

TERG

The Global Fund



Year Evaluation

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SYNTHESIS REPORT

TECHNICAL EVALUATION REFERENCE GROUP SUMMARY PAPER

SYNTHESIS REPORT

OF THE FIVE-YEAR EVALUATION OF THE GLOBAL FUND



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

THE TECHNICAL EVALUATION REFERENCE GROUP (TERG) is an advisory body providing independent assessment and advice to the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria on issues which it determines require Board attention.

The Board also directs the TERG to examine specific programmatic aspects of the Global Fund, as appropriate. The TERG advises the Global Fund Secretariat on evaluation approaches and practices, independence, reporting procedures and other technical and managerial aspects of monitoring and evaluation at all levels.

Members of the TERG are nominated and confirmed by the Board of the Global Fund. Membership of the TERG is drawn from a range of stakeholders, including practitioners, research institutions, academics, donor and recipient countries, and nongovernmental organizations.

Members of the TERG are listed in Annex A.

I. INTRODUCTION

In approving the Monitoring and Evaluation Strategy shortly after the inception of the Global Fund, the Board called for “a first major evaluation of the Global Fund’s overall performance against its goals and principles after at least one full grant funding cycle has been completed”. In November 2006 the Global Fund Board approved the launch of this comprehensive evaluation of the Global Fund’s progress under the independent oversight of the Technical Evaluation Reference Group (TERG). The Five-Year Evaluation study design was organized around three study areas:

Study Area 1 – Organizational efficiency and effectiveness of the Global Fund

Study Area 2 – Effectiveness of the Global Fund partner environment

Study Area 3 – Impact on HIV, tuberculosis and malaria

Following an international tender, the evaluation was planned and implemented by two international study consortia led by Macro International Inc. The first consortium was responsible for Study Areas 1 and 2 plus the Synthesis Report, and included Macro International, the Johns Hopkins Bloomberg School of Public Health, Axios International, Development Finance International, the CORE Group and George Washington University School of Public Health. The second consortium was responsible for Study Area 3 and included Macro International, the African Population and Health Research Center, Harvard University School of Public Health, the Johns Hopkins Bloomberg School of Public Health and the World Health Organization.

Study Area 1 of the Five-Year Evaluation was completed in November 2007 and examined the organizational efficiency and effectiveness of the Global Fund, its progress to date and critical areas for improvement. Study Area 2, which examined the Global Fund’s partner environment in 16 countries and at the global level was presented to the Board in November 2008. Study Area 3 – the Health Impact Evaluation – involved the examination of the collective impact on the burden of AIDS, tuberculosis (TB) and malaria in 18 countries, and is the most extensive component of the Five-Year Evaluation. The Synthesis Report comprises the final deliverable of the Five-Year Evaluation and provides essential analytical linkages across all three study areas, along with a synthesis of findings and recommendations.

This TERG paper provides a summary and assessment of the synthesis of Study Areas 1, 2 and 3. First the expectations and objectives of the evaluation are presented, followed by a summary of the main synthesis findings, recommendations and conclusions as presented by the independent evaluators. In the next section, the TERG assessment analyzes the extent to which the evaluation responds to the original study questions posed. Finally, the TERG highlights several key issues and priorities for the Board’s attention and consideration.

II. STUDY OVERVIEW

Objectives

The overall objective of Study Area 1 was to evaluate the Global Fund's organizational efficiency and effectiveness, including an organizational development assessment of the Global Fund's structures and systems, with an emphasis on performance in relation to founding principles; and to provide recommendations for improved organizational performance.

The primary objective of Study Area 2 was to evaluate the Global Fund partnership environment at the global and the country levels and in particular the role of partnership in program design, proposal development, grant performance and the wider effects of the Global Fund partnership, including 16 country studies. Notably, this study area emphasized such pivotal factors as technical and management assistance, country structures, national ownership, presence of major partners, harmonization and alignment, effects on and strength of health systems and involvement of civil society and the private sector.

The principal objective of Study Area 3 was to comprehensively assess, in selected countries, the collective impact that the Global Fund and other national and international partners have achieved in reducing the disease burden of HIV, TB and malaria. This study was expected to produce a set of actionable recommendations for strengthening health information systems in the countries involved in the evaluation, and to strengthen impact measurement tools and processes for future national and global reporting needs. A related objective was the development of a *Model Evaluation Platform* consisting of a consensus-based set of evaluation tools and processes to be used by recipient countries and partners in future assessments of disease impact for the three diseases.

In order to learn from experience and knowledge gained from these three study areas, the evaluators were tasked with developing a Synthesis Report with the objective of providing the essential analytical linkages and a synthesis of findings from all three study areas, including a comprehensive summary of actionable recommendations.

By design, the overall evaluation framework reflects the structure of the Global Fund's monitoring and evaluation framework, as shown in Figure 1.

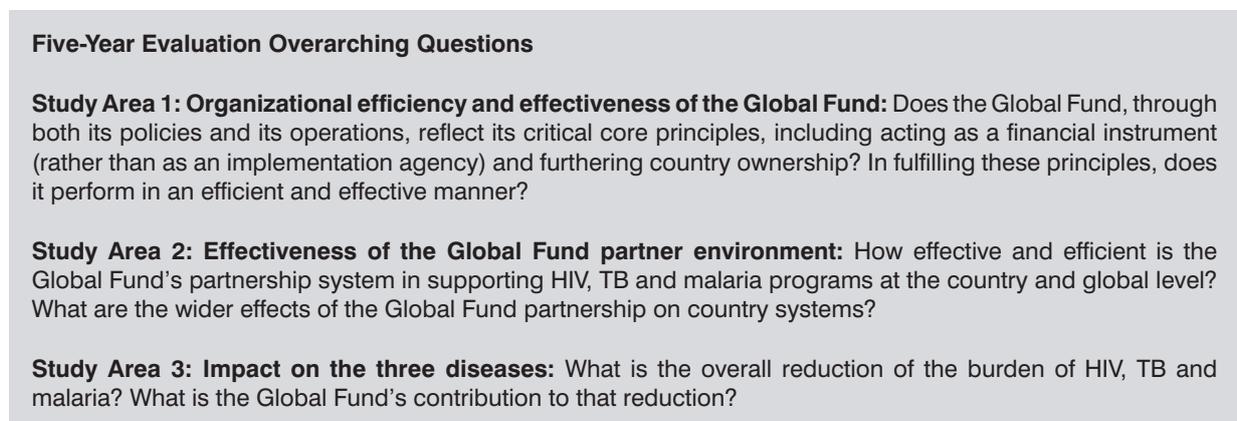
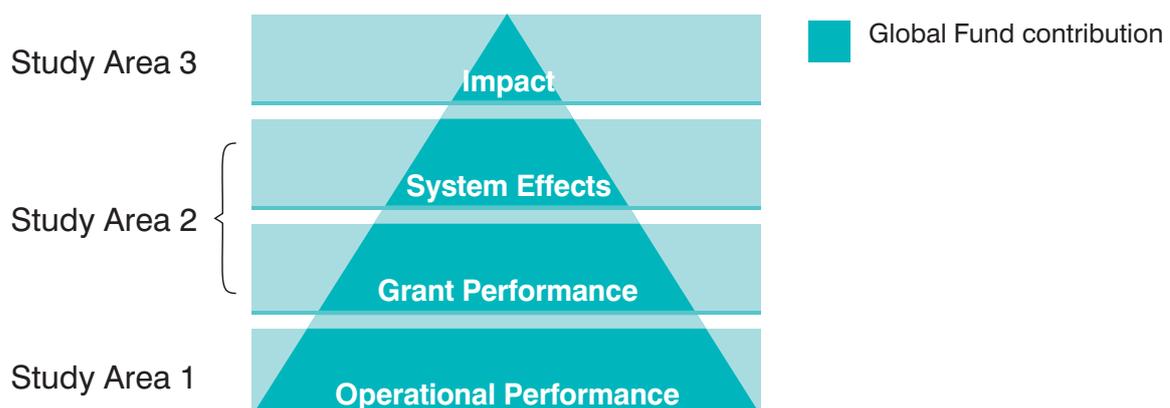


