Independent Evaluation of the Global Fund Allocation Methodology

Annexes

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Building a better working world

Independent evaluation of the Global Fund Resource Allocation Methodology

Annexes

February 2024

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1. Evaluation framework

The evaluation framework aims to provide an overarching analytical approach with regards to the objective of the evaluation. It informs the data collection and analysis plan, and makes the evaluation more transparent and objective, by laying out the basis and criteria on which answers to each of the 10 specific evaluation questions will be formulated.

It has been developed by considering the diverse nature of these questions which are both retrospective and prospective and form an articulated and complementary set of topics and challenges to be addressed.

1.1. Analytical approach to answer retrospective evaluation questions (Q1, 2, 3, 4, 10)

Each retrospective Evaluation Questions have been answered on the basis of the Evaluation Grids presented hereafter. Each of the four Evaluations Questions correspond to one stage of the Global Fund's allocation methodology and were used to structure the main parts of the Final Report.

Table 1 : Evaluation Grids for the four retrospective Evaluation Questions

<table>
<tr><td colspan="3">Q1: Is the approach for setting aside catalytic investments for activities that are essential to achieve the aims of TGF strategy but cannot be adequately addressed through country allocations adequate? What alternative approach could be envisaged?</td></tr>
<tr><td colspan="3">Setting aside a portion of available funding for catalytic investment is the first step of the current allocation methodology. Catalytic investments funding aims to fund programs and activities that are essential to achieve the aims of the Global Fund strategy but cannot be adequately addressed through country allocations alone. The approach to inform the amount for catalytic investments is linked to the total available sources and decided by the Board before the replenishment outcome is known. It has been based since 2020-2022 cycle on an analysis of scenarios showing the trade-offs between ensuring a "sufficient" level of scale up in country allocations and potential impact of CI.

In the scope: the evaluation will focus on evaluating the approach to inform the total amount for catalytic investments, considering the need of protecting country allocations and ensuring appropriate scale-up. Recommendations will thus focus on the best approach to defining the total amount of funding set aside for catalytic investments considering these key principles.

Out of scope: as refined during the inception consultations, the evaluation will not focus "on areas chosen for catalytic investments or the impact of catalytic investments". The evaluation is thus not intended to assess the appropriateness of the approach to effectively address funding needs for catalytic activities. It will neither analyze how areas for catalytic investments are chosen (which includes discussions on priorities for catalytic investments that happen in parallel to defining the different scenarios of amounts), nor assess the performance and impact of catalytic investments. Analyzing the way the performance of past/ current catalytic investments informs the methodology to determine the total amount for catalytic investments for future cycles is thus out of scope; it may be indirectly covered when identifying potential alternative methodologies (considering connections between the approach for informing catalytic investments through scenarios and the identification of priority areas for CI)

Methodology: The answer to this evaluative question will mainly rely on an in-depth review of the approach as well as on individual inputs and perceptions from stakeholders, mainly the Board members and the SC members. Interviewees will be asked to declare potential conflicts of interest at start of the interviews to recognize potential bias.</td></tr>
<tr><td>Judgement criteria and/or types of data (incl. indicators)</td><td>Data Collection Instruments and data sources

Data Analysis</td><td>Risks / Limitations and Proposed mitigation measures</td></tr>
<tr><td>Is the approach for setting aside catalytic investments adequate?

► The current approach is adequate to inform decision-making on the total amount to be set aside

► The current approach effectively allows to set aside a total amount for catalytic investments that protects country allocation and ensures sufficient scale-up for countries with the highest disease burden

► The current approach ensures predictability, flexibility and simplicity</td><td>Interviews with Board Members and SC: perception on the approach (scenarios and decision-making elements provided to them), avenues for improvement, opinion on the credibility of the current approach, expectations for the future, main criteria to be considered by the evaluation in comparing the current approach with alternatives, recommendations for the future

Interviews with the Secretariat: in-depth review of the approach and its changes over-time

Documentary review: existing performance reporting, recent (2021) TERG evaluations on</td><td>Limitation: As the potential use and impact of CI is out of scope, the evaluation will not be able to judge on the right "balance" between CI and country allocations.

Risk: any recommendations made to the approach shall be flexible and adapted</td></tr>
</table>

	Strategic Initiatives and Catalytic Multi-country Funds, Strategic Review 2023 (SR2023). ***Analysis**: review of scenarios and calculations.*	to future funding cycles as well as to any future replenishment outcome. This will be ensured by testing and discussing proposed recommendations with the Global Fund
What alternative approach could be envisaged? ► Alternative approaches exist and would improve trade-off decisions between scale up in country allocations and CI ► These alternative approaches would ensure predictability, flexibility and simplicity of the methodology ► These approaches would allow other positive trade-offs (to be further defined)	***Analysis**:* *Qualitative analysis of the impact of alternative approaches on the decision process, as well as on predictability, flexibility and simplicity* *Quantitative analysis of the impact of alternative approaches on country allocations* ***Benchmarking**: existing approaches of comparator organisations faced with the same challenge of setting aside some funding for CI vs. country allocations. Inputs will be collected and used to inform potential alternative approaches (if relevant and comparable)*	

Q2: To what extent does the global disease split serve as an effective up-front parameter in the allocation methodology for determining distribution of funding across HIV, TB and malaria? What alternative methodology could be used to determine countries allocations without any GDS?

The Global Disease Split (GDS) is the second step of the allocation methodology. It aims to determine the overall distribution of total available resources across HIV, TB and malaria. The split (50% for HIV, 32% for malaria and 18 for TB) was informed by the assessment made by three expert institutions in 2013: the Health Economics and HIV/AIDS Research Division (HEARD), Imperial College, and the Institute for Health Metrics and Evaluation (IHME). For the 2023-2025 allocation period, the Board decided to allocate a greater share to TB (25% vs 18%) for available funds for country allocation above US$12 billion. This decision was made in recognition of the increased share of deaths from TB among the three diseases, while preserving funding and ensuring potential for scale-up of HIV and malaria allocations. According to information provided by the Secretariat so far, this revised split of funding does not only rely on disease burden but takes into account the effectiveness of investments, the current funding landscape and existing Global Fund funding in countries.

In the scope: the evaluation will analyze the relevance and effectiveness of having an upfront Global disease split and identify potential alternative approach:

- Should there be a Global Disease Split? Is it relevant to ensure a balanced distribution of funds across diseases overall/ at global level? Considering that point, the Secretariat highlights that "*the question is not what is the "ideal split" but what is the most appropriate split for the next grant cycle*"[1], which might be a relevant starting point to assess the relevance of the GDS. The evaluation will also investigate the relevance of having an upfront global disease split vs. subsequent country disease split only. It will also check how a new approach would change in the allocation methodology and what the impact would be on final allocations.
- To assess the current GDS and alternative approaches, what is the relevance of other metrics that could better reflect the funding needs of each disease?. What could be the alternatives to the disease burden calculation recommended by the expert institutions? What common metrics could be considered to inform the GDS (DALYs, mortality, incidence) and why (including the strengths/limitations of each)?
- Should other metrics be considered to replace/ complement the disease burden indicators (financing, impact on investment, estimated program split, etc.)? Initial inputs provided by the Sec highlights that any directionality changes in the GDS are faced with challenges with regards: data quality, comparability across diseases

Out of scope : The revision of the current disease burden indicators, reviewed at each cycle by technical partners, is not in the scope of the evaluation.

[1] In this context, the Secretariat refers to the need to ensure continuity of life-saving interventions.

Methodology: The answer to this evaluative question will rely extensively on the work already undertaken by the Sec for the 2023-2025 cycle. The Secretariat has indeed analyzed several options based on various rationale and has measured their impact on final allocations. As "the SC could not reach a conclusion", the Board considered 2 options that were finally assessed against the need to align closer to burden, ensure continuity of service and potential scale-up and ensure a significant increase in TB allocations.

Judgement criteria and/or types of data (incl. indicators)	**Data Collection Instruments and data sources** **Data Analysis**	**Risks / Limitations and Proposed mitigation measures**
Should there be a Global Disease Split? ► Having an upfront GDS is relevant to meet the needs of countries with highest disease burden and lowest economic capacity ► Having an upfront GDS contributes to predictability to recipient countries and allows flexibility and simplicity ► Having an upfront GDS meets donors' expectations/ priorities.	***Interviews with Board Members, SC members:*** *opinion on the rationale behind the GDS, vision on the role of the GDS in delivering impact, vision on potential alternatives, key considerations related to the three diseases overall and each individual disease, opinion on the credibility of the current approach, expectations for the future, main criteria to be considered by the evaluation in comparing the current approach with alternatives* ***Interview with technical partners:*** *opinion on the rationale behind the GDS, vision on the role of the GDS in delivering impact, vision on potential alternatives, opinion on the credibility of the current approach* ***Interviews with the Secretariat: in-depth review of*** *the GDS calculation and work undertaken to revise it for the 2023-2025 cycle* ***Documentary review:*** *Datasets from WHO, HIME, Scientific literature and TGF documents* ***Benchmarking***	Judgement on GDS will mainly rely on both views and independent analysis on its rationale and role in contributing to maximizing the impact of Global Fund resources. It may be faced with some political sensitivity challenges as expectations from the Board on evaluating this step of the allocation methodology are high, and as each donor has different policy priorities in relation to the three diseases and RSSH. The views amongst Board members will have to be considered to check the relevance of keeping a GDS.
If not what would be the relevant alternatives to the GDS? ► *There exist alternative approaches to the GDS* ► *These approaches would address identified shortcomings* ► *These approaches and their implications on the allocation methodology would* ***ensure alignment of funding with highest disease burden and lower economic capacity and would allow sufficient scale-up for countries*** *with the highest disease burden* ► *These alternative approaches would ensure predictability, flexibility and simplicity* ► *These approaches would allow other positive trade-offs (to be further defined)*	***Interviews: same as above*** ***Quantitative analysis to assess the impact of changes on country allocations: part of funding to the highest burden countries, LIC, etc.*** ***Benchmarking***	Any recommendations would have to be realistic/ feasible and developed in relation with the other elements of the methodology to avoid any duplications or double-counting. As highlighted by the Secretariat in a presentation, *"any significant shift in the GDS is not feasible as this could jeopardize essential programming: only a small change in the current GDS would be considered"*[2]. The evaluation will take into account the two following constraints: providing predictability of funding and protecting essential programming. No other operational constraints will be considered.

