

FEBRUARY 28, 2018

Global Fund Prospective Country Evaluation

2018 SYNTHESIS REPORT

REPORT PREPARED BY



DATA FINDINGS FROM



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DEMOCRATIC
REPUBLIC OF THE
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Abbreviations

ACT	artemisinin-based combination therapy
ARC	Angkor Research and Consulting
ART	antiretroviral therapy
ARV	antiretroviral (drug)
CCC	Country Coordinating Committee
CCM	Country Coordinating Mechanism
CEP	Country Evaluation Partner
CIESAR	Centro de Investigación Epidemiológica en Salud Sexual y Reproductiva
COE	Challenging Operating Environments
CSOs	civil society organizations
CT	(Global Fund) Country Team
DRC	Democratic Republic of the Congo
EHG	Euro Health Group
EHO	Ethnic Health Organization
FPM	Fund Portfolio Manager
GAC	Grant Approvals Committee
GEP	Global Evaluation Partner
GOS	Grant Operating System
HMIS	Health Management Information Systems
IDRC	Infectious Diseases Research Collaboration
IHME	Institute for Health Metrics and Evaluation
INS	Instituto Nacional de Saude
ITN	insecticide treated bed nets
JHU	Johns Hopkins University
KAP	Key Affected Population
LFA	Local Fund Agent
M&E	monitoring and evaluation
MDR-TB	multidrug-resistant tuberculosis

MKMF	Myanmar Knowledge Management Foundation
MOEF	Ministry of Economy and Finance
MoH	Ministry of Health
MSM	men who have sex with men
NFM	New Funding Model
NSP	national strategic plan
PAAR	Prioritized After-Allocation Request
PCE	Prospective Country Evaluation
PEPFAR	US President's Emergency Plan for AIDS Relief
Pfpr	<i>Plasmodium falciparum</i> parasite rate
PR	Principal Recipient
RSSH	resilient and sustainable systems for health
SO	Strategic Objective
SR	sub-recipient
STC	Sustainability, Transition and Co-financing
TB	Tuberculosis
TERG	Technical Evaluation Reference Group
ToC	Theory of Change
TRP	Technical Review Panel
UCSF	University of California San Francisco
UEM	Universidade Eduardo Mondlane
UNAIDS	Joint United Nations Program on HIV and AIDS
UNOPS	United Nations Office for Project Services
VfM	Value for Money
VL	viral load

Executive Summary

Introduction

The Prospective Country Evaluation (PCE) is an independent evaluation of the Global Fund commissioned by the Global Fund's Technical Evaluation Reference Group (TERG). The PCE aims to achieve five main objectives by the end of the three-year evaluation: (1) Lead to improvements in national programs and Global Fund in-country operations in the eight countries; (2) Better understand how Global Fund policies and processes play out in countries and how they can be improved; (3) Progress toward more robust and data-based estimates of outcomes and impact; (4) Provide lessons learned on prospective evaluations that can inform a more thorough approach to evaluation by the Global Fund; (5) Develop capacity in country.

The added value of the PCE is its ability to evaluate how Global Fund policies and processes play out in country in real time, through providing high-quality, actionable and timely information to national program implementers and Global Fund policymakers, which in turn helps to facilitate improvements in the effectiveness of national programs and Global Fund operations. The nature and expected outcomes of the PCE reflect the aim of “institutionalizing continuous improvement” and learning through a prospective approach. The PCE design allows sufficient flexibility to focus on the most actionable issues at the country level and identify bottlenecks or unintended consequences as they emerge.

This report describes the overall PCE design, progress and early findings, with a focus on the funding request and grant-making stages, across six of the eight PCE countries. Future directions and next steps for the PCE in 2018/19 are also described.

Evaluation Platform: Establishing the PCE

Three independent consortia are leading the PCE, each composed of a Global Evaluation Partner (GEP) that supports Country Evaluation Partners (CEPs) in two or three countries. Much of the work in 2017 focused on establishing the PCE at the country level. CEP teams are in place, capacitated to carry out the PCE, sensitive to country context and are actively engaging local stakeholders. Evaluation questions were identified, prioritized, and contextualized in each country. Between October 2017 and January 2018, each consortium made progress, at varying levels, in implementing process evaluation, resource tracking, and impact evaluation activities.

To provide streamlined recommendations that draw from all PCE countries, GEPs agreed upon a strategy for collaboration and harmonization across consortia. This includes using a common theory of change, tracking a sub-set of common indicators across countries, identifying common priority themes and producing an annual synthesis report that highlights unifying themes and country case studies as appropriate. Between December 2017 and January 2018, EHG/UCSF/Itad and IHME/PATH analyzed findings generated at the country-level to develop a selective synthesis report across six countries.

The Global Fund Business Model in Practice in Country

The Global Fund introduced changes to the funding request, review, grant-making and approval process, for the 2017-2019 funding cycle. These changes were designed to simplify and improve the efficiency and experience of accessing funding, enabling greater time to be spent

implementing grants. These changes to the Global Fund business model were evaluated through process evaluation and mixed methods across twelve case studies in six PCE countries.

The findings revealed that all funding request approaches (full review, program continuation and tailored review) were implemented largely as intended.

For program continuation and tailored review, the intended benefits were largely realized at the *funding request* step. However, these ‘wins’ reduced as the funding request moved through the TRP review and grant-making processes, which appeared to be bottlenecks to achieving an overall more streamlined grant development process for these two funding request approaches.

There was robust evidence that country stakeholders associated Global Fund application processes with substantial transaction costs, irrespective of type of funding request adopted. Most case study findings pointed to the fact that grant-making had largely stayed the same, and the funding request processes continued to pose challenges due to the level of effort and time involved. It appeared that changes introduced to differentiate grant-making were too minor for the intended benefits to be realized.

Funding request and grant-making processes were perceived as mostly transparent, well-documented and inclusive, though variations were observed across case studies and funding request approaches. Country ownership over the process appeared to be stronger than during the previous funding cycle, but the concept of country ownership was perceived differently across case studies. Global Fund Country Teams played a strong role across all case studies, which had an overall positive impact on the quality of funding requests and contributed to grants being developed and approved on time.

There was active and supportive engagement by development partners in most countries, particularly during the funding request stage. In general, the Country Coordinating Mechanism actively discussed the proposed program split in most countries, and the Secretariat’s proposed allocations between disease components were generally accepted without revision.

Regarding additional (above allocation) catalytic investments available to *incentivize* eligible countries to align programs toward Global Fund strategic priorities, preliminary findings from three countries applying for matching funds suggested the process was unclear, confusing, and repetitive. In addition, there was limited understanding of how such matching funds were to be catalytic.

Translation of Global Fund Strategy and Policy in Country

The increase in flexibility on how Resilient and Sustainable Systems for Health (RSSH) grant components are selected and funded appeared to have had mixed effect at country level. While some programs have deemphasized RSSH, others have shown increases in funds dedicated to RSSH. Confusion emerged regarding how the Global Fund prefers to see its RSSH allocations managed, and whether countries should put forth a stand-alone RSSH.

Budget allocations for addressing human rights barriers also presented a mixed picture. In some instances, we found an increased focus or monetary investment in human rights, while others had a decrease. There remain, in general, a lack of good quality, gender-disaggregated data presented in the funding requests. Gender experts were largely absent from the consultation and development process for the funding requests in most of the countries. Available evidence

indicated that human rights and gender issues proved difficult to conceptualize and translate into operational interventions.

Evidence suggested that key and vulnerable populations were actively engaged and represented in funding request and grant-making processes. Support for key and vulnerable populations was considered and addressed in funding requests, though variation is observed across grants and countries.

Overall, we found that attention to sustainability and co-financing (STC) has likely been greater in the current funding request and grant-making processes than in past cycles. Specifically, we found increased awareness of the STC policy, a stronger focus on sustainability measures, and a commitment to Global Fund co-financing arrangements. However, countries' ability to operationalize aspects of the STC policy was mixed.

Conclusions

This report offers several strategic and operational considerations for the Secretariat. In brief, we suggest that the *review and grant-making* processes of program continuation and tailored review, as well as catalytic funding and Matching Funds strategies may benefit from further systematic review. Additionally, given confusion and inefficiencies experienced by certain countries while determining RSSH budget levels, and the centrality of RSSH to programmatic sustainability, the Global Fund should consider providing additional RSSH guidance during the funding request process.

Regarding more operational considerations, we recommend clearer guidance and communications on funding application processes for Program Continuation. We also suggest that the Global Fund consider piloting and introducing changes to templates prior to grant application. Finally, we suggest more contextual examples and advice on how to operationalize Global Fund guidance on human rights and gender in different country contexts.

Finally, this report suggests future directions and next steps for the PCE in 2018/19. As the upcoming grants activities begin, the three consortia will prospectively track and evaluate grant implementation in each of the PCE countries. The work will concentrate on: 1) tracking national program performance; 2) strengthening national capacity to generate and use data for program improvement; 3) tracking Global Fund grant implementation; and 4) evaluating the extent to which Global Fund's strategic priorities, including VfM, are being addressed at the country level. The PCE resource tracking study will offer an opportunity to evaluate grant cycle management issues, such as absorption of funds. Taken together with resource tracking, upcoming analyses may explore whether resources are allocated towards areas of greatest need, and whether areas of greater investment intensity are experiencing improvements in outcomes. This may be in terms of both geographical allocation of resources and allocation toward different service delivery areas, taking into consideration other development partners and domestic financing.

The PCE is developing program-specific evaluation frameworks for HIV, TB, and Malaria that will track inputs to activities to outputs, to outcomes and impact and will serve as guiding frameworks for synthesis of findings across consortia. Evaluation frameworks will also be developed and utilized for the key priority thematic areas to be explored in 2018: RSSH, Gender, Human Rights, Key and vulnerable populations, and Partnership.

Chapter 1 Introduction

1.1 Background

The Prospective Country Evaluation (PCE) is an independent evaluation of the Global Fund commissioned by the Global Fund's Technical Evaluation Reference Group (TERG). The PCE aims to evaluate the Global Fund's business model, investments and impact to generate evidence in real time to inform global, regional and country stakeholders and accelerate progress toward meeting the Global Fund's Strategic Objectives. These objectives are 1) Maximize impact against HIV, TB and malaria; 2) Build resilient and sustainable systems for health; 3) Promote and protect human rights and gender equality; and 4) Mobilize increased resources.

The TERG selected eight countries for PCE considering size of investment, regional diversity and balance of diseases. The rationale is that the selection of countries based on these criteria can provide good insight into how the Global Fund business model operates at the country level, not only in these countries, but also possibly in other countries receiving Global Fund investments, especially in their regions. Three global-level evaluation partners (GEPs) are supporting country-based evaluation partners (CEPs): the IHME/PATH consortium is working in the Democratic Republic of the Congo (DRC), Guatemala and Uganda; the Johns Hopkins University consortium in Mozambique and Senegal; and the Euro Health Group (EHG) consortium in Cambodia, Myanmar and Sudan.

The Euro Health Group (EHG)/University of California San Francisco (UCSF)/Itad:

- Cambodia: Angkor Research and Consulting (ARC)
- Myanmar: Myanmar Knowledge Management Foundation (MKMF)
- Sudan: Blue Nile National Institute for Communicable Diseases

The Institute for Health Metrics and Evaluation (IHME)/PATH consortium:

- Uganda: Infectious Diseases Research Collaboration (IDRC)
- Guatemala: Centro de Investigación Epidemiológica en Salud Sexual y Reproductiva (CIESAR)
- Democratic Republic of the Congo: PATH Country Office in DRC

The Johns Hopkins University (JHU) consortium:

- Mozambique: Instituto Nacional de Saude (INS) and Universidade Eduardo Mondlane (UEM)
- Senegal: Université Cheikh Anta Diop de Dakar

The start of the inception period of the PCE by the JHU consortium was substantially delayed due to contract negotiations. By the end of December 2017, JHU had taken preliminary steps to establish the PCE platform, including having held individual stakeholder meetings in both countries and a stakeholder workshop in one of its two countries. Therefore, this report refers to the progress made by the other two consortia in 2017.

This report briefly describes the overall PCE design, progress and early findings across six of the eight PCE countries. Chapters 1 and 2 introduce the PCE, provide a status update on establishing the PCE in each country, and describe the methodologies used across the consortia. Chapter 3 looks at the Global Fund business model in practice at the country level. The focus is

largely on synthesizing findings from the funding request and grant-making evaluation. Chapter 4 examines the translation of four key Global Fund strategy and policy objectives and their workings at the country level, based largely on the findings from the funding request and grant-making evaluation. Finally, Chapter 5 provides a summary, some recommendations based on findings from the first year of the PCE, and next steps for the PCE in 2018/19.

1.2 PCE Objectives

The PCE aims to assess the Global Fund impact chain in a holistic manner starting with funding request and continuing through program implementation. The PCE is designed to evaluate the interactions of the Global Fund business model with the national programs and as such will consider the processes and systems that determine how and why things happen the way they do in each context. Reflecting guidance from the September 2017 TERG meeting, the PCE aims to achieve five main objectives by the end of the three-year evaluation: (1) Lead to improvements in national programs and Global Fund in-country operations in the eight countries; (2) Better understand how Global Fund policies and processes play out in countries and how they can be improved; (3) Progress toward more robust and data-based estimates of outcomes and impact; (4) Provide lessons learned on prospective evaluations that can inform a more thorough approach to evaluation by the Global Fund; (5) Develop capacity in country (within realistic expectations).

1.3 Added value of the PCE

In short, the added value of the PCE is its ability to evaluate how Global Fund policies and processes play out in country in real time, through providing high-quality, actionable and timely information to national program implementers and Global Fund policymakers, which in turn helps to facilitate improvements in the effectiveness of national programs and Global Fund operations. Because it is prospective, ongoing data collection can provide insights into how and why implementation occurs in a way that retrospective evaluations cannot, since the necessary evidence on how and why things occur is not captured in either the monitoring or evaluation processes of the national programs.

Furthermore, the PCE builds upon knowledge obtained from prior and ongoing evaluations, by synthesizing existing evidence and building upon it through prospective, mixed-methods approaches. Process evaluation provides credible evidence on how processes unfold in country, including the Global Fund's influence on national programs. Resource tracking and impact evaluation methods can quantify resource allocation decisions and link these resources to health indicators, while process evaluation explains why and how those results come about. This complementary suite of methods generates robust evaluation evidence that measures the "what happened" and explains the "how" and "why" it happened.

The nature and expected outcomes of the PCE reflect the aim of "institutionalizing continuous improvement" and learning through a prospective approach. The prospective approach allows sufficient flexibility to focus on the most actionable issues at country level and identify bottlenecks or unintended consequences as they emerge. Furthermore, the prospective nature of the study provides an opportunity for real-time feedback on Global Fund processes, programs and decision-making. Lastly, PCE communication, dissemination and publication are intended to focus on solutions and improvement, and not merely identifying or publicizing issues.

Chapter 2 Evaluation Platform: Establishing the PCE

2.1 PCE Principles and Structure

Five guiding principles have been identified for the PCE, and these underpin the work of the GEPs and CEPs in all countries:

1. **Country-focused:** The PCE is tailored to country needs, and the country-level evaluation must inform the global evaluation. This principle should allow the production of country-owned and feasible recommendations.
2. **Partnership-oriented:** The PCE must be a partnership of key players at the country level built on trust and respect, especially as sensitive information can emerge during observations/evaluations. Relationships built on trust are essential and, once built, country actors will be more likely to be supportive and engaged.
3. **Adding value and not duplicating efforts:** The PCE should build on and add value to existing work by improving coordination and partnerships, while avoiding duplication.
4. **Prospective approach and continuous improvement:** The PCE will deploy a prospective evaluative approach with the aim of institutionalizing continuous improvement.
5. **Flexibility:** The PCE is implemented within an agreed framework, though unanticipated issues and new ideas will emerge during the PCE lifespan, some of which will need to be addressed. Active pursuit of unintended/unexpected consequences of the program implementation process is also important to help address bottlenecks as they arise.