Figure 1: Global Fund Monitoring & Evaluation Framework



Participating Countries

In total, 24 countries participated in the Five-Year Evaluation – 16 in Study Area 2 and an overlapping group of 18 in Study Area 3, as shown in Figure 3. The intention of the selection process for Study Area 2 was to include recipient countries representing the full spectrum of grant performance from poor to average to good. The selection of countries for Study Area 3 was based on five main criteria, including: regional and disease balance, expected availability of data, magnitude of Global Fund disbursement, duration of programming, and opportunities for partner harmonization. The country sample was chosen to ensure relatively quick data production and to maximize the opportunity for showing impact, as defined by high level of disbursements, good grant performance and significant grant duration. Overall the TERG considers this group of 24 countries to be a suitable list, given the studies' objectives.

Figure 3: Participating countries in Five-Year Evaluation Study Areas 2 & 3

Country	Study Area	Country	Study Area
Benin	3	Malawi	2 & 3
Burkina Faso	2 & 3	Moldova	3
Burundi	3	Mozambique	3
Cambodia	2 & 3	Nepal	2
DR Congo	3	Nigeria	2
Ethiopia	2 & 3	Peru	2 & 3
Ghana	3	Rwanda	3
Haiti	2 & 3	Tanzania	2 & 3
Honduras	2	Uganda	2
Kenya	2	Viet Nam	2 & 3
Kyrgyz Republic	2 & 3	Yemen	2
Lesotho	3	Zambia	2 & 3

III. EXTERNAL EVALUATION FINDINGS AND RECOMMENDATIONS

The following is a summary of the main findings, recommendations and conclusions presented by the independent evaluators.

Introduction

Overall, the Five-Year Evaluation finds that the Global Fund plays an important role in the global development architecture, and fully merits the continued support and collaboration of the diverse array of development actors involved in the fight against HIV/AIDS, TB, and malaria. The Synthesis Report recognizes the commendable successes of the Global Fund to date, and also presents findings and recommendations addressing problems and weaknesses which require serious consideration by the Global Fund and its partners. Some of the issues raised in this report take on particular urgency in the current economic environment.

Intent of the Global Fund – high expectations for a strengthened global response

The Global Fund was born in a geopolitical environment of high angst surrounding a worsening AIDS epidemic and wide demand for an urgent and expanded global response. In addition, new technical advances that could roll back the HIV/AIDS, TB, and malaria epidemics, and opportunities for synergies within the health sector, formed the backdrop for its creation. Furthermore, there was a strong sense – supported by some analysis – that program capacities in the most-affected countries were sufficient to begin taking those interventions “to scale”, given adequate financial support. Following several rounds of intense negotiations in Brussels and elsewhere, the Global Fund was established and commenced operations within six months of the August 2001 UN General Assembly Special Session (UNGASS) on HIV/AIDS. Nearly US\$1 billion in financial pledges preceded its first formal meeting. The expectations for its performance and impact were extraordinarily high. Its ambitious founding principles are presented in Annex B.

The discussions surrounding the establishment of the Global Fund anticipated a new and novel partnership approach. The urgency and hopefulness of those discussions also contributed to the implicit high expectation – without explicit deliberation on metrics – that the Global Fund’s organizational efficiency and effectiveness would significantly exceed those of other international institutions.

So it is perhaps inevitable that the first external evaluation of the Global Fund would have to differentiate carefully between findings measured against aspiration, expectation, and performance. Five years is a long time in an epidemic – but a relatively short period in which to conceive and make operational an international organization, from designing applications to measuring impact.

The Five-Year Evaluation of the Global Fund provides an opportunity to both look back on those initial expectations – and to create a new set of expectations for the future grounded in the first five years of the Global Fund’s experience and a more collective vision of the evolving international health infrastructure.

FINDING 1: The Global Fund, together with major partners, has mobilized impressive resources to support the fight against AIDS, TB and malaria

The Global Fund has been a significant actor in the scaling up of the global response to AIDS, TB and malaria through its mobilization of additional resources to combat these three diseases.

- HIV/AIDS: In 2007, the Global Fund accounted for approximately 18 percent of internationally financed HIV/AIDS programming.
- Tuberculosis: A large part of the three-fold increase in global resource flows to TB since 2003 was due to Global Fund contributions.
- Malaria: The Global Fund until 2006 was by far the largest and sometimes the only donor for malaria programs.

While this is an immensely positive contribution, the current reliance of countries on external support raises significant concerns with respect to the long-term sustainability of programs; the risk of external funding replacing domestic investments; and the effect of the large-scale infusion of international resources on the cost-effectiveness and maintenance of programs.

Recommendation 1.1 The international development community needs to systematically address the requirements of sustainability in the global response to the three pandemics. As part of this response, the Global Fund replenishment mechanism should further its mobilization of financial resources from existing donors and new sources of funding, including from international donor agencies that have not yet contributed and from non-traditional sources. All Global Fund resources should meet the criterion of additionality – that is they should be additional to existing AIDS, TB and malaria funds and to the health sector overall.

Recommendation 1.2 The Global Fund should in particular increase its efforts to engage the private sector in the partnership, expanding the range and types of contributions, especially to mobilize in-country private sector resources.

Recommendation 1.3 The Global Fund should work with other financing entities to help ensure the predictable, multi-year funding required to maintain high-quality programs. This should be given urgent priority, especially in those areas where the Global Fund has become the largest international donor.

FINDING 2: Collective efforts have resulted in increases in service availability, better coverage and reduction of disease burden

Collective efforts are showing major changes in the availability and coverage of interventions. Although current data sources are not complete enough to measure disease impact, we can conclude from stepwise analysis that the increased funding is resulting in better availability and utilization of services which ultimately will have an impact on disease burden.