[2] Global Fund/SC15/10

If so, are there other metrics that better reflect the funding needs of each disease? ► *The disease burden is considered as the best indicator to distribute funding across diseases; There is no consensus amongst Board members and other stakeholders on the need to adapt the global disease split in terms of directionality* ► *Evidence of correlations between the disease burden and actual impact exist* ► *There are no better alternatives to calculate mathematically a GDS; no other available and quality data allowing comparability across diseases* ► *There are no better alternatives to the disease burden to establish an revised GDS.* ***What would be the alternatives to the disease burden calculation? What metrics should the Global Disease Split be based on?*** ► *New metrics would* ***ensure alignment of funding with highest disease burden and lower economic capacity*** ► *They* ***would allow scale-up for countries*** *with the highest disease burden* ► *They would ensure predictability, flexibility and simplicity* ► *They would allow other positive trade-offs (to be further defined)*	***Interviews: same as above*** ***Quantitative analysis to assess the impact of changes on country allocations: part of funding to the highest burden countries, LIC, etc.*** ***Benchmarking***	**Risk:** There are many different valid approaches that could be taken and metrics used, which would likely lead to different outcomes on the GDS. The evaluation will overcome this by undertaking a clear evidence-based approach: alternative options will result from an initial range of consultations and analyses to shortlist options which bring most consensus, are well justified and address main current existing shortcoming

Q3: How might a potentially <u>separate allocation for RSSH</u> be determined? What have been the implications on RSSH and the disease programs in not having a separate RSSH allocation? What would be the challenges and benefits in having a separate RSSH allocation including the consequences for allocations for the 3 diseases?		
The evaluation will assess the relevance of having an upfront RSSH allocation to maximize impact. So far such an RSSH allocation was not recommended as its absence has not been an obstacle to an increase of direct RSSH activities and due to feasibility reasons (no "one-size-fits-all approach"). *While the Board discussed a* ***separate allocation for Resilient and Sustainable Systems for Health (RSSH)****, the Board decided by majority to continue with not having a separate allocation for RSSH for the 2023-2025 period.* **Methodology:** The answer to this evaluative question will mainly rely on a qualitative approach based on inputs and perception from Board members, SC members, technical partners and local stakeholders, as well on a simple quantitative approach based in available data on RSSH activities (budget, outcomes). Recommendations will feed into recent reflections on the need for/ relevance of a separate RSSH allocation and provide foundations for establishing a consistent approach for defining the amount.		
Judgement criteria and/or types of data (incl. indicators)	**Data Collection Instruments and data sources** **Data Analysis**	**Risks / Limitations and Proposed mitigation measures**
Should there be a separate RSSH allocation? Determining a separate allocation for RSSH shall base on a clear and robust rationale that still needs to be demonstrated, and may include following criteria: ► Evidence shows that having an upfront RSSH allocation would lead to increasing funding to implement RSSH programmes (analysis and perception)	***Interviews with Board Members, SC members and technical partners:*** *challenges with regards to RSSH, rationale/ expectations on RSSH funding, activities and expected impact, opinion on the relevance of having a RSSH allocation, etc.?* ***Interviews with the Secretariat:*** *review of analysis undertaken on the feasibility and*	

► Having a separate share for RSSH would encourage countries to dedicate a higher share to RSSH programmes; there is no consensus on the fact that countries probably have the most relevant appreciation of their needs of RSSH through the locally relevant metrics ► Having a separate share for RSSH would bring higher impact overall	*relevance of defining a separate RSSH allocation* ***Interviews/ survey to local stakeholders:*** *perception on the role of RSSH within national funding programme[3], perception of the leverage effect of having a separate RSSH allocation funding defined in the allocation letter versus the current flexibility that recipient countries have to revise their program split based on needs, potential effect at national level, **u**sage of a separate RSSH allocation by the countries, etc.* ***Documentary review:*** *TGF data on budget data and KPIs on RSSH* ***Analysis:*** *actual funding for RSSH by recipient countries and related KPIs (amount, evolution overtime.. % of RSSH activities within disease programmes) Potential correlation between the use of RSSH over time and impact in fighting TB, HIV and Malaria will be analysed. Moreover, the dedicated KPIs (results/ impacts obtained (KPI S1 – S10) would be used to assess the performance of countries quantitatively and qualitatively in terms of allocating funding to RSSH.* ***Benchmarking:*** *existing approaches of comparator organizations to RSSH will be collected and used to inform reflections on the topic.*	
If so, what should be the approach to define the RSSH allocation amount vs. disease split amounts? What metrics should be used to determine the distribution of the RSSH amount to countries (directionality)? ► Defining an RSSH allocation is feasible from a methodological perspective: needs in terms of RSHH can be assessed at global level based on one or several indicators (considering as well that countries with low, medium, and medium to upper income across the globe have very different Health systems). ► Having a separate RSSH allocation would not involve negative effects on disease programmes, ensure continuity and scale up in the highest burden countries ► Sound rationale exist to set aside a specific amount for RSSH vs. disease split amounts	*Analysis : based on scenarios to be defined, the evaluation will assess the impact of a separate RSSH allocation on allocations for the 3 diseases as well as on potential final allocations to countries.* *Comparison against following criteria: continuity/ scale up, negative trade-offs on higher burden countries*	Possible alternatives and options still need to be identified. No easy and obvious approach can be determined at this stage and several key points will have to be cautiously considered: availability of comparable data etc.

Q4: Are steps 3, 4 and 5 of the allocation methodology, e.g. technical parameters, scale-up/ paced reduction and qualitative adjustments adequate to maximize the impact of the Global Fund investments whilst ensuring it is predictable, flexible, simple, and addressing the needs of the countries with highest disease burden and lowest economic capacity?

[3] The analysis will take into account the fact that this element can vary widely from country to country and not generalize the answers of the consulted countries.

Steps 3, 4 and 5 of the allocation methodology form an overall consistent approach, with each step having its own rationale.

- Tech parameters first aim to allocate funding to countries by disease, in line with the objective of the Global Fund resource allocation methodology
- Scale up/ paced reduction aims to ensure scale-up for components that previously received less than their Initial Calculated Amount (ICA) while preventing steep decreases in funding from the previous allocation period.
- Qualitative adjustments aim to account for key epidemiological, programmatic and other country contextual factors that cannot be considered formulaically or are not fully represented in the allocation formula

In the scope: the evaluation will aim to check whether the current methodology can be adapted and/or enriched with additional parameters to better align with the objectives of the allocation methodology, and/ or whether these objectives could be better reflected through alternative metrics or adjusted/ new factors to be included in the qualitative adjustment step to complement the current methodology or replace some factors already considered. If a different GDS is recommended (or no GDS at all), these steps would also have to be reviewed to ensure the steps are still relevant and adequate.

From an overall initial perspective, the three steps seem consistent with the key objectives and principles of the AM as they put the focus on countries with the highest disease burden and least ability to pay/ lowest economic capacity, whilst delivering on the principle of predictability of funding, ensuring minimum meaningful amounts and avoiding overconcentration in a limited number of countries. At this stage the evaluation may yet investigate in priority 2 aspects:

- **Ways to better take into account vulnerability.** This is especially important as a broad international consensus is emerging in favor of taking vulnerability into account as a criterion for allocating official development assistance, beyond GNI per capita, which does not fully capture country needs. This is evidenced by work underway at the United Nations, and previously at other bodies such as the European Union and the Caribbean Development Bank, as well as work in the academic literature[4].
- **Ways to consider, if any and if relevant, a stronger performance component** (performance metrics are currently captured in the qualitative adjustments part of the methodology) either in the qualitative adjustment step or as part of the allocation formula. Including performance indicators in the allocation formula, as is the case in several international organizations[5] and/or using alternative criteria such as the CPIA score (Country Policy and Institutional Assessment), might encourage countries to increase their efforts to better contribute to achieving the objectives pursued by the Global Fund. It should be noted that integration of performance metrics such as a low absorption rate into the formula would not allow consideration of root causes of poor performance, which is the reason why the allocation methodology was refined to allow for a more nuanced approach to considering absorption. Absorption was previously part of the qualitative adjustment matrix (that identifies candidates for upward or downward qualitative adjustments), but in the 2020-2022 cycle, it was decided to remove absorption from the matrix and consider it as a qualitative factor instead, as this allowed for assessment of the root causes of poor absorptive capacity.

Out of scope: revision of current parameters in the allocation methodology is not a focus of the evaluation as these parameters are reviewed by technical partners, the Board and Strategy Committee in the cyclical review process. Any proposed change shall be backed by clear evidence of positive trade-offs (in terms of effectiveness, flexibility, simplicity)

Methodology: The answer to this evaluative question will rely mainly on stakeholders' views and opinions, in-depth review of the current methodology, benchmarking and quantitative analysis of potential alternatives

Judgement criteria and/or types of data (incl. indicators)	**Data Collection Instruments and data sources** **Data Analysis**	**Risks / Limitations and Proposed mitigation measures**
Should the methodology encapsulate a stronger vulnerability component? ► Stakeholders consider desirable to give higher amounts to vulnerable countries. ► Stakeholders consider desirable to give more weigh to vulnerability and vulnerabilities metrics (economical, climatologic, social) in the allocation methodology ► Other institutions include this dimension and have observed positive trade-offs	***Interviews with Board Members, SC members and technical partners:*** *challenges with regards to vulnerability, perception on the influence of vulnerability factors on needs, on programme and on their impact, expectations on including stronger vulnerability components in the methodology, etc.* *Interviews with the Secretariat* ***Interviews/ survey to local stakeholders:*** *perception on the influence of vulnerability*	"Vulnerability" is a poorly defined concept with no single agreed metric. The methodological choices made to create an aggregated indicator, if applicable, will be detailed.

