THE GLOBAL FUND PROSPECTIVE COUNTRY EVALUATION

Synthesis of Findings from 2018

Cambodia, Democratic Republic of the Congo, Guatemala, Mozambique, Myanmar, Senegal, Sudan, and Uganda

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STRUCTURE OF PRESENTATION

- **Added value of the PCE**
  - How are findings being used in PCE countries
  - Lessons learned
- **Purpose and approach**
- **Methods**
- **PCE focus in 2018**
- **Key findings and recommendations**
  - Business model
  - Human rights, key and vulnerable populations, gender
  - Value for money
- **PCE plans for 2019**

ADDED VALUE OF PCE

Added value of the PCE: Global level

PCE analysis provides **in-depth knowledge of the complexities of grant implementation** unlikely to be found in thematic reviews/short country visits

PCE evidence is **informing and/or validating findings from TERG Thematic and Strategic Reviews** (e.g. RSSH and Partnerships) and is able to use other TERG Review findings prospectively

PCE is able to respond to **emerging TERG or Secretariat issues** (e.g. feasibility of implementing new MDR-TB treatment guidelines

PCE synthesis represents a whole that is greater than the sum of the parts with recommendations derived from and consistent with the **evidence from multiple countries**

PCE findings on lessons learned for key processes (e.g. funding request development, SR selection, etc.) **will inform Secretariat planning of the next implementation cycle**

Added value of the PCE: Country level

Targeting PCE findings to national program managers: The **ability to disseminate emerging findings in a timely manner** is a core strength of prospective evaluations and provides an opportunity for the PCE to contribute to continuous quality improvement

Opportunities for subnational data collection and analysis can add value to national-level perspectives

Country stakeholders' appreciation for documenting the challenges, successes, and learnings throughout the Global Fund grant cycle – some of which are previously known, but not systematically or independently documented, nor synthesized across countries

Synthesis adds value at country level, **enabling stakeholders to compare their responses to those of other countries** as well as understanding how the PCE is part of a larger strategic process

What have we learned from the PCE approach?

Platform/Methods

- Results chain is helpful analytic tool

- PCE knowledge of Global Fund takes time to develop but now seeing capacity & agility to respond to emerging issues

- Balancing competing priorities and multiple stakeholders is challenging

- Difficulty with timely feedback when evaluating processes that happen once during the grant cycle – findings relevant in 3 years

PCE Team Structure

- Strong linkages between global and country evaluation partners is essential

- Various staffing models among GEP and CEP – but tracking 3 diseases requires sufficient people for embedded evaluation model

- Opportunities for cross GEP/CEP learning: in-person, webinars, TERG meetings

- Relationship building with country stakeholders is critical

PCE Reporting/Dissemination

- Dissemination needs to be aligned with critical data use periods

- Annual report deliverable may be inconsistent with stakeholder preferences; shorter, more frequent briefs likely to be better

- PCE teams lack knowledge translation expertise – this could help in dissemination findings and strengthening feedback loop

PCE / TERG / Country Team Engagement

- TERG meetings and presentations require significant time and input (high transaction costs)
- Some inconsistencies in TERG feedback over time
- CT engagement early and often is critical to ensure PCE is helpful to CT's work
- Stronger engagement with Global Fund Secretariat could help ensure added value and synergies, while avoiding duplication

PCE PURPOSE
& APPROACH

PURPOSE

Evaluation of the Global Fund business model, investments and contribution to disease program outcomes and impact in eight countries

Generation of timely evidence to support programme improvements and accelerate progress towards the objectives of the 2017-2022 Strategy

APPROACH

Disease results chains explore links between Global Fund inputs, outputs, programme outcomes, and impact. Programmatic changes to be observed through tracking key indicators.