Recommendation 2.1 The Global Fund’s business plan should increasingly differentiate its prevention and treatment approaches in specific countries based on the epidemiological profiles of AIDS, TB and malaria and the assessment of a country’s capacity to execute its planned disease control programs.

Recommendation 2.2 The Global Fund should adjust its “demand-driven model” and focus its resources on prevention and treatment strategies that utilize the most cost-effective interventions that are tailored to the type and local context of specific epidemics.

Recommendation 2.3 The Global Fund and its partners should continue to finance scale-up efforts, in particular for key malaria program interventions in light of the encouraging initial results from several countries and research.

Recommendation 2.4 Much higher priority on the strengthening and integration of health information systems is required by countries to manage their programs and monitor impact. Specifically:

- a. The Global Fund and partners should reorient investments from disease-specific monitoring and evaluation toward strengthening the country health information systems required to maximize data quality and use for decision-making.
- b. Countries should be encouraged to increase investment in medium- to long-term capacity building for financial tracking, including through the incorporation of health expenditure data in their population-based surveys and the completion of periodic National Health Account exercises.
- c. Countries should also be encouraged to emphasize the development of quality assurance mechanisms that can help to achieve urgently required financial oversight at the sub-recipient level.

FINDING 3: Health systems in most developing countries will need to be greatly strengthened if current levels of services are to be significantly expanded

The Global Fund has contributed to the rapid expansion of programming addressing HIV/AIDS, TB, and malaria in 136 countries through more than 550 grants. In doing so, it has helped to mobilize existing capacity in the most-affected countries, perhaps to the limits reasonably achievable without further capacity development. Recent studies, including the Five-Year Evaluation, suggest that the Global Fund is contributing to strengthening health systems but also point to continued systems weaknesses in key areas. Going forward, the weaknesses of existing health systems critically limit the performance potential of the Global Fund. However, the increasing focus on health systems strengthening among Global Fund partners presents a unique opportunity to collectively address these issues.

Recommendation 3.1 The Global Fund and its partners should address the major gaps in basic health service availability and readiness – the minimum components for delivery of quality services such as basic infrastructure, staffing and supplies – as part and parcel of scaling up against the three diseases. In particular, Global Fund grants for health systems strengthening should support overall country health sector strategic plans.

Recommendation 3.2 The Global Fund and its partners should together clarify, as a matter of urgency, an operational division of labor regarding the provision and financing of technical support for health systems strengthening. These efforts should take a longer-term perspective in delivering technical support. They should in particular support human resource capacity building over a horizon of five to ten years, in harmony with other global and regional initiatives.

Recommendation 3.3 The Global Fund Secretariat should develop and articulate a strategy that allows for a menu of investment approaches to increase the probability that grants will perform well. The assessment of management issues as part of the grant rating should include explicit linkage to whether grant technical support budgets are being used for necessary capacity-building measures. In particular, for countries with weak health systems and/or high disease burden, grants should either focus more on investing in long-term capacity building, or demonstrate partner contributions to capacity-building.

Recommendation 3.4 The Global Fund Secretariat should work with internationally-mandated technical partners, country counterparts, and in-country civil society and private sector partners to strengthen country surveillance and monitoring and evaluation systems, taking into account the needs of performance-based funding. In particular - and in active collaboration with country-level partners - the Secretariat should systematically identify and address additional requirements for achieving adequate oversight at the sub-recipient level.

FINDING 4: The Global Fund has modeled equity in its guiding principles and organizational structure. However, much more needs to be done to reflect those efforts in grant performance.

The Global Fund, as an institution, has modeled equity in its organizational structure, through assuring the representation of women and marginalized populations at the level of the Board, Secretariat, and Country Coordinating Mechanisms. The evaluation found no evidence of widening or narrowing gaps in coverage between disadvantaged groups and those who are better off. However, few systems have been put in place at the country level or through the Global Fund's own systems to monitor equity. The monitoring of gender, sexual minorities, urban-rural, wealth, education, and other types of equity as part of grant performance or impact assessment was identified as a major gap by this evaluation.

Recommendation 4.1 The Global Fund and its partners should ensure that both in applications for funding and in country health information systems there is explicit inclusion of indicators for service quality and equity issues related to gender, sexual minorities, urban-rural, wealth, and education in order to more effectively monitor the access to services among vulnerable populations.

Recommendation 4.2 The Global Fund should integrate and highlight equity issues related to gender, sexual minorities, urban-rural, wealth, and education disparities in the development of its partnership strategies.

Recommendation 4.3 The Global Fund Secretariat should collaborate closely with technical partners and country stakeholders to develop program strategies and build in-country capacities required to better identify and reach vulnerable populations.

FINDING 5: The performance-based funding system has contributed to a focus on results. However, it continues to face considerable limitations at the country and Secretariat levels.

The “focus on results” has been evident at all levels of the Global Fund, contributing to a positive bias for action and an internal culture of accountability. However, performance-based financing, a key tenet of the guiding principles, has evolved into a complex and burdensome system that has thus far focused more on project inputs and outputs than on development outcomes, departing from the vision of an outcome-based model. Most importantly, there remain inadequate information system and monitoring and evaluation capacities in countries, critically limiting the feasibility of the performance-based funding approach espoused by the Global Fund.

Recommendation 5.1 The Global Fund should urgently seek a more coordinated approach and the more systematic investment of partners to strengthen the country health information systems which are needed as the basis for monitoring overall progress, enabling performance-based funding and conducting ongoing evaluations.

Recommendation 5.2 The Global Fund should comprehensively examine its performance-based funding objectives, policies, procedures, guidelines, and current functioning while reviewing the performance-based funding experiences of other partners, most notably the GAVI Alliance.

Recommendation 5.3 The Global Fund Secretariat should revise quality assurance guidelines to distinguish approaches among settings where existing data systems are or are not capable of providing the outcome-level information required for performance-based funding. As a part of this exercise, the Global Fund should review the implications of weak data systems on the guidelines for the operations of the Technical Review Panel and the Local Fund Agents.

Recommendation 5.4 The Global Fund should reaffirm its aspirations to performance-based funding principles, while proposing more differentiated approaches to quality assurance that are capable of improving performance and accountability monitoring within existing capacity constraints in countries.

