

HIV Prevention Evaluation

18 March 2025

This document contains the original text for the Terms of Reference of this evaluation as approved by the Independent Evaluation Panel (IEP). The document has been reformatted so it may be published to the Global Fund website.

Terms of Reference (ToR)

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1. Introduction

1. These terms of reference (ToR) describe the planned independent evaluation on HIV Prevention at the Global Fund. The purpose of the evaluation is to assess to what extent and how the increased Global Fund efforts in HIV prevention have led to GC7 grants that are optimally configured and coherent to enable maximizing HIV prevention outcomes and impact and are being implemented in line with the grant design.
2. The evaluation is strategy-based as it directly ties in with the ambition of the GF 2023-28 Strategy to strengthen HIV Prevention. The evaluation objectives and Key Evaluation Questions (KEQ, see paragraph 21 and Table 2) reference the three OECD/DAC evaluation criteria: effectiveness, coherence and sustainability, with a focus on the former. It entails summative elements as it assesses the actual shift towards prevention interventions in the design of grants and the first year of implementation (GC7). In addition, formative elements - such as recommendations to inform continuing GC7 grant implementation, GC8 grant design and HIV Prevention efforts – are expected to enhance the utility of the evaluation.
3. The Global Fund Secretariat is the primary audience of the evaluation results and will utilize its findings and recommendations in providing support to countries in grant-related HIV prevention programming. Secondary audience includes the Global Fund Board, in-country HIV programs, including implementers of GF grants (Principal and Sub-Recipients (PRs and SRs)) and technical partners involved in HIV programming on country level (e.g. UNAIDS, WHO, PEPFAR).
4. The evaluation will be managed by the Evaluation and Learning Office (ELO) of the Global Fund under the oversight of the Global Fund Independent Evaluation Panel (IEP). These ToR outline the purpose, background, context, audience and expected use of the evaluation, objectives and KEQ, methodological considerations for the evaluation, timeline and deliverables, and the requirements that the prospective evaluation team should meet.

2. Background

5. The Global Fund is a worldwide partnership to defeat HIV, TB and Malaria (HTM) and ensure a healthier, safer, more equitable future for all. The Global Fund raises and invests more than US\$5 billion a year to fight the deadliest infectious diseases, challenge the injustice that fuels them, and strengthen health systems and pandemic preparedness in more than 100 of the hardest hit countries. Since 2002, the Global Fund partnership has saved 59 million lives and has reduced the combined death rate from the three diseases by more than half in the countries in which it invests¹. Out of the overall investment, 25.7% in GC6 was directed to HIV/AIDS (US\$ 4.8 billion over the period of 2020 – 2022). The figure for GC7 will become available once all grants have been signed.
6. This evaluation is part of the Global Fund Board approved Multi-Year Evaluation Calendar. The topic was prioritized as it relates directly to one of the critical areas in the 2023-2028 Global Fund Strategy where changes must be made to accelerate the pace of implementation.

¹ For information about the Global Fund and how the Global Fund works to achieve its mission please visit the website <https://www.theglobalfund.org/en/about-the-global-fund/>

Independent evaluation was identified as a critical and complementary tool to the ongoing monitoring efforts in this area.

7. Substantial **progress has been made in the HIV response**, but significant gaps remain. Continued investments and services are crucial to maintaining the reduction in new HIV infections and AIDS-related deaths. While new HIV infections have declined by 38% since 2010, there are still over 1.3 million new cases every year, far from the 2025 UNAIDS target of just 370,000 new HIV infections². According to the 2023 UNAIDS Global Update, in 2023 for the first time in the history of the HIV pandemic, more new infections are occurring outside sub-Saharan Africa than in sub-Saharan Africa. This indicates success in reversing the numbers of new cases in the worst affected region, but at the same time lack of progress in the rest of the world, with the case numbers rising in Eastern Europe and Central Asia, Latin America, the Middle East and North Africa³.
8. The world is off track to meet the global goal of ending AIDS by 2030 and the UNAIDS 2025 targets related to access to and use of HIV prevention services⁴. Drastic reductions in new HIV infections are needed to reach the SDG target⁵. Furthermore, the most in need remain further behind, including key populations globally and adolescent girls and young women in parts of Sub-Saharan Africa (SSA)⁶.
9. In 2022, **key populations** – gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs – and their clients and sexual partners, comprised 25% of all infections in SSA and 80% outside of SSA⁷. Key populations are marginalized as a direct result of criminalization, violence, discrimination, social exclusion, and harmful laws and policies that limit or prohibit access to health services, which heightens their vulnerability to HIV and reduces access to treatment and prevention services, with young KP especially vulnerable and facing the greatest hurdles in accessing services. Women continue to face a greater risk of HIV acquisition particularly in SSA where **adolescent girls and young women** (AGYW, aged 15-24 years) and women aged 25-49 years are respectively up to 3 times and 1.4 times more likely to acquire HIV than their male peers⁸.
10. According to the 2023 Global AIDS Monitoring Report, **HIV prevention efforts are still missing millions of people globally**. HIV prevention programs must greatly improve the combination and focus of proven interventions where HIV infection rates are especially high. The potential of interventions with proven efficiency, such as pre-exposure prophylaxis (PrEP), condom programs and voluntary medical male circumcision (VMMC) is not fully realized globally⁹.
11. The **Global Fund Strategy for 2023 – 2028** spells out the following sub-objective related to HIV prevention: Accelerate access to and effective use of precision combination prevention,

² Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS. UNAIDS, 2021 available at: <https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026>

³ The Path that Ends AIDS. 2023 UNAIDS Global AIDS Update available at: https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf

⁴ By 2025 90% of people at increased risk of HIV infection are using HIV prevention options

⁵ By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

⁶ The Path that Ends AIDS. 2023 UNAIDS Global AIDS Update available at: https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf

⁷ The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS; 2024. License: CC BY-NC-SA 3.0 IGO.