Theory-based approaches and related evaluation frameworks explored *how* and *why* Global Fund investments, policies and practices influence disease impact pathways in the results chains

METHODS

MIXED METHODS

Impact assessment
- Existing or modelled secondary data
- Analysed retrospective sources to provide context and trends

Process evaluation
- Document review, meeting observations, key informant interviews, root cause analyses, process mapping

- Quantitative results led to qualitative exploration and vice versa principally through the results chains analyses

- Evidence triangulated and strength of evidence ranked across findings

FOCUS OF PCE
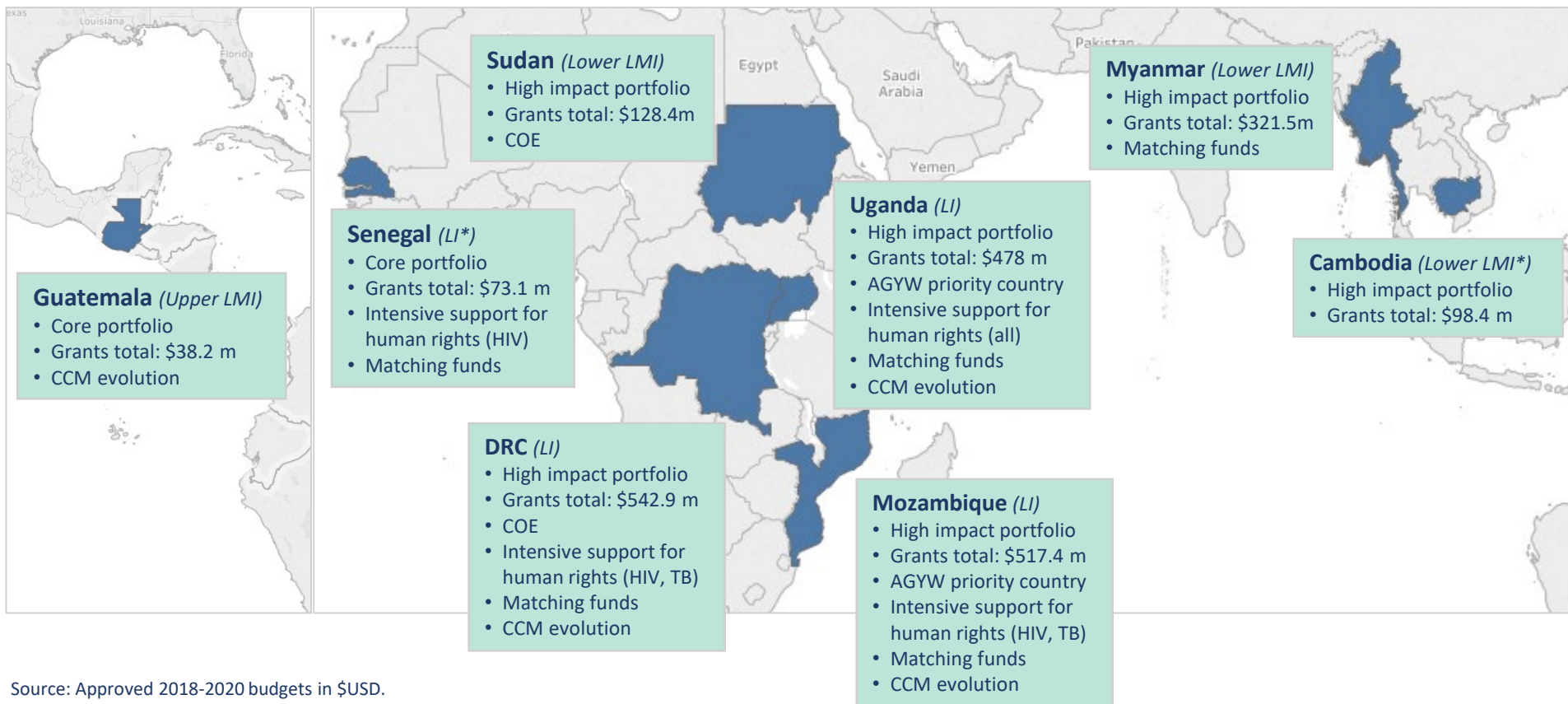IN 2018

FOCUS OF PCE in 2018

Building on analysis of funding request and grant making phase in 2017, 2018 focused on early implementation of 34 grants in eight countries, totalling over $2.1 billion in investments during this allocation

