**

➢ Consider how **application, review and implementation processes could better reflect RSSH priorities and requirements**;

➢ Use the RSSH Strategic Initiative to **advance RSSH M&E,** including greater use of WHO indicators;

➢ Reinforce **integrated program design, funding requests and implementation** through funding and review processes;

➢ Strengthen the **RSSH capacity and voice in country dialogue processes,** including through Health Sector Coordination Committees

➢ Continue to improve **development partner coordination for HSS and CSS.**

TERG Review on RSSH:
(C) Recommendations for selected investment areas

Community Systems and Responses (CSR)

➢Scale up and better link community-based monitoring and data systems to the national data systems. More flexible funding channels to support a range of CSR efforts.

Human Resources for Health (HRH)

➢Investments should, where possible, be linked to country plans and have a larger focus on sustainability;

Data Systems

➢Investments should be strengthened through: enhanced partner engagement and coordination; capacity building in data analysis and use; continued integration in national data systems; and a longer-term view.

TERG Review on Technical Support Partnership: Background

Scope and Objectives of the Review

Linkages with other reviews

Timeline and progress

Develop a greater understanding of how and to what extent Technical Support Partnerships have contributed to improved program outcomes at the country level.

Generate learning to contribute to ongoing improvements in the Global Fund's partnership models and working modalities.

Develop a Theory of Change (ToC) for how partnership models should work at the Global Fund.

Collaboration with TERG RSSH review and PCEs.

Sept 2018 – Feb 2019

Using a mixed methodology

+150

Key informant interviews

On-going engagement

Engagement with the Global Fund
- Regular consultation with staff in Geneva
- 2 trips to Geneva for KIIs
- 1 presentation to GF secretariat and to the TERG.
- Feedback on review report from the TERG, the Secretariat and partners.

+400

Documents reviewed

8

Desk-based spotlights

1. WHO-GF Coop. Agreement
2. Bi-lateral set-asides
3. Expertise France, Backup Health
4. Gavi Comparator
5. Stop TB
6. Transition Preparedness
7. Refugee Services
8. Public Private Partnerships to support malaria elimination

4

In-depth country case studies

1. Bangladesh
2. Cote d'Ivoire
3. Georgia
4. Tanzania

Findings: 6 models

Six technical support partnership models/typologies:

|		
Bilateral Global Fund Set Asides	Partnerships to operationalize Global Fund Strategic Initiatives	Global Strategic Partnerships
Technical capacity strengthening through grants	Non-state partnerships	Technical support enhancers

Categorization criteria: who determines the scope and who funds the technical support.

Proposed best practice partnership process

This review suggests that partnerships should be developed, managed and nurtured using an approach that focuses on the partnership process, as illustrated in the figure below.