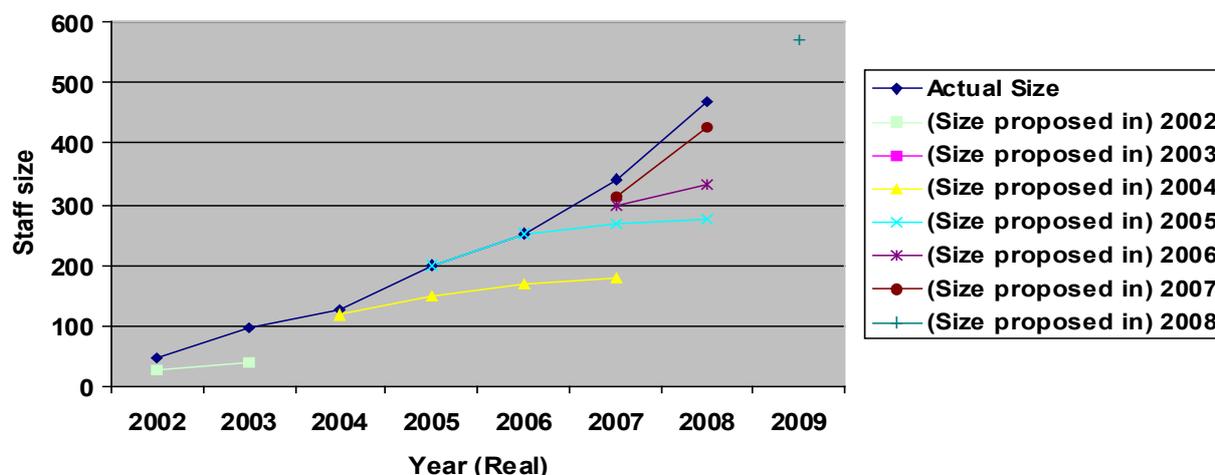
FINDING 6: The Global Fund partnership model has opened spaces for the participation of a broad range of stakeholders. This progress notwithstanding, existing partnerships are largely based on goodwill and shared impact-level objectives rather than negotiated commitments or clearly articulated roles and responsibilities, and do not yet comprise a well-functioning system for the delivery of global public goods.

The Global Fund continues to aspire to the partnership environment envisioned in its guiding principles, and has made considerable achievements, particularly with regard to representation of a diverse group of partners. At the level of the governance of the Global Fund, there has been unprecedented and largely successful participation of civil society, the private sector and other international development organizations in the Global Fund model. With some notable exceptions, however, little of this has yet translated into clearly defined, durable and formalized operational partnerships.

The Global Fund’s approach during its first five years more accurately reflects a “friendship model” than a genuine “partnership model”. Current institutional relationships involve exchanges and affirmations by committed institutions and individuals of deeply held convictions and common objectives. Few of these, however, have been transformed into durable, longer-term commitments grounded in negotiated and binding agreements of a programmatic or even of a strategic nature. In more operational terms, the Global Fund has become a largely stand-alone entity whose staff growth trajectory appears to be a consequence of the unwillingness of partners – or the unwillingness of the Global Fund – to seriously pursue the stated partnership objectives (see Figure 4).

At the inter-institutional and international architecture levels, the partnership approach that has thus far emerged lacks a clear division of labor, clarity of roles and responsibilities, and effective collaboration among the key partners. It does not yet comprise a well-functioning system for the delivery of the essential global public goods, including the technical assistance required to effectively execute, monitor and evaluate the increasing number of programs in many countries.

Figure 4: Proposed and Actual Staff Size, Global Fund, 2002-2009



Recommendation 6.1 The Global Fund Board should reaffirm its commitment and reconsider its approach to institutional partnerships at the global level, clearly articulating its partnership priorities and the specific arrangements and agreements required to achieve its objectives.

Recommendation 6.2 The Global Fund Board should consider what efforts will be required to bring about agreed-upon, effective, and enforceable strategic divisions of labor between the Global Fund and the other main multilateral organizations involved in international health -in particular with the World Bank, the United Nations Joint Programme on HIV/AIDS (UNAIDS), WHO, the United Nations Childrens Fund (UNICEF), the Stop TB Partnership, and Roll Back Malaria (RBM) – to fully capacitate the envisioned partnerships with civil society and the private sector. This should include, as a first priority, resolving the issues that impede the provision of essential technical assistance on a reliable and timely basis. It should also address larger, systemic issues needed for health systems strengthening.

Recommendation 6.3 The Global Fund Secretariat should work through with partners the carefully differentiated approaches it seeks in its various areas of work at the global, regional and country levels – defining in specific terms the institutional arrangements required to bring to bear the added value of particular partners at different stages of the grant lifecycle.

Recommendation 6.4 The Global Fund Board, in consultation with the Secretariat, should ensure the structure, function and size of the Secretariat reflects its strategic role in a clearly defined partnership framework, distinguishing functions to be fulfilled by partners versus those to be fulfilled by the Secretariat.

FINDING 7: As the core partnership mechanism at the country level, Country Coordinating Mechanisms have been successful in mobilizing partners for the submission of proposals. However, in the countries studied, their grant oversight, monitoring, and technical assistance mobilization roles remain unclear and substantially unexecuted. The Country Coordinating Mechanisms’ future role in these areas and in promoting country ownership is in need of review.

The defining features of Global Fund country-level partnerships over its first five years have rested on the Country Coordinating Mechanism model and its significant variations in different country contexts. The Five-Year Evaluation found that among a diversity of partners and countries, the Country Coordinating Mechanism model was clearly perceived as one of the most positive contributions of the Global Fund, especially in the sense that it has spawned a range of partnerships with governments, international and local nongovernmental organizations, faith-based organizations, the private sector, and organizations of persons living with HIV/AIDS. At the same time, it found that Country Coordinating Mechanisms are still largely perceived as Global Fund entities rather than as mechanisms for promoting country ownership, and that there is still much work to be done if they are to fully execute the functions of facilitating greater country ownership, coordination, accountability, and partnership.

Recommendation 7.1 The Global Fund should place greater emphasis on the Country Coordinating Mechanism “function” rather than the Country Coordinating Mechanism “entity”.

Recommendation 7.2 In the majority of cases where the Country Coordinating Mechanisms are not providing ongoing oversight and monitoring functions, the Global Fund should strengthen Country Coordinating Mechanism capacities and/or focus their efforts more exclusively in the domain of proposal development and submission.

Recommendation 7.3 The Global Fund should work with partners and country counterparts to incorporate the Country Coordinating Mechanism functions into other “Country Coordinating Mechanism-like mechanisms” within existing country-level architecture for coordination and planning in the health and social sectors, particularly where the Global Fund is funding national strategies and/or seeking to support health systems strengthening efforts. In doing so, the Global Fund should be diligent in ensuring that the principles of transparency and inclusion – in particular with respect to civil society organizations and private sector in-country partners – are maintained.

Recommendation 7.4 As an essential measure to assure functional partnerships at the country level, the Global Fund Board should designate in-country representation through explicit institutional partnership arrangements with international partners or - as a last resort - through the direct placement of Global Fund staff representatives.

Recommendation 7.5 The Global Fund and its partners should take steps to increase the inclusion of in-country civil society organizations and private sector partners in country program efforts. The Global Fund, in particular, should:

- a. Work with country counterparts and international partners to share effective models for increased participation and strengthening of civil society organizations and private sector efforts across development actors and between countries.
- b. Continue to advocate with host governments for increased civil society organization and private sector participation in the Country Coordinating Mechanism function.

FINDING 8: The lack of a robust risk management strategy during its first five years of operation has lessened the Global Fund’s organizational efficiencies and weakened certain conditions for the effectiveness of its investment model. The recent work to develop a comprehensive, corporate-wide risk management strategy is a necessary step for the Global Fund’s future.