Tracked how Global Fund investments translated into activities and programmatic outputs

Identified how the business model enabled and constrained early grant implementation

Examined the efficiency and effectiveness of early grant operationalisation

PCE Portfolio Characteristics and 2018-2020 Grant Budgets

Sudan *(Lower LMI)*
- High impact portfolio
- Grants total: $128.4m
- COE

Myanmar *(Lower LMI)*
- High impact portfolio
- Grants total: $321.5m
- Matching funds

Senegal *(LI*)*
- Core portfolio
- Grants total: $73.1 m
- Intensive support for human rights (HIV)
- Matching funds

Uganda *(LI)*
- High impact portfolio
- Grants total: $478 m
- AGYW priority country
- Intensive support for human rights (all)
- Matching funds
- CCM evolution

Cambodia *(Lower LMI*)*
- High impact portfolio
- Grants total: $98.4 m

Guatemala *(Upper LMI)*
- Core portfolio
- Grants total: $38.2 m
- CCM evolution

DRC *(LI)*
- High impact portfolio
- Grants total: $542.9 m
- COE
- Intensive support for human rights (HIV, TB)
- Matching funds
- CCM evolution

Mozambique *(LI)*
- High impact portfolio
- Grants total: $517.4 m
- AGYW priority country
- Intensive support for human rights (HIV, TB)
- Matching funds
- CCM evolution

Source: Approved 2018-2020 budgets in $USD.
* Income category shifted between 2017 and 2018 Global Fund eligibility lists

Business Model

Some grant start up processes worked well and as intended

- The Secretariat approved the majority of PCE grants on time

- First disbursements (Global Fund to PRs) for the majority of grants were made on time

- Approval processes for Matching Funds were aligned with main grants in some cases

- Country Teams allowed flexibilities which helped with grant transition

- Country Teams played important roles in resolving early bottlenecks

However, some processes worked less well and this affected grant implementation efficiency, contributing to delays and low absorption rates in most PCE countries

- Concurrent business model-related processes reduced time and attention from grant start up including for program continuation grants

- PR transition created initial implementation delays

- Lengthy selection and contracting of implementers, particularly Sub-Recipients by Principal Recipients delayed activity implementation

- Some Matching Funds approvals and disbursements were mis-aligned with main grant approvals and this impacted on activity implementation

