

The Global Fund to Fight AIDS, Tuberculosis and Malaria: Strategic Review 2023 (SR2023)

Executive Summary

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EXECUTIVE SUMMARY

19 January 2024

Submitted by CEPA in
association with:



BroadImpact



Southern Hemisphere

EXECUTIVE SUMMARY

Introduction and evaluation objectives

A consortium led by Cambridge Economic Policy Associates (CEPA) and including BroadImpact, Southern Hemisphere and several independent experts was appointed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) to conduct an end-term evaluation of the Global Fund 2017-22 Strategy (referred to as Strategic Review 2023 or SR2023). SR2023 provides an independent review of progress made on the commitments reflected in the Strategy, the extent to which objectives were met, and what were supporting and hindering factors. Three broad objectives set out the purpose and intended use of this review:

- **Objective 1: To assess the extent to which the Strategic Objectives of the 2017-22 Strategy have been achieved.** Strategic Objectives (SO) under review are SO1: “Maximise disease impact”; SO2: “Build resilient and sustainable systems for health” (RSSH); SO3: “Promote and protect human rights and gender equality”; and part of SO4 (“Mobilize increased resources”) focused on domestic resource mobilization.
- **Objective 2: To assess the degree to which Global Fund initiatives, policies, systems and processes played a role in ensuring the relevance, coherence and effectiveness of the Global Fund Strategy.** This includes an assessment of the extent to which Global Fund “strategic levers”¹ have influenced the prioritisation of investments as well as operationalised the 2017-22 Strategy Objectives. The review examined the following aspects: funding model, policies and processes²; risk management; monitoring and evaluation (M&E); partnerships; COVID-19 Response Mechanism (C19RM); and Catalytic Investments.³
- **Objective 3: To make actionable recommendations for the implementation of the 2023-28 Strategy and planning process for Grant Cycle 8 (GC8, 2026-28).**

Evaluation framework, workstreams and methodology

The SR2023 evaluation framework is structured by the above three evaluation objectives, organised into **eight workstreams** and **17 strategic review questions (SRQs)** – depicted in Figure 1 (over page). SR2023 employed a **theory-based approach**, based on a defined theory of change (TOC) developed by the evaluation team in the inception phase of the assignment. The evaluation employed a **mixed-methods approach** that included: (i) document review; (ii) global level key informant interviews (KIs) and focus group discussions (FGDs)⁴; (iii) country case studies⁵; (iv) quantitative data analysis, including statistical and regression analysis; and (v) select case studies on specific topics of relevance for the review. SR2023 was a **utility-focused evaluation**, and incorporated a strong learning emphasis through ongoing engagement with the SR2023 User Group throughout the evaluation.⁶

¹ Strategic levers are defined as key aspects of the Global Fund model that can be used and adapted to drive and shape investments and progress on the Strategy.

² The evaluation noted different interpretations of these terms across stakeholders, and no clear definition prescribed by the Global Fund. In this report, the funding model comprises the allocation approach and grant cycle. Policies and processes refer to both formal Board-approved policies as well as the Global Fund guidances/ Information Notes and range of processes related to the grant cycle and operationalization of the Board-approved policies.

³ Together, we consider these aspects to comprise the “business model” of the Global Fund (noting that some levers such as market shaping have not been covered in this review, and the partnerships lever in particular is one that is bi-directional in that it is not determined by Global Fund actions alone and very much depends on the role and impetus of partners).

⁴ The review interviewed 84 stakeholders during the core phase and a further 17 during the inception phase from the Secretariat and external stakeholders (excluding country case studies). Refer to the main report Appendix B for full stakeholder list.

