

SUMMARY OF KEY RECOMMENDATIONS ON ACCOUNTABILITY (MONITORING PROGRAM PROGRESS)

This draft represents input from the Accountability discussion. Areas of possible agreement have been identified.

Defining Accountability

The Global Fund will require sound processes for specifying, tracking and measuring program results to ensure a sufficient level of accountability, and to ensure that lessons learned are shared.

The future financial viability of the Fund will depend on being able to demonstrate results, initially in terms of coverage of activities and subsequently in terms of outcomes. All partners, without specific attribution, could claim results achieved under Global Fund activities. A system of accountability is also needed to provide incentives to grant recipients to achieve more, faster and better results.

Accountability to whom?

Grantees need to be:

- accountable to government, private sector & foundation donors (for the use of funds, achievement of results)
- responsive to developing countries (to help them fight the three diseases in their countries)
- responsive to the needs of those infected and directly affected by the three diseases

Monitoring of Global Fund grants will focus on programmatic accountability: assessing the programmatic progress and public health impact of activities supported by the Fund; and providing incentives for improved performance.

The Global Fund will require comprehensive plans for assessing programmatic accountability, including monitoring, evaluation, and auditing. To the degree possible, a country's monitoring plan will make use of existing monitoring and evaluation structures and mechanisms. The Fund should not establish parallel monitoring and evaluation systems but be willing to invest in the existing systems.

The Fund will seek to reinforce country information systems, build on existing country indicators, and use internationally-agreed upon indicators as benchmarks for overall progress. This is a long-term investment and will need both interim process indicators to measure rapid progress, within the context of achieving sustainable impact.

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Desired long-term programmatic impact includes final outcome measures such as reduced death rates, reduced disease transmission rates, increased survival rates, and control of multi-drug resistance. Intermediate outcomes and benchmarks will also be established to assess program progress and provide incentives for improved performance.

The Fund will not take on the responsibility for assessing overall worldwide progress made in the areas of HIV/AIDS, TB, and malaria. This task will remain the responsibility of existing international organizations working in the three disease areas. The Fund does not wish to create a new structure for global monitoring and evaluation.

While the processes may have distinct differences, the monitoring of the fiduciary process is intimately linked with programmatic monitoring and evaluation.

Program Monitoring And Evaluation of Programs:

Monitoring of program progress through the use of benchmarks, process and output indicators should be an inherent component of any program. Country Coordination Mechanisms (CCM) are ideally situated to perform this function. However, the evaluation of program outcome and impact indicators are more suitable for independent, external organizations. This avoids the moral hazard of noncredible reporting. The Fund should primarily utilize existing monitoring and evaluation systems and indicators. For instance, reports from the National TB Program should be acceptable by the Fund, which contain the number of identified active cases of TB those completing therapy, and proportions that are under DOTS therapy.

The Global Fund will require two levels of program monitoring and external evaluation:

- **Global Fund results** – The Fund will use a core set of impact and process indicators to track overall progress of the Fund, to assess performance of partners, and to evaluate overall progress of grant recipients. Core indicators for assessing public health results may be established by an ad hoc M&E working group, drawing upon indicators used by existing programs, such as UNAIDS, Stop TB and Roll Back Malaria¹.
- **Grantee results** – The Fund will also require more detailed programmatic monitoring of individual grant recipients on a regular basis, using a broader set of evaluation criteria and indicators. The CCM should play a significant role in establishing the performance and monitoring processes and should review the results as part of a tiered review protocol. Grantee M&E would consist of:

¹ WHO has provided the TSS with a range of current work on monitoring program performance in the areas of TB and malaria.

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- 1) submission of routine progress reports, which contain information on the state of the process and the results of agreed indicators, by the grantee (to the Secretariat, to an independent technical monitoring group, or to the Technical Review Committee); and
- 2) commission of an **external evaluation** team to assess progress made with grant funds.

Program indicators used by grantees will be identified by the grantee in the grant proposal. To ensure consistency, the Board should consider requiring all grantees to track a core set of public health indicators (these core indicators could be proposed by an ad hoc M&E working group). Partners in a proposal will also be required to identify who will collect data and conduct local M&E operations. During the initial strategic design and during the establishment of the monitoring and evaluation systems, potential risks and obstacles to program implementation should be identified and reassessed at appropriate intervals.

Performance-based funding

It has been suggested that grantee M&E results should be used for performance-based funding. Decisions regarding release of subsequent tranches of funding to grant recipients would be based on indicator results. Using indicator results, a designated group (Secretariat, an independent technical monitoring group, or the Technical Review Committee) would decide if progress is sufficient to release subsequent tranches of funding to the grantee (with Board approval). Grantees not producing sufficient positive results would not receive additional funds. Remedial support may be provided to poorly performing programs when there is a clear justification. A sub-working group, convened by Canada, will identify viable models of outcome/performance-based funding.

Oversight

Oversight for monitoring and evaluation will remain the ultimate responsibility of the Board. The Board may wish to assign some responsibilities to another group to review M&E reports submitted by grantees and drafting M&E reports on the overall progress of the Global Fund. Options for who will oversee the process of monitoring both Global and Local program progress (on behalf of the Board) include:

- Global Fund Secretariat
- Ad hoc M&E working group
- The Trustee (World Bank)
- A UN agency
- Existing oversight mechanisms (UNAIDS, Stop TB, Roll Back Malaria)
- An independent M&E oversight committee appointed by the Board
- Third party – accounting firm, university, etc.

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We need a new way of doing business so that the entire process is transparent and demonstrates an ideal partnership. For example, there is a necessity to track how resources are moving forward, with the information made widely available.

We need to estimate the transaction costs of the Fund, including the operation of the Board and Secretariat, cost to produce a proposal, the review process, and monitoring and evaluation. This will be done as collaborative effort between the sub-working group and the TSS.