Summary of early grant implementation milestones
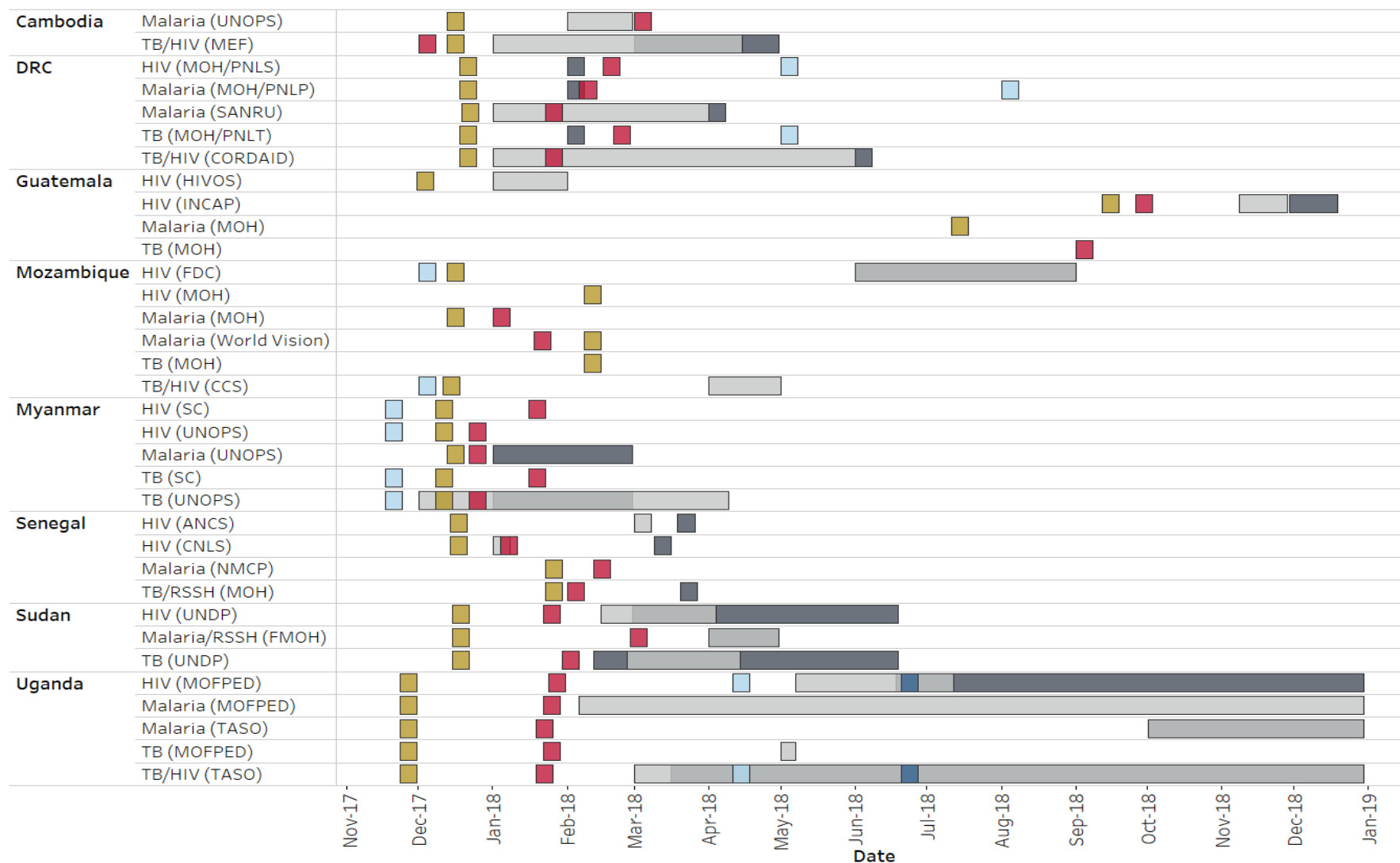
Milestone