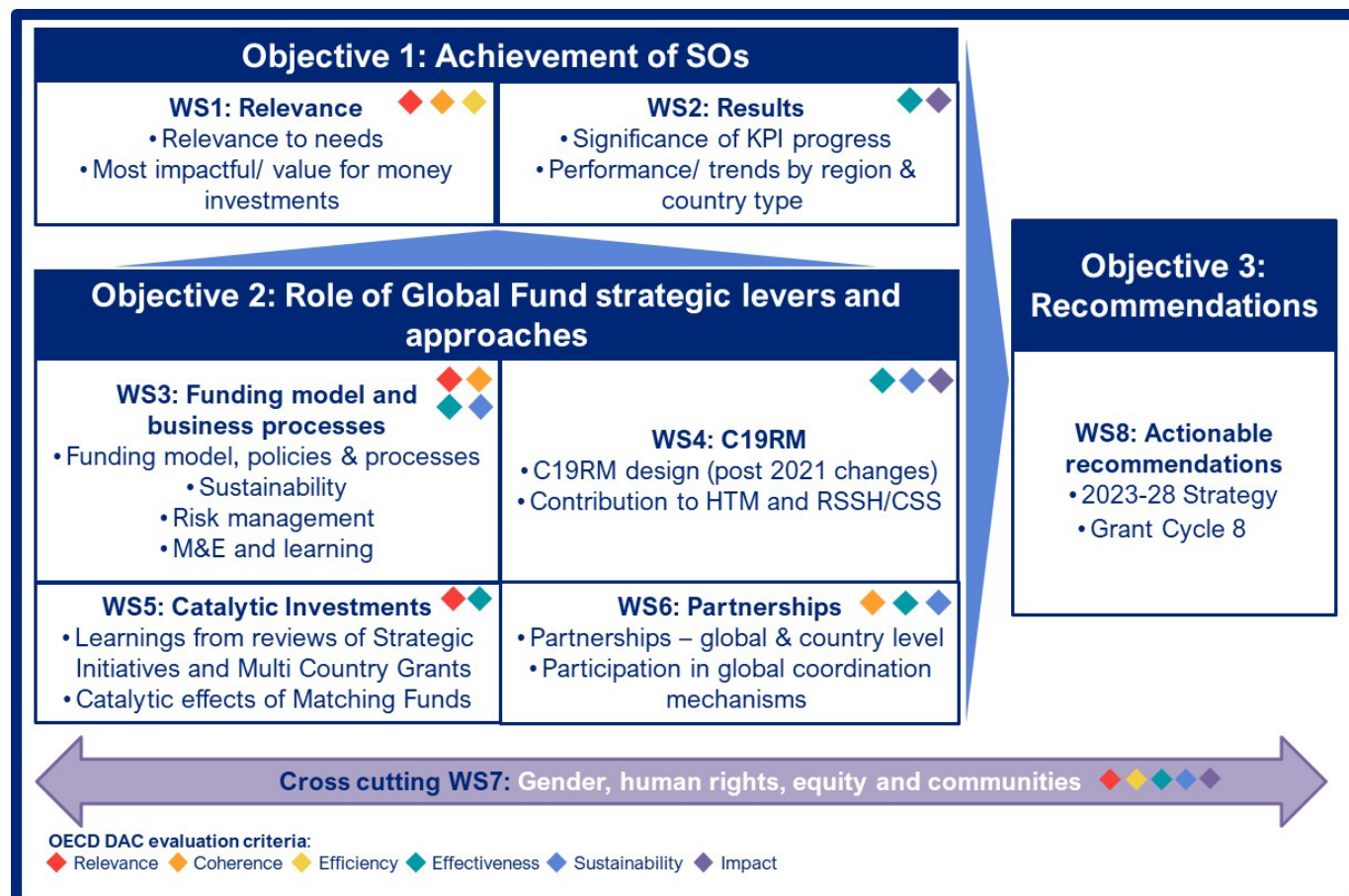
⁵ Country case studies consisted of 12 detailed reviews supported with in-person stakeholder interviews (Nigeria, Kenya, Zambia, South Africa, Mozambique, Cote D’Ivoire, Sierra Leone, Chad, Kyrgyzstan, Bolivia, the Philippines and Pakistan) and two high level reviews supported by remote consultations due to limited availability of stakeholders (South Sudan and India).

⁶ The User Group comprised cross-Secretariat teams as the main users of this evaluation, and engagement with wider users including partners, countries and other stakeholders has been through consultations for SR2023.

Robustness of findings was assessed in terms of *quantity* (i.e., triangulation) and *quality* along a four-point scale of strong, good, limited and poor.⁷

This review identified and sought to mitigate limitations inherent to the large scope of work and highly technical content of SR2023. The most material of these was the timing of the review, which fell a year into the implementation of the new Strategy 2023-28, and that analysis was restricted to the period of the previous strategy, whilst simultaneously recognising considerable work undertaken by the Secretariat in the first year of the new Strategy and for GC7, which fell beyond the scope of SR2023.

Figure 1: Evaluation framework and workstreams



Overall findings

Findings are presented below by evaluation objective (objective 1 & 2 in this section on findings and objective 3 in the next section on recommendations). Robustness ratings for individual findings is provide in Part B. All findings below are rated as good or strong and findings with lower robustness rating are not included in the summary below.

Given the commencement of the new Strategy 2023-28 and work on GC7, it is important to emphasise that the findings below relate to an assessment of the 2017-22 strategy period only. Where relevant, updates in the new Strategy and GC7 have been noted but this may not be a comprehensive presentation.

Findings relating to Evaluation Objective 1: Assessment of the extent to which the Strategic Objectives of the 2017-22 Strategy have been achieved.

⁷ The evaluation is informed by UNEG norms and standards. Additionally, the utility-focused approach for SR2023 directly speaks to the UNEG norm of Utility.

Finding 1: Progress on maximising impact against HIV, TB and malaria (HTM) has been good in terms of lives saved and related treatment-cascade indicators for HIV and TB. However, there are gaps in incidence reduction and a big push is needed to reach the ambitious 2030 global targets across the three diseases.

As publicly shared by the Global Fund, the Key Performance Indicator (KPI) 1a target of 29 million lives saved across HTM has already been surpassed, achieving 29.2 million lives saved between 2017 and 2021 and projected to reach between 34.3-35.3 million by the end of 2022.⁸ Outperformance in lives saved was driven by HIV and TB, supported by good performance in service delivery indicators relating to antiretroviral therapy (ART) and TB case notification, which were maintained and strongly rebounded (respectively) after the COVID-19 pandemic. However incidence rates had limited progress compared to targets, with malaria and TB incidence experiencing a rise since the pandemic.