Partnership Process Guideline:
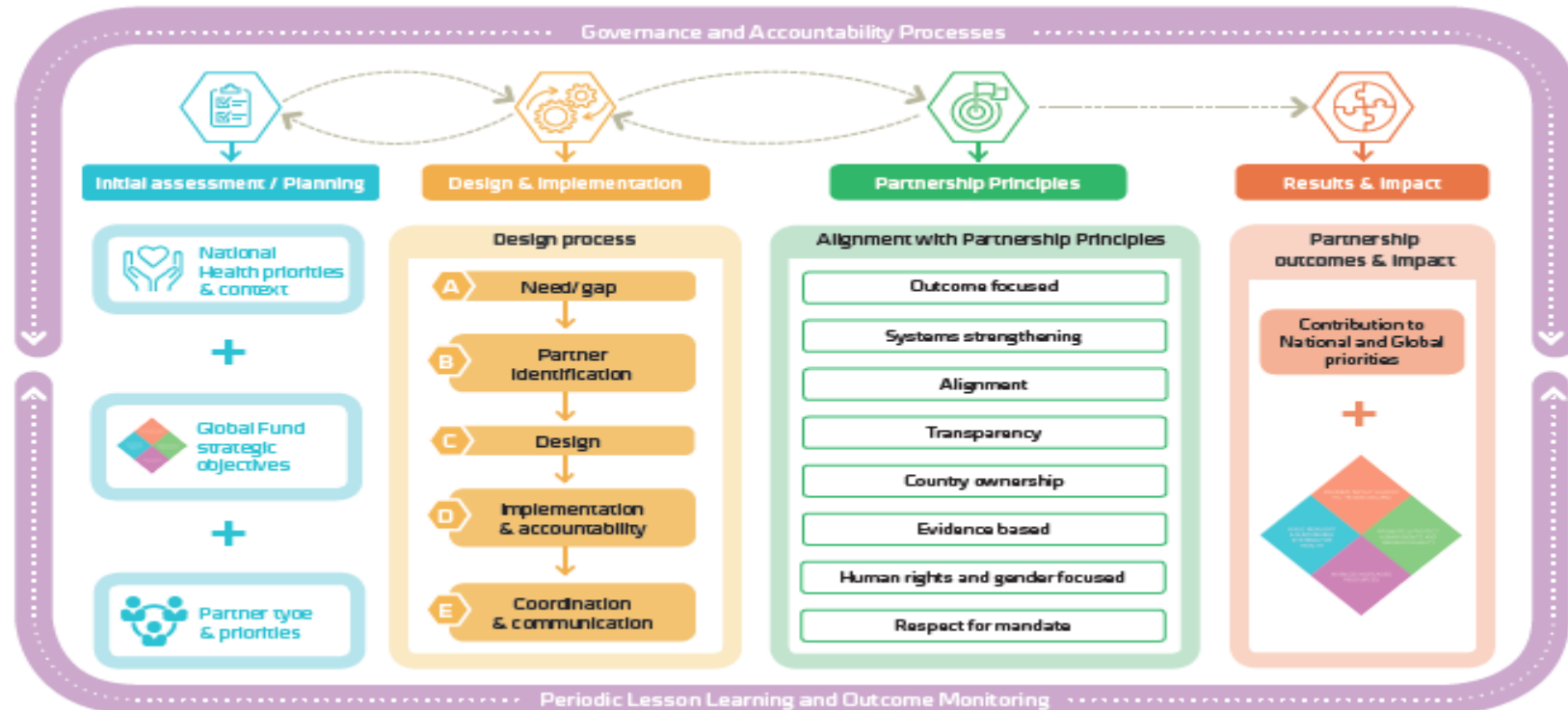
Partnership Review recommendations

Developed through dialogue with the GF Secretariat and with the TERG.

More transparency and better coordination at the global level and in countries

Strengthen **accountability for outcomes and results**

Institutionalize essential health systems processes through technical partnerships

More **systematically integrate good practice**

Evolve the Strategic Initiatives partnerships to be **more country driven and sustainable**.

Consider how to strengthen **internal alignment and institutional coherence**.

Use the Prospective Country Evaluation (PCE) to **more fully assess the benefits, strengths, and limitations of different technical support models**.

TERG positions

TERG agrees with the overall conclusions and recommendation of the Review.

- GF to consider the steps to incorporate and operationalize the conclusions and recommendations from the Partnership Review.
- PCEs to incorporate an analysis of how the six partnership models are.

TERG notes the Secretariat's efforts to encourage comprehensive technical support plans and to include technical support in routine reviews of disease programs.

There is a need for a more joint bottleneck analyses followed by targeting of priorities.

- GF to encourage national stakeholders to review technical support on an annual basis and plan technical support needs for the coming year.

GF could be more influential with its partners at the global level to increase transparency, accountability and coordination of technical support provided

- A joint workshop was convened on the Partnership Review and the RSSH Thematic Review, with a range of main partners.
- SC members who represent partners, including bilaterals, to consider how their organizations could engage to operationalize recommendations on transparency, accountability and coordination.