- 🟨 Grants signed
- 🟥 1st grant disbursement: GF to PR
- 🟦 Matching funds approved
- 🟦 Matching funds disbursed
- ⬜ SR contracts (or MOUs) signed
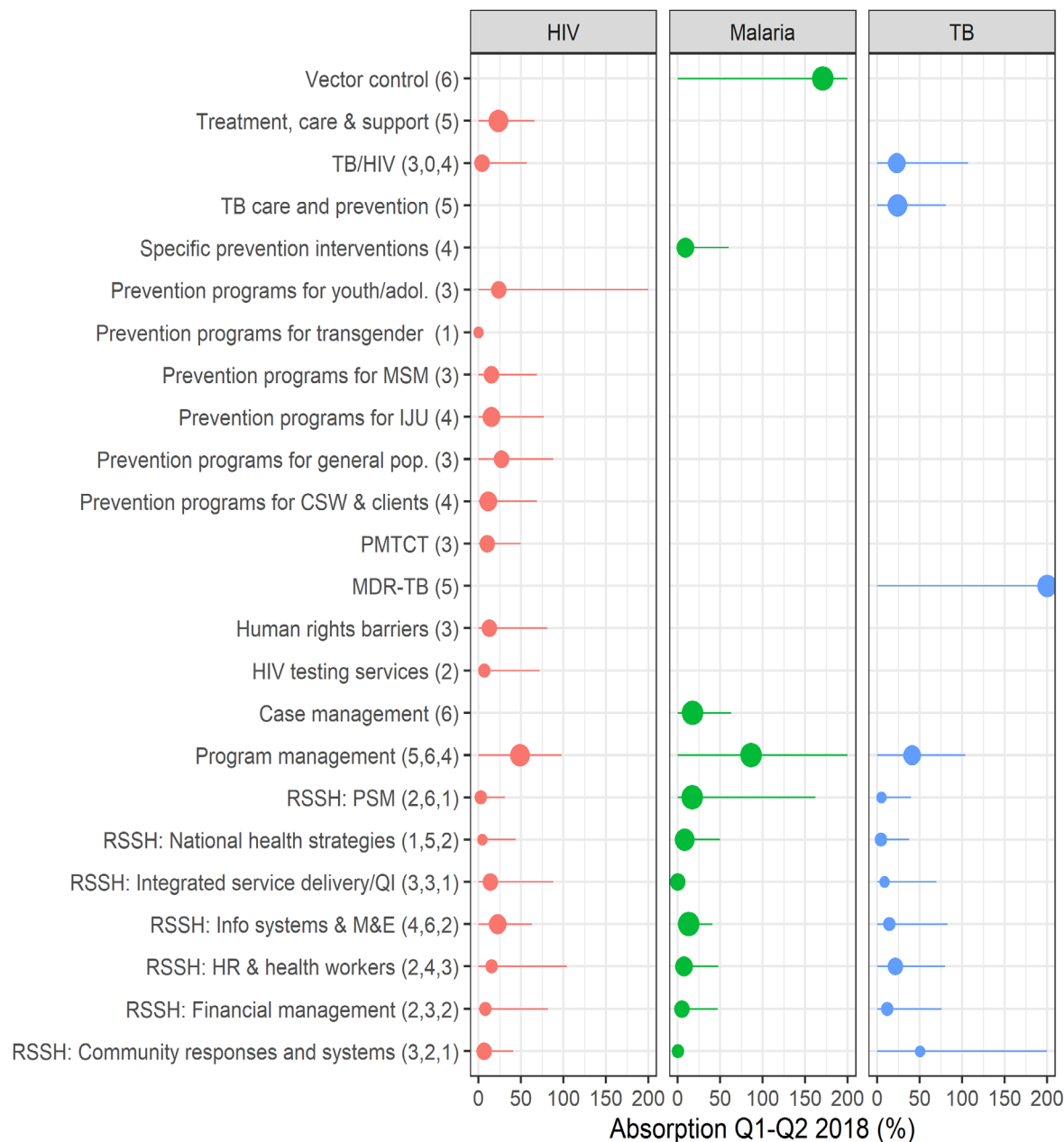- ⬛ 1st disbursement PR to SRs

FINDINGS: Business Model

Budget absorption for Q1 and Q2 2018 highly variable but low overall:

- HIV: 14%
- TB: 47%
- Malaria: 30%
- RSSH: 7%

Despite this, our qualitative data suggests that core services (e.g. treatment services provided by national programs) did not stop between grants

Q3/Q4 absorption is expected to be higher

Absorption Q1-Q2 2018 (%)