As recognised in the 2023-28 Strategy, mortality rates present a better indicator of impact than lives saved; and while there is good progress on HIV mortality reduction, progress is more limited for TB and malaria, both of which have large gaps compared to the ambitious WHO global targets (TB deaths declined by 14.6% between 2015-21 which is far from the 75% reduction target by 2025; malaria deaths per 100,000 population at risk were 14.8 in 2021, nearly twice the target of 7.8)⁹. Incidence rates are also way-off the global targets for each of the three diseases. As such, despite positive performance on the SO1 KPIs, a big push is still needed to reach the ambitious 2030 goals.

Finding 2: KPIs for the remaining SOs have several measurement challenges, but a wider assessment indicates slow progress – (i) for RSSH (where investment have been largely disease-specific and short-term, although with some notable investments), (ii) for Human Rights (HR) and Gender Equality (GE) (better results are being achieved on HR than GE), and (iii) for Domestic Resource Mobilisation (some increases but overall not sufficient given the challenging funding landscape after COVID-19).

RSSH investments over the 2017-22 strategy period had a limited impact on building “resilient and sustainable health systems” (i.e. systems development and strengthening, as per the Global Fund SO2). This is because a majority of RSSH investments in this period, whilst funding important country needs and gaps, have largely been disease-specific and short-term in nature, and with more focus on government than community health systems. The challenge of the limited RSSH SO results stem from a lack of appropriate and consistent prioritisation of RSSH by the Global Fund and countries during the 2017-22 Strategy period, as well as lack of clarity in the approach (i.e., how to fund the RSSH objective effectively within the Global Fund mandate). That said, we do observe greater prioritisation of RSSH over the years, by the Global Fund and countries, and country case studies indicate a modest “improving” trend over GC5 to GC6 in select RSSH areas. A key example of this is Health Management Information Systems (HMIS) investments (representing around 40% of RSSH in the strategy period) which have seen important results in terms of increasing digitisation, integration of disease with national reporting, and improvements in completeness, although gaps remain in timeliness and data use.¹⁰ Other valuable investments have been on procurement and supply chain systems, and laboratory strengthening more recently.

HIV incidence among adolescent girls and young women (AGYW) declined over the last strategy period, though there was less progress on advancing sexual and reproductive health and rights (SRHR) and promotion of gender equality (GE) beyond AGYW. Some progress has been made on addressing Human Rights (HR)-related barriers to services in select countries, although country-level structural barriers continue to be a significant and in many settings intensifying obstacle, and the Global Fund has focused more on HIV with less attention to TB and malaria. Importantly, most progress in relation to SO3 has been achieved in pockets of focus by the Global Fund (which is noteworthy but does not extend to all Global Fund eligible countries).

The Global Fund reports some progress on increasing domestic resources for HTM under its KPI 11 (marked as being achieved), but a range of data quality concerns make it difficult to accurately assess historic trends in domestic HTM investments. Other evidence sources acknowledge some improvements in levels of domestic financing for health, but overwhelmingly highlight that progress has been limited, especially given the evolving funding context in the aftermath of the COVID-19 pandemic.

⁸ Global Fund (2023), Results Report

⁹ Based on data from the Global TB Report (2023) and the Global Malaria Report (2022)

¹⁰ Based on Global Fund internal documents (confidential)

The 2023-28 Global Fund Strategy and planning for GC7 has seen a number of developments on the aforementioned issues. In particular, there is new, welcome clarity on the hierarchy of Strategic Objectives (with HTM being the primary objective and RSSH a contributory objective to ending AIDS, TB and malaria). There has also been greater specification of the Global Fund RSSH approach, including explicit recognition of its limited quantum in relation to much larger health systems investments by governments and donors. A greater emphasis on GE, through a “twin track” approach that mainstreams gender considerations into all Global Fund-supported programs *and* enables dedicated, specific support to GE-focused programs, has been developed. Further, there has been an increasing emphasis on sustainability and Global Fund impact on domestic resource mobilization (DRM).

Finding 3: Critical to the achievement of the results described above is the relevance and significance of Global Fund investments in countries. In general, Global Fund funding well covers current disease priorities and emerging (i.e. new and intensified) disease priorities albeit with some gaps (e.g. HIV and TB prevention, inclusion of wider range of Key Populations and across HTM, drug-resistant TB, private sector engagement, accelerated scale-up of innovations, integrated health systems strengthening, community systems strengthening). This evaluation finds new quantitative evidence that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