As shown in table 2.1.1 below, these principles are being operationalized across countries with significant contextual variation.

Table 2.1.1. Contextual comparison across PCE countries.

PCE Country	CAM	DRC	GTM	MOZ	MYN	SEN	SDN	UGA
High Impact Portfolio(1)	X	X		X	X		X	X
Core Portfolio(1)			X			X		
Challenging Operating Environment(1)		X					X	
Adolescent Girls & Young Women Priority Country(2)				X				X
Eligible for Catalytic Funds, 2017–2019 cycle(3)		X		X	X	X		X
Income category(4)	LI	LI	Upper-LMI	LI	Lower-LMI	Lower-LMI	Lower-LMI	LI
HIV burden(4)	High	High	High	Extreme	High	High	Low	Severe
TB burden(4)	Severe	Severe	Moderate	Severe	Severe	High	Moderate	Severe
Malaria burden(4)	Severe	Extreme	Moderate	Extreme	Severe	High	High	Extreme

PCE Country		CAM	DRC	GTM	MOZ	MYN	SEN	SDN	UGA
Global Fund Allocations: 2014-2016 versus. 2017-2019 Cycles (USD, millions) (5,6)									
2014-2016	Total	\$148.8	\$701.5	\$74.1	\$450.2	\$257.0	\$138.4	\$164.8	\$421.0
2017-2019	Total	\$83.4	\$527.0	\$31.8	\$502.9	\$262.1	\$65.0	\$129.6	\$465.0
% Change	HIV	-48.5%	-31.0%	-56.0%	14.8%	4.6%	-54.2%	-50.5%	1.5%
	TB	-13.2%	-34.7%	-41.4%	-14.6%	1.3%	-50.4%	-56.3%	-11.7%
	Malaria	-46.2%	-20.4%	-67.5%	16.0%	2.4%	-41.7%	-0.1%	29.5%
	Total	-43.9%	-24.9%	-57.1%	11.7%	2.0%	-53.0%	-21.3%	10.5%
Global Fund Investments by Component: New Grants, 2017–2019 Cycle, Total Signed (USD, millions)(7–9)									
HIV			\$22.8	\$19.8*			\$25.8		
TB			\$16.2	\$5.8*			\$13.0^		
TB/HIV		\$55.4	\$140.4		\$347.0	\$224.0		\$28.7	\$278.4
Malaria		\$36.9	\$347.7	\$6.4*	\$167.9	\$97.4	\$39.2	\$100.8†	\$186.7
Total **		\$92.3	\$527.1	\$32.0*	\$514.9	\$321.4	\$78.0	\$129.5	\$465.1

(1) to (9): see References

*Guatemala submitted HIV and Malaria funding requests in Window 4, with plans to submit a TB funding request in Window 6; amount listed from allocation letter, final amount to be determined after Board approval.

^Senegal's TB grant is combined with RSSH;

†Sudan's malaria grant is combined with RSSH;

**Total includes above allocation catalytic investments.

The PCE's governance includes parties involved in the definition, validation, approval, execution, control, coordination and utilization of findings and recommendations of the PCE. The in-country evaluation platform will solicit input from country-level stakeholders as well as the Global Fund and TERG Secretariat to ensure that all points of view are taken into consideration (see Annex 1 for PCE Management Structure).

As mentioned in Chapter 1.1, the PCE is being carried out by three consortia, with each consortium led by a Global Evaluation Partner (GEP) who is responsible for the PCE in two or three countries. The GEP is tasked with developing the conceptual framework of the PCE, methodologic oversight and advancement, knowledge transfer between the global and country levels, quality assurance, and synthesis of findings, among other responsibilities. GEPs will work with the CEPs to develop and refine a broad range of skills and knowledge, thereby creating increased evaluation capacity and a greater level of understanding about the Global Fund business model at the country level.

At the country level, the Country Evaluation Partner (CEP) is the primary interface of the PCE. The CEP is responsible for engaging with key in-country stakeholders, ensuring a country-driven process, defining evaluation questions, collecting data and performing data analysis in conjunction with the GEP. Each CEP acts as an embedded but independent facilitator in the country, developing supportive and engaged partnerships built on trust and cooperation as outlined in the PCE principles. CEPs have evaluation experience and significant knowledge of

the country context, which is crucial to orienting the PCE through understanding country strengths and weaknesses, the history of in-country Global Fund presence, and identifying country objectives for HIV, TB and malaria. The overwhelming majority of data collection and initial analysis will be performed by the CEPs.

The consortia, although independent, collaborate and communicate regularly to ensure a level of harmonization across conceptual approaches and methodologies and to synthesize common results. Throughout the implementation of the PCE, GEPs and CEPs will collaborate to ensure continuous improvement, cross-country learning and course-correction. However, it is important to recognize that there has been significant variation between consortia in establishing the PCE and in acquiring data, largely due to differing start dates and varying timelines, where relevant, for IRB approval. Furthermore, within consortium there are also variations in country-level PCE implementation, which largely reflects the differing status of the Global Fund funding request and grant-making cycles in-country and differences in CEP skill development and knowledge transfer regarding the Global Fund business model and evaluation techniques. We anticipate that much of the variation in timing will dissipate or be less pertinent in year two of the PCE.

2.2 Establishing the PCE in-country

2.2.1 Status of establishment of functional evaluation platforms

Much of the work that has taken place in 2017 has been to establish the PCE at the country level and in accordance with the PCE principles. Foremost, CEP teams are in place in each country, capacitated to carry out the PCE, sensitive to country context and actively engaging local stakeholders. Evaluation questions have been identified, harmonized between global and country-level priorities and agreed upon by country and Global Fund stakeholders. A means of working (standard operating procedures) between the global and country levels, as well as work plans, have been established with contribution from all partners. Finally, evaluative techniques have been developed, reported during the inception phase, and reviewed and agreed by the TERG, TERG Country Focal Points, GEPs and CEPs alike.

2.2.2 Stakeholder engagement and priority setting

Country-level stakeholder mapping and engagement were early priorities for establishing the PCE platform. To effectively evaluate Global Fund in-country performance and ensure that the PCE is a country-driven process, it was essential to identify, understand and develop relationships with the stakeholders involved. CEPs consulted with key in-country stakeholders to discuss the purpose of the PCE and better understand individual and organizational views of the Global Fund business model (from grant development through to grant implementation) and associated challenges. Furthermore, each CEP, supported by the GEP, led a PCE Stakeholder Workshop at which the PCE was formally introduced, country priorities discussed and potential evaluation questions defined.

Additional consultation, both formal and informal, was held with the Global Fund Secretariat and Global Fund Country Teams to identify their priorities and which evaluation topics are most pertinent in each country. GEPs also obtained input from the TERG Secretariat and discussed lessons learned across countries and consortia throughout the contextualization of evaluation questions. Through a consultative process, we identified and prioritized country-specific and global evaluation questions, attempting to align the interests of all stakeholders wherever possible (Table 2.3.1).

2.3 Evaluation Methods

Generally, the PCE consists of three major evaluative components: process evaluation, resource tracking and impact evaluation. Each component is itself composed of several distinct methodologies and analyses described in the inception reports (10,11) and briefly below. The three methodological components, and by extension the analyses that compose them, are designed to allow for triangulation of evidence across a range of evaluation topics, with each component contributing complementary information that helps answer evaluation questions more holistically. Lastly, we describe our approach to synthesis across consortia, the findings of which are presented in Chapter 3. Each consortium has proposed different, but generally consistent, approaches to evaluation, drawing on their differing strengths. The specific methods are detailed in each GEP's inception report and their rigor assessed by the TERG.

2.3.1 Process Evaluation

The primary function of process evaluation is to understand the experience of countries in applying for and implementing Global Fund investments. The process evaluation incorporates a variety of methods and tools for data collection, analysis, and interpretation that are best aligned to each evaluation question. These might include key informant interviews, case studies, systems thinking approaches (theories of change, root cause analysis, causal loop diagrams) and process tracking (process maps, document review, and non-participant observation).

2.3.2 Resource Tracking

Resource tracking includes analyses to assess topics such as resource allocation, absorption, co-financing, and reprogramming, and will serve as a pivotal component in understanding the mechanisms connecting Global Fund inputs to impact. Allocation analysis explores the distribution of resources across service delivery areas and geographic areas (within country) to understand the amount of Global Fund resources that have been dedicated to various purposes. Absorption analysis examines the difference between budget and expenditure over time, by service delivery area as well as geographically, to measure the extent and correlates of and understand constraints to absorption. Co-financing analysis explores changes in government health expenditure and the extent to which they coincide with Global Fund grants. Reprogramming analysis tracks changes in budgeting and expenditure over the course of grant-making and implementation. Resource tracking analyses are used as much as possible to objectively complement related process evaluation findings, as well as inform impact evaluation.

2.3.3 Impact Evaluation

The impact evaluation is composed of rigorous measurement of health indicators and linkages between resources and outputs. Using data triangulation techniques and geospatial analyses, the impact evaluation measures an array of health system outputs, intervention coverage indicators and burden of disease metrics at the subnational level (where possible) and temporally. Combining these with resource tracking analyses, the impact evaluation will measure gaps in intervention coverage and the extent to which resources appear to be allocated accordingly. The impact evaluation will prospectively facilitate use of data to ensure alignment of resources to needs (e.g., burden of disease, risk) including by geography and risk group. Additionally, the impact assessment will identify opportunities to strengthen strategic information systems, especially around data quality improvement and data use and the corresponding human capacity to implement these activities.

2.3.4 Evaluation Question Development

The PCE is dependent upon the generation of evaluation questions based on the Global Fund business model and its relevant application at the country level. The development of evaluation questions differed slightly between consortia but largely depended on gathering inputs from country stakeholders, the Global Fund CT, and the TERG Secretariat. CEPs carried out stakeholder consultations to discuss the PCE and gather specific input about country-level priorities. CEPs also gathered input on priority areas through non-participant observation of key meetings.

Each CEP organized and convened a stakeholder workshop in their country to share information and updates about the PCE and bring diverse stakeholders together to gather further input (and consensus) on evaluation priorities. A multi-step process of identification, prioritization and contextualization of evaluation questions occurred in each country through collaboration between CEPs and the responsible GEP. The table below summarizes the common evaluation questions across the EHG/UCSF/Itad and IHME/PATH consortia, recognizing there is some variation in the framing of the questions due to country context and prioritization (note: additional country-specific evaluation questions not included).

Table 2.3.1 Common evaluation questions across the EHG/UCSF/Itad and IHME/PATH consortia

CROSS-CONSORTIA EVALUATION QUESTIONS		METHODS	CAM	DRC	GTM	MYN	SDN	UGA
SO1 Impact, Transition, COE	What are the trends and distribution (geographic, demographic and socio-economic) of HIV, TB and malaria-related health outputs and outcomes?	Secondary data analysis, small area estimation						
	To what extent do Global Fund resources contribute to improvement in health outputs and outcomes for HIV, TB and malaria? How does that contribution vary geographically and demographically, and what are the barriers and facilitators to achieving outputs and outcomes?	Resource tracking, small area estimation, process evaluation						
	To what extent is the Global Fund STC policy applied and contributing to preparing for sustainability and transition?*	Process evaluation						
	How effective and efficient are Global Fund risk management and oversight structures at enabling program results?	Process evaluation						
	How well are key and vulnerable populations defined and effectively addressed through Global Fund investments?	Impact analysis Resource tracking Process evaluation						

SO2 RSSH	To what extent are Global Fund investments focused on RSSH?	Process evaluation						
SO3 Human Rights & Gender	Are Global Fund investments in programs to reduce human rights and gender-related barriers to HIV, TB and malaria services of sufficient amount, quality, and effectiveness?	Resource tracking, process evaluation, small area estimation, secondary data analysis						
	Do Global Fund investments in improving health services support the promotion and protection of human rights?	Process evaluation, contribution analysis						
	To what extent have plans, policies and programs (related to the three diseases) been designed and implemented in gender-sensitive manner?*	Process evaluation, contribution analysis						
SO4 Mobilize Resources	What are the trends and distribution of Global Fund resources (inputs), and how do they compare with need?	Resource tracking						
	What are the drivers of consistently low rates of absorption (financial execution) of Global Fund investments?	Process evaluation resource tracking						
Strategic Enablers	What are the facilitators and barriers to the CCM functioning effectively within the standards/scope as defined by the Global Fund business model?	Process evaluation, partnership analysis						
	What is the nature and role of partnerships between Global Fund and in-country stakeholders participating in the grant application and making processes? In implementation? How effectively does technical cooperation and assistance work at country level?	Process evaluation, partnership analysis						

*Slight variation in phrasing of evaluation question across consortia, but core meaning of question remains the same.

Prioritization of Evaluation Questions: **High Med Low**

2.3.5 Approach to Synthesis

During the inception phase, the consortia worked together to identify where harmonization was feasible and desirable, and the extent to which it could be accomplished for this initial synthesis report. Our early efforts to harmonize across GEPs relied on workshops, conference calls and email communication for collaboration on early products. In addition to cross-consortia sessions during the June and September 2017 TERG meetings, we participated in four cross-consortia meetings organized around specific topics: 1.) Copenhagen, March 2017 – Kick-Off; 2.) Geneva, April 2017 – Opportunities and challenges for collaboration; 3.) Baltimore, May 2017 – Theory of Change; 4.) Seattle, December 2017 – Synthesis.

Early on, the consortia developed and agreed upon a strategy for collaboration, which shaped our approach to working together. These agreements include:

1. Using a common Global Theory of Change (ToC) (see Box 2.3.4 and Annex 2).
2. Where relevant to cross-country synthesis, using a subset of common indicators
3. Identifying a series of common themes (e.g., key populations, differentiation) that will be pursued across multiple countries, based on a shared understanding of the issues involved and the agreed evaluation questions.
4. Producing annual synthesis reports.

Box 2.3.4 Global Theory of Change

In May 2017, a cross-consortia working group developed a Theory of Change (ToC) focusing on Global Fund business processes for reaching strategic objectives within countries. One of the purposes of the ToC was to gain a consensual understanding among the consortia of the Global Fund business model. The consortia agreed the ToC would serve as a unifying framework across the eight countries, facilitating harmonization among the consortia while providing the basis for understanding the contribution of Global Fund investments to changes in health systems and population health. The ToC is generalized to apply across country contexts and represents the causal pathways linking inputs and activities to expected coverage and outputs, outcomes and impact. It also guides/has guided the development of appropriate evaluation questions, methods, data collection, analysis and communication of results. It is important to note that over the course of the evaluation as additional information and findings emerge, the ToC may be refined; that is, it is subject to iterative modification as new understanding emerges around the boxes and linkages between boxes.

2.4 Focus of the PCE synthesis in 2017

For this annual synthesis report, we present findings generated through 12 case studies in the six countries within the EHG/UCSF/Itad and IHME/PATH consortia on the “first stage” of the Global Fund business model: the funding request and grant-making process. The findings of the report are organized into two sections: 1) how the Global Fund business model operates within countries, with a primary focus on findings related to the funding request and grant-making evaluation and 2) the funding request and grant-making evaluation as they relate to Global Fund strategies and policies and how these are playing out in countries. Particular focus is on strategic areas of resilient and sustainable systems for health (RSSH), gender and human rights, key and vulnerable populations and sustainability, transition and co-financing (STC).