The Global Fund does not yet have a strategy for organization-wide risk management, which sets, at the level of governance, the boundaries of responsible risk taking, the explicit acceptance of levels of risk as integral to the purposes of the Global Fund, the conditions for its effectiveness, and finally, an objective and rigorous examination of the costs of risk avoidance. Development of such a strategy is critical for good governance, in particular because the Global Fund is exposed to an especially wide range of risks, including financial, operational, organizational, and political. Additional risk emerges through the Global Fund’s core business model of working almost exclusively through partnerships, which requires a revised approach to risk management than it practices to date. One immediate challenge for the Global Fund is to improve operational efficiency to disburse significantly more resources without dramatically increasing the number of staff. A risk management approach is required to segment grants by risk, to streamline certain processes and more efficiently allocate grant management resources, mitigating the need for additional staff in proportion to the increase in funding.

Recommendation 8.1 The Global Fund should urgently complete its development of a risk management framework, beginning with the development of a risk register within the Secretariat, which makes risk management activities integral components of strategic and corporate planning, operations and decision making.

Recommendation 8.2 The Global Fund Secretariat should utilize the parameters associated with the risk of poor grant performance – financial, organizational, operational and political – to determine how resources should be mobilized in support of performance, either by the Secretariat or by in-country partners.

FINDING 9: The governance processes of the Global Fund have developed slowly and less strategically than required to guide its intended partnership model.

The Global Fund’s governance model was initiated rapidly and has led to a dynamic, transparent and participatory process inclusive of a diverse array of stakeholders. However, in its first five years the process has operated on an incremental policy basis, focused on a sequential number of more near-term and micro issues, neglecting to address the larger and longer-term strategic picture and challenges. The governance process has yet to reconcile competing principles established in the Framework Document, establish the corporate strategy that the Global Fund so badly needs, systematically monitor its own performance or decision-making with respect to the initial guiding principles, or interact sufficiently with other governing boards to shape the global partnership environment.

Recommendation 9.1 The Global Fund Board should consider shifting to a more “partnership-centric” approach to governance in order to reposition the Global Fund in the global health architecture in a way that maximizes the leverage of its financing to effect major efficiencies in the international system of development assistance for health - specifically focused on AIDS, TB and malaria, but mindful of the broader national health structures and systems that will require strengthening to achieve its focused objectives. Such an approach would involve the Board re-examining the roles and responsibilities presently carried out by the Secretariat, considering which of those roles could and should be played by partners.

Recommendation 9.2 The Global Fund Board should take steps to reconcile its founding principles with the unrealized assumptions required for their actualization. Specifically:

- a. Improved country-owned coordination, with the full participation and inclusion of stakeholders, is required to ensure that the partnership model functions effectively at country level;
- b. Strengthened country information capacities are required to support performance-based funding;
- c. Explicit financing mechanisms are required to fully engage the international technical partners.

Recommendation 9.3 The Global Fund Board should support the development of a more coherent vision and mission statement that sets a hierarchy and contextual boundaries for the application of the Global Fund guiding principles, focuses on issues - especially partnership and monitoring and evaluation - which have not thus far received sufficient attention, and defines more precisely the current status and future orientations of the Global Fund business model.

Recommendation 9.4 The Global Fund Board should provide clear guidance to the Global Fund Secretariat with respect to strengthening or limiting its roles relative to those of its partners in the areas of financing, policy and development assistance in order to better situate and differentiate the Global Fund in the global development architecture.

Conclusion

This evaluation presents an opportunity for the Global Fund to not only reflect on its first five years and celebrate its important contributions but also to consider areas that may not have been given sufficient attention during an initial rush toward results.

While the Global Fund has achieved an incredibly rapid startup in its first five years, the Board's focus has drifted from long-term and strategic issues toward ad hoc and incremental decision-making and operational details. In the absence of a considered longer-term strategy, the Global Fund Board and Secretariat have not sufficiently differentiated between areas of responsibility that can and cannot be delegated to the Secretariat or partnered with collaborating institutions. As a consequence, the Global Fund's rapid organizational development, though impressive, has progressed at times in an unintended direction.

The Global Fund has increasingly become a stand-alone entity with a growing and increasingly complex portfolio of grants requiring ever-increasing numbers of staff at the global level to maintain effective financial oversight in countries. The sheer weight of its growing responsibilities as a grant disbursement and oversight entity is increasingly at the expense of its strategic leverage in the global development architecture.

Nevertheless, the overall efforts of the first five years of the Global Fund can only be termed as extraordinary. It has demonstrated tremendous flexibility in adjusting grant disbursement strategies and operational policies, while urgently addressing the global funding gap for HIV/AIDS, TB, and malaria. The Five-Year Evaluation found that, at a global level, collective efforts have resulted in increases in service availability, better coverage and reduction of disease burden. With these great gains comes the challenge of maintaining momentum while correcting a range of major inadequacies and addressing new challenges that are emerging in terms of health systems capacity and sustainability.

Additional lessons learned from the evaluation

In the conduct of the evaluation, the Global Fund's capacity for and use of data has also come into focus. The Global Fund has repeatedly demonstrated its agility as an organization by responding to performance information and by cultivating a culture of self-examination. It has also excelled in advocacy for raising more money, adeptly mobilizing data to substantiate its advocacy messages. This alignment of public advocacy and program financing has no doubt been instrumental in the Global Fund's achievement of its very high profile on the global stage, but has associated risks. For example, the Global Fund has not sufficiently separated and safeguarded the distinct functions of using special studies and evaluation for management purposes versus advocacy and replenishment purposes, nor has it always distinguished when to use self-generated data versus more normative data generated external to the Global Fund. This has resulted, at times, in over-interpretation of study data and findings that could ultimately weaken the Global Fund's evidence-based – and partnership – approach to advocacy and management. To guard against this, the Global Fund should develop a robust evaluation agenda, together with and largely implemented by, its external partners.

The Global Fund should work to ensure that interpretation of evaluation and other study findings for advocacy purposes is built on a sound base of relevant and externally verified data, perhaps by instituting a quality assurance system for special studies and advocacy documents.

In the aftermath of this major effort, global development professionals would benefit from a critical examination of the lessons learned from and about this experience to inform the design and management of other large-scale evaluations. As a first step, the Global Fund should rapidly determine how best to make available the source data from the Five-Year Evaluation and encourage further analyses of these data sets by researchers in the wider development community.