Global Fund investments are a critical contributor to disease responses across different country contexts – because of their financial scale but also crucially their (often-distinctive) programmatic focus. There are some instances of increasing emphasis on funding current disease priorities and new/intensified disease priorities, and others where this is not the case (recognising that the Global Fund funding is country-led and forms one part of the disease response in addition to other donor and government funding). For example, funding for HIV prevention has increased, and the share of prevention within HIV grants rose from 15% in GC4 to 20% in GC5, although declining to 18% in GC6.¹¹ Linked to this, HIV prevention programming for KPs (female sex workers (FSW), men who have sex with men (MSM), and people who inject drugs (PWID)) and AGYW, and for HR-related interventions has increased, but with need for greater differentiation and inclusion of other KPs (such as trans and gender diverse people, people in prisons and refugees), and SRHR-related issues relevant to a broader population of women beyond AGYW. Key gaps in malaria programming pertain to community case management, tailoring and targeting interventions based on epidemiological stratification and micro surveillance, identification of high-risk populations, addressing human-rights related barriers to malaria services, cross-border issues, and private sector engagement. TB prevention efforts have been particularly limited, and emphasis on private sector engagement, vulnerable populations and community mobilization has been less than adequate, alongside a need for more attention on drug-resistant TB (DR-TB) and pediatric TB. The Global Fund has also had varying degrees of success in accelerating scale-up of innovative products within the strategic period.

It is noteworthy that the 2023-28 Strategy recognises a range of these new/intensified disease priorities where step-up action is needed.

Bespoke regression analysis conducted for SR2023 finds new positive quantitative evidence on the importance of Global Fund funding in supporting service delivery improvements for HTM. In particular, we found that grant performance (i.e., performance of service delivery indicators versus their targets) on ART, TB case notifications and distribution of Long-lasting insecticidal nets (LLINs) is positively associated with the proportion of external disease expenditure provided by the Global Fund. This indicates that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

Findings relating to Evaluation Objective 2: Assessment of the degree to which the Global Fund initiatives, policies, systems and processes played a role in ensuring the relevance, coherence and effectiveness of the Global Fund Strategy.

Finding 4: The Global Fund has a strong suite of strategic levers that have well supported strategy achievements, at the centre of which lies a mature funding model and its effective implementation.

This evaluation finds: a mature funding model, that has been strengthened and refined over the 2017-22 strategy period from its introduction in 2014; a comprehensive policy framework that covers key programmatic areas and is flexible to support needed differentiation across countries; a well-developed risk management framework – with

¹¹ See CEPA Analysis in Appendix F: Budget Analysis

important strides made through the introduction of the Risk Management Framework¹² and the Board-approved Risk Appetite¹³; a comprehensive and integrated monitoring, evaluation and learning framework, introduced for the 2023-28 Strategy, which seeks to address a number of previously identified challenges; successful introduction of several new strategic levers during the strategy period – including C19RM which has exemplified the Global Fund’s agility and flexibility, and Catalytic Investments which were also elevated as a package during this Strategy period and several have proved critical for results (e.g., finding missing TB cases, several Community Rights and Gender (CRG)-related initiatives); and considerable efforts towards developing effective partnerships, which are viewed to work reasonably well within the context in which they operate.

The effectiveness of the suite of Global Fund strategic levers has contributed to the achievements observed across the Strategic Objectives. At the same time, while the strategic levers are valuable overall, some of them have gaps and issues; these are discussed in the following findings.

Finding 5: The Global Fund’s strategic levers work less optimally for RSSH, Human Rights and Gender Equality investments and their related Strategic Objectives and there is need for further adaptation to support impact in these areas.

Both the RSSH and the HR and GE Strategic Objectives are not well translated into the funding model tools and processes. While guidance on both is improving over time, it is still viewed as inadequate and insufficient to guide effective program prioritisation and implementation. In addition, the funding model and how it has been implemented exhibit a number of key issues, many of which have been well-documented in previous reviews.¹⁴ For RSSH, key issues have been the lack of an RSSH allocation that helps prioritise resources for RSSH within a country’s overall allocation (however there has been general agreement that an RSSH allocation will not serve as a silver bullet solution, and the challenges to prioritisation are deeper), insufficient engagement in Country Coordination Mechanisms (CCMs) of government departments implicated in RSSH investments, incongruence of HTM departments as Health Systems Strengthening (HSS)/RSSH Principal Recipients/Sub-recipients (at one level they may support better integration of disease programs with health systems, but at another level, they lack capacity and coordination with health systems delivery), limitation of the three-year funding cycle for encouraging longer term health systems investments (an aspect that is admittedly difficult to change given the Global Fund’s donor funding model, but there has been a lack of emphasis on fostering longer-term planning and continuity of investments between funding cycles); the emphasis on absorption (which is appropriate for a funding agency, but can also create disincentives for funding RSSH activities – see also next finding below).

For HR and GE, similar issues related to the three-year funding cycle and absorption were raised. Gains in KP engagement in Global Fund-related processes have been substantial, but inadequate (i.e. in relation to need or what would be desirable) representation of KP diversity on some CCMs remains. Organisational capacity constraints restrain access by community-based and community-led organisations (CBO and CLO) to Global Fund monies, while short timeframes, power dynamics within some CCMs, and the absence of clear channels and requirements for community engagement limit CBO and CLO engagement in grant making and oversight of grant implementation.¹⁵

Partnerships is another lever where weaknesses are observed, with the lack of a suitable partner(s) for RSSH, and insufficient engagement with HR and GE technical partners to drive results (described in more detail in finding 12).