To allow systematic, efficient synthesis of findings, the consortia developed an evaluation framework for the funding request and grant-making evaluation. This framework includes key propositions (statements that set out intended benefits and outcomes expected if the funding

request and grant-making process is implemented as expected in Global Fund documentation) and associated sub-questions that have been evaluated in six PCE countries.

The propositions and sub-questions were developed through a review of Global Fund literature relevant to new policies for the 2017–2019 cycle, guidance documents describing the differentiated funding request model and the 2017–2022 Global Fund Strategy. The propositions helped to determine the data to collect in each country and served as a framework for organizing the findings and lessons learned across the case studies. In each case study, we assessed the extent to which each proposition was met with an explanation/justification for the finding. The final agreed propositions were as follows:

1. Changes in the grant application and review process enabled a more efficient and streamlined application and review process, reduced transaction costs, and allowed more time to be spent on grant implementation and program quality compared to previous application processes.
2. A transparent, inclusive and country-led process was in place during grant development to confirm the country allocation, program split, funding request approach and Principal Recipient selection. Country dialogue was ongoing, including through grant-making.
3. There is a stronger focus on STC compared to previous funding cycles and application processes.
4. There is a stronger focus on key and vulnerable populations, human rights and gender compared to previous funding cycles and application processes.

Across our 12 case studies, as shown in Table 2.4.1 below, there are four program continuation case studies, one case study of tailored review and seven cases of the full review grant process. The full review grant process is most akin to the previous process employed under the New Funding Model (NFM). The case studies draw evidence from document review, direct observation of meetings, stakeholder mapping, process mapping, resource tracking and key informant interviews (see Annex 3 for more detailed explanation of methods used).

An extensive document review of the funding request and grant-making process informed creation of narrative and visual process maps for full review, program continuation, and tailored review processes, which articulated the steps involved in investment process from in-country decision to apply for Global Fund support to final Board approval. CEPs used the process maps to guide meeting observations and track actual funding request development and grant-making steps against the theorized steps. CEPs, with guidance from GEPs, developed key informant interview topic guides from a bank of key sub-questions and probes, ensuring relevance to their country context. Key informant interviews were held with relevant stakeholders using the topic guide to elicit perspectives on the funding request and grant-making process and other country-specific evaluation questions. Data from key informant interviews supported triangulation and interpretation of results generated through other methods.

Using the shared evaluation framework mentioned above, our analysis describes and explains what happened in each case, and how and why processes have (or have not) worked as intended in our varied PCE contexts. Understanding how contextual issues influence the Global Fund funding request and grant-making processes and intended outcomes was a critical component of the analytical approach. Annex 3 provides more detail on the methods used for this evaluation, including the full synthesis table of findings by proposition across the case studies.

The challenge we face is the degree to which we can generalize from our evidence to what happened across all grant development processes. To the extent that it is possible, we use analytic generalization to consider the outcomes and context of each case to draw broader conclusions about the operation of the business model. Our cross-case analysis highlighted the contexts in which changes made to the funding request and grant-making processes worked as intended and delivered the expected benefits (or not). This enabled us to draw conclusions on whether the Global Fund’s assumptions of how its business model works are validated or not.

Table 2.4.1 Summary of funding request approaches for 2017–2019 funding cycle countries

Funding request approach	Total number of funding requests windows 1-3 (12)	Number PCE case studies	PCE country/disease grant component
Program Continuation	69 (43%)	1 3	<ul style="list-style-type: none"> • Democratic Republic of the Congo: Malaria • Sudan: TB, HIV, Malaria/RSSH
Tailored Review	50 (32%)	1	<ul style="list-style-type: none"> • Democratic Republic of the Congo: TB/HIV
Full Review	40 (25%)	2 1 2 2	<ul style="list-style-type: none"> • Cambodia: TB/HIV, Malaria • Guatemala: HIV • Myanmar: TB/HIV, Malaria • Uganda: TB/HIV, Malaria
Totals	159	12	2 HIV; 1 TB; 4 TB/HIV; 4 Malaria; 1 Malaria/RSSH

2.5 Limitations

Although the PCE provides insight in ways that prior evaluations have not, we acknowledge several limitations. First, the establishment of the PCE has taken more time than desired. Contractual challenges, CEP onboarding and establishing buy-in at the country level has taken time. Therefore, not all the PCE countries are at the same point in terms of progress. Delays in progress have had implications for the funding request and grant-making evaluation in 2017/18. PCE country findings have become available at different times in the process, and this has affected synthesis. Overall, there has been limited time available for consortia analysis, causal explanation, the sharing of drafts, iteration and presenting of data.

Second, there are limited resources and capacity to evaluate all aspects of the Global Fund business model. Evaluation questions, designed to be country-focused and prioritized by country-level stakeholders, inevitably do not cover all questions of interest at the global level.

Third, the PCE is limited by the availability of data sources. Despite the TERG’s investment in the PCE, primary data collection will be restricted given the cost of such undertakings. We have been informed that any primary data collection activities would need to be derived from country budgets. This would require significant in-country buy-in from the Global CT, CCM and others, and require a decision to reprogram funds. Based on numerous discussions, this could lead to several additional challenges. Specifically, reprogramming would not be possible before the middle of 2018, and CEPs have expressed concern that any attempt to reprogram could jeopardize buy-in from in-country stakeholders. To address this limitation, the consortia will utilize innovative analytic approaches to assess outputs, outcomes and impact of the Global Fund through existing data, supplemented with primary data collection where feasible.

Fourth, the PCE is not a homogenous evaluation across countries. There is substantial variation in development status, burden of disease and health systems across the PCE countries; what works well in one context may not work well in another. Developing generalizable

recommendations may be challenging but understanding the variable ways in which the Global Fund’s business model is implemented, and how it functions at the country level, will provide country stakeholders with important insights as they develop their grants and implement interventions. Our cases for the synthesis will not cover all the contexts, or types of grant process, within which the business model operates, and therefore there will inevitably be some strengths and weaknesses to the generalizability of our conclusions.

Chapter 3 The Global Fund business model in practice in country

3.1. Rationale for evaluating the funding request and grant-making process at the country level and approach taken

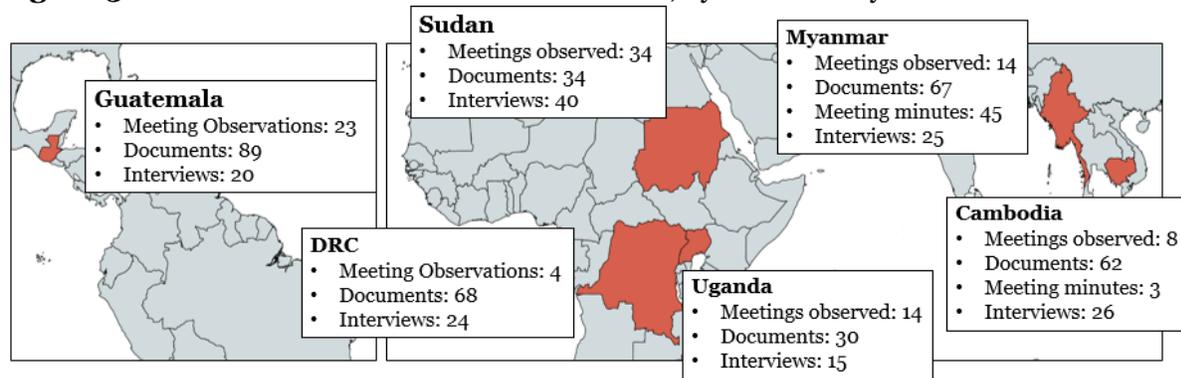
The Global Fund Strategy 2017–2022 is committed to increasing the flexibility of the business model including improving country experiences of accessing funding through simplifying and differentiating ways of applying and approving grants. Three separate but interrelated processes guide the transfer of resources from the Global Fund to countries:

1. The **allocation** of funds and **funding request type** by the Board and Secretariat communicated to countries through the Allocation Letter;
2. A country **funding request** developed according to Global Fund guidance and through country-led inclusive and transparent processes; and
3. Country and Secretariat **grant-making** negotiations that translate the funding request into a grant with implementation arrangements, budgets and targets, approved at Board level.

For the 2017–2019 funding cycle, the Global Fund introduced changes to the funding request, review, grant-making and approval process with the intention of simplifying and improving the efficiency and experience of accessing funding and enabling greater time to be spent implementing grants. In this respect, the Global Fund introduced differentiated grant application, review and approval processes in line with the country context and allocated funds. There are now three funding request approaches in operation – a full review, a tailored review and a program continuation (a summary of the funding request approaches and principal changes introduced can be found in Annex 4.) The program continuation approach is where the most significant changes to the funding request and grant-making process have been introduced. Additionally, the Secretariat enhanced tools and templates, and tried to simplify and reduce the number of documents required.

Compared to the funding request, the grant-making process used for 2017 was not substantially changed from the process used previously under the NFM, and the same approach is largely used across all countries, irrespective of whether the funding request approach is different. The main changes in grant-making have been differentiated TRP review processes, reduction in Grant Approval Committee meetings/processes from two to one, and some flexibility with Principal Recipient assessments (not required if the same Principal Recipient is used again) and audit requirements (previously required during grant-making which can now be submitted during grant implementation). The number of funding request approaches by country and sources of evidence used in developing the findings set out below are summarized in Table 3.1.2.

Figure 3.1.2 Number and sources of evidence used, by PCE country



3.2. Findings from the funding request and grant-making evaluation related to differentiated funding request approaches

Irrespective of the funding request approach adopted, all case study grants processed through Windows 1 and 2 were approved before December 2017, thus enabling new grant implementation to start as intended in January 2018.

All countries eligible for funding in the 2017-2019 allocation period received allocation letters on December 15, 2016. Within our sample of 12 cases, most funding requests were submitted during Window 1 (75%). Among the 11 funding requests submitted as early applicants or during Windows 1 or 2, all were approved on time, with grant signing before the end of 2017. This is a significant achievement. The funding request process will enable new grants to start without delays to implementation, in January 2018. The exception is Guatemala where the funding request process is ongoing: the HIV funding request submitted during Window 3 was sent back for further iteration after TRP review, they submitted both malaria and the revised HIV funding request in Window 4 (February 2018).

Figure 3.2.1 illustrates the process steps taken during 2017 across the eight PCE countries and the related timelines. The process steps broadly reflect those outlined in Global Fund guidance. Given that countries submit during different application windows, a caveat to the process map is that the time between receiving the allocation letter and submitting the funding request (dark blue bar) will appear much lengthier for countries submitting during later windows. It is important to note that countries started country dialogue and funding request development at different points following receipt of the allocation letter (e.g. often some weeks later) but this is not differentiated in the dark blue bar. Finally, it is important to keep in mind that the time taken for each step in the process does not reflect the level of effort, which is likely to vary depending on the funding request approach used.

Figure 3.2.1 Comparison of process timelines across PCE case studies



i Note: This step represents time between receiving the allocation letter and submitting the funding request for Secretariat review, meaning the request development phase appears artificially long, particularly for countries submitting during later application windows. The actual length of country dialogue and funding request development to be confirmed by CCMS (and included as a separate process step); ii. From allocation letter to board signing, the dates for process steps did not vary across funding requests within the country; therefore, shown as one process bar each for DRC, Sudan and Uganda. If funding disbursement dates (to be confirmed) differ by funding request/grant, process bars will be separated.

The Secretariat introduced changes to the funding request and grant-making processes to address Secretariat processes and systems that were unnecessarily slowing down the process of developing and approving grants during the previous funding cycle. Additionally, large volumes of documents required to sign grants had remained the same for all portfolios, irrespective of grant size and risk. The changes introduced were intended to improve the speed, efficiency and experience of developing funding requests and translating these into grants, while maintaining the rigor of design and while, where possible, freeing up national program stakeholders’ time to focus on ensuring the successful implementation of the ongoing grants.

The program continuation approach was implemented largely as intended, resulting in more streamlined *funding requests* (as intended).

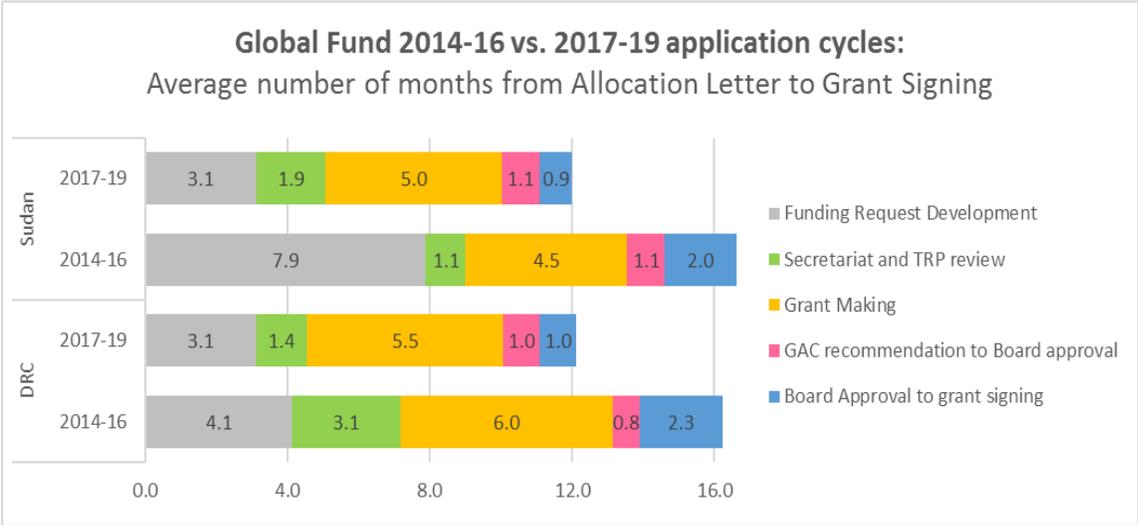
Findings from Sudan and DRC program continuation case studies indicated that the program continuation approach was lighter, more streamlined and required less effort at the *funding request* stage, compared to the previous NFM application process (Figure 3.2.2).

Factors that contributed to more streamlined funding request processes, as identified in the case studies included:

- Fewer documents needed, including the use of previous grants’ documents which reduced time needed for the application process;
- Reduced time required to identify and discuss priorities and strategies since these were essentially unchanged;
- Continuation of the same Principal Recipient (negating the need for a Principal Recipient selection process); and
- Less time needed for the country dialogue processes since the proposed programs were essentially unchanged.

“The funding request was light and simple, as its program continuation” (Key informant, Sudan)

Figure 3.2.2 Global Fund application cycles compared in DRC and Sudan



However, evidence from both Sudan’s and DRC’s case studies indicated that *TRP review and grant-making* processes for program continuation were more protracted, detailed and complex than expected. There were strong perceptions among Sudan country stakeholders that the speed and efficiency gains achieved during the funding request stage were “offset” by the process of review and grant-making. Reasons cited included:

- Completion of standardized core grant documents and templates, which were previously required at the funding request stage, were now required for grant-making, thus “pushing” the required work to a later stage of the process rather than eliminating it.

“Overall, there was the same level of effort for the concept note as program continuation grants: for the funding request there was no need to develop the performance framework, workplan/budget, etc. but during grant-making these still need to be developed from scratch.” (Key informant, Sudan)

- Reduced allocations that required reprioritization of interventions and budget amendments during grant-making (revisiting the budget took much of the grant-making time in Sudan). These changes called into question whether the program continuation approach (designed for grants where there is no material change in the scope and scale of the strategic focus) was appropriate.