IV. ASSESSMENT OF THE STUDY

Role of the Technical Evaluation Reference Group

The TERG began considering the design of the Five-Year Evaluation in 2006 and at the request of the Board undertook the oversight of this complex, large-scale evaluation in 24 countries over a two-year implementation period. Its oversight function required multiple meetings with the leadership of the evaluation consortium in Geneva and the United States to hear accounts of both progress and problems in each of the three study areas. The TERG received regular written progress updates, reviewed frequent interim deliverables and directly observed data collection activities in a number of countries for both Study Area 2 and Study Area 3. A small team at the Secretariat was dedicated to actively supporting the TERG through facilitating meetings and reviewing materials. The TERG has provided extensive guidance and maintained close dialogue with the contractors to improve analysis, findings and recommendations while at the same time respecting the independence of the evaluators. The TERG provided regular progress updates to the Policy and Strategy Committee and Global Fund Board throughout the planning and implementation of the Five-Year Evaluation, as well as interim and final reports. In order to preserve the independence of the evaluation, the direct involvement of the Global Fund Secretariat has been limited. Throughout the evaluation, the Global Fund Secretariat was kept fully informed as to progress and received interim products for each study area with an opportunity to draw attention to factual errors. The Five-Year Evaluation followed an incremental design to allow the Secretariat and Board to act on findings and recommendations as they became available, and in fact several issues have meanwhile been addressed.

Overall Quality Assessment

This last report from the Five-Year Evaluation seeks to analyze and summarize findings from across the three study areas, providing a cohesive and well-integrated basis for a strategic and operational response from the Global Fund. The first two study areas focused on the Global Fund's organizational effectiveness and partnerships, while the third study assessed the collective impact of scaling up against the three diseases at the country level. While the three study areas address discrete topics, at the same time they are also mutually interdependent. Consequently, the development of a synthesis of findings and recommendations from across the three separate studies has been a considerable challenge.

The TERG's overall conclusion is that the Synthesis Report does truly represent a credible synthesis of the data, findings and recommendations from the three study areas and that the evaluation should be used to identify and address areas for improvement in the Global Fund's operations. The report is highly informative and contains rich analysis addressing most of the questions posed in the original terms of reference. The major findings and conclusions are supported by evidence from across the three study areas. The contractor has been able to prioritize the many findings from the three studies and regroup them into nine thematic areas covering essential Global Fund roles and functions.

The TERG finds that most of the recommendations are sound and relevant. However, the TERG has also identified several recommendations that are less immediately actionable. In follow up, the TERG offers to work closely with the Secretariat, the Policy and Strategy Committee and the Global Fund Board to attempt to further clarify and expand on some of the key recommendations, ensuring alignment with the Global Fund strategy as approved by the Board, and keeping a strong focus on results and impact.

The following provides an assessment of the study process, design, findings, gaps and limitations, and highlights some of the questions and thematic areas requiring additional analysis and further studies. In the last section, the TERG highlights important issues for the Board's attention and consideration.

Study Process

The Global Fund's investment in such a large-scale study assessing organizational performance, global and country partnerships, and disease impact in 24 countries was a progressive and deliberate decision to learn from early experiences. The study process was complex and involved many global-level partners in the design, planning and implementation, a large number of international and country-level actors in 24 countries and two different evaluation consortia. The exceptionality of this evaluation lies also in its design, in attempting to evaluate the collective impact of partnerships on the three diseases without attribution, while employing a developmental approach to contribute to learning and capacity building at the country level. The evaluation has in many ways been unique compared to other such evaluations in the health sector.

The TERG believes that conducting this evaluation only five years after the inception of the Global Fund was a timely and commendable choice to identify issues and problems and take corrective action at an early stage. The study identified major gaps in the availability of data and information and greater health information system weaknesses than originally predicted. The original design of the study predicted that certain questions could not be fully answered and this proved to be true in practice, especially for the measurement of impact. However, the evaluation has become a valuable experience in learning for the Global Fund and its partners regarding the type and availability of data required for continued evaluation efforts, thematic areas in need of further analysis and how best to conduct such collective impact assessments in the future.

It is not surprising that such an ambitious study would necessarily experience methodological and practical challenges. The evaluators experienced considerable delays in carrying out parts of the evaluation. As the largest and most complex component, the Health Impact Evaluation took longer than anticipated, which resulted in concurrent timelines for completing Study Area 3 and the Synthesis Report. Findings and recommendations from the impact study were incorporated into the Synthesis Report at a late stage, which subsequently limited the time available for carrying out additional studies in order to fill gaps and strengthen existing analysis, as had been originally envisaged.

Design and Methodology

The Five-Year Evaluation involved an assessment of a broad range of questions, but reached natural limits of scope due to its finite resources. While the study has revealed important areas for action by the Global Fund and its partners, the TERG highlights the following limitations and areas in need of further analysis and investigation:

Linkages between study areas and contextual analysis

The first two study areas are Global Fund-specific in their assessment of organizational effectiveness and partnership issues and rely primarily on qualitative data and process analysis. The third study area, in measuring the collective impact of the scale-up against the three diseases, was not an assessment of the Global Fund's efforts alone. Study Area 3 was mainly based on quantitative data and was intended to assess to the extent possible, the Global Fund's contribution to the reduction in the burden of the three diseases. While the Synthesis Report draws on experience and findings from all three studies, the linkages between the study areas are not always straightforward to assess – in particular, the evaluators struggled to analyze how organizational principles and partnerships affect outcomes and impact, taking into account the heterogeneity of countries' programs and contextual factors.

It is also important to note the deliberate overlap in the selection of case countries for the partnership study (Study Area 2) and the Health Impact Evaluation (Study Area 3). Although the two studies shared ten countries, it was not possible to fully exploit the overlap and utilize the potential synergies from studying the same countries. The original intent of this overlap was to assess how the country partnership model and country context affect grant performance and program impact. Such an analysis would have strengthened the linkages between the studies and helped to understand the connections between impact and context, and to assess what contextual factors might support or delay increased impact. On the other hand, it was a deliberate choice of the independent evaluators to provide findings which can be applied more broadly. However, using the wealth of information available across all the study areas, the Global Fund and its partners still have an opportunity to conduct more in-depth analysis to examine the effect of country context and specific variables on grant performance.

Basis for generalization

The TERG undertook a purposive selection of countries. Compared to the total number of countries supported by the Global Fund, the sample was relatively small. The study focused on this agreed sample of 24 Global Fund recipient countries and tried to identify similarities and common issues in order to derive lessons and recommendations that could be applied to a broader range of countries. However, the findings and conclusions cannot, without careful interpretation, be generalized to other countries.

Future Information Needs

In order to fill some of the gaps in the three study areas, the TERG requested two additional follow-up studies to be conducted, supplementing the results of the three study areas:

- **Benchmarking Study:** This benchmarking study used the DFID-developed “Multilateral Effectiveness Framework” to compare the Global Fund with other global actors in areas of internal performance, country-level results and partnership.
- **Performance-based Funding System Study:** Two case studies were conducted looking at the Global Fund performance-based funding system for grants in Haiti and Tanzania based on initial grant proposals and regular reporting from Principal Recipients.

