



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Twenty-Third Board Meeting
Geneva, Switzerland, 11-12 May 2011

GF/B23/8
Attachment 2

AMFM - INDEPENDENT EVALUATION

PURPOSE:

This attachment provides the full text of the paper produced for the AMFm Ad Hoc Committee, outlining Global Fund Board Decisions, AMFm Ad Hoc Committee Decisions, TERG findings and Secretariat actions.

Independent Evaluation of the Affordable Medicines Facility-malaria (AMFm) Phase 1

A record of Global Fund Board Decisions, AMFm Ad Hoc Committee Decisions, TERG Findings and Secretariat Actions

15 March 2011

Decision Point GF/B19/DP27 of May 2009

The Board confirms that the Technical Evaluation Reference Group (TERG) will provide guidance with regard to the technical parameters of the design of the independent evaluation of the AMFm, under the oversight of the AMFm Ad Hoc Committee. Consistent with its previous decisions, the Board confirms that the Secretariat will continue to have responsibility for commissioning of the independent evaluation, under the oversight of the AMFm Ad Hoc Committee.

Decision Point GF/B20/DP24 of November 2009

The Board refers to its earlier decisions regarding the Affordable Medicine Facility - malaria ("AMFm") and clarifies its intent that the Global Fund will only expand from Phase 1 (the pilot phase) of AMFm to a global scale-up on the basis of evidence gathered during the pilot phase that the initiative is likely to achieve its four stated objectives: (i) increased ACT affordability, (ii) increased ACT availability, (iii) increased ACT use, including among vulnerable groups, and (iv) "crowding out" oral artemisinin monotherapies, chloroquine and sulfadoxine-pyrimethamine by gaining market share. The Board further clarifies that it will consider evidence that the AMFm will achieve these four objectives more cost-effectively than other financing models that aim to achieve similar objectives solely or principally through the expansion of public sector services (i.e., public health facilities and community health workers only).

Global Fund Secretariat Action in response to Board Decision Points

The Secretariat has commissioned the independent evaluation of AMFm Phase 1, contracting through competitive processes the Independent Evaluator and the Baseline Data Collection Contractors. To respond to the second part of the Board's decision of

November 2009, the Secretariat has issued a request for proposals (RFP) for a study to evaluate the comparative effectiveness and cost-effectiveness of AMFm relative to other financing models.

In the first half of 2010, the TERG submitted its findings to the AMFm Ad Hoc Committee and to the Policy and Strategy Committee. The report is available at: <http://www.theglobalfund.org/documents/board/21/GF-B21-07-Report%20of%20the%20AMFm%20Ad%20Hoc%20Committee-Attachments%201%20and%202.pdf>. The Committee endorsed the findings and reported its endorsement to the Board in April 2010 (GF/B21/07). The following tables present a summary of the Secretariat's actions, pursuant to the Committee's endorsement of the TERG Findings.

TERG Finding Number 1	Global Fund Secretariat action, pursuant to the Ad Hoc Committee's endorsement of the TERG Findings
<p>“In light of the short implementation period during which changes can be observed, the TERG agreed with earlier assessments on the value of examining and documenting the extent to which the operational aspects, or business models, are working within the duration of Phase 1. The independent evaluation would therefore concentrate on:</p> <ul style="list-style-type: none"> a. Changes in the <u>price</u> of co-paid ACTs b. Changes in the <u>availability</u> of co-paid ACTs c. Changes in the <u>market share</u> of ACTs compared to undesirable monotherapies <p>An evaluation of the AMFm using these three parameters should form the core of the independent evaluation, and should be possible to execute in all countries participation in Phase I during the period of observation. The TERG noted that it is possible to examine the three parameters of price, availability and market share without household surveys, thus avoiding a major increase in the costs of data collection.”</p>	<p>The independent evaluation is covering these items in all countries through the baseline assessment (for which data collection has been completed), the endpoint assessment (which is at the planning stage) and through its final report (to be submitted in 2012).</p> <p>The AMFm Ad Hoc Committee has received and endorsed the inception report from the Independent evaluator, which included the study design and instruments. [Independent Evaluation of Phase 1 of the Affordable Medicines Facility - malaria (AMFm) Inception Report. 31 May 2010.]</p>

TERG Finding Number 2	Global Fund Secretariat action, pursuant to the Ad Hoc Committee's endorsement of the TERG Findings
<p>“Given the short implementation period, it is likely that conclusions regarding the success of the facility will depend on information about how rapidly these changes are occurring (as well as in what magnitude), and so threshold values (or range of values) for these parameters should be established during the aforementioned exercise to identify criteria for success.</p>	<p>The AMFm Ad Hoc Committee prepared TORs and identified consultants for a study of Success Benchmarks, which the Secretariat duly commissioned. The Committee sent the consultants' report to the Board in advance of the 22nd Board Meeting (Sofia, December 2010), and held a briefing session for interested Board members. The report from E2Pi is on the website of the Global Fund, at: http://www.theglobalfund.org/documents/amfm/E2Pi_EstimatingBenchmarksInAMFm_Report_en.pdf</p>

