Operational Policy Note

Oversee Implementation and Monitoring Performance

Approved on: 28 April 2022 – Updated on 20 September 2023
Approved by: Executive Grant Management Committee
Process Owner: Grant Portfolio Solutions and Support Department
Associated Procedures: Operational Procedures on Oversee Implementation and Monitor Performance

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Metrics for Oversee Implementation and Monitor Performance

Principal Recipients (PRs)[1], Local Fund Agents (LFAs) and Country Teams (CTs) are expected to meet the following deadlines:
- PR submits Progress Update (PU) within 45 days[2] and PU/Disbursement Request (DR) within 60 days from last reporting period end-date.
- LFA submits findings and recommendation(s) 20 days from the receipt of the PU and PU/DR.
- CT issues the Performance Letter and Performance Rating within 95 days (PU) and 110 days (PUDR) from last reporting period end-date.

Overall Objective

1. Implementation of a Global Fund grant is led and owned by the recipient country. The Global Fund oversees implementation and monitors grant and PR performance to drive maximum impact against the three diseases.

2. At the country level, the **PR** is responsible and accountable to the CCM[3] and the Global Fund for quality and timely grant delivery, and efficient and effective PR operations in line with its obligations under the Grant Agreement. While the PR may contract Sub-recipients (SRs) and other service providers to undertake defined services, the PR remains accountable for the performance of SRs and its contractors[4].

   i. *Grant delivery* refers to the quality and timely execution of grant activities so agreed results are achieved;

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[1] Unless defined in this Operational Policy Note or the context otherwise requires, all capitalized terms used in this Operational Policy Note shall have the same meaning set out in the Global Fund Grant Regulations (2014).
[2] In this OPN, 'days' refers to calendar days, unless otherwise stated.
[3] Reference to CCMs includes Regional Coordinating Mechanisms (RCMs) unless otherwise stated.
[4] Contracting an SR or a service provider does not release the PR from its obligations under the Grant Agreement.

ii.   *PR operations* refers to the PR's effective planning of implementation and the execution of management functions to enable grant delivery. Management functions include monitoring & evaluation, finance, procurement and supply chain and risk management.

3. The **CCM** facilitates an enabling environment for the PR to implement grant activities and oversees implementation focusing on key programmatic, financial and management aspects of grants and their contribution to the national health response The CCM implementation oversight function corresponds to *CCM Eligibility Requirement 3: Oversee program implementation and implement an oversight plan.* Regular engagement between the CCM and the CT enhances oversight through sharing of existing and potential challenges and solutions. The [CCM Oversight Guidance Note and its annexes](link) provide detailed guidance on CCM oversight functions.

4. From the **Global Fund**, implementation is overseen by:

i.   The CT, with support from the LFA, is primarily responsible for day-to-day implementation oversight;

ii.   The Risk Department and other oversight functions (Business Risk Owners[5]) together with Global Fund Senior Management define the risk management framework and provide oversight, guidance and support to CTs; and

iii.   The Office of the Inspector General (OIG) and external auditors, provide independent assurance regarding the management of risks and controls by the CT and Business Risk Owners and efficient use of Global Fund resources.

Operational Policy

5. This Operational Policy Note (OPN) defines the guiding principles and requirements on how the Global Fund Secretariat (in particular, the CT, Business Risk Owners and Senior Management) oversees implementation and monitors performance. Specific best practice guidance is also captured in the document.

6. The OPN applies to country and multicountry portfolios and grants unless otherwise specified in the dedicated multicountry section. While the principles and general requirements defined in this OPN apply across all portfolios, the specific grant deliverables do not apply to Focused portfolios, unless explicitly stated. Annex 1 provides a summary of the requirements and best practices and how they apply to each portfolio category.

Guiding Principles on Implementation Oversight by the Global Fund

7. The Global Fund oversees implementation focusing on grant delivery and PR operations. This requires regular engagement with the PR, CCM and in-country stakeholders to maintain an overview of implementation progress and to jointly define solutions to address implementation bottlenecks. In overseeing implementation, the Global Fund also identifies common issues, lessons and best practices across all portfolios to facilitate organizational solutions and learning. The Global Fund oversees implementation using most appropriate formal and informal sources[6].

8. The Global Fund supports national disease and health system strengthening programs and COVID-19 responses. Grant Funds are additional resources to domestic and other donors' resources to achieve national disease priorities and targets and to strengthen health systems. Implementation

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[5] Refer to section D below.
[6] Refer to Annex 2.

oversight covers both implementation of grants as well as the overall implementation of the national disease programs where relevant. This requires engagement beyond the PR, implementers and CCM but also with national disease coordination bodies, donors and technical partners supporting the programs.

9. Oversight activities must be planned in advance and adjusted throughout the process to ensure continued alignment with changes in grant and portfolio priorities and contexts.

10. A critical part of overseeing implementation is identifying and prioritizing grant and portfolio-level risks, defining together with the PR and CCM actions to mitigate these risks, and planning and monitoring assurance activities to ensure defined mitigating actions are implemented[7].

The approach for overseeing implementation must be tailored considering the portfolio category, grant and portfolio risk profile and defined priorities, among others. The areas of focus are communicated to the PR with the understanding that these may change to adapt to evolving risks and contexts.

Implementation Oversight by the Country Team

Implementation Oversight by the Country Team	PLAN	TAKE ACTION	MONITOR	ASSESS
	Define Implementation Oversight Priorities	Oversee Grant Delivery	Collect Information and Review Progress	Performance Rating: Assess Grant and PR Performance
				Communicate Assessment and Required Actions
		Oversee PR Operations		Support In-Country Program Review and Evaluation

PLAN

Define Implementation Oversight Priorities

11. CTs prioritize implementation oversight and assurance activities on an ongoing basis. As a best practice, these activities are captured into existing CT workplans. The strategic deliverables from these workplans flow into CT performance objectives.