The results of these gap-filling studies have been considered in the Synthesis Report. However, other important questions remain that would merit further attention and more in-depth analysis in future studies. In particular, the TERG highlights the following areas that would benefit from additional investigation:

Civil society and marginalized groups

Civil society is an important partner for the Global Fund, a major channel for funds and – in many countries in Africa in particular – a significant provider of health services. Hence, there is a need to recognize and understand the role of civil society organizations in the Global Fund partnership model and their importance for the scaling up of interventions at the local level and in particular for groups most at risk. There is also a need for more data from civil society and community-level initiatives to assess the effectiveness of support to vulnerable groups and people living with the diseases. The Study Area 3 report lacks in-depth analysis of the role of civil society in the scaling up of interventions. Additional studies in this area would require alternative methods and tools to capture a broader range of outcomes (e.g., changes in stigma, behavior, norms and values, etc.) and community-level impact.

Health sector programs and financing

TERG identified the health system analysis as a key gap in Study Area 2. Study Area 3 only partially filled this gap with an analysis of the health service delivery at the district level. As a result, some important components are still missing. For example, further studies should pursue a broader and more strategic analysis of the role of the Global Fund in health sector programs and financing, addressing harmonization and alignment principles and criteria from the Paris Declaration in relation to project cycle management, procurement, and related areas.

Equity and gender

The study did not find evidence of widening gaps in coverage between disadvantaged groups and those who are better off. However, grant performance monitoring has not been explicitly linked to any of the equity principles through indicators and targets disaggregated by gender or vulnerable groups. More information and further studies are required in this important area for the Global Fund, in particular regarding ways to ensure that the rapid scale-up benefits people most in need.

Benchmarking

The separate benchmarking study that was carried out as a supplement to Study Area 1 states that the Global Fund is unique in terms of mandate, governance structure, role and model of funding, rendering it relatively incomparable to other organizations. Despite this limitation, the report identifies a high level of efficiency in terms of funds disbursed. However, this benchmarking would benefit from a further comparative assessment of the extent to which the Global Fund's allocation of resources has been appropriate, cost-effective and aligned with its mandate.

V. KEY ISSUES AND PRIORITIES

The Synthesis Report provides a broad range of findings and recommendations which do not supersede, but rather supplement, those from the three study areas. The Global Fund should not only focus on recommendations but also on the findings to inform and guide policy and program development. As a first step in this direction, the TERG would like to emphasize and bring to the Board's attention the following key priorities:

Evaluation response and utilization

The Five-Year Evaluation evolved over two years and assessed, what was to some extent, a "moving target". Reports from Study Areas 1 and 2 were submitted in 2007 and 2008, respectively. The Global Fund Board and Secretariat, in their commitment to organizational learning, have already begun to respond to recommendations from these first two studies. Indeed, several current initiatives are being undertaken in line with the Synthesis Report findings and recommendations as well, including:

- An increasing involvement of the Global Fund in health systems strengthening (Finding 3)
- An implementation plan for the gender strategy to be presented to the Board in May 2009 (Finding 4)
- A revised grant rating system (Finding 5)
- A partnership strategy to be presented to the Board in May 2009 (Finding 6)
- The development of a risk-management framework (Finding 9)

Other initiatives are underway, but still at early stages of development. These examples illustrate not only the responsiveness of Global Fund, but also the relevance of the evaluation in identifying key areas for improvement. It is important that the Global Fund and partners make effective use of all three evaluation reports and the wealth of data generated through this evaluation.

The Board may request a plan as to how these findings and recommendations have been or will be addressed and followed up. The TERG is very willing to assist in this process, in particular to provide support to the Secretariat and Board in clarifying and refining some of the recommendations.

Toward a business plan

The evaluation found that the Global Fund principles continue to be fundamentally sound and relevant. The governance structure and processes have achieved both broad participation and genuine power-sharing between key constituencies, including donors, developing and developed countries, the private sector, civil society organizations and people living with the diseases. Core partnership mechanisms at the global and country levels have been established. There is continued support for the performance-based funding system and no fundamental question as to the Global Fund's role as primarily a financing mechanism and its alignment with the Paris Declaration principles of country ownership, harmonization, alignment and accountability.

On the other hand, the evaluation identified important weaknesses, limitations and potential conflicts in the implementation of the Global Fund principles in practice, and included the following observations: the performance-based system is complex and burdensome. Private sector is marginally involved. National health information systems do not provide sufficient regular and reliable information. Effective mechanisms for grant oversight and technical assistance are not in place at country level. The experience with Country Coordinating Mechanisms is mixed. The fully demand- and country-driven model for applications does not guarantee the choice of the most cost-effective interventions for those most in need.

The Global Fund is facing challenges due to the reality that country capacity and systems are weaker than expected. This evaluation reaffirms the relevance and validity of the Global Fund principles and model; it should remain a financing entity and work primarily through partnership. However, the Global Fund should be mindful of the increasing complexity of its work and the potential effects of its model and focus. The Global Fund needs to translate its objectives into a clearly communicated business plan, taking into account findings and lessons learned from its first five years of experience, as articulated in this evaluation. The absence of a clear business plan could ultimately weaken the Global Fund's original model.

Based on the evaluation findings, the TERG suggests the following key principles should be considered in articulating such a plan:

- (a) **Strengthening country ownership in proposal development:** Grant applications are often developed by external consultants, calling into question the extent to which the application process is country-driven. There are few mechanisms at the country level to ensure full country ownership of the proposals, and the role of Country Coordinating Mechanisms is in need of reinforcement in this area.
- (b) **A more proactive approach to grant-making:** In order to maximize the impact of funding, the Global Fund should take a more proactive approach, focusing on the most cost-effective interventions with the highest potential for impact, tailored to the local context and the type of epidemics. Resource-allocation decisions should also take into account funding available through other donors at the country level. To allow such an approach, the demand-driven model may need to be adapted through dialogue with partners and alteration of the grant guidelines and proposal review process.
- (c) **A focused approach to monitoring and evaluation:** The Global Fund should develop a systematic and focused strategy for improving country-level monitoring and evaluation systems in order to collect more reliable data in support of performance-based funding.
- (d) **A greater focus on quality assurance mechanisms and longer-term capacity building:** Countries should be encouraged to increase investments in medium – to long-term capacity building and to emphasize the development of quality assurance mechanisms at the country level that can help to improve grant oversight.
- (e) **Sustainability and financial plans:** To promote consideration of the sustainability of funding, the governments in countries (in particular those with high disease burden) should be encouraged to develop long-term financial mobilization plans in line with the national disease control plans for guiding domestic investment and use of Global Fund grants. Multi-year commitments via the Rolling Continuation Channel, National Strategy Applications and through other donors will improve the predictability of funding and reinforce country planning processes.
- (f) **Improved communication:** The Global Fund should improve its communication with global and country partners in order to avoid misunderstandings and inconsistencies. Fund Portfolio Managers are highly instrumental in this process. Improved communication will lead to a better understanding of roles and responsibilities and thus a more effective partnership.
- (g) **A differentiated approach:** The Global Fund should adopt a more differentiated approach to grant management based on the size of the grant, previous results, the state of the health system, contextual information, and other country-specific data. This approach will probably facilitate efficiency gains by adjusting the level of effort in relation to the risks and needs.