[4] Drury et al., 2005 ; Guillaumont et al., 2017, Guillaumont et al., 2020 ; Kevlihan et al., 2014

[5] The benchmark analysis will include organisations which use performance-based allocation methodologies, such as the World Bank

How? What would be alternative approaches or necessary adaptation to the current methodology? ► Economic, social and environmental vulnerability can be defined and encapsulated in indicators ► There are alternative approaches, based on these indicators, that would better tackle the vulnerability problem(s) and give more weight to vulnerable countries ► These alternative approaches are simple/ easy to implement, flexible and adapted to future funding cycles ► They would **ensure alignment of funding with highest disease burden and lower economic capacity** ► They **would allow scale-up for countries** with the highest disease burden ► They would ensure predictability, flexibility and simplicity ► They would allow other positive trade-offs (to be further defined)	*factors on needs, on programme and on their impact* ***Documentary review:*** *TGF data on the inclusion of the vulnerability factor at the qualitative adjustment step; 2021 CEPA Report; TGF presentation "Equity considerations in the Allocation Methodology"* ***Analysis:*** *New metrics would be integrated in the allocation methodology – either in the formula or at the qualitative adjustment step, assess the changes implicated for recipient countries and propose the incumbent trade-offs.* ***Benchmarking***	
Should the allocation methodology encapsulate a stronger performance component? ► Stakeholders consider relevant and desirable to include a stronger performance component in the allocation methodology considering additional/ alternative performance metrics (absorption, HR metrics and other) ► Current consideration of performance as part of qualitative adjustment would need to be improved ► Other institutions include this dimension and have observed positive trade-offs **How? What would be the relevant metrics and at what step of the methodology should it be included?** ► There are alternative approaches that would give more weight to performance (changes in the qualitative adjustment, or inclusion in the formula) ► These alternative approaches are simple/ easy to implement, flexible and adapted to future funding cycles ► They would **ensure alignment of funding with highest disease burden and lower economic capacity** ► They **would allow scale-up for countries** with the highest disease burden ► They would ensure predictability, flexibility and simplicity	***Interviews with Board Members, SC members and technical partners:*** *challenges with regards to performance, perception on the influence of past performance on future impact, expectations on including stronger performance components in the methodology, views on positive/ negative trade-offs, etc.* ***Interviews with the Secretariat*** ***Interviews/ survey to local stakeholders*** ***Documentary review:*** *TGF data on the inclusion of the vulnerability factor at the qualitative adjustment step* ***Analysis:*** *New metrics would be integrated in the allocation methodology – either in the formula or at the qualitative adjustment step, assess the changes implicated for recipient countries and propose the incumbent trade-offs.* *Benchmarking*	A moral hazard is possible (ex: communities suffering from HR violations would receive less fundings) and the need to take into account the root causes of poor performance will be considered. The methodological choices made to determine the relevant metrics and their implications will be detailed

Q10: To what extent are the quality assurance mechanisms built into the overall allocation methodology process, effective in ensuring that high-level decisions on resource allocation are informed by robust and rigorous technical parameters, metrics and inputs (including the latest epidemiological data)? How, if necessary, can quality assurance mechanisms be strengthened in advance of the next and subsequent allocation periods?

The answer to this question will mainly rely on interviews, documentary review, as well as process mapping and analysis. Benchmarking will also be very enlightening and useful to collect best practices and suggest recommendations to improve the effectiveness and efficiency of the process.		
Judgement criteria and/or types of data (incl. indicators)	**Data Collection Instruments and data sources** **Data Analysis**	**Risks / Limitations and Proposed mitigation measures**
To what extent do the quality assurance mechanisms rely on relevant and efficient tools and processes at each stage of the allocation methodology process? ► Nature of the tools and processes used: data gathering, use of internal, external and independent expertise, etc. ► Degree of process formalization and documentation: steps, timeline, roles and responsibilities… ► Transparency, visibility and understanding of the process by the various interested parties/ stakeholders ► The timeline is relevant and realistic ► Management of the process is adequate ► The process is sufficiently flexible to take into account any unexpected event ► Appropriate partners are involved in due time ► Adequate number of decision-making points ► Quality of interaction with the Board and the SC	***Interviews with Board Members and SC members:*** *view on the process and the extent to which it facilitates decision-making and contributes to improve the allocation-based model* ***Interviews with technical partners:*** *specific role played in the process, and perception on robustness* ***Interviews with the Secretariat*** *Document review: Policies and processes, Assessments and Audit reports* ***Qualitative analysis:*** *Identification of each stage of the allocation methodology process: inception, consultation, draft, decision-making, etc. Identification of the stakeholders involved; Analysis of how each component is approached during the allocation methodology process; Mapping of the processes and stakeholders involved for each component*	None
To what extent does the process ensure transparency, quality and robustness of high-level decisions on resource allocation? ► Ability of the quality assurance tools to inform on necessary improvements to the methodology ► Ability of the quality assurance tools to inform and influence decision-making ► Transparency of decision-making process; ► Key steps of the methodology are informed by robust input and data ► Past refinements and changes to the methodology were supported by robust analysis and evidence on needed improvement		

1.2. Analytical approach to answer prospective evaluation questions

All four **prospective questions** have been answered following a common structured Multi-criteria Decision Analysis (MCDA) framework to assess implications and trade-offs of alternative approaches, establish pros and cons against the current allocation methodology and provide recommendations. It allowed comparison of different options based on a cost-effectiveness analysis. The proposed framework will include following key Tasks:

Task 1 - Identification of recommended changes to the allocation methodology

Figure 1: Criteria considered for initial screening

Criteria	Judgment criteria	Indicative quantitative or qualitative indicators to consider
Relevance	The alternative addresses shortcomings identified in the retrospective analysis	*Evaluators' perception on the extent to which the alternative addresses shortcomings*
	The alternative is considered acceptable	*Perception of stakeholders regarding acceptable alternatives*
	The alternative takes into account ethics and equity considerations	*Perception of stakeholders regarding acceptable alternatives*
Coherence	The alternative avoids overlaps with other steps of the methodology	*Absence of overlap with other steps of the methodology* *Absence of inconsistencies with other steps of the methodology*
Feasibility	Data is provided by recognized sources and considered robust by experts	*Evaluators' perception of robustness of data*
	Data is available for all countries Data is updated on a regular basis	*Availability of data for all countries* *Existence of a regular update*

Task 2 - Identification of the consequences of these changes and quantitative and qualitative assessment of consequences

Figure 2: Criteria and indicative indicators to consider[6]

Criteria	Judgment criteria	Indicative quantitative or qualitative indicators to consider	Source
Effectiveness	The alternative aligns financing with highest disease burden	*Changes in amounts allocated by disease* *Changes in allocation amounts to the countries with the highest disease burden*	Modeling of the allocation methodology
	The alternative aligns financing with lowest economic capacity	*Changes in allocation amounts for each country income groups*	Modeling of the allocation methodology
	The alternative addresses needs of key vulnerable and vulnerable populations disproportionately affected by the three diseases	*Changes in allocation amounts to countries with large key vulnerable populations*	Modeling of the allocation methodology (only available for HIV)
	The alternative favors investments in RSSH (both in quality and in quality)	*Changes in allocation amounts dedicated to RSSH (including within disease programs)*	Evaluators' perception
	The alternative increases the cost-effectiveness of investments	*Changes in allocation amounts for the diseases with the highest cost-effectiveness*	Documentary review
Coherence	The alternative takes better into account other sources of financing (domestic and other donors)	*Consideration of domestic funding* *Consideration of other sources of external funding*	Documentary review
Simplicity	The alternative is simple	*Number of steps in the allocation methodology* *Number of parameters* *Availability of standardized (and universally agreed sources of) data*	Evaluators' perception

[6] This table will be refined further during the data collection and analysis phase.

		Complexity of the mathematical tools used *Complexity of the indicators used*	
Efficiency	The alternative minimizes costs incurred during the review process which happens every three years	*Additional costs involved (one-off or recurring costs): preparation cost, data collection costs, analysis costs, reporting costs*	Interviews and documentary review
Sustainability	The alternative allows for flexibility	*Absence of discrete thresholds* *Percentage of funding moved through qualitative adjustments*	Evaluators' analysis
	The alternative allows for predictable funding	*Parameters of scale up/paced reduction* *Presence of steps to prevent steep decreases in funding such as scale up paced reduction*	Modeling of the allocation methodology
	The alternative allows for continuity of services	*Changes in amounts allocated to each region (and in percentage)* *Changes in the amounts allocated to each country*	Modeling of the allocation methodology
	The alternative allows for country ownership	Evolution of country capacity to be involved in the allocation process Degree of flexibility for CCMs to adapt the allocations (diseases, RSSH)	Evaluators' perception

Task 3 – Judgment on pros and cons

The judgement of pros and cons is based on a common approach on the criteria against which trade-offs shall be considered as "positive" or "negative" (e.g. what shall be considered as a "pro" or "cons") and what weight shall be given to the respective trade-offs. This framework will help compare options with the current approach based on an analysis of their respective pros and cons. To facilitate the comparison between options and the current methodology, following approach is proposed:

- Each type of trade-offs is scaled from -2 to +2 with +2 being the most desirable consequence and -2 the least desirable one. Absence of outcome compared to the current methodology would be scored 0.
- After the scoring of consequences, weights could be applied to each criteria to calculate the total score of each option in order to compare the alternatives. In addition, a sensitivity analysis could be performed to analyses how the results and conclusions are impacted by applying different weights to the criteria.

The results of this Analytical Framework have enabled the Evaluation Team to rank the alternatives and provided sound argumentation and rationale behind each recommendation. It should be emphasized that this judgment is used by evaluators to support the recommendations.

2. Online survey

2.1. Deployment of the survey

An online survey was also deployed for this evaluation. The survey targeted CCM Chairs and members and was sent to **182 contacts (Chairs, Vice Chairs and Administrative Focal Points) from 107 eligible countries** (including countries eligible for transition funding). To determine this list, in accordance with ELO, it has been decided that the survey would only be deployed to **countries that receive a Grant cycle 7 (GC7) allocation.** The justification for this is that sending to active CCMs that didn't get a GC7 allocation means they would be responding to a previous cycle methodology, which not only isn't relevant but would also undermine comparability with the rest of the cohort. The Evaluation Team invited the CCM Chairs and Members to circulate the survey within the CCM, both in the invitation email and in the reminders.

Table 2: Number of eligible countries that received the survey

Total number of countries that receive an allocation in GC7	Total number of countries that receive an allocation in GC7 *and* have a CCM	Number of countries eligible for the survey but that could not be reached out[7]	Total number of countries that successfully received the survey
126	**115**	**8** Burkina Faso, Zanzibar, Russian Federation, Paraguay, Palestine, Syrian Arab Republic, Yemen, Mongolia	**107**

The survey was deployed following rigorous testing by the Evaluation team: the survey was piloted with Belarus (in English) and with Djibouti (in French) and reviewed by the Global Fund Secretariat to ensure the relevance and comprehensiveness of the questions.

The survey was active during nearly 4 weeks, from the 31st of October to the 27th of November 2023. The overall deployment of the online occurred without any major drawback.

Methodological note: Interpretation of the survey

Readers must be cautious while reading the survey findings as several refinements occurred as the Evaluation Team analyzed the responses.