“It’s not Program Continuation: major changes in targets and modalities, risk of phasing out programmatic interventions.” (Key informant, Sudan)

- In both Sudan and DRC case studies, Technical Review Panel and Country Team requirements and clarifications (e.g., for Sustainability, transition and co-financing, for targets, for indicators) involved detailed additional discussions, negotiations and more complex decision-making.

In Sudan, experience with responding to reduced allocations that required material change raised questions over whether the Global Fund’s approach to identifying when program continuation is appropriate needs to be tweaked.

Reduced allocations for TB and HIV funding that required reprioritization of interventions and budget amendments during grant-making called into question whether the program continuation approach (designed for grants where there is no material change in the scope and scale of the strategic focus) was appropriate in these cases.

The *tailored review* approach was implemented largely as intended in the DRC and resulted in a more streamlined process at the *funding request stage* despite stakeholder perceptions that the amount of time and effort required remains significant.

Like the program continuation approach, findings from DRC’s tailored review case study indicated that the approach was lighter and faster at the *funding request* stage compared with experience under the previous NFM approach. While still more complex than the program continuation approach, the fact that material changes were limited to two application components (MDR-TB and co-infection activities) helped lighten the process. It also made it

more feasible to submit the funding request in window 1, thereby improving the chance of obtaining grant approval by the end of 2017. This shorter period for developing the funding request, however, likely also explains why many stakeholders still perceived the process as heavy and intense.

For program continuation and full review approaches, previous experiences of Global Fund application processes, better country preparation and planning and availability of national data and evidence contributed to the efficiency of the funding request and grant-making process.

Evidence from case studies in DRC, Myanmar, Sudan, and Uganda highlighted important contributory factors that supported the efficiency of the funding request and grant-making process. These included:

- Prior knowledge of Global Fund application processes and increased capacity and engagement of relevant stakeholders and/or consultants made the funding request and grant-making process easier this time around (in DRC, Myanmar, Sudan and Uganda case studies).
- The availability of existing or updated National Strategic Plans and/or programmatic data (in Myanmar, Sudan and Uganda case studies).
- Better country preparation for 2017–2019 funding cycle with CT support, such as workshops held in DRC to review lessons from previous funding cycles and to introduce new templates.

Evidence suggested country stakeholders associated Global Fund application processes, irrespective of type of funding request adopted – program continuation, tailored review or full review – with substantial transaction costs.

Evidence from case studies in Cambodia, DRC, Guatemala, Myanmar, Sudan and Uganda strongly indicated that overall, Global Fund application processes were perceived to be lengthy and complex, requiring high levels of detail, particularly during the grant-making stage.

Significant back and forth on the use of templates, adjusting proposed budgets and work plans (often more than once), and providing regular explanation for budget items were commonly cited as adding complexity and time to complete the funding request and grant-making process.

Large-scale, off-site, Global Fund-related workshops involving large numbers of participants for one or two weeks, e.g., to understand funding request templates and drafting of the request (in DRC) or for Global Fund work planning (in Myanmar), were cited as examples of “high” transaction costs. In Uganda, although stakeholders generally recognized improvements in the funding request and grant-making process, it remained quite lengthy and laborious, with one key informant remarking it was “akin to trying to finish a PhD” and another commenting on the “high mental costs incurred” given the protracted process.

There was less evidence to suggest that the tailored review approach resulted in fewer transaction costs for country partners. Stakeholders noted that the amount of work was heavy and intense, pointing out that it required support from between 20 and 30 consultants.

There was strong evidence that changes to improve templates – particularly the budget template – added complexity to funding request and grant-making processes, for all three funding request types.

Irrespective of the funding request approach adopted, there was compelling evidence across the case studies in Cambodia, DRC, Myanmar, Guatemala and Sudan that frequent changes to funding request and grant-making processes and related templates, particularly if partway through the actual processes themselves, did not necessarily improve usability and often added complexity. Sometimes these changes had consequences and transaction costs for implementing partners because of the need to communicate with the Global Fund on the changes and/or attend training/familiarization on the revised templates. The budget template was identified as particularly complex and problematic to use and upload, including in internet-poor environments.

Evidence suggested that the funding request and grant-making process continued to pose challenges for ongoing program implementation due to the time involved.

A rationale for differentiating funding request approaches was to facilitate lighter and more efficient funding request processes under the program continuation and tailored review scenarios, which in theory would free time to use on implementation of the national programs. However, there was mixed evidence of this being the case. In case studies from Cambodia, the time frame from funding request to the Grant Approval Committee, although intense, was considered better as it reduced the time taken away from program implementation during the year.

“Program implementation tends to stop completely while the PRs and SRs are drafting the proposal...the deadline is tight, and we have a lot of pressure on, but it is better that way. It was difficult to set up all the meeting and review the requests, but we managed to meet our deadlines. After it was submitted, we could get back to actual work faster.” (Key informant, Cambodia)

In DRC, the tailored review approach was also considered better but nonetheless required a significant level of effort, including support from around 20 to 30 consultants, which detracted attention from the implementation of active grants.

In Myanmar, the time required for funding request and grant-making processes while simultaneously managing grant implementation, challenged implementing partners’ ability to oversee current grants and/or address program strategy issues. In Uganda, the overall length of the process challenged program managers to remain consistently involved, given their competing responsibilities on program implementation. Similarly, in DRC some stakeholders noted difficulty managing the current grants while at the same time participating fully in the tailored review funding request, negatively impacting current grant implementation.

3.3 Findings from the funding request and grant-making evaluation related to the transparency and inclusiveness of the country dialogue process

Global Fund country ownership reflects the founding principles of the Global Fund and the assumption that aid is more effective when there is ownership by those implementing the programs. The Global Fund business model has sometimes been criticized for undermining country ownership, and country planning processes are sometimes not as inclusive as they should be.

The review of the funding request and grant-making process gathered evidence against seven sub-questions to assess the extent to which the process was transparent, inclusive and country-led. These questions focused mainly on country leadership, transparency and the inclusiveness of the country dialogue during the funding request development and grant-making. The contribution of the Global Fund Country Team during grant development, engagement of development partners, and discussion of program split and resilient and sustainable systems for health (RSSH) were also explored.

Funding request and grant-making processes were perceived to be mostly transparent, well-documented and inclusive, but there were variations across countries, grants and funding request approaches.

Full review case studies in Cambodia, Guatemala, Myanmar and Uganda found a wide range of stakeholders involved in the funding request process and observed that inclusiveness was equal to or had increased in these countries. In Cambodia, Myanmar and Uganda, inclusiveness in terms of representation and participation during country dialogue was generally perceived as very high, with some key informants questioning the transaction costs incurred (time) through such an inclusive process. It was also noted that inclusiveness reduced as the process moved from country dialogue toward grant-making.

“Yes, country dialogue was very well prepared and very inclusive. The country dialogue went very well, with representatives from the garment industry, the civil society. They were actively involved, didn’t hide and spoke out clearly, including the key populations. The mix of partners is very useful, compared to before.” (Key informant, Cambodia)

In the program continuation case studies, Sudan required less consultation with stakeholders; extensive dialogue was not necessary since the focus was on “continuing what is already ongoing based on previous grants.” Conversely, the country dialogue in DRC for both the program continuation and tailored review approaches was considered robust, taking place at both national and provincial levels.

Most funding request processes were inclusive, but there was *unequal* and *intermittent* participation and representation of some groups, including key population and/or community groups, across many case studies. Less active participation by some groups was reported across some case studies in Cambodia and Myanmar, with reasons cited as limited understanding of the Global Fund and national disease program processes, language barriers and a lack of translated documents. There was broad participation by key population groups in Guatemala, but their contributions were not always reflected in the funding request submitted in window 3. Similarly in DRC, community groups participated in provincial-level dialogues, but despite their participation, community interests were still underrepresented in the funding request. Furthermore, although civil society groups were present, interviews suggested their participation was not taken seriously but rather served the purpose of meeting a Global Fund requirement.

“I felt that there was no space for us from civil society on the pretext that we did not have much to contribute. For me the process was not participatory, most of the civil society actors were observers. The expertise was there, but it was not capitalized.” (Key Informant, DRC)

“The inclusivity and transparency of the process has improved as a result of greater participation of key populations and Ethnic Health Organisations (EHOs). However, the added value of these key populations and EHOs attending the meetings was often felt to be very limited or negligible due to a

reluctance to speak due to language barriers (which has to some extent been improved by the inclusion of translators in key meetings) and/or a lack of ability to discuss issues at a more macro level, rather than a local level.” (Key Informant, Myanmar)

Funding request and grant-making processes were considered relatively transparent in case studies from Cambodia, DRC, Myanmar, Sudan and Uganda. The exception to this was Guatemala, where most stakeholders reported a lack of transparency, largely due to the Principal Recipient selection and budgeting process. Although there were systematic processes in place for Principal Recipient selection, stakeholders felt the selection criteria were not utilized, which created contention among competing organizations. Additionally, stakeholders reported that budget decisions were not shared widely or well understood.

“The budget was made behind closed doors, in a rather obscure process.” (Key Informant, Guatemala)

Country ownership over the funding request and grant-making process appeared to be stronger than during the previous funding cycle. There was also variable interpretation of the concept of country ownership across case studies.

In Cambodia, Myanmar and Sudan case studies, country ownership was perceived to have strengthened through increased involvement and leadership of government/ministry of health, either because of enhanced capacity (as in the case of the Sudan Communicable Diseases Directorate) or through government assuming the Principal Recipient role (as in Cambodia and Sudan case studies). Other examples of strengthened country ownership included the decision in Uganda to hire *only* local consultants, which in turn supported the development of a successful funding request application.

On country ownership... “I also noted that this process was more efficient than previous ones. Before, the work was distributed among partners but is now being dealt with by the national program. This avoids disagreements.” (Key Informant, Cambodia)

However, country ownership was also perceived to be compromised by

- Insufficient assertiveness of country partners as reported in DRC case studies. For example, DRC stakeholders perceived certain decisions and recommendations from the Global Fund were accepted by the CCM without question or broad discussion at the country level.
- Weak or poorly functioning CCM, absent PR (due to late selection), lack of political engagement from governmental actors and inadequate technical expertise, as found in Guatemala’s case study.
- Lack of consensus among stakeholders in Uganda and mixed messages from Global Fund CT. For example, rejection of the country’s proposed program split (including a standalone RSSH grant) was perceived as demonstrating a lack of autonomy and power in decision-making, and was thought to weaken country ownership.
- Requests to apply for catalytic funds were perceived as a mechanism to extend Global Fund priorities in-country since country priorities, as articulated in their National Strategic Plans, were already funded through the main disease-specific grants.

The Global Fund Country Teams played a strong role in the funding request and grant-making process across most case studies, which had an overall positive impact on the quality of funding requests, although countries were often challenged to meet Country Team needs and requirements.

CTs played important roles in the funding request and grant-making processes in 2017, with regular visits to PCE countries to provide support during critical stages of the grant development and approval process.

Stakeholders reported that CT engagement had a positive impact and generally aided the process, including by ensuring key and vulnerable populations were involved in the funding request development; advising on technical assistance needs, strategic priorities, targets and sustainability, transitions and co-financing (STC) issues; assisting with application guidance, i.e., what “sells well” to the Global Fund (Uganda); and use of templates (DRC); and keeping countries on track to achieve the tight timelines and milestones for grant approval in 2017.

While this was generally helpful, countries were also challenged by Secretariat requirements and what was sometimes perceived to be intensive management of processes and/or insistence on (what were perceived to be) Global Fund priorities, pressure to set overly ambitious and/or unachievable targets, and the requirement to provide highly detailed budgets and work plans. Additionally, although the CT was seen as providing significant value-add through technical assistance, some stakeholders, e.g., in Guatemala, reported that they expected more direct guidance, specifically on how to interpret Global Fund policies and guidelines.

There was active and supportive engagement by development partners – including both UN agencies and bilateral donors – in most countries.

In case studies from Cambodia, DRC, Myanmar and Uganda, development partners provided funding or technical assistance and/or were involved in CCMs, technical working groups, or writing committees. In Uganda, stronger engagement from development partners increased harmonization of activities, thus leading to better work planning and budgeting, which was particularly evident in development of the HIV funding request, where alignment with PEPFAR activities limited duplication and identified gaps. The engagement of external technical assistance was less in Sudan, in part due to the reported strengthened capacity and organizational structure of the Ministry of Health in Sudan. In Guatemala, international partners were actively involved in the funding request process, although some perceived their involvement as overstepping their role and pushing external agendas, which undermined country ownership.

The Global Fund proposed Program Split was actively discussed by CCMs in some countries and was generally accepted without revision.

In most countries, the program split was discussed and largely accepted. Evidence for why this was the case was patchy, but a lack of understanding as to whether any changes would be acceptable to the Global Fund and concerns that changes would derail the timelines set for the funding request and grant-making process (e.g., in DRC case studies) were reasons cited in some cases.

Case studies in Cambodia, Myanmar and Sudan revealed that the allocation of funds from disease components for RSSH were largely taken from malaria grant allocations, as these were perceived to be higher than necessary and/or because substantial cuts had already been made to disease allocations, e.g., for HIV and TB in Sudan. Uganda was the clear exception, where the program split was actively debated in terms of whether RSSH should be integrated within disease-specific funding requests or submitted as a standalone request. There was a lack of consensus, with program managers generally favoring the embedded-RSSH approach (to not

lose funds from their disease-specific allocation), but the CCM supported a standalone RSSH grant (in line with their current experience of executing a standalone RSSH grant 2015–2017). For more information on RSSH, please see Chapter 4.

3.4 Catalytic Funding: Experiences from Myanmar, Uganda and DRC of matching funds

Replacing the incentive funding from the NFM cycle, the Global Fund Board approved US\$800 million in November 2016 as catalytic investments for the 2017–2019 funding cycle. This represented funding for programs, activities and strategic investments that were not accounted for in country allocations but were considered essential to achieve the aims of the Global Fund’s 2017–2022 Strategy and Global Partner Plans. The objective of matching funds was to *incentivize* eligible countries to align programs toward the strategic priorities that are critical to driving impact and achieving the Global Fund Strategy 2017–2022.

Eligible countries had to meet specific criteria and were informed of the strategic priorities for which they can access matching funds in their allocation letters, as well as the additional funding amount potentially available as matching funds. Within six PCE countries presented in the synthesis, matching funds were available to DRC, Myanmar and Uganda (note: Senegal and Mozambique were also eligible for matching funds). Although Matching Funds were not examined as individual case studies under the funding request and grant-making process evaluation, findings shed light on whether the policy objective of incentivizing funding was met and the efficiency of the matching funds request process.

The process of applying for matching funds was unclear, confusing, and often resulting in high transaction costs and additional work.

Findings across the three PCE-eligible countries indicated that the process of applying for matching funds produced a certain amount of confusion and misunderstandings stemming from the allocation letter.

Myanmar, for example, had been informed it was eligible for matching funds in the December 2016 allocation letter, but it was not aware that separate funding requests were required to access the funds. When the CCM was made aware, the timing of the development of funding requests fell during a busy period, which limited the extent of stakeholder consultation.

In DRC there was similar confusion regarding the application process for the RSSH matching funds request. The national health information system worked independently over two months on a matching funds application, only realizing upon submission to the Global Fund that they needed to coordinate with the CCM and submit an application using Global Fund application templates. The application was therefore delayed and is now expected to undergo TRP review in January 2018. Meanwhile, the other two DRC matching funds requests were reviewed and approved alongside the malaria and TB/HIV funding requests as the process is intended.