12. **Implementation Oversight Priorities.** The CT prioritizes the portfolio and grant-level activities that the CT will focus on based on organizational and national priorities, key grant and portfolio risks, changes in country context, among others.

13. **Assurance Activities.** The CT leverages LFA services, external auditors, other assurance providers and fiscal/fiduciary agents, as needed, to gain continued insights and provide the necessary assurance on whether controls are in place to mitigate identified risks. The OPN on Risk Management provides guidance on assurance planning. Assurance plans inform the annual LFA workplan and budgeting exercise. The CT ensures that the scope, timing of assurance activities and associated resources are agreed upon, and the required LFA services are implemented.

14. **Engagement with Countries.** As a best practice, CTs regularly engage, through virtual and in-person communication platforms, with PR, CCM, LFA, partners and other key stakeholders to gain insights, discuss progress and address implementation issues. CTs plan these regular engagements with country stakeholders.

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[7] See OPN on Risk Management.

TAKE ACTION

Oversee Grant Delivery

15. The CT undertakes planned oversight and assurance activities through formal or informal channels. This allows the CT to have an overview of implementation progress and existing and potential bottlenecks to proactively discuss with the PR and CCM on solutions.

16. Examples of CT actions include but are not limited to:

iv. **Make disbursements.** Process disbursements in line with the disbursement schedule established as part of the Annual Funding Decision and the terms of the Grant Agreement to ensure funds are disbursed to the PR and/or third parties in a timely manner for the continuation of grant activities[8].

v. **Create Synergies and Avoid Duplication.** Engage with partners supporting national disease programs to ensure synergies and collaboration and avoid duplication of support[9].

vi. **Facilitate Technical and Implementation Support.** Facilitate technical assistance and capacity building support to ensure effective delivery of the grant and overall national strategies and programs.

vii. **Revise Grants.** Discuss and work with the PR to drive implementation and adapt to changes in context, including through timely programmatic and/or budget revisions[10].

viii. **Request Additional Funds through Portfolio Optimization.** If the grant is positioned to accelerate implementation, request additional funding through the portfolio optimization process[11] to maximize impact by financing items on the register of unfunded quality demand[12].

17. As part of implementation oversight, the CT also tracks the status of grant requirements and actions. When these have not been fulfilled within the agreed timelines, the CT determines required follow-up. To mitigate risks, the CT can also introduce new grant requirements or actions for the PR to undertake.

Oversee PR Operations

18. PR Operations refers to the PR's execution of key management functions to enable grant delivery and is linked to the four elements that underpin implementation readiness as part of grant-making as shown in the figure below.
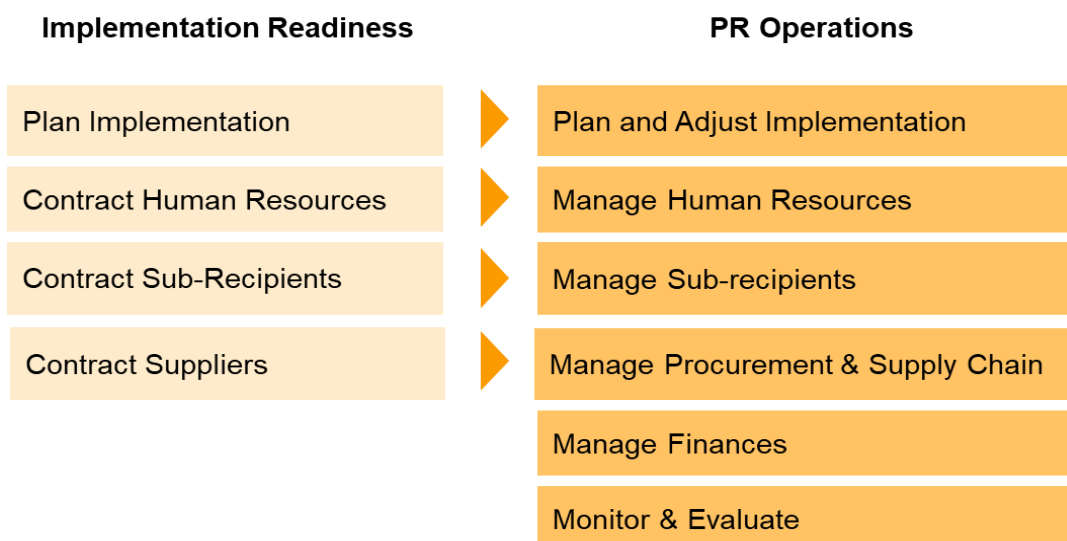
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[8] For more information, refer to the OPN and Operational Procedures on Annual Funding Decisions and Disbursements.

[9] In acute and protracted emergencies, the CT also reaches out to relevant humanitarian partners and coordination mechanisms to ensure complementarity and integration of humanitarian and development efforts.

[10] For more information, please refer to the OPN on Grant Revisions and the Grant Budgeting Guidelines.

[11] See *Prioritization Framework for funds that become available for Portfolio Optimization and Financing Unfunded Quality Demand* and Operational Procedures on Portfolio Optimization - forthcoming).

[12] For more information, please visit the Global Fund page on Unfunded Quality Demand.

Implementation Readiness		PR Operations
Plan Implementation	▶	Plan and Adjust Implementation
Contract Human Resources	▶	Manage Human Resources
Contract Sub-Recipients	▶	Manage Sub-recipients
Contract Suppliers	▶	Manage Procurement & Supply Chain
		Manage Finances
		Monitor & Evaluate

19. The CT, with LFA support as necessary, monitors the efficiency and effectiveness of PRs in executing these management functions. As a best practice, prior to the start of an execution period, the PR develops the annual Implementation Workplan and discusses this with the CCM and CT. For Focused portfolios, the PR prepares the Implementation Workplan independently. The Implementation Workplan is updated as needed to reflect implementation realities.