While it is recognised that country level factors influence the success of RSSH, HR and GE investments and results (e.g., weak National Strategic Plans, vertical disease programs, structural issues, etc.), fundamentally there is a need

¹² Global Fund (2023), Risk Management Report and Chief Risk Officer’s Annual Opinion: Annex 1- Risk Management Framework

¹³ Global Fund (2018), 39th Board Meeting: Risk Appetite Framework

¹⁴ CEPA (2019), TERG commissioned Thematic review to assess approach to investing in RSSH; Itad and LAMP Development (2023), TERG commissioned Global Fund Mapping Health Systems Strengthening Component of the RSSH Investments; SR2020, MOPAN 2022; TRP (2021), Advisory paper on RSSH and several TRP reports over the years

¹⁵ The introduction of minimum requirements for community engagement in GC7 aims to address the latter challenge. Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle (December 2022).

for further adaptation of the Global Fund funding model and how it is implemented in countries, alongside a range of other strategic levers to support impact in RSSH, HR and GE.

Finding 6: The Global Fund business model (i.e. in terms of the range of policies, processes and requirements) is seen as highly complex and the voluminous guidance challenging to digest, which disservices the needs of countries and specific stakeholder groups like communities and civil society.

There is a general sense across our consultations – spanning global and country levels, and different stakeholder groups – that the Global Fund business model in terms of the range of policies, processes and requirements has become excessively complex. As a result of this, guidance has expanded considerably – e.g. GC6 had 48 guideline documents totalling 1,748 pages; similarly, in order to capture the Grant Cycle’s many detailed processes, the Operational Policy Manual is now 400-pages long.¹⁶ Communities and civil society find it especially hard to navigate through the Global Fund requirements and processes. Another example is that the Global Fund’s (fiduciary) control functions are considered heavy in some contexts and, while effective in reducing fiduciary risks, they are felt to burden program implementation.

Finding 7: The Secretariat has become a more “proactive influencer” on country prioritization for Global Fund grants, a powerful tool which seems under-recognised as a significant Global Fund strategic lever. While this proactive influencing has definite merits and understandable drivers for its increase, it can also bring certain pitfalls and unintended consequences, which deserve attention.

This strategy period has seen increasing Secretariat influencing of country investment prioritisation for Global Fund grants. There are clear merits to this approach, including the ability to help accelerate impact given the pressure for results in a tight funding environment (now made even tighter by the 7th Replenishment’s outcome): to constructively challenge countries that are not prioritizing the most relevant package of interventions for their situation; and to offer a preemptive, pragmatic way around capacity constraints of countries or partners (including lack of normative guidance from partners in some instances) that might impede effective implementation.

These benefits notwithstanding, the review found potential concerns about the Secretariat’s stronger role in influencing country prioritization – notably in terms of: (i) how the proactive influencing fits with the Global Fund’s country ownership principle; (ii) the risk of the Secretariat providing advice inappropriate to the country’s situation, for example because approaches to prioritization vary between Country Teams¹⁷; and (iii) the effect on the partnership structure, with partners feeling this constitutes a departure from the Global Fund’s previous strong partner orientation.

In our review of Global Fund “strategic levers”, this significant Secretariat role (and Country Teams in particular) was not explicitly called out, however consultations with country stakeholders highlighted its considerable power and impact. To the best of our knowledge, the Secretariat does not at present systematically enquire about, nor examine, the potential pitfalls and unintended consequences of its more proactive influencing approach – but it does seem to be an area worth paying careful attention to. This is a key tool at the disposal of the Global Fund which requires more sharpening and an intentional-self aware approach.

Finding 8: Some aspects of the operationalization of the funding model, while instituted for good reasons, can create unintended counter-productive incentives (perceived or real) that impede effective design and implementation of Global Fund investments in country.

Key informant interviews (at both global and especially country level) reported a number of ways in which the funding model is operationalised – while instituted for valid and important reasons – in practice create unintended, counter-productive effects.¹⁸ Examples include: i) tight timelines and pre-conceived risk aversion incentivize “more of the same” in grant design, discouraging new approaches or innovations; ii) emphasis on absorption discourage countries from investing in more challenging areas with lower absorption rates; iii) flexibility in selecting M&E indicators result in choosing those already performing well. These types of incentives can be expected to arise in the case of large

¹⁶ Global Fund (2023), Operational Policy Manual

¹⁷ One important control for this is the TRP review, however Secretariat engagement with countries is more long standing and continuous than the one-time TRP review per grant cycle.

¹⁸ While these “perverse incentives” are varied in nature, a common characteristic is that they typically arise from implementers’ desire to lower the risk of failure (in securing funding approval, or in demonstrating grant performance for instance) in the face of guidance, rules, realities or perceptions pertaining to the Global Fund’s funding model.

funding organisations like the Global Fund, and indeed are not unique to the Global Fund. While there is no quantitative evidence as to the occurrence of these examples and it is not widespread, it is significant enough to merit attention from the Global Fund.

Finding 9: Though the Global Fund has increased focus on sustainability, sustainability considerations need to be further prioritised and operationalised within the Global Fund model. The Global Fund has also underutilised its strategic levers to achieve increased domestic financing for health, although promising measures have been taken since 2021 with the establishment of the Secretariat Health Finance Department.