⁸ Fighting Pandemics and Building a Healthier and More Equitable World Global Fund Strategy (2023-2028) available at: https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

⁹ The Path that Ends AIDS. 2023 UNAIDS Global AIDS Update available at: https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/2023_report.pdf

with behavioral, biomedical, and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations¹⁰. The sub-objective further details how this would be achieved:

- (i) Close gaps in HIV prevention coverage by expanding the scale and reach of people-centered, effective HIV prevention options for people at risk of HIV infection;
- (ii) Accelerate access to and use of new HIV prevention options, such as new PrEP formulations and technologies that provide dual protection against both HIV and pregnancy, alongside existing options such as condoms and harm reduction; and
- (iii) Evolve and expand the range of platforms for access to and delivery of people-centered HIV prevention to respond to individuals' needs, leveraging the strengths of public sector, community, civil society and private sector delivery systems for greater differentiation, innovation, and sustainability of HIV prevention efforts¹¹.

12. The Global Fund Strategy period covers two grant cycles¹² (GC7 and GC8¹³) and most countries are currently implementing GC7 grants. Preparations for GC8 have already begun, and therefore the immediate use of this evaluation will be to inform improvements and adaptations of Global Fund processes and guidance documents in advance for the 2026-2028 Global Fund Grant Cycle (GC8). In addition, learning and evidence from the evaluation is expected to inform current and future HIV prevention efforts, including implementation and scale up of national programs.

3. Context

13. In 2020, the Technical Evaluation Reference Group (TERG) carried out a Thematic Review on HIV Primary Prevention¹⁴. The evaluation concluded that there has been an increased prioritization of HIV prevention (proportion of Global Fund funding allocated to HIV primary prevention of total HIV funding increased from 10.8% in 2015-2017 to 13.3% in 2018-2020), increased commitment from Global Fund leadership, and introduction of some key initiatives emphasizing HIV primary prevention.

14. The review also noted the lack of an overarching framework or approach to the results the Global Fund aims to achieve through its investments in HIV prevention. It also concluded that more prioritization and increase in HIV prevention funding and more effective and quality programming for HIV primary prevention is needed. It emphasized that monitoring efforts should focus on coverage/reach and on the achieved outcomes, such as behavior change.

15. Since then, the Global Fund has developed an ***HIV primary prevention results Theory of Change, Results Framework and M&E Framework*** (Annex 1). It has also further intensified its efforts in HIV primary prevention. Moving from grant cycle 5 (GC5) to grant cycle 6 (GC6)
¹⁵ there has been an approximate 15% rise in HIV prevention investments from 737 million

¹⁰ Fighting Pandemics and Building a Healthier and More Equitable World Global Fund Strategy (2023-2028) available at: https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

¹¹ Fighting Pandemics and Building a Healthier and More Equitable World Global Fund Strategy (2023-2028) available at: https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf

¹² The Global Fund operates in three-year grant cycles, when funding requests submitted by eligible countries are transformed into 2 grants and funded during the three years of implementation. Funding Request Form, Performance Framework and Detailed Budget constitute the core of a Funding Request.

¹³ Grant cycle 7 covered 2024 – 2026, and Grant cycle 8 covers 2027 – 2029

¹⁴ Technical Evaluation Reference Group: Thematic Review on HIV Primary prevention, available at: https://archive.theglobalfund.org/media/11152/archive_terg-hiv-primary-thematic-review_report_en.pdf

¹⁵ Grant cycle 5 covered 2018 – 2020, and Grant cycle 6 covers 2021 – 2023

USD (GC5) to 874 million USD (GC6). Early analysis of partial GC7 (2024-2026) cohort suggests a continuation of these upward trends¹⁶. Determining a number of Program Essentials that countries are encouraged to prioritize in their funding requests further reflects Global Fund increased focus on HIV prevention. They are described in the HIV Information Note along with the focus on broadening the range of HIV prevention service delivery platforms to increase service accessibility.¹⁷ ¹⁸ The Global Fund has also developed an **HIV Prevention Outcome Monitoring Toolkit** (POMT)¹⁹ to address the need for rapid, easy to administer and cost-effective methodologies that provide more frequent HIV prevention outcome data.