- **Results must be put into perspective** as there are around 4,000[8] CCM members and alternates world-wide and only 147 of them answered the survey.
- **The survey was aimed to collect the perception from individual CCM members.** The results of the survey thus **only reflect individual opinions, and do not intend representing any official view from a national perspective**. Depending on the number of respondents in a certain country, aggregated answers cannot be considered as sufficiently representative to draw one single CCM view per country (for instance responses from countries with only 1 respondent can hardly be considered as robust as countries with more than 10 respondents such as Madagascar and El Salvador).
- **Views may be largely influenced by national contexts and specific funding situations. For this reason, individual answers have been systematically cross-tabulated with countries to identify national trends and ensure bias caused by several respondents answering from a certain country is adjusted**. This over-representation of certain countries has been taken into account while analyzing the survey responses as follows: the results obtained in terms of percentage considering all individual responses have been compared with the results obtained considering the average opinions expressed by country. Additional

[7] The reason why those countries could not be reached was either due to (i) the absence of administrative focal points or related contacts ; or (ii) bounced emails.

[8] correspondence with the CCM Hub manager from 15.11.2023

details and/or an approach by country has been preferred when this comparison has detected clear bias. This is the case when the views expressed in the over-represented countries, i.e. in El Salvador and in Madagascar, show clear specificities than do not compare with the overall trends and may change the overall statement of the evaluation.

Considering the above-mentioned observations, the results of the survey should be considered with caution:

- on the one hand, the individual perceptions are not representative of the diverse country situations and can be skewed by opinions coming over-represented countries.
- and on the other hand, analyzing the average opinion at country level can be misleading in most countries with a too low number of respondents (only 1 or 2), as these may not represent the general views within their CCM.

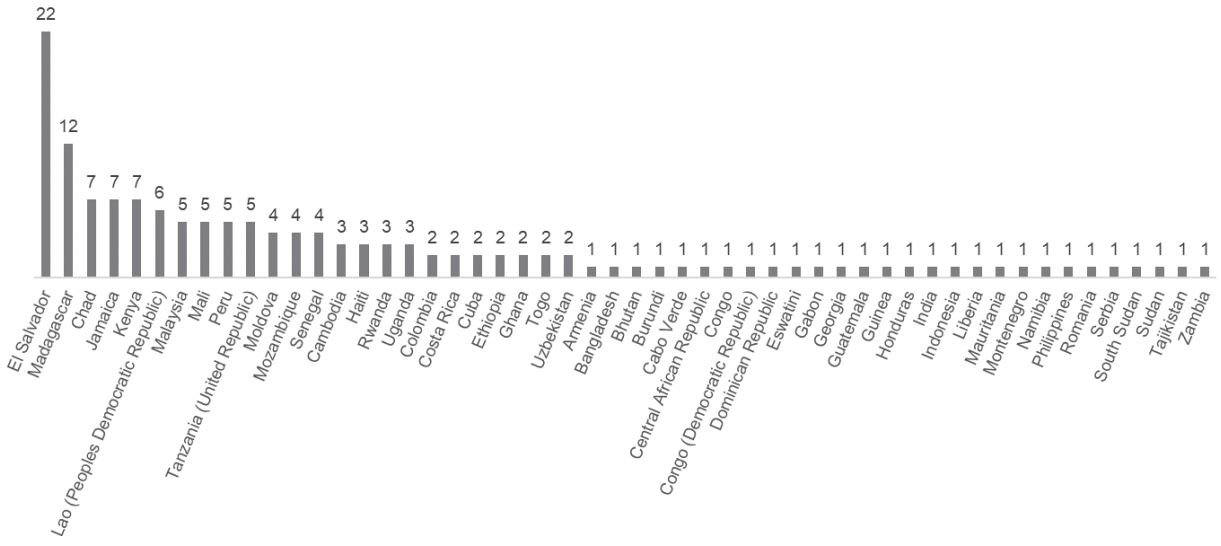
Both risks have been mitigated as much as possible. To avoid confusion, in this document the CCMs individuals who answered the survey will be referred to as CCM respondents.

2.2. Respondents analysis

From a total of 214 individual participations registered on the closing of the survey, 147[9] actionable answers were received (once the data based was cleaned) from 52 different countries. When analysing the responses, several refinements must be put forward:

- **Results must be put into perspective** as there are around 4,000[10] CCM members and alternates world-wide and only 147 of them answered this survey.
- **Certain countries have been extremely proactive in the deployment of the survey** and shared the link to a large number of CCM numbers. This is for instance the case for El Salvador (22 responses) and Madagascar (12 responses). This over-representation of certain countries has to be taken into account when analyzing the survey responses, as it may generate some bias in the data collected. The Evaluation Team took this bias into account while analyzing stakeholders' contributions by refining the analysis with the number of countries represented within the answer over the total number of respondent countries.

Figure 3: Number of respondents per country



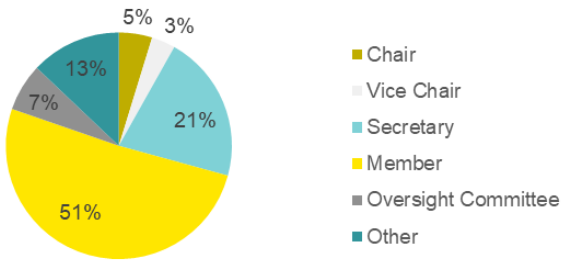
Source: CCM Survey, EY analysis

[9] There are around 4,000 CCM members and alternates world-wide

[10] correspondence with the CCM Hub manager from 15.11.2023

- **The online survey respondents represented a wide range of functions within their CCM.** The CCM Secretaries were well represented as it accounted for 21% of the responses. However, only 7 countries (had their Chair or Vice-Chair respond to the survey. The vast majority of respondents (51%) did not have a specific title within their CCM.

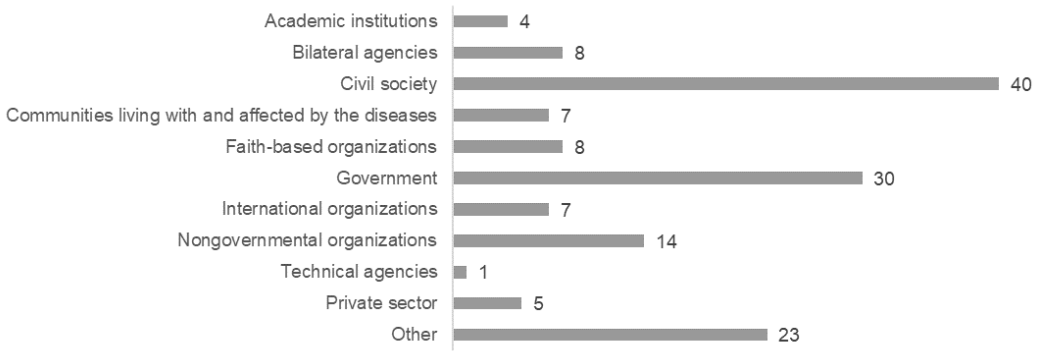
Figure 4: Function of respondents within their CCM



Source: CCM Survey, EY analysis

- **The type of structure/organization the respondents represent is relatively diverse,** though most of the respondents are either from civil society or government organizations.

Figure 5: Type of structure/organization the respondents originate from



Source: CCM Survey, EY analysis

3. Comparison with other models

Q5. How does the Global Fund Allocation Methodology compare to other models used in global health and development agencies for financial allocations? Is there any learning from other models relevant to the Global Fund?

In order to conduct the Benchmarking exercise, a documentary review was carried out for all the considered international organizations as well as some interviews with key members. The description of the models presented in this section is based on the Evaluation Team's understanding and interpretation of this information.

Three interviews were conducted:

- **IDA,** interview with the Manager, IDA Strategy and Operations
- **Gavi,** joint interview with a member of Gavi Policy Team, the Manager of the technical support allocation, the Manager of the HSS cash support, a Member of the Program Support Team
- **GFF,** interview with a Senior Partnership Specialist, member of the Executive Secretariat of the GFF

Although, the benchmarking exercise meant to include the Pandemic Fund, the Public Policies Evaluation Team have been unable to reach any member of this international organization and to conduct a documentary review as no document regarding their allocation methodology were available online.

3.1. Gavi's methodology to determine grants calculates ceilings

Gavi offers different types of support to fulfil a wide range of countries' needs.

Gavi, the Vaccine Alliance, is a public-private global health partnership. **Gavi's mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower income countries**.

To do so, Gavi developed three main policies[11] offering a wide range of support type.

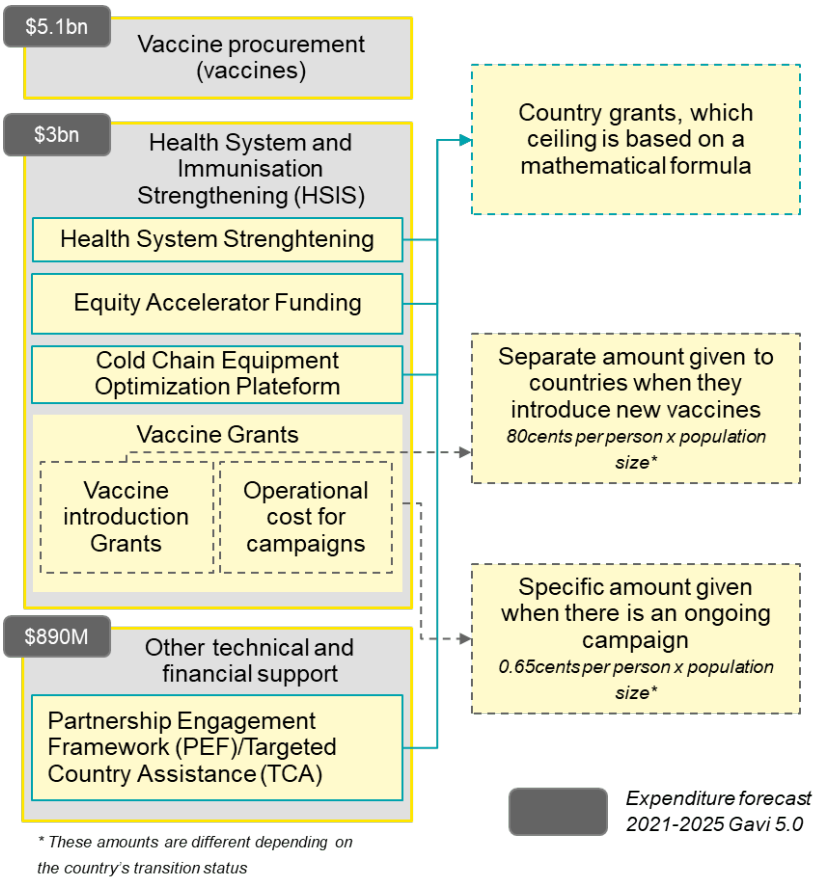
- The first one**, Vaccine support**, represents $5bn in Gavi 5.0 strategic plan forecasting 2021-2025. It includes three different procedures in which Gavi supplies the vaccines to low- or lower-middle-income countries with the co-funding of recipient countries.
- The second policy, **Health System and Immunization Strengthening (HSIS), is the one policy on which the focus will be made within this benchmark**. It represents **$3bn in Gavi 5.0** strategic plan forecasting 2021-2025. HSIS policy has two core objectives: Health System Strengthening (HSS) and Cold Chain Equipment Optimization Platform (CCEOP). Another type of support offered to countries by Gavi within the HSIS policy is called Equity Accelerator Funding (EAF). The allocation methodology of these types of support will be studied and discussed within this benchmark.
- Last, Gavi gives out other **Technical and Financial supports** up to $890m through Partnership Engagement Framework (PEF), Targeted Country Assistance (TCA) and Covid-19 Delivery Support (CDS).