Sustainability considerations required further attention during the strategy period, despite positive developments in terms of progress on country transition planning and improvements in the use and quality of national strategic plans. In particular, stakeholders noted that the Global Fund lacks a strong mechanism to consider trade-offs between short-term results and longer-term sustainability considerations – with current incentive structures within the Global Fund often resulting in a de-prioritisation of sustainability aspects. Additionally, stakeholders highlighted the need to strengthen sustainability considerations across all countries regardless of income classifications especially with regard to community and civil society engagement.

With regards to financial sustainability in particular, the Global Fund has underutilised its strategic levers to achieve increased domestic health financing, although promising measures have been taken since 2021 with the establishment of the Health Finance Department within the Secretariat. In particular:

- The co-financing section of the Sustainability, Transition and Co-financing (STC) Policy¹⁹ is considered a useful tool but several implementation and, to a lesser degree, design weaknesses have limited its effectiveness. Key aspects highlighted included limited visibility of Global Fund co-financing requirements, weak reporting and verification processes, perceived low likelihood of enforcement, amongst others.²⁰
- Other strategic levers for Domestic Financing for Health (DFH) are less mature and were underutilised including advocacy efforts with country governments and other stakeholders; use of joint, blended and innovative financing; and strengthening of relevant partnerships.²¹

Finding 10: The C19RM re-design in 2021 was well done, albeit with some gaps mainly due to the challenging circumstances of the pandemic but also some specificities of the Global Fund model. The C19RM contribution to mitigating the impact of the pandemic on HTM has been considerable, but it has come later for RSSH (by design) and been less significant for community systems strengthening.

Post 2021 changes to the C19RM design appropriately responded to the availability of much greater funding and longer implementation timeframe for grants. There were some areas of improvement but also aspects of the design that were lacking, particularly inadequate performance and results monitoring. Beyond pandemic related issues, some of the observed challenges have been on account of the Global Fund model which works through the CCM (and does not ordinarily engage with disaster management and response bodies in countries) and partnerships (where, for example, there were challenges to integrate partner reviews within the tight timeframes).

C19RM funding has been very helpful to mitigate the impact of COVID-19 on HTM. There are several examples of program adaptations, scale-up of innovations and other targeted support which would have contributed to the “bouncing back” of HTM results observed in 2022 (especially TB). In addition, this evaluation provides new evidence on C19RM funding contributing to the maintenance of ART provision. In particular, bespoke regression analysis under SR2023 found that C19RM expenditure was significantly associated with the extent of maintenance in ART provision.

¹⁹ Global Fund (2016), Sustainability, Transition and Co-Financing Policy

²⁰ The Health Finance Department has started to address some of these gaps during GC7, including especially a focus on improved reporting and verification of co-financing data and provision of technical support to Secretariat Country Teams on the topic of DFH and co-financing.

²¹ There has been recent progress in these areas during GC7, including an increased use of joint financing for GC7 and a recent Global Fund Board decision to approve an updated blended finance approach.

C19RM investments contributed to RSSH to some extent in countries although direct investment for RSSH only came later in 2021 (as early interventions were strongly focused on COVID-19 emergency response and HTM mitigation). More recently, substantial unspent monies under C19RM have been reprogrammed towards RSSH objectives. Community systems strengthening (CSS) on the other hand received limited support through C19RM on account of a number of issues in communities having access to C19RM funding (although the overall quantum of funding for CSS under C19RM was significant in relation to CSS funding through the country allocations).

Finding 11: The Technical Evaluation Reference Group (TERG) evaluation findings and recommendations for Strategic Initiatives and Multi-country grants have largely been taken forward, with nuance and flexibility in their application. Many Matching Funds have been seen as effective, but this is not straightforward to assess.

SR2023 found that many of the recommendations as relating to Strategic Initiatives (SIs) and Multi-country grants (MCs) from the TERG reviews conducted in 2021 have been taken forward²², though to varying degrees and with nuance and flexibility to boost their applicability in an evolving and varied landscape under the 2023-28 Strategy. Secretariat and county stakeholders raised two key areas which may need further attention in forthcoming allocation cycles: (i) clarity on operationalization of the definition of ‘catalytic’ in accordance with the variable catalytic aims across the Catalytic Investment (CI) portfolio, and the levels of flexibility needed to usefully tailor the definition to specific investments; and (ii) whether CIs in their current form are really applying the catalytic ‘lever’ enough, and whether and how any adjustment of processes could lead to stronger potential for impact, whilst not adding excessively to management processes.

Across the strategy period, there is evidence that Matching Funds (MFs) have been effective in driving focus in intended areas, though integration of MF monitoring into country grant performance frameworks means their effectiveness and performance is not easily quantified, nor is their catalytic effect (for reasons outlined above). However, Secretariat and country stakeholders have described a range of actual and potential benefits of MFs (which could apply to CIs more broadly), including providing extra visibility and awareness for priority areas, boosting complementarity of in-country activities, accelerating coverage or scaling up new areas, enhancing clarity on how to address a challenging area, and exploring new strategies or innovation.