Achieving impact through partnerships

The evaluation argues that the Global Fund has become a “stand-alone entity” with a growing and increasingly complex portfolio of grants, requiring increasing numbers of staff to manage it. The sheer weight of its growing responsibilities may be taking place at the expense of its strategic leverage in the global development partnership. The study also suggests that the Global Fund has taken on functions outside of its core business that arguably other partners may be in a better position to execute. The TERG believes the Global Fund should maintain a small and efficient Secretariat, underscoring its basic principle of achieving impact through partnerships. Although not necessarily the most efficient approach, in the long term this is the most sustainable approach. The study also finds that Global Fund partnerships have largely been informal in nature, and based on goodwill rather than formal agreements. The Global Fund should search for the most effective way to deliver public goods through its partners. On a practical level, there is a need to clarify mandates, define roles and responsibilities, and to capitalize on the strengths and core competencies of each partner. The Global Fund business plan should strive to identify a clear division of labor among partners.

Contribution to health systems strengthening

Health systems should be defined by the objectives they need to achieve in order to make progress measurable. The evaluation found that global health partnerships including Global Fund financing were strengthening disease-specific systems, but the study also identified continued weaknesses in key areas, representing serious limitations for further scale-up and achieving impact. It is urgent that the Global Fund and its partners collectively address issues regarding health systems strengthening. Staying true to its mandate, the Global Fund should work primarily through partnership arrangements in this area and focus on key factors limiting scale-up: human resources, monitoring and evaluation systems and availability of essential services. Clarifying the roles and responsibilities of the different actors in this area will be critical.

Performance-based funding

The evaluation identifies critical areas where information and investments will be required if the performance-based funding system is to achieve its intended objectives. It is critical that these gaps be addressed as the performance-based funding system evolves. To streamline the performance-based funding process and increase its reliability, the Global Fund should assess the entire system – from proposal submission processes to grant rating methodologies, including target negotiation, data quality assessment and disbursement. In this exercise, the roles of the Local Fund Agents, Country Coordinating Mechanisms, Principal Recipients and the Technical Review Panel should be clearly articulated to safeguard accountability.

In order to maintain a lean Secretariat despite the growing size of its portfolio, grant oversight by the Secretariat should move away from direct program management through input/output indicators and more toward higher-level indicators and quality management principles, supplemented by periodic audits. This would likely support the simplification of grant processes which are considered overly complicated. In addition, the Global Fund should set clear incentives for countries to ensure availability of key data at the grant application stage and throughout the grant implementation process. In the future, it will be necessary to examine performance-based financing in the partnership context, especially in light of the move towards National Strategy Applications. The principles of performance-based funding will not be altered by such a move, but their implementation will.

Policy and programmatic analysis

The Synthesis Report provides a summary of important findings across the three study areas assessing the merit and value of Global Fund efforts from its inception until 2008. The Five-Year Evaluation has logically focused on the Global Fund's performance during the first five years. The next challenge is to interpret the key findings and recommendations in light of potential implications for ongoing policy developments in the Global Fund, including:

- National strategy applications
- Revision of the grant architecture
- Scaling up a gender-sensitive response
- Health systems strengthening
- Dual-track financing

VI. CONCLUSION

The Five-Year Evaluation of the Global Fund was one of the first independent evaluations of such scale. It examined not only disease outcomes and impact, but also process factors such as effectiveness of the organizational business model and partnerships at the global and country levels, with the ultimate goal of assessing the whole model from a systems perspective. Although the three study areas each faced a range of methodological challenges, the Synthesis Report speaks to what the Global Fund must do, and do soon, to stay on its intended path and significantly impact the epidemics of HIV/AIDS, TB and malaria.

The evaluation has clearly demonstrated significant progress and achievements in the fight against AIDS, TB and malaria. The Global Fund has laid the foundation for continued, successful scale-up. However, not all the original expectations of the Global Fund have been realized. Concerted effort will be required to continue the revision and refinement of the Global Fund's principles, systems and practices in order to increase funding for scaling up, especially in light of the current financial environment. The key messages from this evaluation underscore the urgent need to focus on principles of mutual accountability in partnerships, to review and reinforce the performance-based funding system to secure its integrity, and to improve contributions to the fight against the three diseases through health systems strengthening.

The TERG believes it is important to regularly provide a "mirror" to the Global Fund with the help of external independent evaluations – not only for purposes of accountability and decision-making, but also to support organizational learning and development. The final test of the value and utility of the evaluation is not whether all findings and recommendations are correct, but to what extent they are discussed and contribute to shape a more effective Global Fund response.

ANNEX A – LIST OF CURRENT TERG MEMBERS

TERG members

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Vice-Chair Global Fund Policy and Strategy Committee
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ANNEX B

Guiding Principles of the Global Fund¹

- A.** The Global Fund is a financial instrument, not an implementing entity.
- B.** The Global Fund will make available and leverage additional financial resources to combat HIV/AIDS, tuberculosis and malaria.
- C.** The Global Fund will base its work on programs that reflect national ownership and respect country-led formulation and implementation processes.
- D.** The Global Fund will seek to operate in a balanced manner in terms of different regions, diseases and interventions.
- E.** The Global Fund will pursue an integrated and balanced approach covering prevention, treatment, and care and support in dealing with the three diseases.
- F.** The Global Fund will evaluate proposals through independent review processes based on the most appropriate scientific and technical standards that take into account local realities and priorities.
- G.** The Global Fund will seek to establish a simplified, rapid, innovative process with efficient and effective disbursement mechanisms, minimizing transaction costs and operating in a transparent and accountable manner based on clearly defined responsibilities. The Global Fund should make use of existing international mechanisms and health plans.
- H.** In making its funding decisions, the Global Fund will support proposals which:
 - 1.** Focus on best practices by funding interventions that work and can be scaled up to reach people affected by HIV/AIDS, tuberculosis and malaria.
 - 2.** Strengthen and reflect high-level, sustained political involvement and commitment in making allocations of its resources.
 - 3.** Support the substantial scaling up and increased coverage of proven and effective interventions, which strengthen systems for working: within the health sector; across government departments; and with communities.
 - 4.** Build on, complement, and coordinate with existing regional and national programs in support of national policies, priorities and partnerships, including poverty reduction strategies and sector-wide approaches.
 - 5.** Focus on performance by linking resources to the achievement of clear, measurable and sustainable results.
 - 6.** Focus on the creation, development and expansion of government/private /nongovernmental organization partnerships.
 - 7.** Strengthen the participation of communities and people, particularly those infected and directly affected by the three diseases, in the development of proposals.
 - 8.** Are consistent with international law and agreements, respect intellectual property rights, such as TRIPS, and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need.
 - 9.** Give due priority to the most affected countries and communities, and to those countries most at risk.
 - 10.** Aim to eliminate stigmatization of and discrimination against those infected and affected by HIV/AIDS, especially for women, children and vulnerable groups.

¹ The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2001

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