16. Evaluations of other large-scale prevention efforts provide useful insights into their effectiveness. PEPFAR-implemented Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) program to reduce HIV incidence in AGYW in sub-Saharan Africa that started in 2015 was the largest global initiative to date attempting to address the full range of structural, behavioral and biomedical drivers of HIV incidence amongst AGYW at scale. Several evaluations of DREAMS indicate that although it has likely impacted some mediators of change, there is only weak or disparate evidence of the program's impact on HIV incidence. Some of the reasons behind it include considerable effect of ARV treatment and HIV testing scale up on HIV incidence prior to DREAMS implementation and the delayed nature of results of addressing structural drivers of HIV among both men and AGYW²⁰.
17. The HIV Prevention Roadmap 2025²¹ stresses the importance of adopting a precision prevention approach that entails:
 - (i) identifying the populations and locations with the greatest HIV prevention needs, as well as those who are not being reached with services,
 - (ii) adopting or adjusting interventions and approaches shown to reduce new HIV infections, with an appropriate balance between biomedical, behavioral and structural approaches, and
 - (iii) focusing resources and setting coverage and uptake targets that are high enough to achieve large impact.
18. While the Global Fund approach to funding disease programs does not directly determine the distribution of resources at the country level, technical guidance and funding request review processes are used to encourage country partners to implement precision prevention approaches. Evidence coming from HIV prevention programs globally and intensified Global Fund efforts moving from GC6 to GC7 (increased portfolio-wide investment in this area of approximately 15%) call for an assessment of whether the latter have translated into more effective and coherent allocation of investments at the country level.

¹⁶ Trends in HIV Prevention Investments at the Global Fund: A Comprehensive Analysis, Global AIDS Conference 2024 poster THPEE560

¹⁷ HIV Information Note, Allocation Period 2023 – 2025 available at:

https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf

¹⁸ Global Fund does not determine the recommended interventions but relies on technical partners' (UNAIDS, WHO) guidance for that. Disease information notes provide a summary of these interventions. HIV Information Note, Allocation Period 2023 – 2025 is available at: https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf

¹⁹ Please refer to Annex 2 of Measurement Guidance for Global Fund Supported HIV Prevention Programs

https://www.theglobalfund.org/media/12214/measurement-guidance-hiv-prevention-programs_guidance_en.pdf

²⁰ Mullick, S; Cowan, F. (2022) Evaluating the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe programme, what's worked and what more needs to be done? *AIDS* 36(Supplement 1):p S1-S3,

https://journals.lww.com/aidsonline/fulltext/2022/06151/evaluating_the_determined_resilient_empowered.1.aspx

²¹ HIV Prevention 2025 Road Map available at: https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/JC3053_2022-HIV-Road-Map-Publication_En_v4.pdf

4. Purpose, Objectives, Scope and Key Evaluation Questions

19. The purpose of the evaluation is to assess to what extent and how the increased Global Fund efforts in HIV prevention have led to GC7 grants that are optimally configured and coherent to enable maximizing HIV prevention outcomes and impact and are being implemented in line with the grant design.
20. While the evaluation is informed by the ToC/Results Framework of the Global Fund approach to HIV Prevention depicted in Annex 1, the evaluation is not designed to test the causal pathways from intervention to impact or the effectiveness of specific interventions. At the time of this evaluation, most countries will be at an early stage in implementing their three-year grants. Hence, the focus is to establish if the HIV prevention components of the grants have been appropriately designed and are being implemented according to the design.
21. Based on the purpose of the evaluation, the objectives are:
 1. To assess the configuration of grants for optimal allocation of funds for HIV prevention considering four dimensions:
 - Geographical location vis-à-vis disease burden (national, sub-national levels)
 - Supported interventions (evidence-based)
 - Populations of focus (key and vulnerable populations identified at the national level)
 - Target coverage (numbers and percentage of population reached)
 2. Review implementation of selected/sampled grants following approximately one year of implementation based on the four dimensions outlined under (1) above, to assess: a) any shifts compared to GC6, b) early results, c) alignment with grant agreement and d) external coherence²².
 3. Assess country monitoring systems of the sampled countries for measuring HIV prevention outcomes and subsequent use of this information – with specific attention on POMT if in use (see paragraph 15).
22. The Global Fund Secretariat and - in particular - the HIV technical team is the primary stakeholder of this evaluation and will take forward the utilization of its insights, findings and recommendations. The evaluation will also provide the Board and Committees with independent and credible evidence of collective progress towards the Global Fund Strategy objectives in HIV prevention. Additional users of the evidence and learning that will come from this evaluation include technical partners (UNAIDS, WHO, PEPFAR) who provide guidance and /or fund HIV prevention in countries and national HIV programs that can use the results to improve design and implementation of future HIV prevention efforts. The likely update of

²² OECD-DAC definition: External coherence considers the consistency of the intervention with other actors' interventions in the same context. This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value while avoiding duplication of effort. https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&_csp_=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e2935

the HIV Prevention Roadmap 2025 (see paragraph 17) may also be informed by the results of this evaluation.