Finding 12: The Global Fund’s strategic lever of “partnerships with technical partners” works reasonably well in the context of the overall partnership dynamic (i.e., organizational relationships, funding, capacity). Key gap areas are less effective partnerships for RSSH, HR and GE as well as for supporting domestic resource mobilisation. Donor coordination has improved over the strategy period and the Access to COVID-19 Tools Accelerator (ACT-A) has served to strengthen the overall partnership dynamic.

The evaluation found that Global Fund partnerships with technical partners (with UNAIDS, WHO, etc) are working reasonably well in support of HTM objectives. However, as described above, technical partners feel the Secretariat’s taking on a more proactive influencing role with countries is a departure from its past strong partner orientation that is changing the partnership dynamic. Among others, this has affected the partnership dynamic between the Global Fund and WHO, which, in spite of continuous improvements in the formal agreements between the two organisations, has had a number of areas of tension (e.g. on speed of commodity pre-qualification, issuance of normative guidance, WHO AFRO capacity) which impacts Global Fund results.

Partnerships with technical partners for RSSH were found to generally work less well, with lack of appropriate technical partners to support the myriad of RSSH investments and insufficient long-term funding. Partnerships for removing HR and GE barriers to HTM were constrained by insufficient engagement with UN and other technical partners to drive results.

Technical partnerships with donors were generally well-functioning at both the global and country levels, with improvements noted with PEPFAR in particular (and U.S. government overall). At the same time, there were gaps in technical partnership with other donors, notably in coordination of the bilateral donors’ set asides (despite improvements such as with l’Initiative (France set aside)). Partnerships to help advance domestic resource mobilisation was another area of weaker partnerships.

²² Euro Health Group (2021): TERG Thematic Evaluation of Multi-country catalytic investment grants; Health Management Support Team; and Euro Health Group (2021): TERG Thematic Evaluation on Strategic Initiatives

A critical new (and time-limited) partnership during the last strategy period was the Access to COVID-19 Tools Accelerator (ACT-A). In addition to helping to deliver its COVID-19 response, the Global Fund's involvement in ACT-A contributed to strengthening the overall partnership dynamic, particularly with more upstream (R&D) partners; it also had a positive influence on the Global Fund's partnership thinking in its new strategy.

Recommendations

SR2023 provides the following **five high-priority recommendations**. Readers are encouraged to read the recommendations in their entirety in Part A to fully appreciate the nuances for each recommendation (where more information/ specificity is provided on the recommendation itself along with linkage to the relevant evaluation finding(s), progress in the 2023-28 Strategy and GC7, an indication of whether the recommendation implies new or continued work for the Global Fund, trade-offs associated with the recommendation and implementation responsibility).

Recommendation	Recommendation content and how to operationalise
<p>Recommendation 1: Continue to encourage, and find ways to further foster the prioritisation of <i>new and intensified disease interventions that reflect the evolving epidemics in countries</i></p>	<p>Continue to encourage country prioritisation of new and intensified disease interventions such as prevention, wider KP and vulnerable population engagement, private sector engagement, innovative commodities, etc. This is recognized as standard Global Fund practice, but the recommendation here is to help countries “step-up” this prioritisation, over and above that achieved to date.</p> <p>Determine and implement suitable mechanisms to further foster the above prioritisation including, for example, through supporting the development of guidelines, providing relevant TA, improving data collection and use in support of intervention targeting, developing special initiatives, strengthening relevant partnerships, providing greater engagement and “proactive influencing” by the Secretariat (as has been recognized as an important strategic lever to effect country prioritization in this review), etc. Again, it is recognized that many of these are what the Global Fund is already doing, and the recommendation is to be innovative and effective in these, to better encourage the needed prioritisation of investments to successfully fight the epidemics.</p>
<p>Recommendation 2: Continue to sharpen the Global Fund’s approach to RSSH and take concrete actions to adapt the implementation of the funding model and partnerships to enable improved RSSH results</p>	<p>(1) RSSH approach:</p> <ul style="list-style-type: none"> • Focusing of RSSH: Reconsider whether the Global Fund should limit supported RSSH interventions/modules in GC8 to a few priority areas where the Global Fund has a comparative advantage and can focus its resources. At a minimum, require countries to focus rather than fragment their RSSH funding by requiring majority of RSSH funding in a few modules. • Improved communication on RSSH: Make a concerted effort to push out to countries simple, clear, practical information on the Global Fund’s updated RSSH approach. The Secretariat should also use its proactive influencing role to better advise countries on aligning their investments with the RSSH objective. • Clarity on fit with PPR: Continue to specify how RSSH fits with the Global Fund’s PPR objective, which is a recognized evolving objective in the 2023-28 Strategy. This is in relation to the wider nexus of RSSH-PPR at the Global Fund, beyond the use of unspent C19RM monies for RSSH objectives. <p>(2) Funding model and its implementation in countries for RSSH investments: Recommend/require: (i) government departments that lead different health systems functions to be closely engaged in the CCM and country dialogue process in support of funding request development; (ii) RSSH PR/SRs to be government departments that lead different health systems functions rather than HTM departments; (iii) where countries have created program management units (PMUs) to coordinate investments in multiple RSSH activities, support their capacity development; (iv) continuity of RSSH PR/SRs and activities across different grant cycles. Introducing an RSSH allocation and standalone RSSH grants are more contentious adaptations that should be reviewed closely, drawing on lessons from past efforts and evaluating pros, cons, and feasibility, and on a country by country basis.</p> <p>(3) Expand TA partners for each key RSSH investment area to include new partners with specific expertise in these areas and also ensure a predictable funding source for longer term TA.</p>
<p>Recommendation 3: Continue to support the strategy’s gender equality (GE) and human rights (HR) objective, with a particular emphasis on GE given limited progress there; and take concrete actions to</p>	<ul style="list-style-type: none"> • On GE: Put a concerted effort into operationalizing the twin-track approach to gender equality, including the formulation of clear GE objectives and an action plan to guide and monitor progress in this regard. Strengthen gender mainstreaming skills across the Secretariat and ensure that accountability and responsibility for driving the gender agenda are integrated across all relevant Secretariat functions. • On HR: Support the mainstreaming of a HR-based approach in country programming to enable a broader reach. Continue to support the identification of priority needs related to equitable access to HTM services for key and underserved populations, as well as the design, implementation and monitoring of targeted, evidence-based and effective programmes. Continue to leverage CIs, as far as available resources will allow, in support of the above programming.