20. The CT ensures planned assurance activities (e.g., spot checks, assessments) are undertaken to confirm adequacy of PR capacities and systems and the implementation arrangements. Based on the outcomes of these assessments, capacity strengthening measures or changes to implementation arrangements can be discussed and agreed with the PR and/or CCM.

21. Measures are differentiated depending on the type of PR (i.e., local or international organizations) with examples described below. In exceptional cases, international organizations can be approved as PRs when local organizations do not have the required capacities. International organizations are expected to have the capacities and systems to manage the grant and deliver results.

22. **Strengthen PR and implementers capacities.** The CT engages internally and externally to facilitate technical and implementation support to strengthen national PR, SR and implementer capacities and systems. For international organization PRs, the CT, in collaboration with teams across the Secretariat, notifies the PR headquarters of the PR's performance issues and any capacity gaps, and agree on expected performance improvements with clear milestones and outcomes, as well as a follow-up plan to assess improvements in PR performance.

23. **Adjust Implementation Arrangements.** The CT discusses with the PR and/or CCM to introduce required changes to implementation arrangements. Examples include:

- **Outsourcing part of the PR's responsibilities[13].** When critical management weaknesses are identified related to local PRs and/or SRs, an assurance service provider (e.g., fiduciary agent, fiscal agent, procurement agent) can be contracted as a temporary measure. The assurance service provider is financed from Grant Funds. For health products for which the Global Fund determines that the PR's procurement and supply management capacity is insufficient, the Global Fund can require a PR to use the Pooled Procurement Mechanism[14] or other established procurement and supply management agents or services acceptable to the Global Fund.[15].

- **Change PR/SR.** As a last resort, a PR and/or one or more SRs may be replaced or added during implementation when the PR or SR is not able to perform its role and carry out its responsibilities

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[13] For detailed guidance, refer to the Global Fund Guidelines on Financial Risk Management.
[14] Refer to the OPN and Operational Procedures on the Pooled Procurement Mechanism.
[15] Refer to the Guide to Global Fund Policies on Procurement and Supply Management of Health Products.

under the grant, in accordance with the terms of the Grant Agreement. The process to replace or add a PR is planned well in advance, when possible, to facilitate the transfer of responsibilities and avoid interruption of service delivery. A change in PR requires a grant closure[16] for the outgoing PR, and negotiation and signature[17] of a new grant for the incoming PR. Changes to the implementation arrangements are captured in the Implementation Arrangement Map

- **Additional Safeguard Policy.** When implementers consistently demonstrate a lack of capacity or failure to effectively safeguard Global Fund investments, the CT may recommend invoking the Additional Safeguard Policy (ASP)[18]. The ASP allows the Global Fund to lead the selection of implementers for the program and/or replace an existing PR when significant risks arise during implementation. The details of the responsibilities and procedures for invoking/revoking the ASP are defined in the OPN on ASP.

24. **Manage Recoveries.** In overseeing implementation, the CT also follow-up with the PR on potential or confirmed recoverable amounts following guidance defined in the Guidelines for Grant Budgeting and the OPN on Recovery of Grant Funds.

MONITOR

Collect Information and Review Progress

25. The CT uses informal and formal sources[19] to gain insights on progress of grant delivery and PR operations. The LFA provides critical support to the CT in gathering country-level information and providing analysis and recommendations.

26. **PR Reporting Requirements.** The PR reports information collected on grant delivery and PR operations to the Global Fund Secretariat and CCM to enable assessment of progress and drive decision-making. The quality and timeliness of PR reporting is a critical part of evaluating PR performance.

27. Table 1 presents the standard reporting requirements. Portfolios categorized as Challenging Operating Environments[20] can request for flexibilities in PU/DR submission timelines. Grants applying Payment for Results arrangements, particularly those with Results-Based Financing[21], use a fit-for-purpose reporting approach.

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[16] When there is a decision to replace a PR, the Grant Agreement with the outgoing PR must be closed out following the OPN on Implementation Period Reconciliation and Grant Closure and a new agreement is signed with the new PR.
[17] Per guidance defined in the OPN and Operational Procedures on IP Reconciliation and Grant Closure.
[18] The ASP Policy (GF/B07/DP14), instituted by the Board at its Seventh Meeting (Report of the Governance and Partnership Committee GF/B7/7.
[19] See Annex 2 for a non-exhaustive list of sources and examples of information that can be used for oversight.
[20] For more information, please refer to the OPN on Challenging Operating Environments and the Global Fund Guidelines on Financial Risk Management.
[21] Please refer to the Global Fund Guidelines for Grant Budgeting. RBF is a form of financing in which the full grant payment is contingent on the verification of predetermined results.

Table 1. Reporting frequency and deadlines for submission.

Type of report	Frequency/ Timing	Deadline for PR-submission to the Global Fund[22]	Category		
			High Impact	Core	Focused
PU	Mid-year	Within 45 days from the end of the last 6-month reporting period	✓	✓	
PU/DR	Annual	Within 60 days from the end of the last 12-month reporting period	✓	✓	✓
Pulse Checks	Quarterly	35 days from the end of the last reporting period	✓	✓	
Audit Report	Annual	Within 6 months after the end of the audit period	✓	✓	✓

ix. **Progress Update/Disbursement Request (PU/DR)**[23]: The PU/DR is a comprehensive report on programmatic and financial progress as well as management issues[24].

x. **Pulse Check:** The Pulse Check collects more frequent and timely insights, which enables swift and fact-based decision-making and action as needed, increasing the agility of implementation. The PR provides rapid updates on a select number of coverage indicators and financial metrics and a self-evaluation on grant performance[25]

xi. **Audit Report:** Audits provide the Global Fund with assurance that (i) disbursed funds were used for the intended purposes in accordance with the relevant Grant Agreement, including the approved budget and the Performance Framework, and (ii) the financial statements fairly represent the financial transactions and balances of the grant[26].