Eligible countries can apply to one or more types of support at any time of Gavi's strategic period, as their cash support cycles are decorrelated of their strategic cycle, through two distinct paths depending on their position in the HSS grant cycle[12].

[11] 11a - Annex A - Framework for Gavi Funding to Countries.pdf

[12] Gavi Support Guidelines

Figure 6: Framework for Gavi Funding to Countries



Source: Gavi data (Gavi-5_0-Ceilings-by-country-and-support-type.pdf), EY analysis

Gavi's grants ceilings formula is based on four equally weighted criteria related to disease burdens, economic situations, and strength and equity of immunization.

The formula used to calculate grants ceilings[13] is deliberately designed to prioritize support for countries with the most under-immunized and zero-dose children as reaching those children is at the heart of Gavi's mission.

Thus, **four equally weighted parameters are used in the formula**.

- **Population in need**, measured by the **birth cohort**.
- **Ability to pay,** measured by 3-year rolling average of **GNI per capita** as defined by the World Bank, calculated using the Atlas method.
- **Strength of routine immunization program**, measured by the number of children under-immunized for **DTP3.**
- **Equity of immunization**, measured by the number of children that did not receive **DTP1** (zero-dose children).

HSS grants have an allocation of 3 to 5 years (as the amount is pro-rated). Duration can vary by country, grant timelines usually span over 5 years, not linked to Gavi's strategic period. Amounts that concern the next strategic period are considered indicative and are subject to the availability of resources and Board approval of funds for Gavi's next strategic period. A minimum of US$ 3 million is allocated to each country for HSS grants for the 5-year period.

[13] Gavi-5_0-Ceilings-by-country-and-support-type.pdf for HSS, CCEOP, EAF & PEF TCA.

Continued disbursement of HSIS funding is dependent on countries utilizing funds already disbursed and upon submission of reports on progress of implementation, financial reports, external audits and other reports, and compliance with appropriate legal frameworks, including the Partnership Framework Agreement (PFA) and other Gavi policies.

Countries are required to allocate at least 10% of their combined HSS, EAF and TCA ceilings for Civil Society Organization (CSO) implementation unless they can provide a robust rationale as to why this is not appropriate in their context. If required, flexibilities to this requirement can be applied under the Fragility, Emergencies and Displaced Populations Policy.

> **Gavi's prioritization of funds allowance revolves around four main objectives: Predictability, Equity, Flexibility & Complementarity with other Funds.**

In order to prioritize HSIS investment objectives and lead grant design Gavi uses 4 main principles[14]:

- Country-driven, **predictable,** and sustainable beyond Gavi support: the main objective is to strengthen the country's health system, thus, Gavi encourages countries to take over the operational costs as they approach the end of grant cycle.
- **Equity**: missed communities, first priority: investments should be focused on missed communities (zero-dose and under-immune children).
- Tailored to context, adaptable and **flexible**: proposed interventions should be aligned with national plans and priorities and adapted to the local context.
- Additive and **complementary**: Gavi has as a main objective to be a **gap-filling fund**, to be complementary to support provided by other development partners in a country to **maximize synergy and reduce duplication, it should not replace existing domestic investment**.

Thus, **Gavi's investment in health systems are part of a more holistic approach** which aims at strengthening Health Systems in a sustainable way without threatening countries' ownership framed in a larger picture of saving children's lives and protecting people's health by increasing equitable use of vaccines in lower income countries.

> **In addition to this allocation formula, other mechanisms exist to allocate funds for counties in situations of fragility or emergency or when overall demand is higher than available donor resources.**

Additional HSS funds may be provided under the Fragility, Emergency and Displaced Populations Policy[15]. These funds are additional to the HSS ceiling amounts. They represent 10% of the total HSS envelop. The funds are taken from the underspent resources and are not set aside from the start.

Those 10% are allocated to countries which are recognized as either facing chronic fragility, under an exceptional emergency or having to deal with a high burden of displaced population.

Gavi uses three inclusion criteria to identify a subset of countries it supports that are experiencing chronic fragility challenges for the purpose of this policy. To be classified as fragile, a country must meet five of the six indicators across Criteria 1 and Criteria 2. The Gavi Secretariat may adjust the list of countries classified as fragile into or out of the list, depending on the contextual factors under Criteria 3. The three criteria and indicators are:

- **Criteria 1. Is the country globally recognised as experiencing fragility?** The following four indicators are used to identify countries that fulfil this criterion:
    1. Fund for Peace Fragile States Index[16] : scores above 90
    2. OECD States of Fragility[17]: top category ('extremely fragile')

[14] Health system and immunisation strengthening policy (gavi.org)
[15] Fragility, emergencies and displaced populations policy (gavi.org)

[16] https://fragilestatesindex.org/

[17] http://www.oecd-ilibrary.org/development/states-of-fragility_fa5a6770-en

3. World Bank list of fragile and conflict-affected situations (FCS)[18]
4. Presence of country wide humanitarian response plan (HRP) as per the Global humanitarian overview[19]

- **Criteria 2. Is the country facing immunisation programme performance challenges?** The following two indicators are used to identify countries that fulfil this criterion:
    5. Country DTP3 coverage is less than the average coverage of DTP3 across Gavi supported countries[20],
    6. Three-year trend in large disruptive[21] vaccine preventable disease outbreaks[22]
- **Criteria 3: Does the country face other contextual factors that limit progress?** This includes a qualitative review of factors such as, but not limited to, negative economic projections, rising political tension, weakened health system, mounting sub-national challenges, or limited resilience to global challenges such as climate change.

The list of countries classified as experiencing chronic fragility is approved by the High-Level Review Panel. It will be revised at the start and mid-point of every Gavi strategic period. Ad-hoc updates can be conducted as and when justified to identify any additional country that requires differentiated, flexible support to cater for its unique challenges. Once identified, the countries will remain classified as fragile for the duration of Gavi's strategic period.

For countries facing an acute emergency: Gavi defines it as a **serious, unexpected, sudden, and often dangerous situation that causes great damage and/or economic loss and/or loss of life and increases the risk of morbidity and injury. Acute emergencies can be natural or human-made and are time limited**. Not all emergencies will have an impact on immunization services, and thus not require Gavi support. However, some acute emergencies in Gavi supported countries may prevent a country from accessing or implementing existing Gavi support and/or threaten already attained immunization achievements.

Due to the dynamic nature of emergencies that may affect Gavi-supported countries, Gavi does not use definitive inclusion criteria to determine an acute emergency that impact's a country's immunization program but will be guided by available data from emergency response actors and assessment by Alliance country teams to inform its decision.

Gavi considers displaced populations as those who have fled their homes or places of habitual residence (whether within their own country or across an international border), to avoid situations including the effects of armed conflict, generalized violence, violations of human rights or natural or man-made disasters. For example, this would include refugees, internally displaced populations, and migrants all irrespective of legal status.

Gavi will provide support for displaced populations within or hosted by a Gavi supported country. Gavi will consult countries and relevant Alliance and Expanded partners and review appropriate evidence to determine which displaced populations in Gavi-supported countries require additional support.

[18] http://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations

[19] https://gho.unocha.org/

[20] As determined by WHO/UNICEF estimates of National Immunization Coverage (WUENIC)

[21] Thresholds of disruptive outbreaks are defined by IA2030 Monitoring and evaluation framework

[22] Including for vaccine preventable diseases (VPDs) such as cholera, Ebola, Measles, Meningococcus, circulating vaccine derived poliovirus, Wild polio virus, yellow fever, as defined by IA2030 monitoring and evaluation framework

3.2. The International Development Association (IDA), as part of the World Bank, puts the countries' performance at the heart of its allocation approach.

The International Development Association (IDA) is the part of the World Bank Group that helps the **poorest countries reduce poverty by providing concessional loans and grants for programs aimed at boosting economic growth and improving living conditions**.

The split of the total resources of IDA is meant to favor as much as possible the countries allocation vs the different "windows".

The total amount of money raised during **IDA** replenishment is split into two main components:

- **2/3 of the total pot goes to the Performance-Based Allocation to countries** which is distributed between countries within the formula detailed below and which includes a special top-up for eligible countries to the Fragility, Conflict and Violence policy (In IDA22, the top-up has been applied to 13 FCV eligible countries – the Performance Based Allocations remains the centerpiece of core resource allocations).
- **1/3 of the total pot goes to IDA "Windows"** which reflect donors' priorities and for each window different eligibility criteria apply. IDA "Windows" are, in theory, quite similar to the Global Fund's Catalytic investments.

The split between the PBA and the different windows is part of the discussion of the replenishment, it is a negotiation which goal is to balance country allocations, which are not earmarked and therefore can meet countries' own priorities best, and windows, which are for earmarked resources reflecting priorities agreed during IDA replenishments.

Country performance is the main determinant of IDA country allocations

IDA resources are allocated thanks to the Performance-Based Allocation in per capita terms on the basis of a country's performance rating (CPR) and, to a limited extent, per capita gross national income (GNI). Use of the CPR ensures that good performers receive, in per capita terms, a higher IDA allocation —i.e., allocations are performance based.