23. The evaluation will cover the design of all GC7 HIV grants and the approximate first year of implementation of sampled HIV grants only, complemented by analyzing the design of respective GC6 grants for comparison. The evaluation will consider external factors in selected countries (see paragraph 26) that enable and/or inhibit implementation progress.
24. The evaluation will focus on people at increased risk of HIV infection, which includes key populations in all epidemic settings and AGYW and their male partners in locations with high HIV incidence.
25. HIV prevention interventions for the purpose of this evaluation refer to bio-medical, behavioral and structural interventions, as referenced in the HIV information note²³. The evaluation will focus on primary HIV prevention, hence HIV treatment as prevention, prevention of mother-to-child transmission (PMTCT) and HIV testing are not within the scope of this evaluation.
26. A proposed sample of 12 countries representing all geographical regions where Global Fund works²⁴ was selected for this evaluation to provide country insights. The list of countries is as follows: Cuba, Eswatini, Kenya, Kyrgyzstan, Madagascar, Mozambique, Nigeria, Pakistan, Philippines, Tanzania, Uganda, Zimbabwe.
27. The countries were selected purposefully to represent different epidemiological settings and different HIV prevention responses. They include eight of Global Fund incidence reduction focus countries that were selected based on the largest overall number of new HIV infections in 2021 and increase in incidence from 2020 to 2021 (Congo, India, Indonesia, Kenya, Madagascar, Mozambique, Nigeria, Pakistan, Philippines, South Africa, South Sudan, Tanzania, Uganda, Zambia), two countries from the two regions that are not included in incidence reduction focus countries (Kyrgyzstan and Cuba), Eswatini, which is close to achieving the global UNAIDS treatment targets²⁵, and Zimbabwe whose comprehensive HIV prevention program can provide relevant insights. The list of countries will be revisited and finalized during the Inception phase of the evaluation.
28. Table 1 below summarizes what is in and out of scope for this evaluation.

Table 1: Scope of the evaluation – summary

Dimension	In scope	Out of scope
Grant cycles	GC7, and GC6 as a reference point for comparison	GC5 and earlier grant cycles
Prevention components and interventions	HIV primary prevention that includes bio-medical, structural and behavioral interventions. Under bio-medical interventions the following are included: condoms and	Treatment as prevention, PMTCT, HIV testing Testing the effectiveness of high

²³ HIV Information Note, Allocation Period 2023 – 2025 available at: https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf

²⁴ East Asia and Pacific, Eastern Europe and Central Asia, Latin America and Caribbean, Middle East and North Africa, South Asia, and Sub-Saharan Africa

²⁵ UNAIDS treatment targets are: 95% of HIV-positive people know their HIV status, 95% of people knowing their status are on ARV treatment, and 95% of those on treatment are virally suppressed by 2025.

	lubricants, PEP and PrEP, sexually transmitted infections (STI) interventions, opioid substitution treatment (OST), needle exchange, voluntary medical male circumcision (VMMC)	impact HIV prevention interventions ²⁶
Geography	All active Global Fund grants for a portfolio-wide desk review of sections of Funding Request (FR) forms, detailed budgets and Performance Frameworks (PFs) ²⁷ Around 17 GC7 and GC6 HIV grants for 12 selected countries for in-depth analysis and comparison	In-depth analysis of all HIV grants
Key and vulnerable populations	Key populations in all epidemic settings, and adolescent girls and young women and their male partners in sub-Saharan Africa ²⁸	All other populations

29. Organized by evaluation objectives (see paragraph 21), Table 2 on the following page lists the Key Evaluation Questions that will guide this evaluation. The questions are informed by consultations with Global Fund Secretariat and Strategy Committee members, as well as external stakeholders (WHO, UNAIDS, PEPFAR). Consultation will continue through the HIV Situation Room and other fora. At the inception phase, there is an opportunity to refine the questions based on desk review and further consultation with ELO and key stakeholders, potentially including representatives of in-country implementing organizations, within available resources. The main OECD/DAC evaluation criteria are referenced in brackets under each evaluation objective for orientation.

Table 2: Key Evaluation Questions.

Evaluation Objectives	Key Evaluation Questions (KEQ)
1. Grant configuration for optimal allocation of resources (effectiveness, coherence)	<ol style="list-style-type: none"> 1. To what extent are Global Fund investments targeting locations where most new infections are occurring / locations with highest HIV incidence rates? 2. To what extent are the Global Fund investments being programmed towards UNAIDS/ WHO recommended HIV prevention interventions while considering the countries' context and epidemiological situation? 3. To what extent and how are structural (human rights and social protection) and behavioral interventions integrated into

²⁶ Condoms and lubricants, PEP and PrEP, sexually transmitted infections (STI) interventions, opioid substitution treatment (OST), needle exchange, voluntary medical male circumcision (VMMC)

²⁷ This work will heavily draw on Global Fund analysis of budgets and PFs done up to date; nevertheless, it is expected that additional analysis of these documents as well as of narrative sections of the FR form will be carried out across the portfolio, which would require implementation of advanced data science techniques.