Uganda submitted two requests for matching funds to remove human rights-related barriers to health service access by key populations and for programs for HIV services for adolescent girls and young women. There was some misunderstanding around content areas, e.g. some stakeholders interpreted the human rights matching funds as specific to sexual orientation barriers to service delivery, rather than human rights barriers more broadly. The matching

funds request also involved deeper reflection on human rights issues, requiring several rounds of meetings to reach agreement on what constituted a human rights barrier versus a general barrier cross-cutting all populations.

There were strong perceptions that the matching funds process was unnecessarily repetitive.

There were strong country perceptions that the process of applying for matching funds was repetitive, particularly given the comprehensive process undertaken to develop the disease-specific funding requests in Myanmar and Uganda. There was also a perception that the transaction costs were high for the level of funding available (in Myanmar and Uganda). In Myanmar, matching funds required revision of program targets in the national strategic plan, which involved significant back and forth and extra workload. Moreover, the newly agreed targets were not considered commensurate with the level of extra funding being made available to achieve them, and so the targets were considered aspirational.

There was limited understanding of how the matching funds were to be catalytic.

In Myanmar, stakeholders were confused over how matching funds played a catalytic function, as this was not obvious. Instead of being catalytic, the matching funds were often seen as “fillers,” e.g., to compensate for budget reductions for key and vulnerable populations. In Uganda, stakeholders wondered how the content area of the matching funds requests aligned with the objectives within the National Strategic Plans, questioning whether an extra pot of money was necessary if the country was already covering its strategic priorities through the main disease-specific grants. Lastly, there was widespread confusion about whether receipt of matching funds was contingent upon agreeing to a Global Fund-proposed five-year study of human rights barriers in Uganda – which has not been particularly welcomed by the Ministry of Health or other in-country stakeholders as of yet.

Chapter 4: Translation of the Global Fund Strategy and Policy in Country

This chapter examines how the Global Fund Strategy 2017–2022 and related policies are playing out at the country level. As this was not the starting point of the evaluation, findings in this section are preliminary and limited, both in scope and depth. The intention, as explained in the inception reports, is to observe and evaluate how the Global Fund’s policies and strategies are operationalized through implementation during 2018 and 2019, and thus we can expect more robust and in-depth findings in due course. This chapter considers RSSH, gender and human rights, key and vulnerable populations and the STC policy. The Global Fund’s “vision” for each strategic objective and/or policy is very briefly outlined along with preliminary findings and related evidence as derived from the funding request and grant-making evaluation.

4.1 Resilient and Sustainable Systems for Health (RSSH)

The Global Fund Strategy articulates a new and targeted focus for health systems strengthening, and for the first time, RSSH is one of the four Strategic Objectives. The rationale is that strong health and community systems “are crucial to ensuring that people have access to effective, efficient, and accessible services” in order to make progress against HIV, TB and malaria, as well as other diseases and health threats.

Given the emphasis on RSSH, it was expected that RSSH would be prioritized in funding request and grant-making. However, this does not seem to have been the case in almost all country case studies. Reviewing the allocation letters and budget allocations, we can discern that the Global Fund's intention appeared to have been to hand the countries the responsibility of redesigning and prioritizing RSSH from within all their programs, albeit with strong encouragement from the Global Fund – the assumption being that a resilient health system is a vital prerequisite for more sustainable control of epidemics, and countries will choose to invest in this route.

There was some confusion regarding how the Global Fund prefers to see its RSSH allocations managed – integrated or standalone.

In the allocation letters, there was no separate allocation given for RSSH, and all countries were expected to apportion money from their disease allocations and specify which elements of RSSH were to be supported. The responsibilities were given to the CCM in the allocation letter to each country. However, the wording and instructions in the allocation letter (vis-à-vis the instructions in the annex that accompanied the allocation letter) gave conflicting messages around how applicants and programs could address RSSH.

In Uganda, this led to submission of a separate funding request for RSSH, which the Global Fund, subsequently returned with a request for RSSH to be reintegrated into the disease funding requests, citing several reasons for rejecting the RSSH standalone grant (critical interventions remained unfunded; elevated administrative, human resources and travel costs associated with bringing on a third Principal Recipient to implement the grant; and unnecessarily high communication costs). The rejected program split resulted in substantial transaction costs as the writing team had to rework RSSH activities and budgets into the disease-specific grants in two weeks. Reworking the RSSH grant also reduced time that had been reserved for developing the catalytic funds requests. Some informants have suggested RSSH could more easily be prioritized if it was given a specific amount in the allocations – this would both help ensure it is maintained on the agenda and would limit pushback among disease-specific program managers concerned RSSH is detracting from their budgets.

In Cambodia, there continues to be confusion over whether the RSSH grant is standalone or integrated with the malaria grant. It is currently being treated as a standalone grant with its own performance framework and tripartite management model (MOEF, UNOPS, The Global Fund) and is going through grant-making. However, as it was previously treated as an integrated grant, and it has not been subject to a thorough TRP review (the Cambodian malaria/RSSH funding request components dedicated three sentences to a review of the RSSH section).

4.2 Human Rights, Gender, and Key and Vulnerable Populations

Human rights barriers, stigma and discrimination undermine effective response to the three diseases. Promoting and protecting human rights is essential to ensure that countries can control their epidemics, scale up where needed and sustain their gains. Addressing gender inequality is essential as it drives increases in infection rates and contributes to differential access to health services for men, women and transgender people. Gender inequality reduces the ability of women and girls to protect and keep themselves healthy and access social services like education. The Global Fund champions meaningful engagement of key and vulnerable populations in the business model through grant development, grant monitoring, data collection and implementation as well as broader health strategy and financing processes

The funding request and grant-making evaluation considered whether these priorities had a stronger focus compared to previous funding cycles through exploring the involvement of experts in grant development processes, the extent to which key and vulnerable populations are defined and addressed in funding requests, and whether investments are adequate in proposed grants.

Gender inequality and human rights (especially in context of HIV and TB programming) have been accorded high priority by the Global Fund in its guidance, policies and processes. While there was some evidence of more attention being paid to human rights and gender-sensitive programming, there continue to be some programming gaps, scarce use of gender-disaggregated data, and a mixed record on human rights-based elements in some of the funding requests. Evidence from the case studies point to the following findings:

Human rights and gender issues proved difficult to conceptualize and translate into operational interventions in several of the case studies. Evidence for the involvement of gender and human rights experts was limited in funding request and grant-making processes.

In Cambodia, Guatemala, Myanmar, Sudan and Uganda case studies there appeared to be a limited focus on these areas, with informants citing difficulties in operationalizing human rights and gender-related activities. Gender experts were largely absent from the funding request development processes in Myanmar, Guatemala, Cambodia, Sudan and Uganda. DRC was an exception, with CCM members including one representative each for gender and adolescent girls and young women. The new grant includes a pilot addressing gender inequalities that was designed by a national task force with extra technical assistance. This is in addition to a US\$3 million matching funds request for removing human rights barriers in access to HIV services that has been approved. Guatemala also reported the revised HIV funding request submission will include components to address stigma toward transgender women and interventions to improve care and treatment for women and girls facing gender-based violence. In Uganda, some levels of expertise were represented through different constituents on the CCM. However, key informants offered suggestions towards improving the CCM through increasing the involvement of Ministry of Gender, Uganda Human Rights Commission, political leaders, and Ministry of Education.

Key and vulnerable populations were actively engaged and represented in funding request and grant-making processes.

There was a relatively strong focus on identifying and reaching the key and vulnerable populations, and an overall increase in attendance and representation of civil society and key populations in the funding request and grant-making process. However, the depth of “meaningful engagement” seemed to vary, and efforts for overcoming the barriers to fuller engagement were still relatively ineffective. In case studies from Cambodia and Myanmar, the level of involvement of key and vulnerable populations had increased compared to the NFM including on the CCM. Meeting minutes, lists of participants at country dialogue meetings in all countries, and interviews with key informants all suggested that the presence of and consultation with key and vulnerable populations and their representatives was an accepted part of the funding request cycle. In DRC and Uganda, there was broad participation from representatives of civil society groups representing key and vulnerable populations in country dialogues and working groups, however there is limited evidence to suggest that this level of

participation has changed or strengthened compared to previous cycles and application processes.

In accordance with the prioritization of key and vulnerable populations in the Strategy, case study findings suggested a mixed focus on key and vulnerable populations with some variations across case studies.

Key and vulnerable populations were considered for the first time in Cambodia’s malaria funding request, which included a clear recognition and definition of the key affected populations to be reached in the upcoming grant cycle. In contrast, in Cambodia’s TB/HIV grant, the identification and prioritization of key and vulnerable populations and interventions to reach them was unclear. Both Cambodia and Myanmar invested in broad programs for reaching people who inject drugs, transgender persons, sex workers and men who have sex with men in HIV grants, but concerns remain around whether HIV or TB programming is missing “new” key populations.

“The problem is that everything now is focused on the KAPs [key affected populations]. But the new cases are not in the KAPs, so where do they come from? We need funds so we can know that.” (Key Informant, Cambodia)

Sudan’s malaria-RSSH funding request mainly focused on key and vulnerable populations (noted as people with "Special Concern") within the PAAR instead of the core allocation.

In Uganda and Guatemala, there were perceived mismatches between definitions of key populations by the Global Fund and those at the country level, and/or confusion over the difference between key populations and vulnerable populations. In Uganda, there was a perception that Global Fund’s definition of key populations was strongly focused on MSM, which differed from the country’s key populations, identified in priority order as: fishing communities, commercial sex workers, uniformed persons, and MSM. In Guatemala, there was a focus on some key populations, particularly MSM and women and girls, but there was confusion among stakeholders around the level of risk for HIV in the indigenous communities and their status as a key or vulnerable population.

4.3 STC policy

Increasing long-term sustainability and domestic financing for health are essential to ending the epidemics of HIV, TB, and malaria. The 2017-2022 Global Fund Strategy includes a specific sub-objective committing the Global Fund to “support sustainable responses for epidemic control and successful transitions.” In support of the strategy, the Global Fund has developed the new Sustainability, Transition, and Co-financing (STC) policy which aims to guide and support countries to prepare, design, and implement programs that can continue once Global Fund resources are no longer available. This evaluation explored the extent to which the STC policy was known and receiving attention in the funding request and grant-making process.

The funding request and grant-making process review gathered evidence against four sub-questions to assess whether there was a stronger focus on STC for the current grant development cycle. These questions focused on the way the actors engaged in the concepts of STC, the capacity of the countries to track and monitor funds (according to their proposals), and explored evidence for strong or weak sustainability and transition planning. Evidence on how STC issues were addressed in previous cycles and application processes was more limited than

expected. Therefore, the findings are mainly based on a review of evidence from the existing funding request and grant-making process.

Identified evidence suggests higher attention to STC in the current funding request and grant-making processes than in the past. Case studies show that countries had been introduced to the policy and a majority improved on progress towards co-financing commitments.

Findings from Cambodia, Guatemala, DRC, Myanmar, Sudan and Uganda indicated an awareness of the STC policy and an improvement on previous iterations of the willingness to pay policies in earlier rounds. Leaders of CCMs appeared to have understood the policy and made the co-financing commitments proposed by the Secretariat. In most cases, there was little evidence of any (official) reluctance to meet co-financing conditions and amounts, which were relatively clearly described in allocation letters. Letters of commitment for all grants (once they reached the requisite stage in grant-making) were produced for the required commitment minimum level of co-financing. In DRC, the Global Fund Country Team was strongly engaged in advocating for the country to meet its commitment under the current funding cycle and additional commitments were still being negotiated. Findings in Guatemala slightly differed as stakeholders reported that they were made aware of the STC policy by the CT and CCM, but once the funding request process was underway, the policy was not discussed further or made a priority. In addition, the minimal components in the proposal which included STC were not approved by the Ministry of Health to be included in the final budget. In Uganda, while CCM leadership understood the STC policy, most key informants had limited knowledge and understanding of the policy but were aware of the country's recent co-financing commitments to complement Global Fund investments.

Countries' ability to operationalize aspects of the STC policy were mixed.

In some cases, such as Sudan, the co-financing policies were perceived to be clearer than they used to be, but in others, countries struggled on the question of how co-financing commitments would be effectively tracked or how the tracking would be operationalized during grant implementation. From limited evidence, the Cambodia, DRC and Myanmar case studies suggested that domestic co-financing commitments would be reported in National Health Accounts. In Sudan, the co-financing commitments were given but weak financial reporting systems may not allow for accurate tracking of Ministry of Finance expenditure related to the disease programs. Findings in DRC indicated that a specific co-financing commission was established to monitor government disbursements in response to co-financing commitments, although the Global Fund is still waiting for the DRC to demonstrate it has met its co-financing commitments for the previous funding cycle. In Uganda, although the country has endeavored to increase domestic resource mobilization for HIV, TB, and malaria, stakeholders perceive the effectiveness of tracking of co-financing commitments remains unclear.

“Co-financing is taken much more seriously than before, as the Global Fund is putting clear conditions on it e.g. X% of allocation” (Key Informant, Sudan)

Findings indicated there was a stronger focus on sustainability measures, but transition planning was nascent.

Findings from Cambodia, Guatemala, Myanmar, and Sudan case studies suggested there was a stronger focus on sustainability in funding requests, including programmatic sustainability. Some examples include: increased absorption of recurrent costs by national governments over time; prioritization of funding human resources for health costs in Cambodia and Guatemala; infrastructure costs and drugs/commodities in Cambodia, Myanmar and Sudan; a stronger focus on integrated service delivery (such as through voluntary malaria/TB outreach workers in Cambodia and Myanmar; and overall focus on service integration, including of disease-specific programs in Sudan. Some civil society groups in Guatemala identified potential sustainability measures, such as moving to regional purchasing of generic ARV medication. However, no government strategies currently exist to take up sustainability issues. In Uganda, several new financing initiatives, including the AIDS Trust Fund, the \$1 initiative, and a ring fence around disease allocations in national budgets, indicate positive developments toward sustainability and co-financing. Transition was considered in terms of actual or planned Principal Recipient transitions from international to government Principal Recipients in the cases of Cambodia, Myanmar, and Sudan. There was limited evidence of transition planning in these countries, beyond Principal Recipient-transition, and concrete written plans were nascent or non-existent.

Chapter 5 Summary, Recommendations and Next Steps

5.1 Summary of Findings

Implementing the Global Fund business model in practice at the country level

Since the last funding cycle, the Secretariat has made progress in differentiating and simplifying grant application and approval processes in line with the country context and the level of allocated funds.

The Global Fund timelines for developing and approving grants for January 2018 were met for the case study grants applying in Windows 1 and 2. This was a notable success and enables the real prospect for grants to start on time, without significant delays into the implementation period which has often been the case with previous cycles. This appeared to have been achieved through the combination of changes to grant development process, in most cases, strong and supportive Country Teams which helped advise and kept funding request and grant-making on track, and in some cases better country preparedness, experience and capacity of country stakeholders for Global Fund processes.

Differentiated funding request and grant-making processes

The reforms introduced by the Secretariat for this funding cycle were intended to bring about certain benefits to countries - principally, improved country experiences of applying for Global Fund grants, simplified processes, reduced transaction costs and increased time available for program implementation.

The differentiated funding requests and to a lesser extent grant-making processes, were largely implemented as intended for full review and program continuation funding request approaches.

For program continuation and tailored review, the changes enabled a more streamlined application process, particularly at the funding request stage. The intended benefits of program continuation and tailored review were evident in the Sudan and DRC case studies – the funding request process was lighter, faster, simpler, and this was appreciated by country stakeholders.

However, when looking at the process in *totality*, the intended benefits of the changes were less evident. For program continuation, the earlier gains made during the funding request stage reduced as the funding request moved through the TRP review and grant-making processes, both of which proved to be bottlenecks to achieving an *overall* more streamlined grant development process and experience.