The Country Performance Ratings (CPR) of IDA countries are determined annually, largely based on Country Policy and Institutional Assessment (CPIA) ratings. The CPIA assesses each country's policy and institutional framework and consists of 16 criteria grouped into four equally weighted clusters:

Figure 7: Country Policy and Institutional Assessment (CPIA) ratings criteria

Cluster A
Economic management

- Monetary and Exchange Rate Policies
- Fiscal Policy
- Debt Policy and Management

Cluster B
Structural policies

- Trade
- Financial Sector
- Business Regulatory Environment

Cluster C
Policies for social inclusion and equity

- Gender Equality
- Equity of Public Resource Use
- Building Human Resources
- Social Protection and Labor
- Policies and Institutions for Environmental Sustainability

Cluster D
Public sector management and institutions

- Property Rights & Rule-based Governance
- Quality of Budgetary and Financial Management
- Efficiency of Revenue Mobilization
- Quality of Public Administration
- Transparency, Accountability and Corruption in the Public Sector

Source: CPIA Criteria 2021 (worldbank.org)

The CPR is obtained by calculating a weighted average of the overall CPIA country rating, or IRAI, Clusters A-C average (24%), IRAI Cluster D average (68%) and the portfolio rating in the Bank's Annual Report on Portfolio Performance (ARPP) (8%). In other terms,

$$CPR = (0.24 \times CPIA_{A-C} + 0.68 \times CPIA_D + 0.08 \times PPR)$$

Where: $CPIA_{A-C}$ is the average of the ratings of CPIA clusters A to C; and $CPIA_D$ is the rating of CPIA cluster D. The PPR reflects the health of the IDA portfolio, as measured by the percentage of problem projects in each country.

IDA country allowance is then calculated using the formula below[23]:

$$f = CPR^3 \times Population \times (GNI\ per\ capita)^{-0.125}$$

Country performance is the main determinant of IDA country allocations. Country needs are also taken into account through population size and GNI per capita. Population affects allocations positively while the level of GNI per capita is negatively related to allocations. The formula is thus designed to reach the poorer countries.

PBA formula is part of each IDA cycle policy framework, as reflected in the Deputies Report, but it is not re-opened each cycle, based on discussions it might be re-opened or not, depending on the context.

The Fragility, Conflict and Violence Envelope enables IDA to seize opportunities and respond with greater agility to the dynamic needs of IDA countries facing fragility, conflict, and violence.

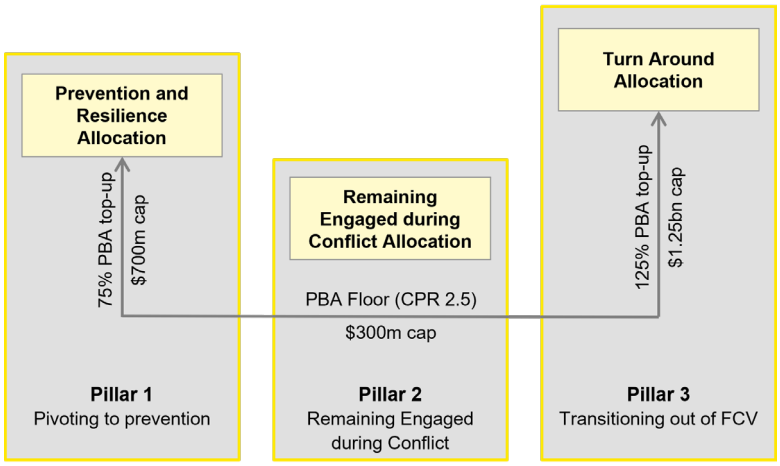
The FCV Envelope, established and operationalized in IDA19, will continue to provide tailored support to eligible countries in IDA20. The FCV Envelope enables IDA to seize opportunities and respond with greater agility to the dynamic needs of IDA countries facing fragility, conflict, and violence. It also enables IDA to offer support that is targeted and tailored to the prevailing conflict and fragility dynamics specific to each IDA client. The FCV Envelope offers a strong incentive and accountability structure, including discussion by the IDA Board of Executive Directors of all eligibility notes.

FCV envelope resources are provided under three separate allocations:

- **Prevention and Resilience Allocation**: provides enhanced support for countries at risk of escalating into high-intensity conflict or large-scale violence.
- **Remaining Engaged during Conflict Allocation**: enables IDA to maintain a base level of engagement in a small number of countries that experience high-intensity conflict and have extremely limited government capacity.
- **Turn Around Allocation**: supports countries emerging from conflict, social/political crisis, or disengagement, and where there is a window of opportunity for IDA to either re-engage or intensify engagement to support these countries to pursue major reforms to accelerate the transition out of fragility and build resilience.

[23] CPIAFAQ2020.pdf (worldbank.org)

Figure 8: IDA20 FCV Envelop by Allocation



Source: World Bank Document, Annex 4.

The **vulnerability is taken into account within IDA methodology in different ways**:

- **Through small state exception**: it provides access to country with a relatively high-income level (minimum based allocation) which are highly vulnerable to climate change for example.
- **Through specific windows**: fairly sophisticated system to try to address different type of vulnerability through different instruments.

National authorities are consulted during the early stages of the CPIA process to allow them to bring additional information to the World Bank staff

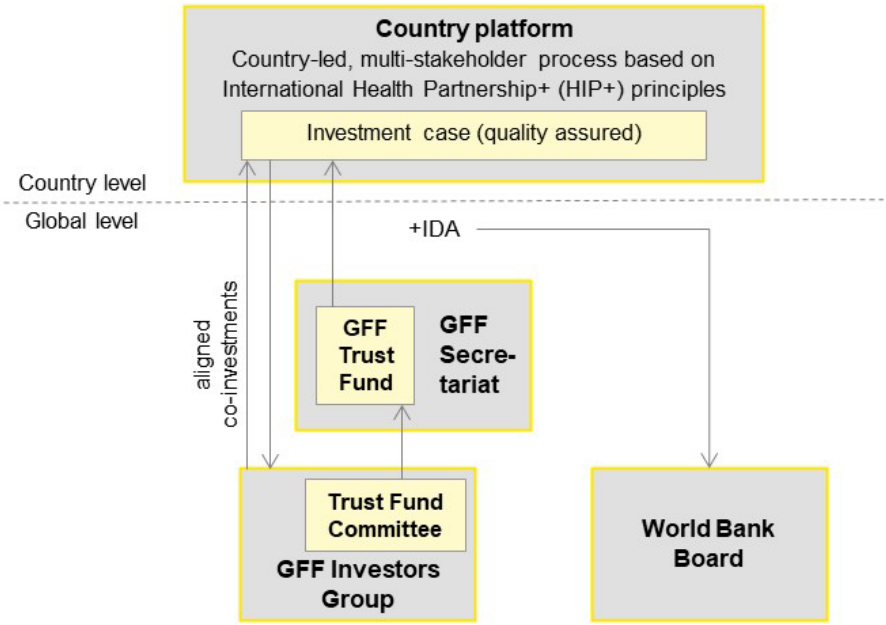
The country authorities are involved in the early stages of the process (when their CPIA is calculated which impacts directly their CPR and thus the amount of their potential allocations). World Bank staff meet with country authorities to discuss progress made in addressing issues identified in the previous year's exercise. This discussion helps identify areas in which the Bank's assessments might differ from those of the country authorities and provides them with an opportunity to bring additional information to the attention of Bank staff. The objective of this meeting is not to negotiate the country's rating but rather to inform the authorities as part of the process of consultation.

Moreover, after the completion of the Bank-wide review process, country teams communicate to the authorities the results of the Bank's assessment and the implications for the Bank's program and explore ways to address identified weaknesses.

3.3. The Global Financing Facility for Women, Children and Adolescents (GFF) is a gap-filling Trust Fund designed as a need-based allocation methodology

The **Global Financing Facility for Women, Children and Adolescents** (GFF) is a multi-stakeholder global partnership housed at the World Bank that is committed to ensuring all women, children and adolescents can survive and thrive. Launched in July 2015, the GFF supports **36 low and lower-middle income countries with catalytic financing and technical assistance** to develop and implement prioritized national health plans to scale up access to affordable, quality care for women, children and adolescents. The GFF also works with countries to maximize the use of domestic financing and external support for better, more sustainable health results.

Figure 9: Integration of the GFF's allocation in a broader picture of international grants



Source: GFF data, EY analysis

The model used by GFF to allocate funds to eligible countries is **based on 3 criteria**:

- **Population**: number of females 0-19 years old
- **Income**: measured using the Atlas Method for GNI per capita
- **Need**: composite need score for each country using the methodology from UNDP's Human Development Index

This choice aim at maximizing GFF's impact globally. Thus, the allocation is need-based and GFF pays particular attention and importance to accurately calculate countries' "needs".

GFF's prioritization of fundings relies on the interest low- to lower-middle-income countries show towards reproductive, maternal, newborn, child, and adolescent health based on two key criteria: Inclusiveness & Transparency

GFF only delivers funds to low- or lower-middle-income countries. GFF allocations are meant to be **complementary to other investments** especially, trust fund resources are only allocated to countries that **have demonstrated their commitment to RMNCAH (Reproductive, maternal, newborn, child, and adolescent health) by indicating their interest in utilizing IDA or IBRD resources for RMNCAH**.

The GFF requires that all country platforms embody two key principles[24] (in addition to respecting the GFF's core mandate of supporting smart, scaled, and sustainable financing to achieve RMNCAH results at country level, both through the broader facility and the GFF Trust Fund): inclusiveness and transparency. To support countries to operationalize these principles, the GFF has established minimum standards that countries are expected to adhere to:

- **Inclusiveness**: full involvement of all key constituencies in the processes of:
    1. Preparing the Investment Case and the health financing strategy, including attending meetings, receiving and contributing to the preparation of materials, determining the approach to quality assurance for the documents, and endorsing the final version.

[24] Annex 7 of the untitled (globalfinancingfacility.org)

2. Agreeing to changes to the Investment Case and/or health financing strategy in the course of implementation.
3. Determining the approach to technical assistance and capacity building to support implementation of the Investment Case and health financing strategy.
4. Receiving and reviewing data about performance in the course of implementation.

- **Transparency**: making public the following documents:
  1. Minutes of meetings during which Investment Cases and health financing strategies were developed (including documentation explaining decisions around the prioritization of particular interventions/approaches).
  2. The final Investment Case and health financing strategy.
  3. Agreements between donors about which elements each will cover.
  4. Disbursement data from each donor
  5. Progress reports on the achievement of targets in the results framework.
  6. Evaluation reports.

GFF's countries allocations are based on three parameters: population, income and need

In order to maximize impact globally, the trust fund has developed a resource allocation methodology[25] for allocating resources among eligible countries. This uses three criteria to allocate resources among countries: need, population, and income.