²⁸ In line with the HIV Prevention 2025 Road Map available at:

https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/JC3053_2022-HIV-Road-Map-Publication_En_v4.pdf

	<p>biomedical HIV prevention programs in order to enhance the uptake of services?</p> <p>4. To what extent are the interventions targeted to populations most in need of HIV prevention services - at sufficient scale of coverage for impact and with sufficient differentiation by population group?</p> <p>5. To what extent and how has the grant configuration and prioritization improved between GC6 and GC7?</p>
2. Initial progress, alignment, coherence (effectiveness, coherence, sustainability)	<p>6. To what extent and how has HIV prevention implementation shifted in GC7 compared to GC6? Areas to be considered are:</p> <ul style="list-style-type: none"> a. Are HIV prevention services targeted and accessible to those most in need of HIV prevention? b. Is there any indication of sufficient utilization of HIV prevention delivery platforms, including their expansion and integration with other services? c. Is there any indication of sub-national tailoring of HIV prevention interventions? d. To what extent are GF GC7 investments contributing to increased coverage of key and vulnerable populations with precision combination prevention interventions²⁹ (early results)? <p>7. To what extent and how is the implementation of Global Fund supported GC7 HIV prevention interventions consistent with respective GC7 grant agreements (e.g. Performance Frameworks, budgets and narratives)?</p> <p>8. To what extent and how and are Global Fund supported GC7 HIV prevention interventions coherent (including complementarity, harmonization and co-ordination) with other actors' interventions, and are adding value while avoiding duplication of effort?</p> <p>9. How are considerations of the sustainability of prevention interventions (e.g. national funding commitments, integrated service delivery options) build into the design and implementation of grants?</p>
3. Outcome monitoring systems (effectiveness)	<p>10. To what extent are countries effectively measuring HIV prevention outcomes (beyond input and output monitoring)?³⁰ Areas to be considered are measurement approaches, scale and reach, coherence/integration and capabilities, and subsequent use of information.³¹</p>

²⁹ This will be based on early indications from approximately one year of implementation of GC7 grants

³⁰ Please refer to Measurement Guidance for Global Fund Supported HIV Prevention Programmes (https://www.theglobalfund.org/media/12214/measurement-guidance-hiv-prevention-programs_guidance_en.pdf)

³¹ Please note that assessing countries practices in coverage monitoring and impact evaluation are out of scope of this evaluation.

5. Methodological Considerations

30. The detailed evaluation design and methodology will be developed by the supplier and proposed as part of the response to the Request for Proposal (RfP).
31. The evaluation methodology and approach should adhere to the principles set out in the Global Fund Evaluation and Learning Principles³² with particular focus on the principle of ethical practice and conforming to the ‘do no harm’ principle, which requires evaluators and all others involved in the evaluation process to strive to minimize harm that may be caused inadvertently due to their activities. Evaluators will also be bound by the code of conduct for suppliers as described in the RFP document.
32. The proposed evaluation design is expected to include utilization-focused, summative and formative aspects, and consider the following:
 - a) The interdependencies of biomedical, behavioral and structural HIV prevention interventions and their potential effectiveness in achieving prevention outcomes.
 - b) In order to assess the optimal configuration of grants, define evidence-based criteria, standards and definitions for an “optimal” grant in line with the HIV Prevention Roadmap 2025³³ and the ToC (Annex 1).
 - c) The consideration of the causal pathways depicted in the Global Fund HIV prevention ToC (Annex 1). However, the evaluation is not expected to test the ToC, i.e. it is not expected that HIV prevention outcomes and impact will be assessed.
 - d) Development and application of rubrics based on b) to assess sampled GC7 grants (zero-draft example is provided in Annex 2).
 - e) The significant heterogeneity and diversity among countries, grants, and population groups.
 - f) The gender and human rights dimension in the selection of methods and tools, data collection and analysis.
 - g) Propose and apply data analysis approaches and applications – such as Machine Learning / NLP - to implement portfolio-wide analysis of grant documentation, including Funding Request narrative sections, detailed budgets, Performance Frameworks, etc.
33. A mixture of qualitative and quantitative methods is expected to be applied during this evaluation; the choice of methods must be described and explained in the technical proposal.
34. It is expected that a total of approximately 17 grants for GC6 and corresponding grants for GC7 of the 12 proposed countries (see paragraph 26) will be analyzed in detail, which would include document review, as well as conducting key informant interviews (KIIs) and focus group discussions (FGD). Country insights will be used to provide illustrative examples of how HIV prevention is designed and implemented in countries. It is not foreseen that individual case studies will be developed. Visits are expected to a maximum of four of the selected countries. The purpose of the visits will be to conduct KIIs and FGDs, collect background information and observe early progress in implementation of the HIV Prevention components of GC7 grants. A strong rationale for in-country versus remote data collection options is essential.

³² <https://www.theglobalfund.org/en/iel/evaluation-and-learning-principles/>

³³ HIV Prevention 2025 Road Map available at: https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/JC3053_2022-HIV-Road-Map-Publication_En_v4.pdf

35. The technical proposal must also describe the analysis approach and how information and data coming from different methods will be triangulated and will complement each other to ensure robust and rigorous findings and conclusions. The proposal should describe how the strength and robustness of evidence will be assessed and rated.
36. Whilst the methods, data collection tools and analysis approach will be finalized during the inception phase, the technical proposal is expected to provide sufficient detail on how the evaluation intends to answer the KEQ in order to conclude on the objectives of the evaluation, expected limitations and risks that need to be addressed or mitigated, and the quality control mechanisms that will be applied at different stages of the evaluation process.