Recommendation	Recommendation content and how to operationalise
<p>adapt the funding model and its operationalization as well as partnerships to improve delivery for GE and HR objectives overall</p>	<ul style="list-style-type: none"> • On improvements on the implementation of the funding model and its operationalization as well as partnerships: (i) Strengthen engagement with diverse KP representatives in pre-country dialogue convenings and post FR; (ii) Review Global Fund financial, contracting and risk policies, operational guidelines and tools to allow for more community-led organisation implementation; (iii) Strengthen relevant information notes and guidance – review and consolidate all guidance related to HR, GE and KPs; (iv) Enhance partnerships on HR and GE in TB and malaria (in addition to HIV) and on gender equality-related programming.
<p>Recommendation 4: Strengthen the operationalization of sustainability considerations in the Global Fund model, including making more use of strategic levers like advocacy and innovative financing approaches to support greater domestic financing for health</p>	<ul style="list-style-type: none"> • Strengthen operationalization of sustainability considerations within the Global Fund model – aspects include emphasizing stronger alignment with country systems; developing mechanisms to support effective consideration of trade-offs between short-term results and long-term sustainability and better managing unintended counter-productive incentives that may impede prioritisation of sustainability (e.g., by increasing emphasis on indicators of long-term progress such as the maturity models approach for RSSH under GC7). • Strengthen key drivers of programmatic sustainability – such as continuing to support a strong integration agenda including working with non-health sectors where needed, considering appropriate HRH related strategies, feasibility and modalities for social contracting, etc. Another key aspect is better clarifying the roles and responsibilities with regards to programmatic sustainability within the Global Fund Secretariat. • Address weaknesses in implementation of the co-financing aspects of the STC policy building on recent improvements made for GC7– (i) further improve processes for reporting and verification of co-financing data; (ii) improve visibility of requirements and results on co-financing especially at the country level (e.g., multiple rounds of reporting and engagement within the grant cycle, involvement of subject matter experts); (iii) improve enforcement in instances co-financing requirements are not met (clarify and communicate on process steps including waivers and exemptions, consider withholding funds within same cycle if appropriate); (iv) consider strengthening the use of programmatic commitments (e.g., link assessment of co-financing performance closer to achievements of agreed programmatic commitments and improve guidance and use); (v) consider request for systematic commodity contribution (e.g., this can be linked to programmatic commitments by developing guidance that sets out expected commodity contributions (and growth thereof) differentiated by country contexts). Alongside these changes, the Global Fund could consider updating the STC policy to increase the differentiation on requiring HTM funding to be additional across grant cycles which has previously led to unrealistic requirements in some country settings or at the very least to codify the current adjustments made under GC7 in an updated Operational Policy Note (OPN). • Continue efforts to strengthen additional strategic levers to bolster DFH tailored to specific country contexts (e.g., advocacy, different financing instruments such as blended financing and joint financing, etc.).
<p>Recommendation 5: Optimise the implementation of the Global Fund’s mature, generally well-functioning business model by (1) pushing for its simplification and (2) addressing the major unintended counter-productive incentives within it (whether perceived or real) reported by stakeholders</p>	<ul style="list-style-type: none"> • Carry out a concerted push for simplification of the Global Fund business model (i.e. in terms of the range of policies, processes and requirements) to improve its accessibility for countries/stakeholders and reduce transaction costs. To this end, the Strategy Committee or Board as well as the Secretariat can take on different levels of responsibility. • Identify and address the most problematic unintended counter-productive incentives within the implementation of the funding model (whether perceived or real) reported by stakeholders: Determine the most frequent and/or detrimental unintended counter-productive incentives within the implementation of the funding model, their cause (including whether perceived or real) and effects, and take appropriate corrective action (which might range from improving communication in order to correct perception to removing real barriers).