*Obervations with absorption > 200% not displayed.
Points represent average absorption across country/disease, with range showing min and max.
Parentheses show number of countries (out of 8) with Q1-Q2 absorption data for each disease.
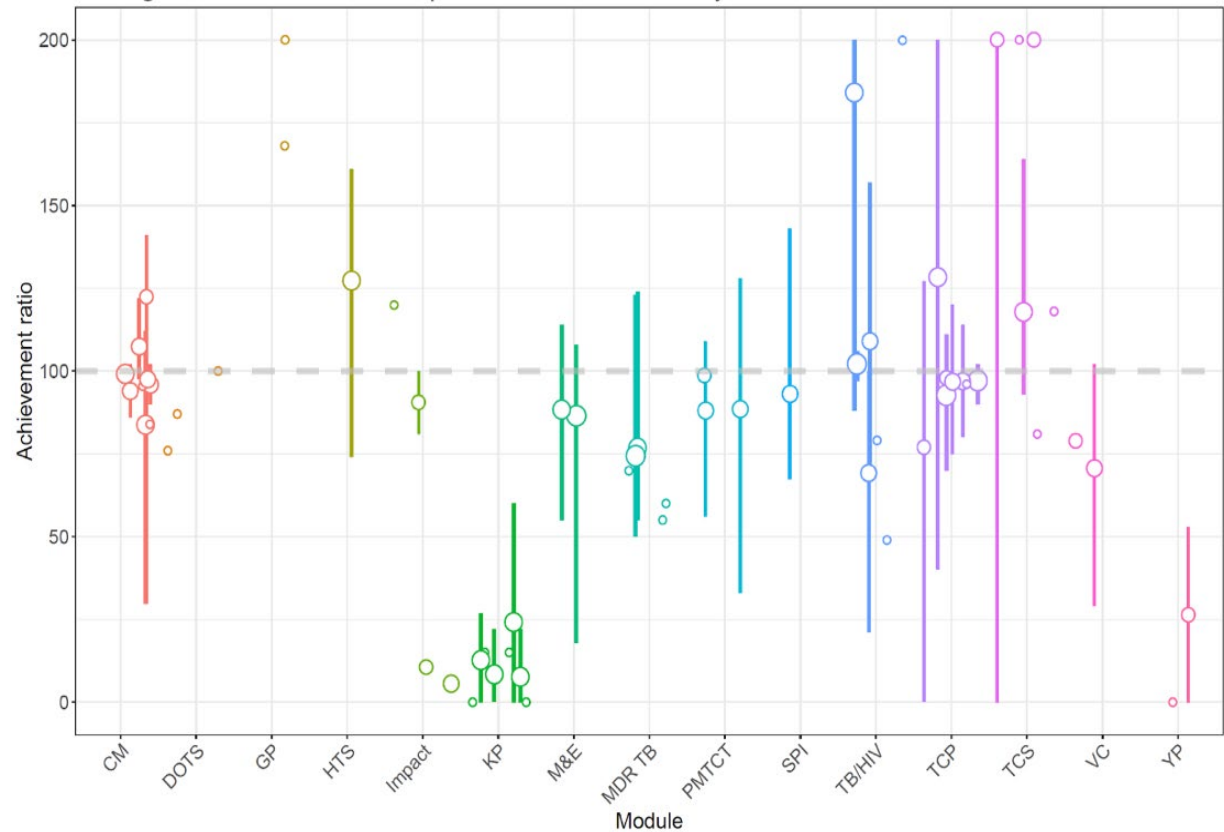
Reflecting that the provision of core services did not stop between grants, the majority of countries are meeting or nearly meeting performance indicators

- HIV: 79%
- TB: 96%
- Malaria: 80%

This is primarily due to performance indicators being focused on coverage, outcome and impact metrics that relate to the overall national program (rather than grant) performance

RECOMMENDATIONS:
Business Model

The Global Fund Secretariat should

- **Consider flexibilities [in the management of] the three-year grant cycle** to facilitate smoother transition between grants, facilitate early grant implementation and enable adequate time for grant implementation

- **Update and strengthen guidance** for CCMs and PRs on the selection and contracting of SRs to increasingly 'front load' PR/SR selection and contracting processes

- **Consider embedding matching funds** in the timeline for the design, approval and implementation of the main grants

- **Consider trying to better link financial and programmatic data**

Global Fund interventions to address human rights-related barriers in country grants

Activities to reduce human rights-related barriers to services are well represented in HIV grants, but there is less focus in TB and malaria grants