6. Evaluation Process

37. Once the evaluation team is on board, the evaluation will be structured in three main phases defined by accompanying activities as described below:

38. Inception Phase (approx. four weeks)

- **Onboarding:** This will most likely occur in the week following signature of the contract and will be conducted virtually. Shortly after onboarding, a workplan will be submitted.
- Following the signature of Non-Disclosure Agreements with all evaluation team members, a series of onboarding sessions will be organized by ELO with the evaluation team. The sessions will cover but are not limited to consultations on a) the evaluation process, with its key milestones and deliverables; b) roles and responsibilities of major stakeholders in the evaluation management and oversight; c) guidance and templates for the evaluation deliverables; d) overview of the available data and documents for desk review; e) clarity on technical issues related to the subject matter and Global Fund modus of operation; f) country, grant and stakeholder mapping for data collection.
- ELO will establish a TEAMS Space and will give access to the evaluation team members. This space will be used throughout the evaluation to share a) all guidance materials, templates and documents referred to in the onboarding; b) Global Fund data and documents identified in the inception phases; c) progress updates and deliverables submitted by the evaluation team.
- **Inception Report:** At the end of the Inception Phase the Inception Report will be submitted for review adhering to ELO guidance on structure of report. The report will contain a detailed/refined evaluation matrix linking evaluation criterion with specific questions/areas of inquiry and analytical frameworks/rubrics, and corresponding data sources and collection/analysis methods. Once approved by ELO the evaluation team can move to data collection.

39. Data Collection and Analysis Phase (approx. 12 weeks)

- The evaluation team proceed with the independent collection and analysis of data and information as described in the approved Inception Report. The Evaluation Team Lead and ELO will hold weekly meetings to review progress of the evaluation and identify any areas where ELO can facilitate progress if required.

- Towards the end of this phase, there will be a virtual meeting between the evaluation team and key stakeholders in which the evaluation team will present and discuss preliminary findings. The evaluation team will be requested to submit a slide deck presentation in advance of the meeting.

40. Reporting Phase (approx. eight weeks)

- Adhering to ELO guidance on report structure and length, a draft Final Evaluation Report will be submitted at the start of this phase.
- Based on the draft report, a workshop will be held with the evaluation team and key stakeholders (co-chaired by ELO and IEP) to discuss the recommendations in the draft report. A presentation summarizing the key analysis and recommendations will be submitted beforehand. It is expected that at least the Evaluation Team Lead and a few team members will come in-person for this event to be held in the Global Fund Secretariat in Geneva.
- Written feedback on the draft report and recommendations will be received.
- A Final Evaluation Report is submitted that addresses the feedback received on the draft report and is reflective of the discussions in the aforementioned meeting/workshop.
- Once the final report has been approved by ELO, an Evaluation Brief and a Summative Slide Deck are submitted as the final deliverables.
- The Global Fund Evaluation Function has developed a Quality Assurance Framework³⁴ to guide the process of review of the final report. Potential bidders may find reviewing this document helpful in considering proposal submissions. The QAF is of particular importance at the report-writing stage of the evaluation process but given the centrality and importance of the final report all evaluation activities should be framed and informed by the logic and content of the QAF.
- Upon ELO approval of the evaluation report, the report assessed by the IEP using the QAF and the IEP will prepare a Commentary on the evaluation. The Global Fund Secretariat will prepare its management response. The intention is to publish the Final Evaluation Report alongside the IEP Commentary and Secretariat Management Response on the Global Fund website.
- Upon ELO approval of the final evaluation report, the report will be assessed by the IEP using the QAF and the IEP will prepare a Commentary on the evaluation. The Global Fund Secretariat will prepare its management response. The intention is to publish the Final Evaluation Report alongside the IEP Commentary and Secretariat Management Response on the Global Fund website.³⁵ The evaluation brief and slide deck may also be posted here for external audiences.

³⁴ Global Fund Evaluation Function Quality Assurance Framework (https://www.theglobalfund.org/media/13794/iep_quality-assessment_framework_en.pdf)

7. Deliverables and Expected Timelines

41. A tentative time frame for the evaluation is provided below. The evaluation is expected to be completed within 6-7 months of signing the contract (target commencement and end date is January 2025 – June/July 2025).
42. The evaluation main deliverables and approximate expected time of submission to ELO are outlined below. Exact dates will be confirmed during the inception. Payment will be made against deliverables once approved by ELO.

Table 3: Evaluation Deliverables and Due Dates

Deliverable	Submission Date
Evaluation workplan	22.01.2025
Inception Report	05.02.2025
Preliminary Findings Presentation	28.04.2025
Draft Final Evaluation Report	02.06.2025
Summary Presentation of analysis and recommendations to be used in the Recommendations Workshop	20.06.2025
Final Evaluation Report	30.06.2025
Evaluation Brief and Summary Slide Deck	08.07.2025

8. Skills and Experience Required from the Evaluation Team

43. Institutions with a strong background in gender and evaluation of development effectiveness The evaluation team is expected to include different experts with a balance of relevant expertise and knowledge in the areas listed below.
44. **Essential:**
- Extensive experience with appropriate evaluation design and methods, both quantitative and qualitative and including relevant research and analytical skills, handling large data sets, triangulating, assessing the strength of evidence and synthesizing diverse information.
 - Advanced knowledge of and experience with complex public health organizations and programs.
 - Advanced knowledge, understanding of and experience in HIV prevention among key populations globally, and in sub-Saharan Africa – among AGYW and their male partners.