28. There may be cases where the Global Fund Secretariat gains insights into concerns or allegations of actual or attempted misconduct. In such cases, the CT members are guided by the Code of Conduct for Global Fund Employees and must proactively report these issues to the OIG or to the Ethics Office to ensure they are appropriately addressed early on.

ASSESS

Performance Rating: Assess Grant and PR Performance

29. Information formally reported through the PU/DR allows the Global Fund Secretariat to undertake a comprehensive assessment of performance resulting in a Performance Rating[27], which comprises Grant Performance and an assessment of PR Performance.

i. **Grant Performance** measures progress against the expected results (programmatic rating) and budget utilization and in-country absorption (financial rating), as shown in the figure below.

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[22] Unless otherwise communicated by the Global Fund.
[23] All references to PU/DR refer to the PU and the PUDR, unless otherwise stated.
[24] Refer to PU/DR Form Instructions.
[25] Refer to the Guide for PRs on Completing and Submitting Pulse Checks for more information.
[26] Refer to the Guidelines for Annual Audit of Global Fund Grants for more information.
[27] Refer to Annex 2 of the Operational Procedures for the Performance Rating Methodology.

Programmatic Rating		Financial Rating	
To what extent is the Program delivering the expected results?		**To what extent is the budget utilized as agreed?**	
A B C D E	&	1 2 3 4 5	

Programmatic Rating Level Ranges			**Financial Rating Level Ranges**		
A	Excellent	≥ 100%	1	Excellent	≥ 95%
B	Good	90% - 99%	2	Good	85% - 94%
C	Moderate	60%-89%	3	Moderate	75% - 84%
D	Poor	30%-59%	4	Poor	65% - 74%
E	Very Poor	< 30 %	5	Very Poor	< 65 %

   ii.   **PR Performance** reviews how well the PR has managed the grant over the course of the previous reporting period. The Global Fund looks specifically at: (i) implementer capacity, in areas such as monitoring and evaluation, financial management, procurement and supply chain management and governance and implementation management; and (ii) the quality, timeliness and compliance with Global Fund requirements as they pertain to PR operations.

Communicate Assessment and Required Actions

30. Based on its analysis of results and performance, the CT defines specific and actionable recommendations to improve the programmatic and financial results and PR operations. A Performance Letter is issued to the PR within defined timelines[28] to communicate CT findings, Performance Rating (which includes both the grant and PR performance), and required actions to address identified implementation challenges and additional risks. A Performance Letter is required for all portfolio categories.

Support In-Country Program Review and Evaluation

31. In-country program reviews and evaluations constitute periodic reviews of program design, implementation and achievements against national strategic objectives and targets. They play an important role in learning from past implementation, facilitating timely course correction and ensuring investments are based on evidence-informed program design to maximize impact, efficiency and equity[29].

32. These in-country program review and evaluations cover the national disease programs including the Global Fund contribution through its grants. Where relevant, the CT is expected to engage in these in-country reviews and engage with the PRs and CCM so that results of such reviews are used to ensure that the Global Fund continues to fund the most important interventions to achieve national strategic objectives and targets and introduce improvements to the way the grant is implemented. As applicable, required actions from the PR resulting from these in-country program review and evaluations are communicated to the PR through the Performance Letter.

33. These in-country program review and evaluations are tracked through the country M&E Profile updated by the CT for High Impact and Core portfolios. Annex 3 provides further details.

Table 2. In-country Program Reviews and Evaluations

Program Reviews	• Systematic review of program design, inputs, implementation and results against national strategic objectives and targets, as well as regional/global benchmarks.

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[28] Within 95 days (PU) and 110 days (PU/DR) from last reporting period end-date.
[29] Within the Secretariat, the process of In-Country Program Reviews & Evaluations is coordinated by MECA under the strategic guidance of the Secretariat M&E Working Group.

	• Mandatory for High Impact and Core portfolios[30] and strongly recommended for Focused portfolios with Tailored for National Strategic Plan (NSP) funding applications, conducted every three years.
	• Managed by the Ministry of Health or its national disease programs and carried out by a joint national and international team of experts at mid-point and end of the NSP.
	• Budgeted and supported through Grant Funds.

Periodic Performance Reviews	• National or sub-national review of program implementation and results.
	• Mandatory for High Impact and Core portfolios, conducted at regular intervals between program reviews, at a minimum:
	  - annually at national level[31]; and
	  - semi-annually at sub-national level[32].
	• Led by respective disease programs at national and intermediate sub-national levels.
	• Budgeted and supported through Grant Funds.
	• The CT engages with national stakeholders to strengthen the approach, especially in cases where no plans and/or guidance exist for such reviews; technical support may be facilitated through the MECA M&E TA Pool.

Enhanced Portfolio Review	• In-depth assessment of the entire grant portfolio or specific areas of a national disease program, against a predefined program design and defined, verifiable results. • Recommended for Focused portfolios, once per 3-year grant cycle, particularly when a program review has occurred and the quality is deemed inadequate[33] or when no program review has occurred. It can also be triggered by a specific programmatic need. • Budgeted and supported through Grant Funds. • Commissioned by the Global Fund Secretariat.
Program Evaluation	• Rigorous assessment of the entire program or specific areas of a national disease program, against a predefined program design (or theory of change) and defined, verifiable results. • Strongly recommended for High Impact and Core portfolios when the quality of a program review is deemed inadequate[34] or when no review has occurred. It can also be triggered by a specific programmatic need. • Usually commissioned by Ministry of Health and/or other in-country partners, and may be supported or independently commissioned by the Global Fund Secretariat.