Update on on-going reviews

Review on Sustainability, Transition, and Co-Financing (1)

Objectives

Assess how GF has operationalized and is implementing the STC Policy

Understand how country programs and stakeholders are incorporating key principles and focus areas of the STC Policy

Understand extent to which STC Policy implementation is helping foster greater sustainability of national programs

Lessons learned on how STC Policy implementation and key focus areas of sustainability efforts may be improved

Methods
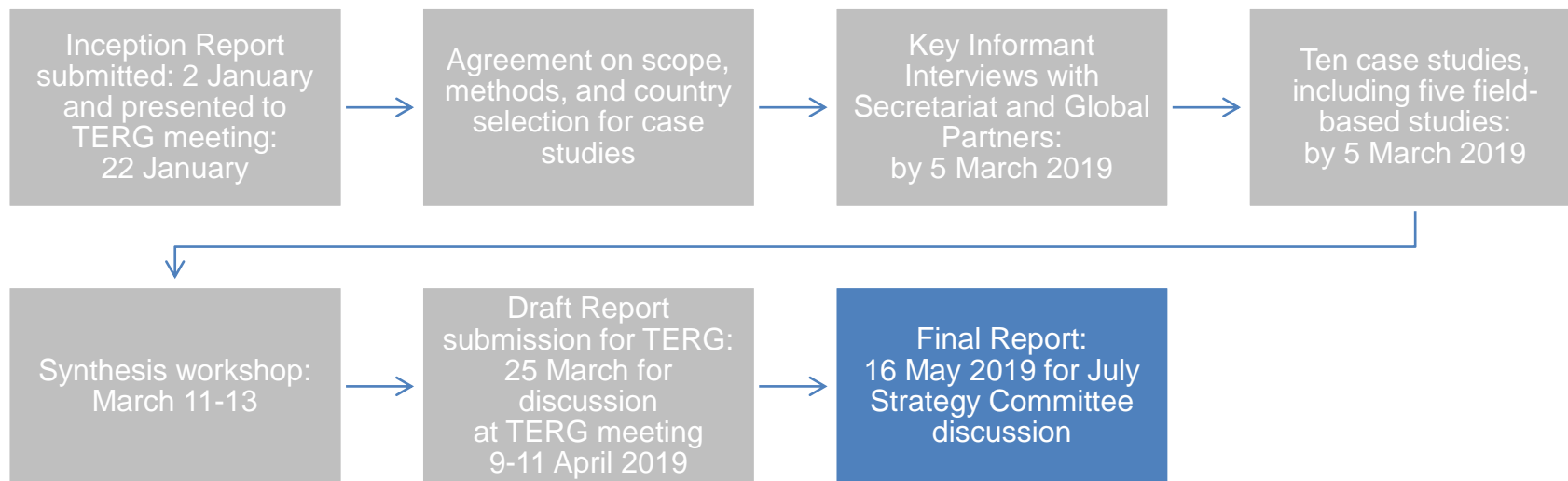
Comparative country studies
- Field-based and desk-based
- Purposive sampling
- Common instruments
- Specific topics drilled down for lessons learned

Triangulation and Synthesis
- Cross country synthesis for co-financing, RSSH and CRG

Review on Sustainability, Transition, and Co-Financing (2)

Timeline

| Inception Report submitted: 2 January and presented to TERG meeting: 22 January | → | Agreement on scope, methods, and country selection for case studies | → | Key Informant Interviews with Secretariat and Global Partners: by 5 March 2019 | → | Ten case studies, including five field-based studies: by 5 March 2019 |

| Synthesis workshop: March 11-13 | → | Draft Report submission for TERG: 25 March for discussion at TERG meeting 9-11 April 2019 | → | Final Report: 16 May 2019 for July Strategy Committee discussion |

Review on Market Shaping Strategy (1)

Objectives

To permit an understanding of the status of delivering the Board-approved strategy. More specifically, this mid-term review should provide an independent view:
- of progress to date;
- of the Secretariat's Draft Roadmap for the 2nd phase of implementation of the Market Shaping Strategy; and
- of any additional transformative value that could be achieved through additional focused efforts.