- Good understanding and experience working with HIV prevention monitoring approaches³⁶ and indicators³⁷.
- In-country experience of public health programs (design, implementation and /or evaluation) and multi-stakeholder country processes.
- Full language proficiency in English and French.

45. Highly desirable:

- Familiarity with the Global Fund and with Global Fund grant design and program implementation at country level.
- Experience implementing Machine Learning techniques on global health documents (named entity recognition, span categorization, PHI (Protected Health Information) detection, text extraction).
- Other official UN language proficiency in the team.

46. The technical proposal should describe the team structure and indicate the role and responsibilities of different members including level of effort allocated to each team member.

47. The technical proposal should indicate how diversity has been considered in the team composition particular in respect to gender and geography but also other aspects as relevant to the evaluation topic.

48. It should be noted that the evaluation team is expected to organize all activities in the data collection phases (Interviews etc.) therefore the evaluation team should have management and timely administrative support to the evaluation process.

9. List of Acronyms and Abbreviations

AGYW	Adolescent Girls and Young Women
ARV	Antiretrovirals
ELO	Evaluation and Learning Office
FGD	Focus group discussion
FR	Funding Request
GC	Grant Cycle
HTM	HIV, Tuberculosis and Malaria

³⁶ As referenced in the WHO CONSOLIDATED GUIDELINES ON PERSON-CENTRED HIV STRATEGIC INFORMATION available at: <https://www.who.int/publications/i/item/9789240055315> and Measurement Guidance for Global Fund Supported HIV Prevention Programmes (https://www.theglobalfund.org/media/12214/measurement-guidance-hiv-prevention-programs_guidance_en.pdf)

³⁷ Global AIDS Monitoring Guidance, UNAIDS, 2024 available at: <https://www.unaids.org/en/resources/documents/2024/global-aids-monitoring-guidelines>

IEP	Independent Evaluation Panel
KEQ	Key Evaluation Question
KII	Key informant interview
KP	Key population
M&E	Monitoring and Evaluation
NLP	Natural Language Processing
OECD/DAC	Organization for Economic Co-operation and Development / Development Assistance Committee
OST	Opioid substitution treatment
PEP	Post-exposure prophylaxis
PHI	Protected Health Information
POMT	HIV Prevention Outcome Monitoring Toolkit
PMTCT	Prevention of mother-to-child transmission
PF	Performance Framework
PR	Principal Recipient
PrEP	Pre-exposure prophylaxis
QAF	Global Fund evaluation function's Quality Assurance Framework
RfP	Request for proposals
SSA	Sub-Saharan Africa
STI	Sexually transmitted infections
SR	Sub-Recipient
TA	Technical Assistance
TERG	Technical Evaluation Reference Group
ToC	Theory of Change
TOR	Terms of Reference
UNAIDS	United Nations Agency on AIDS
VMMC	Voluntary medical male circumcision
WHO	World Health Organization

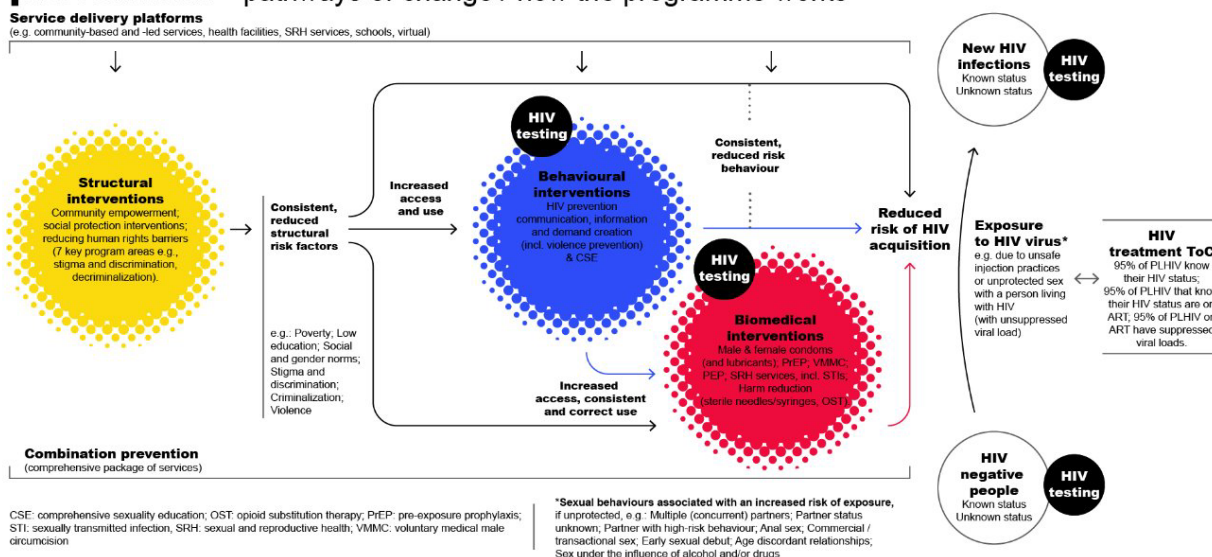
10. Annexes

Annex 1: Theory of Change, Results Framework and M&E Framework for the Global Fund