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[30] Not required when a program evaluation was conducted within the last three years and can serve the purpose of assessing the design and implementation of the NSP.
[31] Not required when a program review was conducted in the same fiscal year.
[32] Sub-national reviews occur at the provincial/regional and district levels. The frequency of periodic reviews at sub-national levels are planned and budgeted for during grant-making and set as targets in the Performance Framework.
[33] Refer to the high-level criteria on program review quality.
[34] Refer to the high-level criteria on program review quality.

Global Portfolio[35] Oversight by Business Risk Owners and Senior Management

34. The Global Fund Secretariat has dedicated mechanisms to provide strategic guidance and support to CTs in overseeing implementation and monitoring grant and PR performance. Through these mechanisms the Global Fund Secretariat maintains a global view on performance and risks for all portfolios and can identify common issues and challenges which require organizational-level solutions and facilitate organizational learning.

Business Risk Owners

35. Global Business Owners are responsible for providing policy and technical guidance to CTs in their functional areas regarding risk identification and prioritization, and best practices for mitigating actions and assurance activities based on country context.

36. **Business** Risk Owners. There are Business Risk Owners for each of the risk categories, assigned as follows:

    - Programmatic and Monitoring and Evaluation Risks: Head, Technical Advice and Partnerships

    - Human Rights and Gender Equality Risk: Head, Community Rights and Gender

    - Health Product and Supply Chain Risks: Head, Sourcing and Supply Chain Department

    - Finance and Fiduciary Risks: Chief Financial Officer/ Head, Grant Financial Management

    - Governance, Oversight and Management Risks: Head, Grant Portfolio Support and Solutions Department

    - Health Finance: Head, Health Finance Department

37. The Legal and Governance Department also advises CTs and Business Risk Owners on Governance, Oversight and Management Risks. Business Risk Owners are members of the Portfolio Performance Committee and are also responsible for the content of risk management systems and tools (i.e. capacity assessment questions, pre-defined root causes, standardized assurance activities, and overall design and functionality of the risk management systems and tools).

38. The details of the oversight responsibilities of Business Risk Owners are defined in the OPN on Risk Management.

Global Fund Senior Management

39. **Grant Management Division (GMD) Management** includes the Regional Managers, Regional Department Heads and the Division Head, who supervise CTs on the management of country/multicountry portfolios. They are the first point of escalation for CTs on grant and portfolio implementation issues requiring management guidance and decision. GMD Management also oversees portfolio performance through regular monitoring and assessment of regional and global portfolio performance against key organizational metrics and providing strategic guidance to CTs on required actions. GMD Management also participate in the Portfolio Performance Committee (PPC).

40. The **Portfolio Performance Committee (PPC)**, a Global Fund Senior Management body oversees implementation of the global portfolio and hosts the Country Portfolio Review, PPC Executive Session, PPC Thematic Executive Session, and Enterprise Performance Review. The PPC provide strategic steer and identify areas where additional support, flexibilities and adaptations may be needed to maximise impact.

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[35] Global portfolio refers to all country and multicountry portfolios supported by the Global Fund.

iii. **Country Portfolio Review (CPR):** to validate country portfolio risks and identify issues where additional support, flexibilities and/or innovation are needed, and provide the Country Team and Business Risk Owners the opportunity to seek strategic steer. Through CPRs, common issues, lessons learned and good practices across countries and regions are also identified. The outcome of a CPR guides the CT in defining priorities for overseeing the portfolio. The selection criteria to determine which countries are brought to CPR is revised annually, based on risk factors and priorities, and approved by the PPC Co-chairs. The CPR format is adapted accordingly to reflect the strategic focus of the CPR for each given year.

iv. **PPC Executive Session:** to provide a platform for focused discussions and decision-making on critical country issues. Held on an as needed basis, to respond to issues as they arise.

v. **PPC Thematic Executive Session:** to review the progress towards impact with regards to overall disease performance at the aggregate level and/or specific portfolio wide issues or challenges. It provides the opportunity to receive PPC strategic steer which is then used to develop tailored response plans to meet specific country needs. Thematic Executive Sessions occur on an as needed basis.

vi. **Enterprise Performance Review (EPR):** to review progress towards impact for all portfolios. EPRs occur on an as needed basis in agreement with the Head of Strategy and Policy Hub.

41. Further information on the PPC can be found in the PPC ToR. The purpose of the PPC will continue to adapt to complement the evolving approach to oversee implementation across the Global Fund Secretariat.

Specific Multicountry Considerations

42. Multicountry grants generally follow the same requirements set out in this OPN, with the following specific considerations:

vii. For multicountry grants, reference to CCM includes engagement of the Regional Organization (as applicable), Regional Coordinating Mechanism (RCM) and CCM representatives of all countries included within the grant (as applicable).

viii. The legal and political considerations and logistics of cross-border implementation are considered when tailoring LFA-services.