Although TRP review was shorter than previous funding cycles, rightly or wrongly, country stakeholders perceived the process to be lengthier and more detailed than expected, given the reduced documentation and that funds were for grant continuation. In this respect, Global Fund guidance is somewhat misleading, giving the impression that TRP validation – the differentiated TRP review for program continuation – is lighter, and this is how it was interpreted by country stakeholders in DRC and Sudan, without explaining how and why TRP validation is different to the TRP reviews for tailored and full review, especially given the explicit intention of program continuation is to reduce level of effort for the applicant, Secretariat and the TRP.

There was strong evidence from program continuation in Sudan that core Global Fund documents usually submitted at the funding request stage were required from scratch during grant-making. This effectively shifted the process of developing these documents from one process step to another. This was reported to have increased the time taken and level of effort during grant-making and reduced the benefits gained from the earlier phase. This finding called into question whether the changes introduced through program continuation genuinely resulted in fewer transaction costs at the funding request step or simply delayed them to later.

For all three application types, there were other influential factors that improved efficiency and facilitated the grant development – beyond those introduced by the Secretariat including stakeholders' greater experience of Global Fund application processes, better country preparation and planning, and the increasing availability of national data and strategic plans. As such, there were still large transaction costs associated with funding request and grant-making processes despite the changes introduced.

Most case study findings pointed to the fact that grant-making had largely stayed the same and was unwieldy. It appeared that changes introduced to differentiate grant-making were too minor and insufficient to enable the intended benefits to be realized. The question remains, how to strike the right balance between ensuring changes to grant-making are meaningful at operational level while still ensuring Global Fund accountability requirements are met.

Overall, program continuation reduced the level of effort at certain steps in the process, and there were small reductions to the full review process too. However, it still took approximately a minimum of nine months to develop an approved grant for a three-year grant cycle.

Use of templates

The Secretariat enhanced templates for this funding cycle with the intended benefit of improving their functionality. Yet when in use at the country level there was little evidence of this being the case. It appeared that attempts to improve the functionality of the template in effect added complexity for implementers, with concomitant transaction costs. More generally,

questions were raised about the frequency and necessity of changing templates without any obvious added value.

Freeing up time for grant implementation

One of the intended benefits of simplified grant development processes as outlined in some Global Fund guidance and training materials was to rebalance the time spent applying for funds vis-à-vis time spent implementing programs. The assumptions underpinning these changes were not made explicit in Global Fund documentation and thus understanding whose time would be freed up, where the time would be saved, how stakeholders were using the time, was not clear. As reported earlier, the case study grants for Windows 1 and 2 were developed and approved within the Global Fund timelines for 2017, however, evidence that shorter timelines and reduced levels of effort actually increased time available for existing program implementation and, by implication, that the benefit was attained, was less evident.

Stakeholders were completing the process for a quarter of all the time spent implementing prior grants. Without further assessment it was difficult to judge whether transaction costs related to the funding request and grant-making process were appropriate; however, the time spent completing them, as a proportion of the grant timelines, remained high.

Translation of Global Fund Strategy and Policy

The Global Fund's stated ambition, as articulated in the Strategy and its Strategic Objectives (for RSSH, key and vulnerable populations, and human rights and gender) was not as widely reflected as expected in the funding request and grant-making processes or outcomes. There were some disconnects between priorities written into Global Fund strategy and policy documents and priorities at the country level in terms of:

- Allocation – while there was a reluctance to change program split, there was a willingness to allocate RSSH funds from malaria funds but how adequate these allocations were and whether this was 'strategic prioritization' was difficult to assess
- Consultation – the case studies demonstrated largely inclusive country dialogue processes but encountered the long-standing problem of limited RSSH, gender and human rights expertise and participation in Global Fund architecture (e.g. CCMs) and funding request development mechanisms (technical writing groups and so on); key and vulnerable population representation was considerable in many contexts but the extent to which this engagement was influential in ensuring their interests were reflected in the funding request was less evident
- Interventions – TRP reviews sometimes had to re-emphasize the need to address some key and vulnerable populations and with appropriate interventions

The funding request and grant-making evaluation highlighted strengths and weaknesses with the Global Fund business model. The business model has proved flexible in its evolution from a one-size-fits all model to one that is increasingly concerned with 'better fitting' the realities of different country contexts. Differentiating funding requests, including to align the size and nature of the grant with commensurate levels of effort is evidence of this. However, it has been less flexible in reducing the review and grant-making burden for countries, lessening the 'upward' demand for detail to meet Secretariat needs for grant approvals (TRP, risk management, GAC etc.) and bringing about meaningful change to areas that aren't working as intended (e.g. the catalytic funding).

Global Fund policies and strategies have proved effective at ensuring certain issues (e.g. addressing key populations) are ‘on the agenda’ and this has transformed aspects of the business model such as country dialogue which has largely ‘mainstreamed’ the representation of certain groups in national processes. More difficult to overcome are the inherent disconnects between the Global Fund priorities set at Board level and ensuring those priorities are ‘followed through’ at the country level – while also retaining a respect for country ownership, national priorities and the country context.

Implications for the next cycle of grant making and implementation

Our initial findings suggest the following implications for the next cycle of grant making and grant implementation:

- Unless there is further differentiation of grant making processes, we can assume that for the next cycle, the grant making processes will remain largely the same as for the 2017-2019 cycle. Irrespective of funding approach adopted, one should expect the funding request and grant making processes together, to take a minimum of eight months. Although we are unable to quantify the transaction costs involved, our case study findings point to the complexity of grant making and the considerable time involved in completing the process.
- Although evidence was mixed regarding the opportunity costs of grant making, some informants were quite explicit about how grant making and its associated work planning and budgeting requirements, as well as the process of selecting SRs involved considerable time away from existing work and/or grant implementation – principally grant and program oversight (with the cancellation of a large proportion of field travel in one case) as well as reduced the time available for broader discussion of strategic programmatic issues. There is no evidence to suggest this may change with the next grant making cycle.
- With the alignment of funding allocations and grant cycles to the same three years, the next grant making cycle will fall in the final year of 2018-2020 grant implementation. The Global Fund, the CCM and implementing partners need to recognize that the process of implementing the final year of a grant while simultaneously developing new grants (including full review requests following program continuation in 2017-2019) will likely place heavy demands on the same stakeholders (e.g. National program staff, PRs, SRs). Putting in place measures to ensure grant implementation is not compromised (e.g. increased grant oversight by CCM members, LFAs and/or other partners during this period) will be important. This situation may or may not be exacerbated by the Global Fund’s decision to have unused funds at the end of the grant period returned and used for portfolio optimization. During the next grant making cycle, this situation may create strong incentives to ensure a full spend in the final year of the grant, potentially adding to the intensity of grant implementation whilst also developing the new grant.

5.2 Areas for Secretariat Consideration

The findings point to the following areas for Secretariat consideration:

Strategic considerations:

- Consider a more systematic review of program continuation and tailored review approaches including a focus on *review and grant-making* processes to support further differentiation of these areas, without compromising accountability requirements.
- Consider a more systematic review of catalytic funding including Matching Funds to inform whether this source of funding is fit for its intended purpose.
- Given confusion and inefficiencies experienced by certain countries while determining RSSH budget levels, and the centrality of RSSH to programmatic sustainability, the Global Fund should consider providing additional RSSH guidance during the funding request process.

Operational considerations:

- Ensure clear and coherent guidance and communications on funding application processes for Program Continuation which will assist in setting country expectations of the process including increased explanation of TRP validation vis-à-vis other full and tailored review approaches and further clarification on the thresholds of material change.
- Consider piloting and introducing changes to templates prior to the grant application process, to prevent surprises and help ease adoption. These should be accompanied with clear explanations of pertinent changes.
- With the support of development partners, consider providing more contextual examples and advice on how to operationalize Global Fund guidance on human rights and gender in different country contexts.

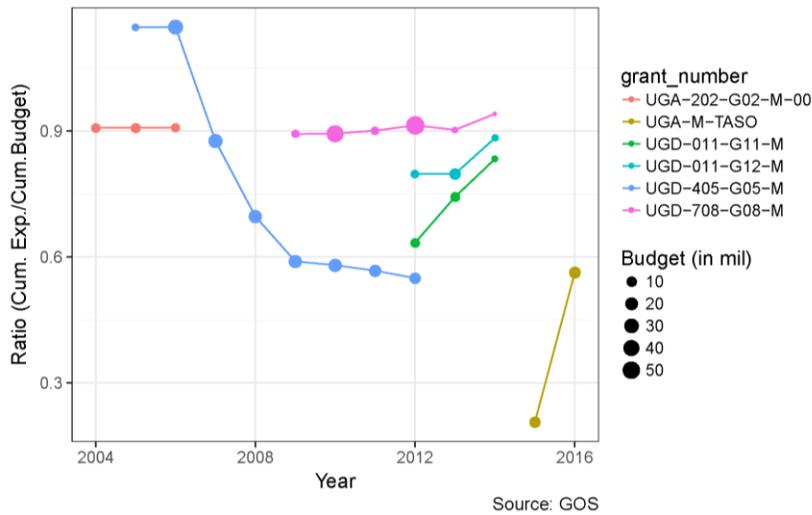
5.3 Evaluation topics for 2018 and possible synthesis

The PCE consortia IHME/PATH and EHG/UCSF/Itad held preliminary discussions on future synthesis topics for 2018/19 during the Seattle meeting in December 2017. More substantive discussions on the opportunities and challenges of synthesis were raised during the February 2018 TERG Meeting, and included the JHU consortium. This section details some of the areas under consideration for evaluation in 2018 and related synthesis for all three consortia.

Resource Tracking and Impact Evaluation

Preparation for resource tracking and impact evaluation is already underway. The resource tracking study will offer an opportunity to evaluate grant cycle management issues such as absorption. For example, the level of absorption among previous malaria grants in Uganda is shown in Figure 5.3.1. The PCE has established a platform to explore a number of issues related to this. As the upcoming grants begin implementation, the early stages of the grants can be compared to the corresponding phase of previous grants to track grant cycle management performance. This may be most usefully carried out by specific service delivery areas to account for differences in grants. To that end, the PCE consortia have already begun standardizing service delivery areas. The PCE may take absorption analyses a step further to quantify the drivers of absorption, as process evaluation activities continue to uncover contextual insight about why absorption is low and how it is considered at country level.

Figure 5.3.1. Grant cycle management (absorption)



As part of establishing the PCE in country (see section 2.2.3), baseline measurement for impact evaluation is also underway, such as local-level estimates of *Plasmodium falciparum* parasite rates, i.e. malaria prevalence, and intervention coverage, such as ITN usage, in DRC and Uganda (Figure 5.3.2). The PCE will be able to combine these indicators in order to locate unmet need for interventions, as shown in Figure 5.3.3.

Figure 5.3.2. Plasmodium falciparum parasite rates and insecticide-treated bed net usage (percent of population who reported sleeping under ITNs in the previous night)

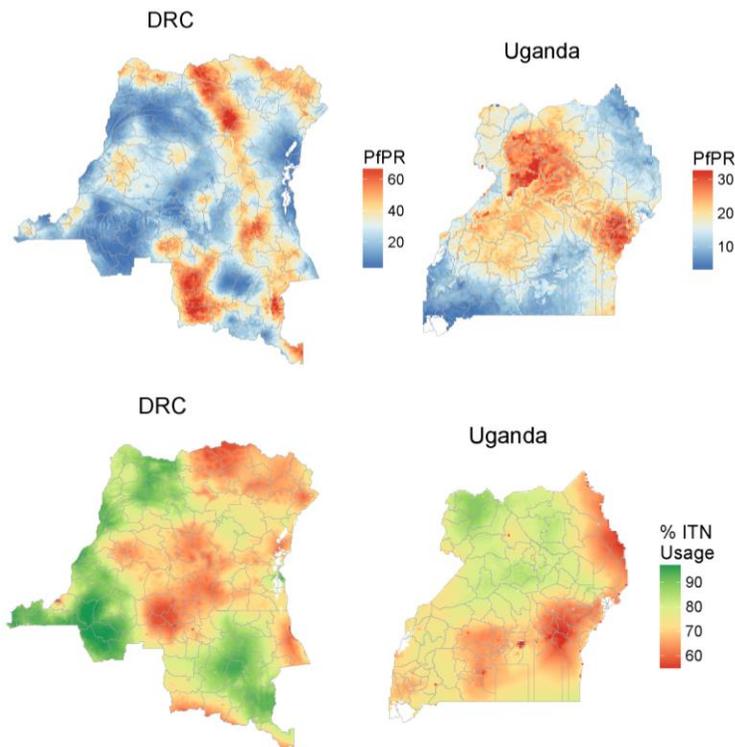
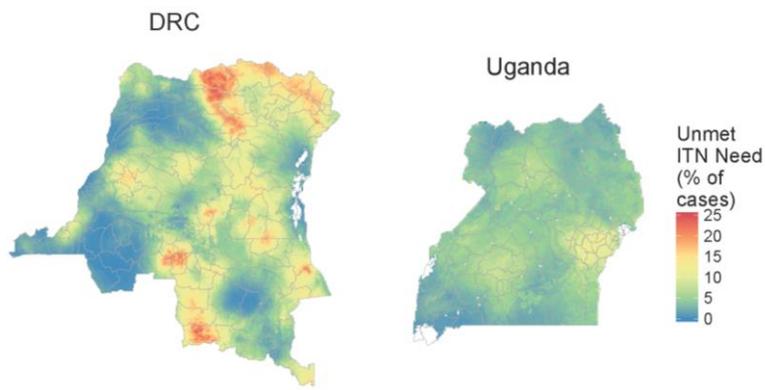


Figure 5.3.3. Gaps in ITN coverage (proportion of prevalent cases not sleeping under bed nets)



Taken together with resource tracking, upcoming analyses may explore whether resources are allocated towards areas of greatest need, and whether areas of greater investment intensity are experiencing improvements in outcomes. This may be in terms of both geographical allocation of resources (as data allow) and allocation toward different service delivery areas, taking into consideration other development partners and domestic financing.

Plan for synthesis in 2018

As the upcoming grants activities begin, all three consortia, including JHU, will prospectively evaluate grant implementation in each of the PCE countries. Observation of meetings and key informant interviews will be ongoing. Our findings have informed the PCE as it moves into Year 2 and starts tracking the Global Fund grants. In this respect we will be considering:

- The extent to which grant making conditions or outstanding requirements are to be met during grant implementation and the implications of doing so.
- The type of funding request adopted for 2017-2019, particularly Program Continuation, and the intended and unintended consequences of the approach on implementation (e.g. potentially less attention paid to Global Fund strategic priorities, objectives and frequency of reprogramming activities given reduced budget allocations; any implications for implementation from reduced country dialogue e.g. in Sudan).
- The timing of matching funds requests, approvals (TRP, GAC, Board) and disbursement. Some country stakeholders are concerned that the timing of approval and disbursement does not align to the Jan 1st start date (DRC, Uganda). We will be tracking this to see what, if any, implementation issues arise.

The PCE is developing program-specific evaluation frameworks for HIV, TB, and Malaria that will track inputs to activities to outputs, to outcomes and impact and will serve as guiding frameworks for synthesis of findings across consortia. Synthesis around these topics is part of an ongoing cross-consortia discussion. Although exact methods of analysis may differ, the PCE consortia will agree to these common evaluation frameworks and similar indicators.