Key GF program areas	CAM	DRC	GTM	MOZ	MYN	SEN	SDN	UGA
Reducing discrimination against women	●	●					●	●
Legal literacy	●	●	●	● ●	●	●	●	●
Legal services	●	●	●	●	●	●	●	●
Meaningful participation of affected populations		●	●	● ●				
Improving services in prisons & detention centers	●	● ●	●	● ●	● ●	●		●
Ensuring confidentiality and privacy				●				
Improving malaria services for refugees & others affect..			●		●	●	●	●
Mobilizing & empowering patients & community grou..			● ●			●		● ● ●
Monitoring & reforming laws, regulations & policies	●	●		● ●	●		●	
Sensitization of law-makers & law enforcement agents	●	●	●	●	●	●	●	●
Stigma & discrimination reduction	●	●	●	● ●	●	●	●	●
Training for health care providers on human rights ..	●	●	●	● ●	● ●	●		●
Undertaking human rights & gender assessments of mal..						●		

Disease
■ HIV
■ TB
■ Mal

- **Gender and human rights dimensions are not well understood or discussed by stakeholders**

  - Perception that sex-specific targeting alone is sufficient for gender-responsive programming

  - Lack of experience among Ministry of Health and other stakeholders on gender and legal dimensions of human rights programming is a barrier

  - Few examples of programs that are actually addressing gender-related vulnerabilities (DRC SASA! pilot project is an exception)

- **TB and malaria activities are less gender responsive**

  - For example, despite greater TB prevalence in men, most programs lacked interventions that addressed men's gender-related risks

- **Overall implementation delays due to sub-contracting issues**

RECOMMENDATIONS:
Human Rights, key and vulnerable populations, gender

The Global Fund Secretariat should

- Ensure that Global Fund-supported programs clearly define key and vulnerable populations, aligned with national epidemiological context
- Continue efforts to build in-country capacity and expertise on gender and human-rights related issues

Global Fund Secretariat and Country Stakeholders should

- Encourage more explicit promotion of gender and human rights integration throughout the grant lifecycle, particularly for TB and malaria

Country Stakeholders should

- More explicitly articulate the gender-related vulnerabilities of men/boys, women/girls, transgender and gender non-conforming individuals, the impact of these on disease-specific outcomes, and specific strategies to mitigate these effects in funding requests and designing disease-specific strategies
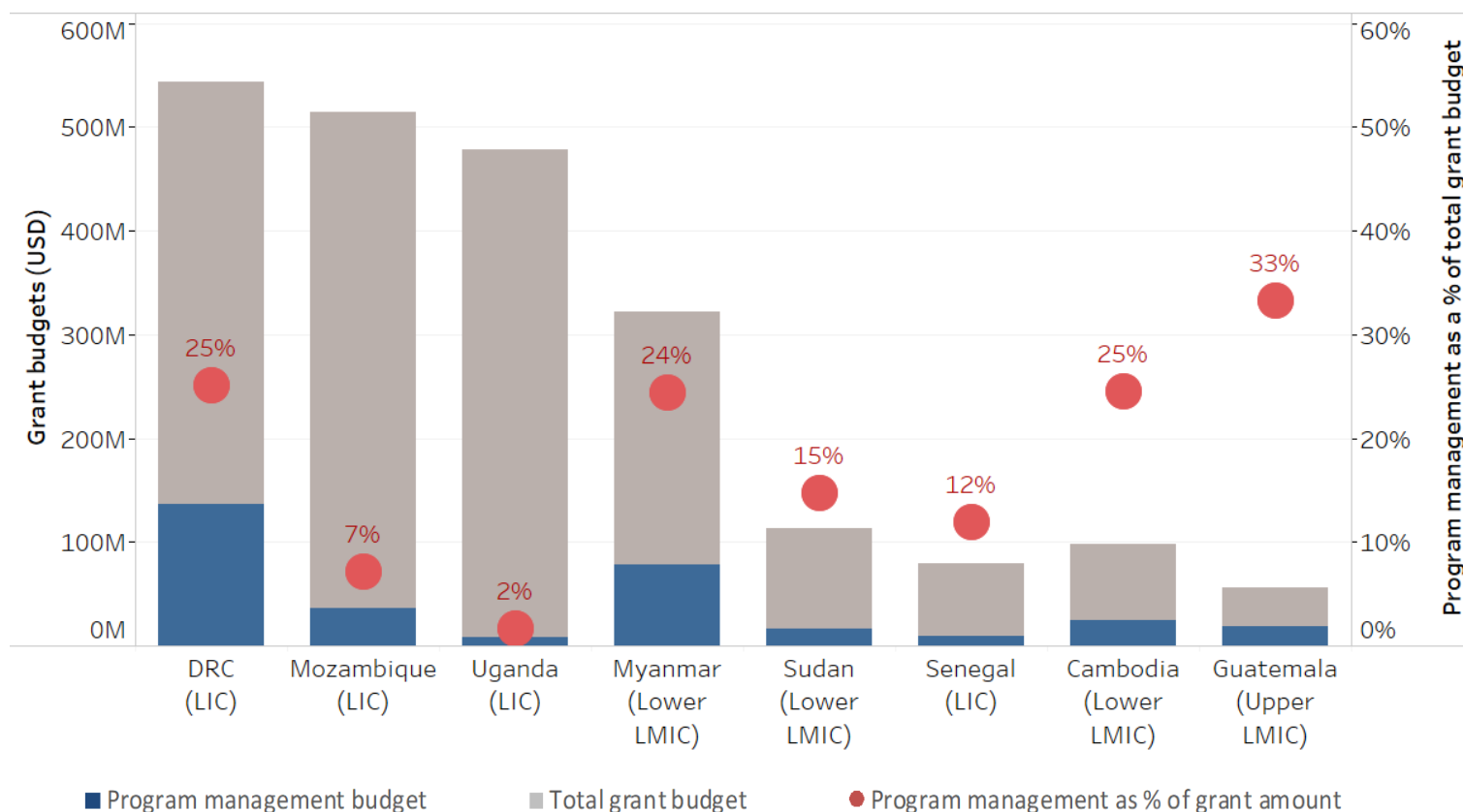
Value for money