Annex 1. Overview of Requirements and Best Practices

Approach & Grant Deliverables	Requirement / Best Practice	
	High Impact & Core	Focused
Implementation Oversight by the Country Team		
PLAN — Define Implementation Oversight Priorities		
• Oversight and assurance activities identified	R	R[36]
• Regular engagements with country planned	BP	
• Oversight, assurance activities and country engagements captured in existing CT workplans	BP	
TAKE ACTION — Oversee Grant Delivery		
• Oversight and assurance activities implemented and adjusted (as applicable)	R	R
• Required CT actions to address implementation challenges identified and delivered (as applicable)	R	
• Status of Grant Requirements and required actions tracked	R	
Oversee PR Operations		
• Inputs to PR implementation workplan	BP	
• Oversight and assurance activities implemented and adjusted (as applicable)	R	R
• Required capacity strengthening measures identified and agreed with PR and/or CCM (as applicable)	R	
• Recoveries managed (as applicable)	R	R
MONITOR — Collect Information and Review Progress		
• PU submitted and reviewed	R	
• PU/DR submitted and reviewed	R	R
• Pulse Check submitted and reviewed	R	
• Audit Report submitted and reviewed	R	R
ASSESS — Performance Rating: Assess Grant and PR Performance		
• Grant Performance (programmatic and financial ratings)	R	R
• PR Performance qualitative assessment	R	R
• Assessment and required actions communicated through Performance Letter	R	R
Support In-country Program Review and Evaluation (as applicable)		
• Support in-country program review	R	
• Support periodic performance reviews	R	
• Commission enhanced portfolio review (as applicable)		BP
• Support program evaluation	BP	

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[36] LFA work planning and budgeting only.

Approach & Grant Deliverables	Requirement / Best Practice	
	High Impact & Core	Focused
Global Portfolio Oversight by Business Risk Owners and Senior Management		
• **Business Risk Owners:** Policy and technical guidance to CTs in respective functional areas	Refer to OPN on Risk Management	
• **GMD Management:** Supervision and strategic guidance to CTs and regular monitoring of regional and global portfolio	R	R
• **PPC:** Undertake CPR, PPC Executive Session, PPC thematic session, and/or EPR	As per selection criteria	

Annex 2. Collection of Information for Oversight

1. Below is a non-exhaustive list of sources and examples of information that can be used to provide effective oversight of grant delivery and PR operations.

Source of information	Examples of information[37]
PU/DRs and Pulse Checks[38]	• Programmatic and financial progress, as well as operational elements of the grant. • Important source for tracking Key Mitigating Actions for major risks, including co-financing commitments.
Audit Report	• PR compliance of the use of Grant Funds and the adequacy of internal controls[39].
IRM module	• Important source for tracking mitigating actions for identified risks and assurance activities.
Follow up on the implementation of TRP Recommendations	• Subject to the specific TRP recommendation.
National annual expenditure on health and the three diseases	• Important source for tracking co-financing commitments.
Available dashboards and/or oversight tools	• Period-specific financial, programmatic and procurement information.
Performance Letters and other assessment communication from the Global Fund	• Highlights grant and PR performance with specific areas for action.
National disease program epidemiologic reports/databases	• The evolution of the epidemic in the country, which can help identify vulnerable populations at increased risk.
Site visits	• Additional information on specific issues that may have emerged from Global Fund assessments, and/or verify information reported by the PR.
Feedback from people living with diseases or community-based monitoring initiatives present in-country	• Insight into the effectiveness of grant activities among the communities affected and identify bottle necks to service delivery.
Spot Checks	• Periodic Program and/or data quality.

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[37] Information will vary by grant and country.
[38] As the principal sources of information, the PU/DR and Pulse Checks are always shared with the CCM.
[39] Refer to the Guidelines for Annual Audit of Global Fund Grants for more information.

Health Management Information System (HMIS), (e.g., DHIS2[40])	• System whereby health program data are recorded, analyzed, and used for program planning and patient care.
Logistic Management Information system (LMIS)	• Essential information on quantification processes and for planning distribution along the supply chain, avoiding overstocks and stock-outs.

Annex 3. In-Country Program Reviews and Evaluations

1. In-country program reviews and evaluations are part of the Global Fund Monitoring and Evaluation Framework[41] and are made up of program reviews, periodic performance/routine data reviews, enhanced portfolio reviews and country-led program evaluations.

2. In the current global context where resources are very limited as compared with the overall need, well-designed in-country program reviews and evaluations guide programs to the most optimal path to achieve sustainable impact, system resilience, equity and efficiency.

3. This annex provides guidance to CTs and other supporting structures[42] within the Secretariat for planning, coordination, implementation and quality assurance of in-country program reviews and evaluations, as well as the use of their findings. It also ensures the consistency and quality of the process and products of in-country program reviews and evaluations. The planning and implementation status of the reviews and evaluations is tracked through country M&E Profiles for High Impact and Core portfolios and using workplan tracking measures in the performance frameworks.

Principles

4. The Secretariat takes the following principles into account in all stages of in-country program reviews and evaluations process:

- **Alignment:** In-country program reviews are aligned with country systems, processes and program cycle.

- **Ownership and Inclusiveness**: In-country program reviews are owned and managed by the country, usually by the Ministry of Health and/or its national disease programs, technically supported by WHO, with participation of relevant global and national stakeholders.

- **Quality**: In-country program reviews and evaluations are of quality necessary to inform program design and implementation.

- **Tailored**: The design and implementation of program reviews are tailored to the epidemiological contexts, portfolio category and level of investment in country[43]. Generic Terms of References (ToRs) can be adapted to each country[44].

- **Learning**: The use of the findings is the primary purpose of in-country program reviews and evaluations[45]. Final reports are made available within three months after completion of program review field work to ensure findings can be used in a timely manner. Findings are used for learning and to inform program design implementation and revisions, and not to penalize grants or programs.

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[40] An open source, web-based platform most commonly used as a health management information system (HMIS).
[41] Refer to the Global Fund Strategic Framework for Data Use for Action and Improvement at Country Level.
[42] Within the Secretariat, the process of In-Country Program Reviews & Evaluations is coordinated by MECA under the strategic guidance of the Secretariat M&E Working Group.
[43] For example, reviews in COE and Focused portfolios may have a more targeted scope than reviews in High Impact and Core portfolios.
[44] Generic terms of references for reviews and evaluations
[45] Learning refers to a process of translating findings and recommendations from a program review or evaluation into programmatic actions as well as informing program design and implementation.