- The indicator for **population** is the number of females 0–19 years old.
- **Income** is measured using the Atlas method for gross national income per capita.
- **Need** combines following indicators and birth registration in an unweighted manner to form a **composite need score for each country** using the methodology from UNDP's Human Development Index:
  1. Maternal mortality ratio (deaths per 100,000 live births).
  2. Under-five child mortality (deaths per 1,000 live births).
  3. Percentage of children under five years of age whose height-for-age is below minus two standard deviations from the median of the WHO Child Growth Standards.
  4. Proportion of women aged 15–49 years who are married or in union and who have met their need for family planning.
  5. Percentage of HIV-positive pregnant women receiving antiretrovirals for prevention of mother-to-child transmission of HIV.
  6. Percentage of live births attended by skilled health personnel.
  7. Percentage of infants aged 12–23 months who received three doses of diphtheria/pertussis/tetanus vaccine).

In all cases, data were taken from international sources (the World Bank, WHO, UNICEF, and UNDESA).

The approach used to allocate IDA resources was built on and adapted to the GFF context, with need replacing the "Country Performance Rating" in IDA and the weighting of need and population adjusted. The resulting equation is:

$$f = Need^2 \times Population^{0.5} \times Income^{-0.125}$$

[25] Annex 8 of the untitled (globalfinancingfacility.org)

The methodology used by the GFF is the perfect balance between mathematical and qualitative aspects which leaves room for country ownership

Using the resource allocation formula, each country is classified as high, medium, or low priority, with a different range for each:

- **High**: $40–60 million.
- **Medium**: $20–40 million.
- **Low**: $10–20 million.

GFF produces a broad range allocation for each eligible country based on available resources.

Having a range rather than a point estimate for each country is important in order to maximize the trust fund's ability to be flexible, to incentivize financing from external and domestic resources, and to respond to changing external circumstances (e.g., a sudden increase or decrease in other external support). **The final determination of the exact amount for each country is made in the course of negotiating a grant with a government**.

Based on these ranges, the calculation of the volume of resources needed to provide a single grant to each country is straightforward. This approach should not be interpreted as suggesting that country will receive one and only one grant from the GFF Trust Fund. Rather, this calculation is intended solely to provide an indication of the resources required to reach all countries eligible for trust fund financing.

The flexibility at the country level appears in two different ways:

- The difference of funding between the ceiling and the final country allocation car be unlocked anytime during the GFF's financing cycle in case the country is facing an unpredictable situation (increase of the project costs due to external situation, urgent implementation of a new project, etc.)
- The implementation of a "**challenge fund**", outside of the countries allocation – since December 2023 – which enables funding of more innovative projects outside of the GFF's financing cycle.

It is expected that the smallest allocation will be no less than US$10 million over five years, while the largest allocation is expected to be no more than US$60 million over five years. These figures are directly related to the volume of financing currently available and represent a balance between, on the one hand, ensuring that the resources are significant enough to contribute meaningfully to a scaled response and to maximize the likelihood of leveraging additional financing, and, on the other hand, safeguarding against all of the current commitments being allocated to only a handful of countries so that the GFF approach can be employed in a number of settings.

The remaining funding (representing almost 20% of the GFF's total funding) – which won't be used in allocations to countries – is meant to be used in three areas:

- Complementary support to countries, such as for the preparation of Investment Cases and health financing strategies.
- Global public goods (which are not expected to exceed 5–10% of the total).
- And the costs of the secretariat and the governance mechanisms

4. List of background documents

4.1. General literature on allocation methodology

Elements	Documents
Academic articles	Alesina, A., Dollar, D. Who Gives Foreign Aid to Whom and Why? *Journal of Economic Growth* **5**, 33–63 (2000). https://doi.org/10.1023/A:1009874203400 Burnside, Craig and Dollar, David, Aid, Policies, and Growth: Revisiting the Evidence (March 18, 2004). Available at SSRN: https://ssrn.com/abstract=610292 Javed Younas, Motivation for bilateral aid allocation: Altruism or trade benefits, *European Journal of Political Economy*, 24, 3 (2008). Pages 661-674, ISSN 0176-2680, (2008). https://doi.org/10.1016/j.ejpoleco.2008.05.003 Sosso Feindouno, Patrick Guillaumont, Catherine Simonet, The Physical Vulnerability to Climate Change Index: An Index to Be Used for International Policy, *Ecological Economics*, 176 (2020), 106752, ISSN 0921-8009, https://doi.org/10.1016/j.ecolecon.2020.106752. Drury et al., 2005 ; Guillaumont et al., 2017, Guillaumont et al., 2020 ; Kevlihan et al., 2014 IMF (2023). Regional Economic Outlook – Sub-Saharan Africa, The Big Funding Squeeze, April, Washington DC Cashin C., Dossou J-P (2021). Can National Health Insurance Pave the Way to Universal Health Coverage in Sub-Saharan Africa? Health Systems & Reform, 7:1. WHO (2021, a) Health labour market analysis guidebook. Geneva. Kavanagh M., Chen L. (2019), Governance and health aid from Global Fund: Effects beyond fighting disease, Annal of Global Health ; 85(1), 1-9. Mathonnat J. (2022), Fungibiliy and additionality of health aid: issues and implications for health and public policies, Policy Brief, European Union, Macro Helpdesk INTPA, Nov. WHO (2021, b), Global expenditure on health: public spending on the rise? Geneva. Fan V. and Gupta S. (2023), What's rising debt got to do with health spending? Center for Global Development blog, January 13th. Heller P. (2005), Understanding fiscal space - IMF PDP/05/4. Washington DC. Toure, H., Aranguren Garcia, M., Bustamante Izquierdo, J. P., Coulibaly, S., Nganda, B., & Zurn, P. (2023). Health expenditure: How much is spent on health and care worker remuneration? An analysis of 33 low- and middle-income African countries. *Human Resources for Health*, *21*(1), Ayana I.D, Demissie W.M, Sore A.G (2023) Fiscal policy and economic growth in Sub-Saharan Africa: Do governance indicators matter? PLoS ONE 18(11). Lee K., B-Y. Kim (2009), Both Institutions and Policies Matter but Differently for Different Income Groups of Countries: Determinants of Long-Run Economic Growth Revisited, World Development Vol. 37, No. 3. Kurowski C., Evans D., Tandon A., Eozenou P., Schmidt M., Irwin A., Cain J., Pambudi E. and I. Postolovska, (2022), From Double Shock to Double Recovery : Implications and Options for Health Financing in the Time of COVID-19. Technical Update 2: Old Scars, New Wounds. Washington, DC: World Bank.

	Guillaumont, P., Jeanneney, S. G., & Wagner, L. (2020). Measuring vulnerabilities to improve aid allocation, especially in Africa. FERDI, 155p.

4.2. Documents on the Global Fund's Allocation Methodology

Element	Documents
Documents regarding the different steps of the allocation methodology	Thematic Review of the Allocation Methodology. TERG-commissioned evaluation 2015. The Global Fund's Methodology for the Allocation of Funds. OIG Audit 2015. Final reports from external assessments (2013): HEARD, Institute for Health Metrics and Evaluation (IHME), Imperial College London Secretariat slide decks for technical partners (for each disease) CEPA External review on assessing economic capacity in the Eligibility Policy and Allocation Methodology Secretariat reflections on the external review (outlined in Global Fund/SC17/13) Global Fund, Evolution of the Global Fund Allocation Methodology; The Final Report of the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria. September2011. https://www.theglobalfund.org/media/5424/bm25_highlevelpanelindependentreviewpanel_report_en.pdf?u=637166002930000000 Joint TERG/TRP/Secretariat Review of the 2017-2019 Allocation Methodology, July 2018

4.3. General documents from the Global Fund

Elements	Documents
Strategies	Global Fund Strategy 2023-2028
Monitoring	Key Performance Indicators (KPIs) Handbook for the 2023-2028 Strategy (2023) Annex 1: Overview of models and methods for KPIs 1, 2 and 8

4.4. Documents on processes associated to the allocation methodology

Elements	Documents
Eligibility	Global Fund Eligibility Policy
Program Split	Operational Policy Manual (describes the Program Split process to applicants)
Country grants	Technical Evaluation Reference Group (TERG) Prospective Country Evaluation Synthesis Reports (for background, implementation, effectiveness, and impact of Global Fund grants in select countries)

4.5. Relevant Strategy Committee and Board documents

Document title	Reference	Date
2014-2016 Allocation Period		
Evolving the Funding Model	Global Fund/B28/02	14-15 November 2012
Revising the Distribution of Funding by Disease in the New Funding Model Allocation Methodology	Global Fund/SIIC08/09	16-18 July 2013
Revising the Distribution of Funding by Disease in the New Funding Model Allocation Methodology	Global Fund/B29/ER07	June 2013
2017-2019 Allocation Period		
Allocation Methodology Framework	Global Fund/B34/12	16-17 November 2015
Allocation Methodology 2017-2019	Global Fund/SIIC17/06 – Revision 1	March 8-10, 2016
Allocation Methodology 2017-2019	Global Fund/B35/05 – Revision 1	April 27, 2016
Allocation Methodology: Qualitative Adjustment Factors 2017-2019	Global Fund/SC01/13	June 14-15, 2016
Catalytic Investments	Global Fund/SC01/07	June 14-15, 2016
Update on Smooth Country Economic Capacity (CEC) Curve	Strategy Committee report	27 September 2016
Catalytic Investments for the 2017-2019 Allocation Period	Global Fund/SC 02/13 – Revision 2	13-14 October 2016
Sources and Uses of Funds	Global Fund/SC02/23 - Revision 1	13-14 October 2016
Catalytic Investments for the 2017-2019 Allocation Period	Global Fund/B36/04 – Revision 2	16-17 November 2016
Sources and Uses of Funds for the 2017 – 2019 Allocation Period	Global Fund/B36/03	16-17 November 2016
Qualitative Adjustment Process 217-2019: Request to wave maximum disease shares in case of two country components	Global Fund/SC02/ER04	15 November 2016
Strategy Committee Report on Qualitative Adjustments	Global Fund/SC02/ER05 – Revision 1	20 December 2016
Board Report on Qualitative Adjustments	Global Fund/B36/ER05	21 December 2016
2020-2022 Allocation period		
Lessons Learned from the 2017-2019 Allocation Methodology and Timeline for the 2020-2022 cycle	Global Fund/SC06/13	20-22 March 2018
Overview of the Allocation Methodology and Considerations for the 2020-2022 cycle	Global Fund/SC07/06	10-12 July 2018
Allocation Methodology 2020-2022	Global Fund/SC08/03	4-5 October 2018
Reviewing the 2020-2022 Allocation Methodology in Preparation for the May 2019 Board Decision	Global Fund/B40/07	14-15 November 2018
Update on 2020-2022 Allocation Methodology: Disease Burden Indicators and Catalytic Investments	SC Interim Update	1 February 2019
Allocation Methodology 2020-2022	Global Fund/SC09/04	28-29 March 2019
Catalytic Investments for the 2020-2022 Allocation Period	Global Fund/SC09/05 – Revision 1	28-29 March 2019