TERG Finding Number 3	Global Fund Secretariat action, pursuant to the Ad Hoc Committee's endorsement of the TERG Findings
<p>“The TERG further recognized that it would be useful for decision making to know about <u>changes in uptake of co-paid ACTs at outlets and by people in remote locations</u>. However, the TERG believes that this will be possible only in a subset of the implementing countries during the period of observation and within the available budget, and therefore is most fruitfully investigated by focusing on fast-moving countries, in which end-point outlet surveys will yield meaningful results. Arguably, those countries will not constitute a representative sample of the pilot countries, or of all future countries, and so drawing inferences with external validity will be challenging.”</p>	<p>With guidance from the AMFm Ad Hoc Committee Chair and Vice-Chair, the Global Fund Secretariat has requested the independent evaluator to prepare a detailed technical workplan for this study.</p> <p>At the request of the AMFm Ad Hoc Committee, the Secretariat is financing, through the Clinton Health Access Initiative, a complementary operational research study on the appropriate diagnosis of malaria and use of ACTs. This work will be done in Ghana, one of the first countries to start implementing the AMFm.</p>

<p>TERG Finding Number 4</p>	<p>Global Fund Secretariat action, pursuant to the Ad Hoc Committee’s endorsement of the TERG Findings</p>
<p>“The TERG also observed that future decisions would be informed by a comparison between the AMFm and other possible means of financing expanded access to affordable antimalarials. In particular, there is value in comparing and contrasting how each financing model performs, not to compare AMFm (a financing model) with specific approaches to service delivery. For the reasons described above, it is likely that the focus will have to be on the speed and coverage of the comparator financing mechanisms, rather than on the access among the poor across all settings.”</p>	<p>With guidance from the AMFm Ad Hoc Committee, the Secretariat has issued a request for proposals (RFP) on comparative effectiveness and cost-effectiveness. The RFP, which closed in early March 2011.</p>

<p>TERG Finding Number 5</p>	<p>Global Fund Secretariat action, pursuant to the Ad Hoc Committee’s endorsement of the TERG Findings</p>
<p>“Given the observation that participating countries are likely to move at varying paces, and opportunities for learning are greatest in fast-moving countries, the TERG suggests that design of the evaluation prioritize in-depth country case studies, blending quantitative and qualitative methods, rather than primarily inter-country comparisons. This will provide opportunities to assess and learn, in addition to quantitative measures of what has changed, how and why the new model unfolds in a variety of contexts while drawing lessons that can help future operations. This will constitute a more limited independent evaluation of the downstream business model.”</p>	<p>With guidance from the leadership of the AMFm Ad Hoc Committee, the Secretariat has requested the independent evaluator to prepare a technical workplan for the in-depth case country studies and, as indicated by the TERG, to drop the comparisons between AMFm and non-AMFm countries.</p>

TERG Finding Number 6	Global Fund Secretariat action, pursuant to the Ad Hoc Committee’s endorsement of the TERG Findings
<p>“The TERG notes the decision of the Board at its 20th meeting that all ACTs co-paid by the AMFm will have a universal logo. The TERG notes the Board’s request to RBM partnership, to encourage other financiers of quality-assured ACTs to adopt the same logo. The TERG recommends that the independent evaluation include studies of how well AMFm Phase 1 achieves the intended effects of the logo, including: the use of the logo by countries for branding and communication campaigns; plausible effects of those communication campaigns on the sales of co-paid ACTs, even if such evidence is limited to qualitative data in view of the short duration of implementation; and the usefulness of the logo in facilitating recall by service providers and patients during outlet studies of ACT purchase and use. At the same time, the TERG recommends that the evaluation include studies of the effects of the logo on quality-assured ACTs that do not have the logo.”</p>	<p>With guidance from the leadership of the AMFm Ad Hoc Committee, the Secretariat has requested the independent evaluator to prepare a detailed technical workplan for these studies.</p> <p>At the request of the AMFm Ad Hoc Committee, the Secretariat is financing, through the Clinton Health Access Initiative, a complementary operational research study on the appropriate diagnosis of malaria and use of ACTs. This work, to be done in Ghana, will include a modest study of the perceptions of logos found on packages of malaria medicines, including the AMFm (leaf) logo.</p>

<p>TERG Finding Number 7</p>	<p>Global Fund Secretariat action, pursuant to the Ad Hoc Committee’s endorsement of the TERG Findings</p>
<p>“Given the short implementation period, it is likely that conclusions regarding the success of the facility will depend on information about how rapidly these changes are occurring (as well as in what magnitude), and so threshold values (or range of values) for these parameters should be established during the aforementioned exercise to identify criteria for success.”</p>	<p>The AMFm Ad Hoc Committee prepared TORs and identified consultants for a study of Success Benchmarks, which the Secretariat duly commissioned. The Committee sent the consultants’ report to the Board in advance of the 22nd Board Meeting (Sofia, December 2010), and held a briefing session for interested Board members. The report from E2Pi is on the website of the Global Fund, at: http://www.theglobalfund.org/documents/amfm/E2PI_EstimatingBenchmarksInAMFm_Report_en.pdf</p>