- **Accountability**: All national disease programs are subject to demonstrating their results against the targets defined in NSPs or in grant agreements with donors. In-country program reviews and evaluations are among the primary means to ensure the national disease programs' accountability to the governments, donors, civil societies and program beneficiaries.

- **Transparency**: All final reports from in-country program reviews and evaluations are accessible to all stakeholders. This permits the tracking of progress over time and ensures mutual accountability.

Objectives

5. This Annex provides guidance to help CTs, PRs and lead implementers to:

- **Institutionalize** in-country program reviews, evaluations and enhanced portfolio reviews including the frequency and timing of program reviews and criteria for program evaluations/ enhanced portfolio reviews by ; a) ensuring that program reviews are planned, budgeted and conducted at least once in a 3-year grant implementation cycle, which are mandatory in High Impact and Core countries, as well as countries submitting Tailored for NSP funding applications; b) ensuring program reviews are supported in Focused countries as deemed appropriate through a prioritization process against a set of defined criteria; c) defining criteria for when evaluations or enhanced portfolio reviews shall be conducted in addition to and/or in lieu of program reviews.

- **Operationalize** in-country program reviews, evaluations, and enhanced portfolio reviews through, a) defining the roles and responsibilities of different teams at the Global Fund Secretariat, as well as in-country and global partners in the planning, design, and implementation of in-country program reviews, evaluations, and enhanced portfolio reviews, and in subsequent use of the results; b) outlining processes to ensure program reviews are planned well in advance, including scope, timeline, budget and technical assistance (TA) needed—ideally considering the timelines for funding request and grant-making.

- **Ensure the quality** of in-country program reviews, evaluations, and enhanced portfolio reviews, by institutionalizing quality assurance at planning, implementation and report preparation stages, as well as a quality assessment of the process and reports. This also includes provision of updated guidance, tools, and generic ToRs jointly developed with WHO and partners, as well as facilitation of technical support tailored to country-specific needs.

- **Ensure the dissemination and learning** of findings from in-country program reviews, evaluations, and enhanced portfolio reviews - that the findings and recommendations are appropriately referred to and used at various stages of program management cycle, i.e., during NSP revision, while preparing funding requests, during the grant making or reprogramming processes, and when deciding on the annual disbursements. This also includes biannual synthesis reports of key findings, recurring themes and recommendations, to be shared with the Senior management and various teams within the Secretariat, relevant board committees and partners.

Program Reviews

6. A program review is a systematic review of program design, inputs, implementation and results against national strategic objectives and targets as well as regional and global benchmarks. National program review is conducted every two to three years following the national strategic planning cycle. It is owned and managed by the Ministry of Health or its national disease programs and usually carried out by a joint national and international team of experts. Program reviews are mandatory in High Impact and Core portfolios, and strongly recommended for Focused portfolios with Tailored for NSP funding applications. CTs negotiate a budget and an appropriate timeline for program reviews with national programs that serve both the national need and grant-specific aspects. The main objectives of program reviews are to:

     i.   examine progress and impact of national disease programs, including all contributions (government, civil society, private sector) towards the objectives and targets of the National Strategic Plan (NSP) and regional/global coverage, outcomes and impact targets;

    ii.   examine progress in strengthening key programmatic/thematic health system areas, including cross-cutting aspects such as human rights, equity, human resources, laboratory, supply chain management, information systems, domestic resource mobilization, etc.;

   iii.   review the structure, organization, financing, and management of the program, partnerships and funding landscape, including engagement of civil society and private sector, where relevant; and

   iv.   inform a revision of NSP, the Global Fund Funding Request and/or grant implementation[46].

7. During funding applications, CTs/PHME Specialists must ensure that program reviews are planned and budgeted for in the respective disease program funding request, specifying all funding sources that may contribute to the review. During implementation, PHME Specialists engage with national disease programs to ensure that: a) the planned timelines are respected and TORs are shared for secretariat review and input; b) funding and technical support for the review has been fully mobilized; c) the program reviews are accompanied by an appropriate epidemiological and impact analysis; d) additional technical support is accessed through the MECA M&E TA pool (if required); e) draft program views reports are reviewed by the CTs/PHME Specialists and relevant technical teams, as appropriate, before final versions are validated by the countries; and f) final reports are shared with MECA for synthesis, quality review and feedback. MECA tracks mandatory program review planning and supports CTs through facilitation of technical support and access to generic TORs, which countries can adapt to their respective local contexts.

Periodic Performance Reviews

8. Periodic performance reviews, also called "routine data reviews" in some settings, refer to national or sub-national review of program implementation and results, conducted at regular intervals (quarterly, semi-annually, annually). They are informed by the analysis of routine programmatic data and serve as a platform for programmatic and operational discussions and decisions, based on progress against annual and semi-annual targets. Such platforms are led by respective disease programs and used to assess achievements in program implementation, gaps, challenges and opportunities for course correction, as needed. Sub-national health authorities (provincial/regional and district levels) usually organize monthly, quarterly or semi-annual performance reviews, whereas those at national level typically hold semi-annual or annual reviews.

9. Periodic performance reviews are mandatory in High Impact and Core countries. During funding applications and grant-making, the PHME Specialist ensures that CCMs have included plans and budget for periodic performance reviews. The PHME Specialist explores with the MOH and disease programs if sound guidance and tools for such reviews exist. Standard WHO health facility data analysis packages for national and subnational levels are available[47]. When no quality guidance exists or it has been applied insufficiently, the PHME Specialist engages with national stakeholders to strengthen the approach using grant funds, as required. Technical support to strengthen this component can be accessed through the MECA M&E TA pool. MECA will track routine review planning where mandatory and discuss M&E investments to ensure data analysis and use are integrated in routine review methodology at all levels.