Theory of Change - Underlying GF investment in HIV primary prevention – pathways of change / how the programme works

Service delivery platforms

(e.g. community-based and -led services, health facilities, SRH services, schools, virtual)

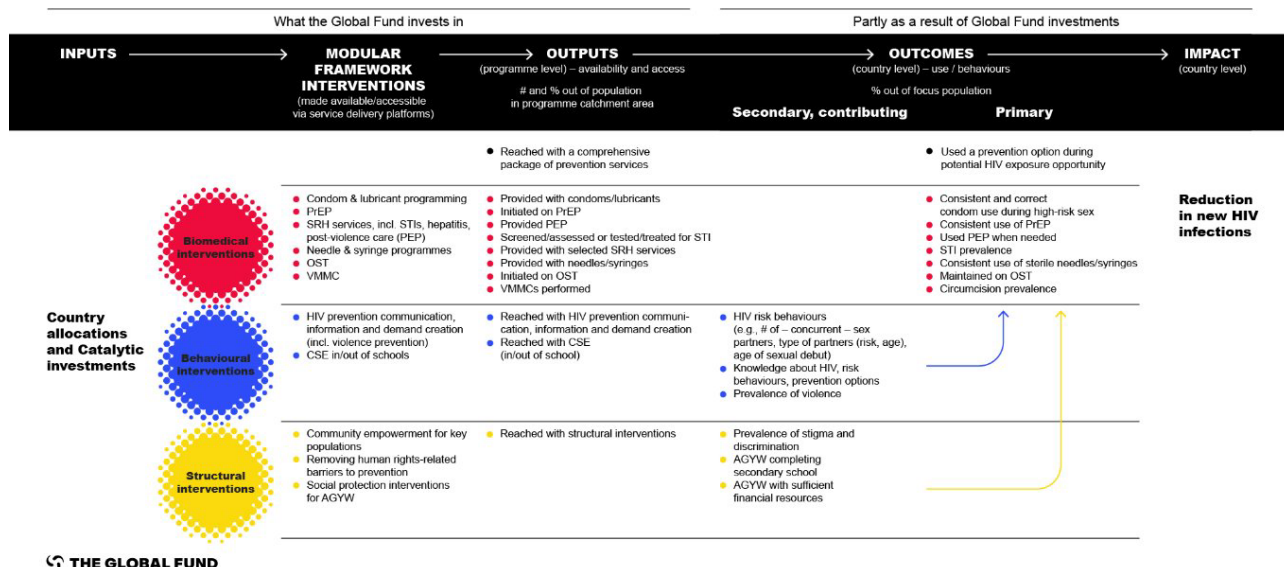


CSE: comprehensive sexuality education; OST: opioid substitution therapy; PrEP: pre-exposure prophylaxis; STI: sexually transmitted infection, SRH: sexual and reproductive health; VMMC: voluntary medical male circumcision

THE GLOBAL FUND

Global Fund HIV primary prevention Results Framework

– results chain (from inputs to impact)



Annex 2. Zero-draft example of an “optimal” configuration of the HIV Prevention component of a grant rubric.

The rubric will be further expanded and developed during the Inception phase.

Criteria	Expectations – the “optimal” grant	Assumption
Location	Global Fund investments focus primarily on countries and/or sub-national locations that have a high actual number of new infections and/or whose incidence rate is trending upwards.	HIV incidence estimates are available and reliable
Intervention	Comprehensive package of proven prevention services combining new and existing prevention options are offered, tailored to the epidemiological situation.	<ul style="list-style-type: none"> • Applied biomedical interventions are effective. • Biomedical interventions “have a direct pathway to HIV prevention ... and ... are prioritized” (Global Fund HIV Information Note, 05 Dec 2022) • “Additional interventions to address the social and behavioral factors that increase risk and vulnerability” (GF HIV Information Note, 05 Dec 2022)
Population	Key and vulnerable populations are identified, targeted programming included, and access/use barriers addressed.	<ul style="list-style-type: none"> • Estimates of size of key and vulnerable population groups are available.
Coverage	Increased coverage of interventions to address prevention gaps and accelerate access, including the expansion of service delivery platforms. Targets in line with the UNAIDS global targets.	<ul style="list-style-type: none"> • Increased allocation and or re-balancing investments allow to increase coverage • Possible supply chain disruptions are mitigated

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3. Global Fund Evaluation Function Quality Assurance Framework available at: https://www.theglobalfund.org/media/13794/iep_quality-assessment_framework_en.pdf
4. Fighting Pandemics and Building a Healthier and More Equitable World Global Fund Strategy (2023-2028) available at: https://www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf
5. HIV Information Note, Allocation Period 2023 – 2025 available at: https://www.theglobalfund.org/media/4765/core_hiv_infonote_en.pdf
6. HIV Prevention 2025 Road Map available at: https://hivpreventioncoalition.unaids.org/sites/default/files/attachments/JC3053_2022-HIV-Road-Map-Publication_En_v4.pdf
7. Measurement Guidance for Global Fund Supported HIV Prevention Programmes available at https://www.theglobalfund.org/media/12214/me_measurement-guidance-hiv-prevention-programs_guidance_en.pdf
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