Key Evaluation Questions

To what extent is implementation of the Global Fund's Market Shaping Strategy on track, also factoring inherent trade-offs, as demonstrated through concrete achievements made to date?

How effectively has the Global Fund been supporting countries transitioning away from Global Fund financing to ensure that quality-assured products remain available and affordable?

To what extent are the plans for delivering further value appropriate and likely to achieve the desired ends?

What, if any, additional focused efforts should be considered to achieve transformative value (e.g., through existing or new mechanisms, partnerships and/or tools)?

Review on Market Shaping Strategy (2)

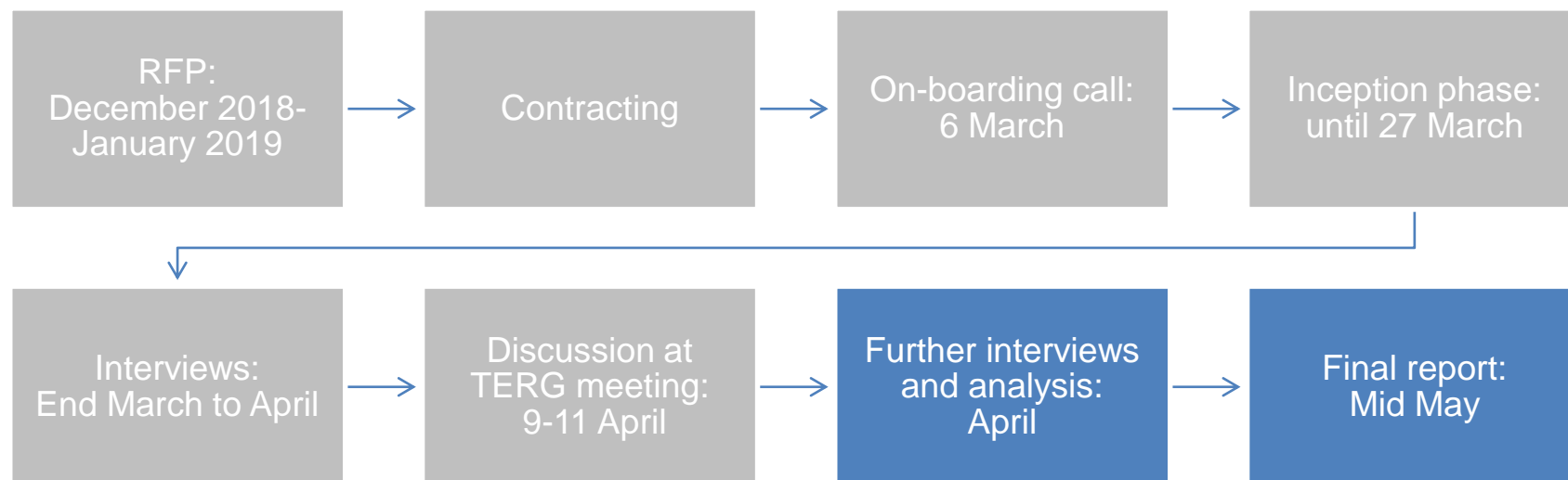Timeline
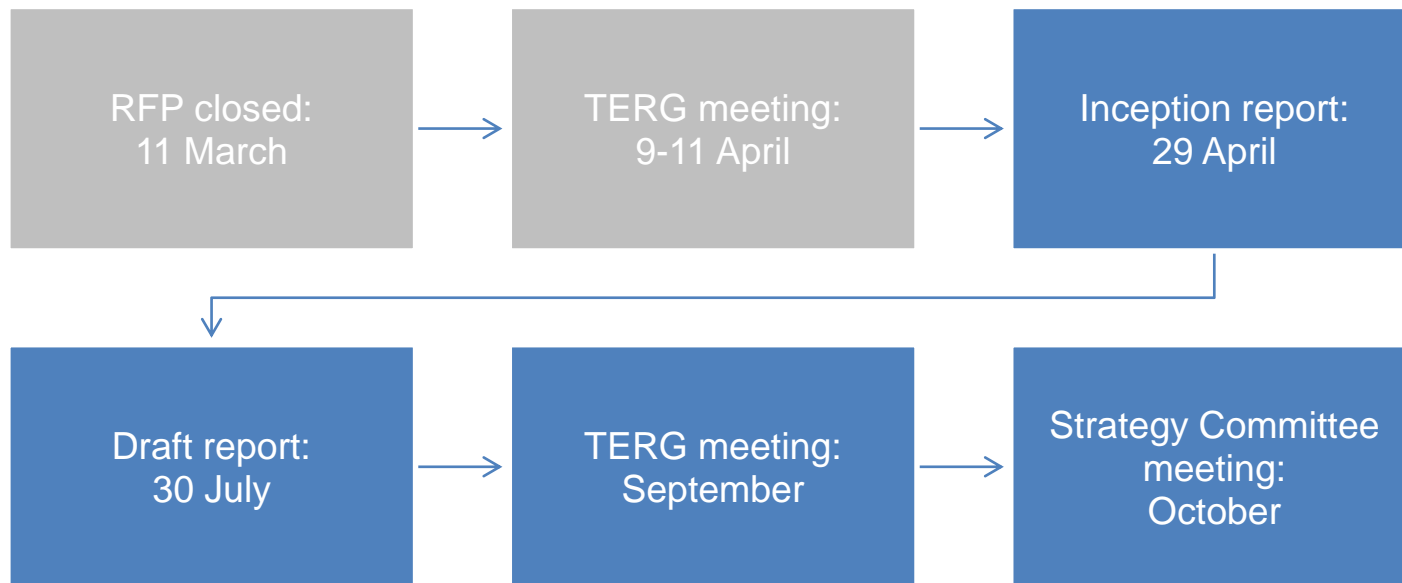
Review of TERG (1/3)