Allocation Methodology for the 2020-2022 Allocation Period	Global Fund/B41/02	15-16 May 2019
Catalytic Investments for the 2020-2022 Allocation Period	Global Fund/B41/03 – Revision 1	15-16 May 2019
Allocation Methodology: Qualitative Adjustment Factors for 2020-2022	Global Fund/SC10/02 – Revision 1	18-19 July 2019
Qualitative Adjustment Process 2020-2022: Request to Waive Disease Maximum Shares	Global Fund/SC11/ER01 – Revision 1	Extraordinary session – 13 November 2019
2020-2022 Allocation: Sources and Uses of Funds	Global Fund/B42/02	14-15 November 2019
2020-2022 Allocations: Report on Qualitative Adjustments	Global Fund/SC11/ER03	18 December 2019
2020-2022 Allocations: Report on Qualitative Adjustments	Global Fund/B42/ER02	18 December 2019
Update on the 2020-2022 Allocations	Global Fund/SC12/13	19-20 March 2020
2023-2025 Allocation Period		
Eligibility Policy and Allocation Methodology Review	Global Fund/SC15/10	25, 26 and 30 March 2021
Eligibility & Allocation Review	Global Fund/SC16/03	5-6 July 2021
Allocation Review: Global Disease Split	Global Fund/SC17/11	5-6 and 15 October 2021
Global Disease Split for the 2023-2025 Allocation Methodology	Global Fund/SC17/12	5-6 and 15 October 2021
Eligibility and Allocation Review	Global Fund/SC17/13	5-6 and 15 October 2021
Global Disease Split for the 2023-2025 Allocation Methodology	Global Fund/B46/04 - Revision 1	8-10 November 2021
Review of 2023-2025 Allocation Methodology: Global Disease Split. Alternative options.	46th Board Meeting	8-10 November 2021
Allocation Methodology for the 2023-2025 Allocation Period	Global Fund/SC18/06 - Revision 2	28-29 March and 4 & 20 April 2022
Allocation Methodology for the 2023-2025 Allocation Period	Global Fund/B47/03	10-12 May 2022
Catalytic Investments for the 2023-2025 Allocation Period	Global Fund/SC18/07 - Revision 2	28-29 March and 4 & 20 April 2022
Catalytic Investments for the 2023-2025 Allocation Period	Global Fund/B47/04 - Revision 1	10-12 May 2022
Qualitative Adjustment Factors for the 2023-2025 Allocation Period	Global Fund/SC19/16	6-7 July 2022
Update on Sources and Uses of Funds for the 7th Replenishment Period	Global Fund/SC20A/02 - Revision 1	7 November 2022
2023 – 2025 Allocation Period: Sources and Uses of Funds	Global Fund/B48/03 A - Revision 1	15-17 November 2022
2023 – 2025 Allocation Period: Sources and Uses of Funds	Global Fund/B48/03 Part B - Revision 1	15-17 November 2022
Qualitative Adjustment Process 2023-2025: Request to Waive Maximum Disease Shares	Global Fund/SC20/ER02	2 December 2022
2023-2025 Allocations: Report on Qualitative Adjustments	Global Fund/SC20/ER03	December 2022
2023-2025 Allocations: Report on Qualitative Adjustments	Global Fund/B48/ER03	January 2023

5. Interviews undertaken

5.1. List of consultations undertaken under phase 1

List of stakeholders consulted during phase 1

Structure	Role
ELO	Chief Evaluation and Learning Officer
ELO	Senior Specialist, Evaluation Partnerships
ELO	Specialist, Evaluation
ELO	Senior Specialist, Evaluation, and learning
ELO	Specialist, Learning and Dissemination
ELO	Associate Specialist, Allocation
SPH	Head, Strategy & Policy Hub
SPH	Manager, Allocation Model, Strategy & Policy Hub
SPH	Senior Strategy, Policy, and Allocation Consultant
IEP	Chair of the Independent Evaluation Panel
SC	Chair of the Strategy Committee
SC	Vice-Chair of the Strategy Committee
PMRD	Manager, Programmatic Results and Impact
PRMD	Programmatic Results and Impact

5.2. List of interviews undertaken under phases 2 and 3

Board Members

Constituency represented	Role/Title
Developing Country NGOs	Founder and Executive Director, Hope for Future Generations
Private Sector	Co-Founder and Chief Executive Officer, Goodbye Malaria
European Commission, Belgium, Italy, Portugal, Spain	Head of Unit for Culture, Education and Health, European Commission
Private Foundations	Director, Multilateral Partnerships, Bill & Melinda Gates Foundation
Point Seven (Denmark, Ireland, Luxembourg, Netherlands, Norway and Sweden)	Deputy Director for Multilateral Affairs, Ministry of Foreign and European Affairs, Directorate for Development Cooperation and Humanitarian Affairs, Luxembourg
Latin America and Caribbean	Executive Secretary, Council of Ministers of Health of Central America and the Dominican Republic (COMISCA)
United States of America	U.S. Global AIDS Coordinator and Special Representative For Global Health Diplomacy, Department of State
Developed Country NGOs	Senior Advisor Public Affairs and Board Secretary, KNCV Tuberculosis Foundation
Partners (non-voting)	CEO, RBM Partnership to End Malaria
Germany	Deputy Director General, Global Health, Resilience, Equality of Opportunity, Federal Ministry for Economic Cooperation and Development (BMZ), Germany
Eastern Europe and Central Asia	Executive Director, CAZAS
Eastern Mediterranean Region	Head, Infectious Diseases, Fattouma Bourguiba University Hospital, Tunisia
Eastern and Southern Africa	Principal Secretary, Ministry of Health, Kenya
Canada, Switzerland and Australia	Department of Foreign Affairs (Australia) Head of Health Section, Swiss Agency for Development and Cooperation (SDC), Federal Department of Foreign Affairs, Switzerland
United Kingdom	Global Health Funds Team Leader, Global Funds Department, Foreign, Commonwealth & Development Office
France	Ambassador for Global Health, France

Strategy Committee Members

Constituency represented	Role/Title
Point Seven	Special Advisor, Ministry for Foreign Affairs, Sweden

Latin America and Caribbean	Strategy Committee and alternate Board Member, Latin America and Caribbean (CAS) Pan American Health Organization
WHO (non-voting)	Assistant Director-General, Universal Health Coverage, Communicable and Noncommunicable Diseases, WHO
United Kingdom	Global Health Funds Team Leader, Global Funds Department, Foreign, Commonwealth & Development Office
Western Pacific Region	Independent Consultant (lately for WHO/DFAT/GAVI)
Chair and HIV situation room co-chair	United States Government/Health & Human Services
Vice-Chair	Caribbean Centre for Human Rights
Partners	Co-chair Malaria, Country/Regional Support Partner Committee (CRSPC), RBM partnership to end malaria/ALMA
Canada, Switzerland and Australia	Department of Foreign Affairs (Australia) Head of Health Section, Swiss Agency for Development and Cooperation (SDC), Federal Department of Foreign Affairs, Switzerland
West and Central Africa	Member of the Embassy of Morocco in Niger
Eastern and Southern Africa	Office of the President and Cabinet
UNAIDS	Special Adviser, Global Financing and Technical Support, UNAIDS
TRP Chair	TRP Chair and colleagues

Secretariat

Department	Role/Title
Secretariat - Strategy & Policy Hub (SPH)	Manager, Allocation Model
Secretariat - SIID - Community Rights and Gender Department (CRG)	Senior Technical Coordinator, Policy and Strategy, CRGSenior Technical Coordinator, Policy and Strategy, CRG
Secretariat - SIID - Technical Advice and Partnerships (TAP)	Head of Tuberculosis
Secretariat - Strategy & Policy Hub (SPH)	Associate Specialist, Allocation
Secretariat - Strategy & Policy Hub (SPH)	Head, SPH
Secretariat - Programmatic Monitoring & Risk Division (PMRD)	Senior Specialist, Monitoring & EvaluationSenior Specialist, Monitoring & Evaluation
Secretariat - ERCD - External Relations and Communications Department	Chief Advisor / Head of Special Projects
Secretariat - Strategic Investment & Impact Division (SIID)	Head, SIID
Secretariat - Grant Management Department (GMD)	Head, GMD
Secretariat - Programmatic Monitoring & Risk Division (PMRD)	Manager, Programmatic Results and Impact
Secretariat - SIID - Technical Advice and Partnerships (TAP)	Head, TAP
Secretariat	Head, PMRD

Secretariat - SIID - Technical Advice and Partnerships (TAP)	Head of Malaria
Secretariat - Strategy & Policy Hub (SPH)	Senior Strategy, Policy and Allocation Consultant
Secretariat - SIID - Technical Advice and Partnerships (TAP)	Head of RSSH
Secretariat - SIID - Technical Advice and Partnerships (TAP)	Head of HIV/AIDS
Secretariat - Legal and Governance Department	General Counsel and Head Legal and Governance

Technical partners

Group	Role/Title
TB situation room	Chief de TB Division, USAID
TB situation room	Executive Director, STOP TB Partnership
HIV situation room	Director, Department of Global HIV, Hepatisis and Sexually Transmitted Infections Programmes, WHO
Malaria Country/Regional Support Partner Committee (CRSPC)	Co-Chair of the Country and Regional Support Partnership Committee, RBM Partnership to End Malaria
TB situation room	Director, Global Tuberculosis Programme, WHO

Benchmarked Organizations

Group	Role/Title
IDA (World Bank)	Manager, IDA Strategy and Operations Development Finance Corporate IDA and IBRD World Bank
Gavi	Gavi Policy Team
GFF	Senior Partnership Specialist, member of the Executive Secretariat of the GFF

CCM Members

Country represented	Role/Title
Ethiopia	Executive secretariat
Madagascar	Vice-Chair
Rwanda	Secretariat
Chad	Members of the permanent and executive secretariat