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[46] Emergency program review maybe triggered by country crises or emergency, to inform grant revision to this effect.
[47] For DHIS2 data standards and analysis packages: https://www.who.int/data/data-collection-tools/health-service-data/toolkit-for-routine-health-information-system-data/modules; additional information is also available under: https://docs.dhis2.org/en/topics/metadata/dhis2-who-digital-health-data-toolkit/about-the-who-digital-health-data-toolkit.html.

Enhanced Portfolio Reviews

10. An enhanced portfolio review refers to an in-depth assessment of the entire grant portfolio or specific program areas of a national disease program, against a predefined program design and defined, verifiable results, commissioned by the Global Fund Secretariat and implemented by an external provider or jointly with partners. Enhanced portfolio reviews are particularly suited for Focused portfolios, and are planned, budgeted for and implemented once per 3-year grant cycle. The results can serve as an important assurance mechanism regarding whether Global Fund investments in the portfolio represented a good value for money. The evidence generated through enhanced portfolio reviews guide decisions on what should continue and what should change.

11. The need for an enhanced portfolio review is determined by the CT, in consultation with MECA and other technical teams. If the need is jointly determined, the cost of the review including TA costs, is budgeted using grant funds. Depending on the scope of the review, technical support could be accessed through the MECA M&E TA Pool. MECA is consulted during the development of TORs and review of reports before they are validated by countries. Please refer to para. 14 below which outlines other scenarios when the Secretariat may consider commissioning such a review.

Program Evaluations

12. A program evaluation is a rigorous assessment of the entire program or specific areas of a national disease control program against a predefined program design (or theory of change) and defined, verifiable results, implemented by an expert service provider or jointly with partners. Country-led evaluations are commissioned by the Ministry of Health and/or other in-country partners and may be supported by the Secretariat. The need for a program evaluation is determined based on the assessment of the quality of the program review process and resulting reports, with considerations to the recommendations from previous evaluations, specific program needs, and/or donor requirements.

13. If a country intends to undertake a program evaluation with Global Fund resources, the scope is discussed and agreed with the CT during grant-making. The CT, in consultation with MECA and other relevant technical teams, will support the country in the planning and execution of the evaluation.

14. In addition, the Secretariat may consider commissioning an evaluation or enhanced portfolio review when:

    i. there have been no program reviews or any other forms of program evaluations conducted in the last three years and there are no plans nor secured funding for program reviews or evaluations in the current grant cycle;

    ii. the process and/or product of most recent program review is deemed to be inadequate[48];

    iii. a program review or previous evaluation recommends the entire or part of the national program be independently evaluated;

    iv. The CT, Technical Advice and Partnership (TAP) Department, Community Rights and Gender (CRG) Department, Health Financing Department or other department recommends an evaluation of specific programmatic or cross-cutting needs; or

    v. an agreement is reached for a joint evaluation based on recommendations from partners or donors.

15. The Secretariat participates in the planning and implementation of program reviews, support program evaluations, and actively engages in periodic performance reviews. When such reviews are not available, the Secretariat actively coordinates with the CCM and relevant health authorities to help

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[48] Refer to the high-level criteria on program review quality.

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institutionalize the platforms. The Secretariat avails the grant and other resources to build up the in-country capacity for program reviews, evaluations and periodic performance reviews.

Quality assurance of in-country program reviews and evaluations

16. MECA, in coordination with TAP teams and technical partners, facilitates the provision of latest guidelines and generic ToRs for program reviews and evaluations (including key aspects of RSSH, CRG, private sector engagement, etc.) for countries to adapt to local contexts.

17. The CT and/or focal points from other technical teams (e.g., Disease teams, MECA, RSSH and CRG) may participate in the program review and evaluation process, based on their availability and identified need by the country or CT.

18. MECA conducts a six-monthly synthesis of program review and evaluation reports to provide ongoing feedback on key recurring recommendations, as well as on the quality of the conduct and content of the reviews.

Dissemination and use of evidence from in-country program reviews and evaluations

19. Dissemination and the use of findings are critical steps to ensuring in-country reviews and evaluations provide learnings for program improvement.

20. At country level, the national program disseminates program review and evaluation reports, together with in-country stakeholders, to relevant audiences in different forms including, sharing the report, organizing in-country dissemination sessions, and making the report available through official websites. With support from in-country stakeholders, the national program creates *aide mémoires* for the official adoption of findings and recommendations by the Ministry of Health.

21. At the Secretariat level, MECA coordinates bi-annual synthesis of the main findings and recommendations of program reviews and evaluations conducted each year. The synthesis report is shared with CTs, senior management, technical teams, relevant partners, and Board Committees. The CTs may use the synthesis of findings and recommendations to inform discussions during country dialogue, grant-making and implementation. The information can also guide discussions with global level technical partners if guidelines or tools need to be updated/developed or if existing ones need wider dissemination at country level, as well as to identify technical areas where countries may need further support.

22. MECA tracks the use of program review and evaluations in funding request, NSP revisions and other critical programmatic decisions. All program reviews or evaluations, as part of their scope, must revisit the status of implementation of recommendations from the previous program reviews or evaluations.

Reference links

- Guide to conducting programme reviews for the health sector response to HIV
- Framework for conducting reviews of tuberculosis programmes
- Malaria program review manual
- Practical manual for malaria programme review and malaria strategic plan midterm review
- WHO guidelines for analysis and use of health facility data