Objectives

- To assess **the functioning of the TERG as the independent technical evaluation, learning and advisory body of the Global Fund** (providing assurance to the Board through the Strategy Committee) and identify its advantages/strengths and weaknesses/limitations;

- To assess **the adequacy of the current structure, resourcing and ways of working of the TERG and the TERG Secretariat**, in the light of growing demands for assurance that the Global Fund is delivering impact across the four strategic objectives;

- To assess **the role of the TERG in relation to the Secretariat's roles in monitoring, evaluation and performance tracking, and the role of the Office of the Inspector General**, with a focus on strengthening complementarities and avoiding overlaps;

- To provide recommendations on **how to enhance the independent technical evaluation, learning and advisory function of the TERG**, including possible alternatives for its structure, resourcing and operationalization;

- To document comments on the quality of the TERG's work, including the Prospective Country Evaluations (PCEs), and any suggestions for improvements.

Review of TERG (2/3)

Overarching questions:

- Is the TERG, with its current membership, financing, Secretariat support and ways of working, the optimal mechanism for assuring the independent evaluation function for the Board of the Global Fund? What options might be considered to improve its efficiency and effectiveness?

- How can the independence of the Global Fund's independent evaluation function be ensured, while at the same time ensuring that the TERG and commissioned evaluators have, or have access to, the in-depth understanding of the Global Fund model that is a prerequisite for informed evaluations that produce relevant recommendations?

- Is the evaluation conducted by the TERG part of a well articulated and comprehensive approach to M&E of effectiveness, impact and value for money at the Global Fund? Are the functions of the TERG, OIG, TRP, Sec. MECA… clear and complementary?

Review of TERG (3/3)

RFP: December 2018-January 2019	Contracting	On-boarding call: 6 March	Inception phase: until 27 March
Interviews: End March to April	Discussion at TERG meeting: 9-11 April	Further interviews and analysis: April	Final report: Mid May

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End