Evaluation frameworks will also be developed and utilized for the key priority thematic areas to be explored in 2018: RSSH, Gender, Human Rights, Key and vulnerable Populations,

Partnership and VfM. The evaluation frameworks are underpinned by nested ToCs which explain the theory and expected change when countries prioritize these issues. The evaluation frameworks are being developed as a cross consortia effort and will be used to support CEPs in grant tracking and the generation of evidence for specific evaluation questions and themes and will support synthesis in 2018/19.

5.4 Risk Management Analysis

Potential risks as the PCE moves forward in 2018, and the associated risk mitigation strategies/actions are outlined in Table 5.4.1.

Table 5.4.1. Risks and risk mitigation strategies as the PCE enters Year 2

Risk	Risk Description	Mitigation Strategy	Support from TERG / TERG Secretariat
Value-Add and Buy-in	<ul style="list-style-type: none"> • First phase of evaluation was largely retrospective in examining the funding request and grant-making phase, thereby risking insufficient demonstration of the value-add of the “prospective” nature of the evaluation approach. • Annual/synthesis report production and discussion of findings with TERG <i>prior</i> to country dissemination of findings risks undermining ‘real time’ nature of prospective evaluation due to delays in country level feedback/dissemination. • Access to information, meeting observations, data etc. requires strong relationships and buy-in with country stakeholders and the Global Fund CT. 	<ul style="list-style-type: none"> • At dissemination meeting, highlight value of findings for next application cycle –both for local lessons learned and findings that apply for global level consideration. • Strong focus in 2018 on documenting use of PCE evidence and findings for decision-making. • Work with the TERG and TERG Secretariat on swift feedback mechanisms to ensure timely feedback and dissemination at country level. • GEPs and CEPs will continue to engage with TERG Secretariat and CTs to provide regular updates and request assistance with accessing information. 	<ul style="list-style-type: none"> • TERG Focal Points support key messages at dissemination meetings. • TERG and TERG Secretariat support rapid feedback mechanisms on reporting. • TERG Secretariat facilitate coordination, communication lines, and information requests when necessary.
Data collection / Access	<ul style="list-style-type: none"> • There are significant risks that data required to track programs and grants may not be accessible on time/ of sufficient quality. • Risk that the sample of key informants may not be representative of the entirety of stakeholders involved in each stage of evaluation. • Risk that methods such as meeting observations will produce limited data and evidence for the workings of the business model and Global Fund strategic priorities. • Risk of respondent fatigue (national programs, PRs, SRs, CT, LFA etc. not cooperating or not able/willing to collaborate). 	<ul style="list-style-type: none"> • Continue building in-country relationships to facilitate data access to routine and existing sources. • Use multiple data sources for validation; and conduct KIIs to point of saturation. • CEPs to continuously ‘map’ data sources; and undertake robust stakeholder analysis for tracking grant implementation – determine who should be interviewed and for what purpose, which meetings should be observed and for what purpose. 	<ul style="list-style-type: none"> • TERG Secretariat and CT support may help CEPs access key Global Fund reports and data as appropriate, as well as other possible national level reviews.
Scope	<ul style="list-style-type: none"> • The overall scope of the PCE is broad and there is growing complexity (multiple ‘work streams’ impact, process evaluation, resource tracking, joined up approaches and methods) and a demanding reporting schedule. Timetables have been condensed significantly and fatigue among evaluation teams is a potential risk as the PCE scope and reporting requirements can seem unmanageable given existing resources (e.g. team size). 	<ul style="list-style-type: none"> • Consistently re-iterate scope of evaluation for what PCE can deliver in 2018. • Consortia to set clear expectations on what can be achieved by when and for whom (country audiences, TERG and Strategy Committee). 	<ul style="list-style-type: none"> • TERG Secretariat to reconsider/lighten reporting requirements, given the regular scheduling and feedback provided by TERG FP visits, TERG Secretariat visits, and TERG meetings.

Analytic Rigor	<ul style="list-style-type: none"> • There is an expectation that 2018 reports should demonstrate higher quality analysis and a more analytical and evaluative lens. Condensed timelines, limited GEP-CEP face-to-face working sessions, and the fact that the three consortia are at various stages of evaluation are risks to analytic rigor and high-quality findings. • Resources and number of country visits available to GEPs is limited for GEP-CEP face-to-face working sessions 	<ul style="list-style-type: none"> • Consortia GEPs to schedule regular calls with clear agendas to discuss, delegate and deliver key actions for year two of the evaluation. • Cross consortia GEPs to develop timeline for delivery of 2018/19 synthesis findings that enables sufficient time for initial analysis, further iteration, further analysis and then finalization of report. • CEP experience in qualitative and quantitative methods varies from country to country. As applicable, GEPs to work with CEPs on specific methods to help improve evaluative and analytical skills that move beyond descriptive analyses (e.g. interviewing techniques; root cause analysis; using half year reporting to review quality of data and evidence and conduct initial analysis of findings; coaching on KII/stakeholder interests and incentives; and quantitative analysis capacity building and collaboration, etc.). 	
Cross - consortia working and synthesis	<ul style="list-style-type: none"> • There is a strong risk that developing joint approaches, tools and methods delays implementation as CEPs 'wait' for the cross consortia work and outputs. This is also a reality due to the location of the three consortia and the difficulties scheduling and funding face-to-face meetings. 	<ul style="list-style-type: none"> • Consortia planning ahead to anticipate and manage demands and delivery of the synthesis report according to the timeline received during the TERG feedback from the February 2018 TERG meeting. 	<ul style="list-style-type: none"> • TERG Secretariat to approve/facilitate use of resources for in-person cross-consortia working and synthesis and confirm that the draft timeline produced is the one for GEP/CEPs to adhere to.

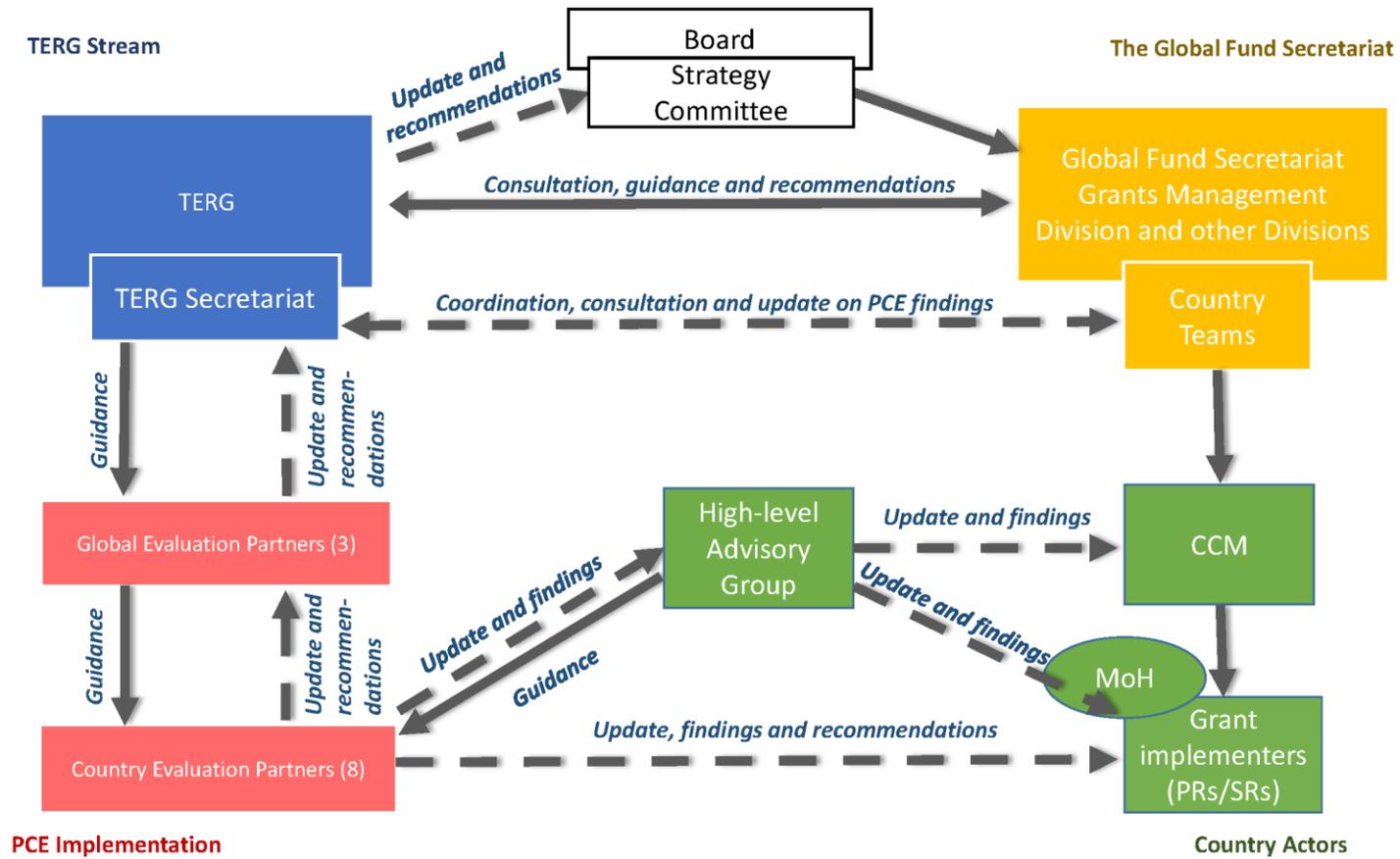
References:

1. The Global Fund. Operational Policy Manual. 2018.
2. The Global Fund. Overview of 2017-2019 Allocation [Internet]. 2016 [cited 2018 Jan 24]. Available from: https://www.theglobalfund.org/media/5649/core_overviewofallocations20172019_overview_en.pdf
3. The Global Fund. Catalytic Investments: Available Matching Funds [Internet]. Available from: https://www.theglobalfund.org/media/5650/fundingmodel_catalyticinvestments_table_en.xlsx?u=636523856750000000
4. The Global Fund. Eligibility List 2017 [Internet]. 2016. Available from: Eligibility List 2017: https://www.theglobalfund.org/media/5601/core_eligiblecountries2017_list_en.pdf
5. The Global Fund. Global Fund Country Allocations: 2014-2016 [Internet]. 2014 Mar. Available from: https://www.theglobalfund.org/media/1376/fundingmodel_allocations2014-2016_table_en.pdf?u=636487639020000000
6. The Global Fund. 2017-2019 Allocations [Internet]. [cited 2018 Feb 23]. Available from: https://www.theglobalfund.org/media/4788/fundingmodel_allocations2017-2019_table_en.xlsx?u=636487639020000000
7. Garmaise D. Global Fund Board approves grants totaling more than \$2 billion. Aidspace [Internet]. Issue 322. 2017 Oct 17 [cited 2018 Jan 24]; Available from: http://www.aidspace.org/gfo_article/global-fund-board-approves-grants-totaling-more-2-billion
8. Garmaise D. Global Fund Board approves a second batch of grants for 2017-2019. Aidspace [Internet]. Issue 326. 2017 Nov 28 [cited 2018 Jan 24]; Available from: http://www.aidspace.org/gfo_article/global-fund-board-approves-second-batch-grants-2017-2019
9. Garmaise D. Board approves third batch of Global Fund grants valued at \$2.83 billion. Aidspace [Internet]. Issue 327. 2017 Dec 12 [cited 2017 Jan 24]; Available from: http://www.aidspace.org/gfo_article/board-approves-third-batch-global-fund-grants-valued-283-billion
10. Institute for Health Metrics and Evaluation. Global Fund Prospective Country Evaluation (PCE): Final Inception Phase Report for PCE in Uganda, Guatemala and Democratic Republic of Congo. 2017.
11. Euro Health Group. Prospective Country Evaluation (PCE): Cambodia, Myanmar and Sudan. 2017.
12. Global Fund Grant Tracking Data. 2018 Dec.
13. Yin RK. Case Study Research, Design and Methods. Sage; 2013. 56-63 p.

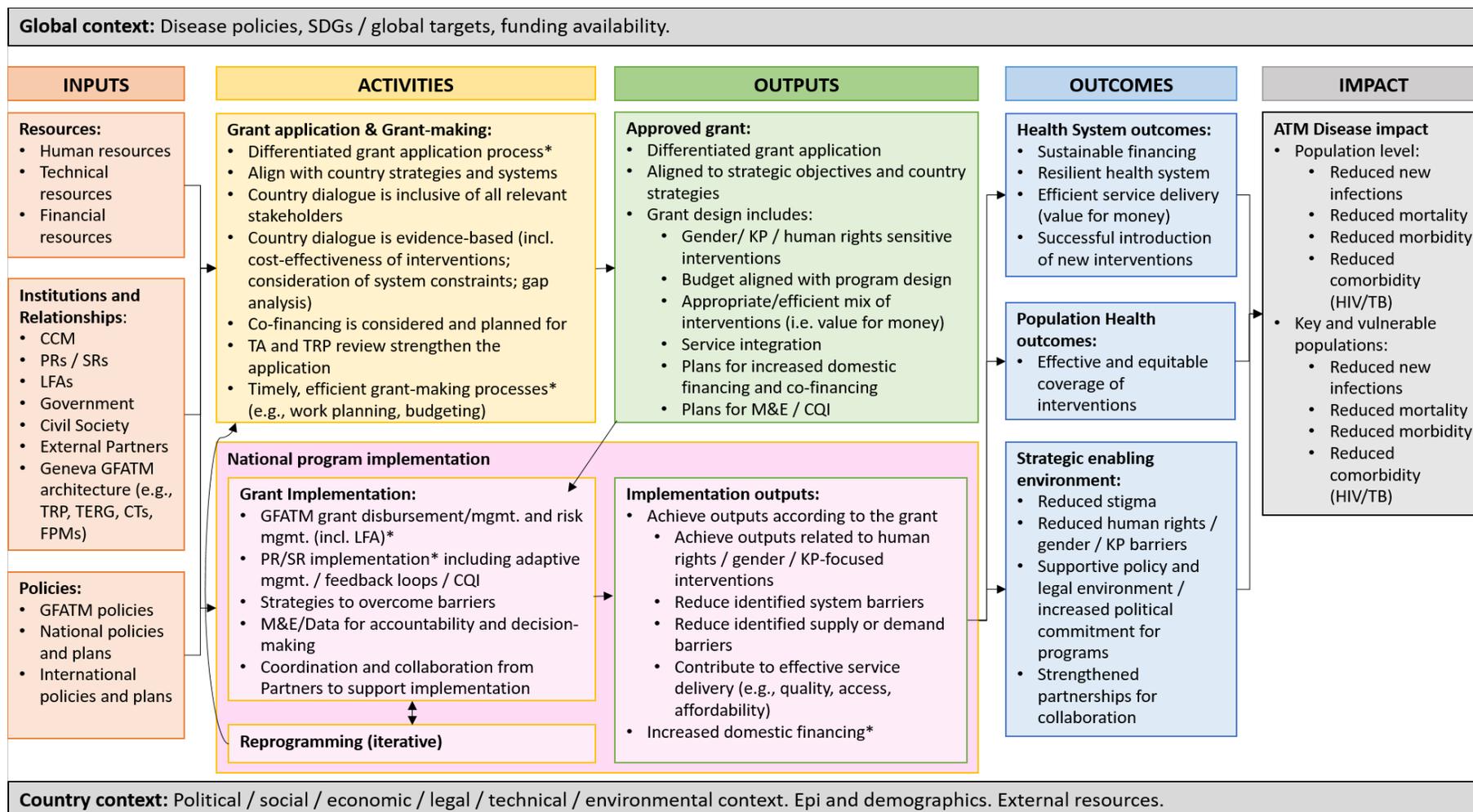
14. The Global Fund. The Global Fund Operational Policy Note on Access to Funding, Grant-making and Approval [Internet]. 2017 [cited 2018 Jan 18]. Available from: https://www.theglobalfund.org/media/4755/fundingmodel_applicanhandbook_guide_en.pdf
15. The Global Fund. Program Continuation Application Materials – Internal Training.