KEY FINDINGS:
Value for money: Efficiency & Effectiveness

Strong examples of efforts to improve efficiency of grant design and national programs, particularly in countries facing significant reductions in program budgets

Program management costs vary significantly across countries and by type of PR, with substantially higher costs for UN agencies and CSOs than for governments

Cost-effectiveness considerations inform program design and decision making in most settings (such as through modelling) but not systematically

- While equity is often discussed, trade-offs between equity, cost-effectiveness and programmatic targets are dealt with differently (often informally)

- More could be done to ensure that Global Fund-supported activities (and their benefits) are fairly distributed amongst target recipients

- Some evidence that over ambitious target setting vis-à-vis available funding has been counterproductive to the prioritization of hard-to-reach areas

- Despite some examples of Global Fund support being used to reduce financial barriers to accessing services, this still poses a significant issue

RECOMMENDATIONS:
Value for money

The Global Fund Secretariat, together with partners, should

- **Expedite work to collect unit/service delivery costs** at the country level and use this as a basis for budgeting.

- **Consider ways to strengthen** country-level and/or grant-specific analysis of VfM throughout the grant life-cycle (while considering the burden of reporting).

Plans for the PCE in 2019

Process

- **Continued** grant implementation monitoring and business model process tracking

- **Greater use** of root cause analysis to understand implementation barriers and facilitators

- **"Deeper dive"** inquiries into linkages between activities and outcomes along the result chains to help explain observed trends, using thematic areas as possible analytic lenses

- **Stronger emphasis** on timely feedback to country stakeholders and use of PCE findings

Impact

- **Differentiated approach by country and disease**
  - Extend analysis of results chains
  - Additional indicators and paths
  - Country-specific tailored analysis
    - Programs, populations or geographic regions of specific interest to the country

- **Model-based impact analysis**
  - Statistical correlations between adjacent elements of results chains (i.e. inputs vs. outputs; outputs vs. coverage, etc.)
  - Structural equation modeling where complete data at sub-national level are available
  - Alternative (e.g. causal inference; epidemic) models where less complete data are available

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