Annexes

Annex 1. PCE Management Structure



Annex 2. Global Theory of Change



Annex 3. Methods used for synthesis of the funding request and grant-making processes

General Approach: The two consortia based their approach to synthesis on an adaptation of the approach to multiple case study analysis as suggested by Robert Yin.⁽¹³⁾ A multiple case study approach was used for this phase of the evaluation, with the funding request and grant-making process for each *grant* being the unit of analysis (a single ‘case’). By using this deductive approach, we collected data to test five (later 4) propositions across the 12 cases (i.e. country funding request and grant-making processes).

Evaluation framework: As a first step, and in conjunction with the consortia, we developed a set of prioritized propositions and sub-questions (see Table 1 at end of this annex). The five propositions set out the intended benefits from the differentiated funding request approaches and grant-making processes. Underpinning these propositions was a set of assumptions that were explicit in the Global Fund’s documentation (to varying degrees) as to why these benefits were expected to emerge. The prioritized propositions and a select number of the sub-questions were expected to be addressed in all case studies in the PCE countries. Some additional and/or adapted questions were included by some of the CEPs, to ensure relevance to their country’s context.

At the outset, the evaluation framework included five propositions and related sub-questions. However, during the analysis phase, there was consensus to integrate proposition 1 and 2 as both were very close in meaning i.e. the wording of Proposition 1 was retained and all the sub-questions from proposition 1 and 2 were considered. Findings against the four propositions are reported against in the body of the annual synthesis report. However, in this annex, we include the five propositions as per the original design.

Data collection: Guidance on the funding request and grant-making processes and evaluation was developed and sent to CEPs between July (EHG CEPs) and October (IHME/PATH CEPs) 2017. CEPs began gathering case study evidence on the propositions and the sub-questions through semi-structured interviews, direct (embedded) observation, focus group discussions as appropriate, documentation review and review of available quantitative data. A broadly standardized data collection/management tool was developed to organize the data and assess the evidence. A case study ‘summary findings’ template was also developed by EHG, shared and was finalized in October.

Strength of evidence: Country visits took place in mid-October 2017 (EHG) and in January 2018 (IHME/PATH) by the GEPs with the purpose of reviewing the data collected, assessing the quality of the evidence, making a judgement on the extent to which the proposition had been met and undertaking some initial analysis of key findings. The consortia assessed the quality of the evidence against each sub-question using the Index of Robustness:

Rank	Reason (generic)
1	The finding is supported by multiple data sources (good triangulation) which are generally of decent quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
2	The finding is supported by multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of decent quality but perhaps more perception-based than factual.
3	The finding is supported by few data sources (limited triangulation) and is perception based, or generally based on data that are viewed as being of lesser quality.
4	The finding is supported by very limited evidence (single source) or by incomplete or unreliable evidence. In the context of this prospective evaluation, findings with this ranking may be preliminary or emerging, with active and ongoing data collection to follow-up.

In many cases, additional evidence was sought and triangulated by the CEPs. Based on the evidence presented, the GEP and CEPs made a judgement on the extent to which the proposition was met using the scale below. Where the proposition was not supported by evidence, we adapted the assumptions for why not and explored the issue further through triangulating different sources of evidence and/or gathering additional evidence from stakeholder groups, observation or documentation. This Likert-type scale is, by definition, somewhat subjective but the rationale for grading was an attempt to keep each researcher close to a common standard. Each ranking was peer reviewed by at least three other GEP members and evidence was returned to frequently to iteratively confirm or adjust the grading. The index to assess ranking of whether the proposition/question was answered includes four options:

Ranking of Propositions/questions	Reason
Yes	All evidence collected in relation to the proposition and its sub-questions indicates that the answer to the question is yes.
Mostly	Most, but not all, evidence collected in relation to the proposition and its sub-questions indicates that the answer to the question is yes. There may be a few minor conflicting pieces of evidence suggesting “no” answers and/or a sub-question that is not answered in the affirmative.
Partially	Around half or less of the evidence collected in relation to the proposition and its sub-questions indicates that the answer to the question is yes. There are both “yes” and “no” answers to the sub-questions indicating a mixed response to the proposition.
No	All evidence collected in relation to the proposition and its sub-questions indicates that the answer to the question is no.

Analysis: The analysis sought to explain what happened in each case study, and how and why processes worked (or not) as intended in the case studies. Understanding contextual issues and how they influenced the funding request and grant-making processes and intended outcomes was important. In the case of EHG (which had more time to undertake the funding request and grant-making evaluation), there were three levels of analysis undertaken:

- 1) A content analysis of individual case studies
 - to identify key patterns of similarities or differences (regarding the propositions)
 - to identify what factors might be responsible for the patterns observed including unusual/surprising patterns observed
 - to rate case study findings against propositions with an explanation/justification for the rating/finding
 - **Output:** *Individual case study summary findings tables*

- 2) A content analysis of case study findings across EHG case studies
 - to identify key patterns of similarities or differences (regarding the propositions)
 - to identify what factors might be responsible for the patterns observed including unusual/surprising patterns observed
 - **Output:** Summary cross-case study findings table

- 3) An overall analysis of case study findings across all PCE case studies
 - to identify key patterns of similarities or differences (regarding the propositions)

- to identify what factors might be responsible for the patterns observed including unusual/surprising patterns observed
- ***Output:*** Findings presented in annual synthesis report (see below synthesis table presented at the end of this annex).

The summary findings of the EHG case studies, after being shared and discussed with the country evaluation teams, and some preliminary findings emerging from the IHME case studies were discussed in the PCE synthesis workshop in Seattle in December 2017. These were followed in January by a series of virtual discussions on skype as findings were emerging from the IHME/PATH countries and the report was being drawn together by all. Additionally, the consortia explored preliminary findings or observations of *thematic issues* such as country ownership, VfM, partnerships, sustainability as they related to the funding request and grant-making evaluation.

A. Prop.	Funding Request Process	Sub- Questions (Priority questions in bold)
1	The differentiated funding request approach enabled a more <u>efficient and streamlined</u> application and review process compared to previous application processes under the New Funding Model (NFM).	<p>1. Within the differentiated funding request approach, please describe any <u>differences in the type and quantity of information required</u> for the funding request compared to your experiences with previous funding requests. <i>Probe on specific examples - fewer documents, briefer responses to questions in the funding request templates, stronger referencing to existing national material and data</i></p> <p>2. Based on your experience, how has the differentiated approach made the funding request <u>more efficient and/or simpler?</u> ... and <u>less efficient and/or simpler?</u> <i>Probe on specific examples of increased and decreased efficiency.</i></p> <p>3. Looking back over the last X months, in terms of efficiency, what do you see was the most significant change resulting from the differentiated approach?</p> <p>4. Based on your experience, how has the differentiated approach made the funding request <u>more flexible</u> to your country's context? ... and <u>less flexible?</u> <i>Probe on specific examples of increased and decreased flexibility, e.g. related to national planning cycles, ending of current grant dates.</i></p> <p>5. Looking back over the last X months, in terms of <u>flexibility</u>, what do you see was the most significant change resulting from the differentiated approach?</p> <p>6. What challenges have you experienced with undertaking the differentiated funding approach?</p>
2	The differentiated funding request approach reduced transaction costs associated with accessing GF funding and allowed more time to be spent on grant implementation and program quality.	<p>1. Has the differentiated funding request approach resulted in 'lighter' transaction costs compared to previous application processes? (can use aspects of this question for FR too) <i>Probe on which aspects are perceived to be lighter compared to previous granting processes, specifically - developing the request including using program continuation self-assessment where appropriate.</i> <i>- the TRP review process (process and responses are differentiated and lighter, in line with differentiated funding request in use).</i> <i>- notable reduction in requirements for grant-making and grant approvals (can ask this for Full Review) (e.g. only GAC 1, reduced audit requirements, reduced use of modular templates).</i></p> <p>2. Has the differentiated funding request approach resulted in faster grant processing and freed up time to be spent on current (and new grant) implementation and program quality? <i>Probe time taken (No of weeks/months) from funding request development to grant signature and compared to previous application processes.</i> <i>Probe for examples of how and why time available for implementation has been enhanced or unchanged or hindered.</i></p>
B.	Country Dialogue, Funding Request, Grant-making	
3	A transparent, inclusive and country-led process is in place to confirm the program split, the funding request approach, and PR selection. Country dialogue is on-going, including through grant-making.	<p>1. For the 2017-19 funding request development, describe whether and how the process was transparent, inclusive, and country led. <i>Probe for illustrative examples of transparency, inclusiveness, country leadership and ownership of the process.</i></p> <p>2. What facilitated /hindered stakeholders on reaching agreement on program split? <i>Probe for how the proposed funding request approach and program split was discussed at the country level and by whom. Did the country consider requesting another approach or any changes to the split?</i></p> <p>3. How was RSSH addressed within country dialogue on program split?</p> <p>4. What was the role of the CT in country dialogue and funding request development? <i>Probe for role, contribution and influence of the GF CT and vis-a-vis country ownership e.g. on RSSH funding, on KP, human rights and gender, on ensuring specific interventions were included.</i></p> <p>5. How have international partners been engaged in country dialogue and funding request development? <i>Probe for nature and quality of engagement, and appropriateness of technical support.</i></p> <p>6. How did the CCM ensure country dialogue with stakeholders was on-going including during grant-making? <i>Probe for changes in level and frequency of stakeholder engagement in moving from funding request to grant-making. Explore implications of these changes (e.g. is there any impact on program activities and budgets as a result of reduced stakeholder engagement later in the process?).</i></p>

		7. How could country ownership, inclusivity and transparency of the granting process (from developing the funding request through to grant-making) be improved?
C	Sustainability, transition and co-financing	
4	There is a stronger focus on sustainability, transition and co-financing (STC) compared to previous funding cycles and application processes.	<p>1. Compared to previous cycles, how and when did the CCM engage with the Ministry of Finance (and/or Planning equivalent) regarding STC discussions related to planning for and developing the funding request? <i>Probe whether engagement with MoF increased co-financing commitments as compared to previous cycles. Why or why not? Probe on which other key stakeholders/organizations participated in STC discussions.</i></p> <p>2. How is the country planning to track whether co-financing commitments are achieved? <i>Probe whether the FR includes activities for mobilizing and tracking increased domestic funding.</i></p> <p>3. How has the funding request addressed sustainability, transition and co-financing, compared to previous approaches? <i>Probe for 'application focus', demonstrated increased use of national systems, growing share of domestic resources absorbing GF costs, transition planning for program components projected to transition (Guatemala).</i></p> <p>4. What challenges and opportunities have been experienced with understanding and applying the STC policy requirements? <i>Probe whether the co-financing commitments for the funding request are considered realistic, if not, why not; the extent to which the new STC policy is understood and applied; whether guidance and support was provided from the CT; whether the application focus set out by the GF is appropriate and applied.</i></p>
D	Key and Vulnerable Populations, Human Rights and Gender	
5	There is a stronger focus on key and vulnerable populations, human rights, and gender compared to previous funding cycles and application processes.	<p>1. How did the CCM engage and ensure meaningful participation of specific constituencies, including key and vulnerable populations, and gender and human rights experts, compared to previous funding cycles? <i>Probe what mechanisms were used to ensure these key constituencies participated in ongoing country dialogue and how was this different to previous application processes?</i></p> <p>2. In terms of investment allocation within the funding request, have key and vulnerable populations, human rights and gender been adequately factored in? <i>Probe: How did the country ensure interventions to address key populations, human rights and gender were included in the funding request and budgeted for, and, critically, have the associated budgets been retained during grant negotiation? Probe: What are the facilitators and barriers to inclusion of interventions for key and vulnerable populations, gender and human rights?</i></p>

Proposition	Full Review						Program Continuation				Tailored Review	
	CAM		MYN		GTM	UGA		DRC	SDN		DRC	
1.The differentiated funding request approach enabled a more efficient and streamlined application and review process compared to previous application processes under the New Funding Model (NFM).	Mal	TB/HIV	Mal	TB/HIV	HIV	Mal	TB/HIV	Mal	TB	HIV	Mal/RSSH	TB/HIV
2. A transparent and inclusive country-led process is in place to confirm the program split, the funding request approach and PR selection. Country dialogue is on-going, including through grant-making												
3. There is a stronger focus on sustainability, transition and co-financing (STC) compared to previous funding cycles and application processes												
4. There is a stronger focus on key and vulnerable populations, human rights and gender compared to previous funding cycles and application processes												

Fully Met	Mostly Met	Partially Met	Not Met
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Annex 4. Summary of funding request approaches and principal changes introduced

Guidance and application forms	Funding request	TRP review/ validation	Grant-making	GAC Review (14)	Principal changes
<p>Program continuation review approach: A new streamlined funding application approach designed to significantly reduce level of effort by the applicant, the Secretariat and the TRP. This approach permits grant implementation for a further three years under the same assumptions of the current grant if no material changes have occurred in the scope and scale of the strategic focus and technical soundness and potential for impact.</p>					
<p>Analysis by Secretariat/GAC of existing information against the material change triggers. Recommendation made for this or other approach.</p> <p>Focused and Core country components eligible if performing and where no material change is needed, or where implementation is 2 years or less under an existing grant.</p>	<p>Consideration of allocation and program split. Applicant self-assessment confirms approach or material change triggers alternative review approach.</p> <p>No new funding request needed just one document (essentially the 'self-assessment').</p>	<p>TRP validation based on no material change triggers.</p> <p>TRP validation means the TRP will not do in-depth review but validate information and choice of Secretariat and the applicant. (15)</p>	<p>Core Global Fund documents such as performance framework and budget submitted.</p> <p>Negotiation of grant documents for next implementation period based on the content of the same documents of previous period documents.</p>	<p>Yes</p>	<p>No new funding request but a 'self-assessment' submitted</p> <p>TRP validation not full review</p> <p>Performance framework and budget submitted at grant-making (not earlier).</p> <p>Grant-making focuses on updating/finalizing previously agreed grant documents</p> <p>Usually only one GAC review (at Board recommendation stage)</p>
<p>Tailored and Full Review funding request approaches. Tailored Review: Aimed at better matching specific objectives and applicant type with a view to streamlining the funding request and review process. Applicable to country components where there is a material change; in COEs; in countries using transition funding; in countries with pilot/learning opportunities. Full Review: A comprehensive overall review of a country's investment approach and strategic priorities, like previous application processes under the NFM. It applies to High Impact country components; Focused and Core country components that were not reviewed by the TRP during the previous allocation period or that are referred to full review.</p>					

<p>Analysis by Secretariat/GAC of existing information. Recommendation made for this or other approach.</p>	<p>Tailored to the specific context and/or applicant:</p> <ul style="list-style-type: none"> • COEs with material change • Transitioning Funding • Material Change • Learning opportunities (e.g. National Strategic Plan pilot) or results based financing on a pilot basis 	<p>TRP Tailored Review or Full Review in accordance with the TRP review criteria</p>	<p>Negotiation of grant documents based on high-level documents submitted at funding request stage.</p> <p>Principal Recipient assessments no longer mandatory for existing Principal Recipients.</p> <p>Audit arrangements during grant-making not mandatory.</p>	<p>Yes</p>	<p>Tailored funding request exists</p> <p>Tailored TRP</p> <p>More flexibility with Principal Recipient assessments and audit requirements at grant-making stage.</p>
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