5-Year Evaluation of the Global Fund

Design, Methods, and Comments

Presentation at IOM
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January 7, 2010
Evaluation Design

- **Study Area 1:** Global Fund Organizational Efficiency and Effectiveness
- **Study Area 2:** Evaluation of the Global Fund Partner Environment at the Global and the Country Level (16 Countries)
- **Study Area 3:** The Impact of Collective Efforts on the Reduction of the Disease Burden of AIDS, Tuberculosis, and Malaria (18 countries)
Partners in the Evaluation (SA 1 and 2)

- Macro International Inc.
- The CORE Group
- Johns Hopkins University (SPH)
- Development Finance International
- Axios
- Indian Institute for Health Management Research
Study Area 1: Global Fund Organizational Efficiency and Effectiveness

Methods:

- **Board Governance**
  - Interviews with 5-6 delegations
  - Small group discussion among board members
  - Review of board documents/decision points
  - Compilation of information from the Secretariat
  - Interviews with 18 board members, alternates, or focus points from 16 delegations
Study Area 1: Global Fund Organizational Efficiency and Effectiveness

Methods:

- **Organizational Development Assessment**
  - Focus on major processes and relationships
  - Review of 2003–2007 staff surveys
  - Interviews and focus groups with 56 Secretariat staff
  - Another 33 staff involved in planning and the selection of respondents
Study Area 1: Global Fund Organizational Efficiency and Effectiveness

Priority Recommendations

Methods:

- **Technical Review Panels (TRP)**
  - Review of records from rounds 3 and 6
  - Interviews with 7 TRP staff and the TRP chair
  - Interviews with Secretariat staff
Study Area 1: Global Fund Organizational Efficiency and Effectiveness

Methods:
• Private Sector Mobilization
  • Staff interviews at the Secretariat and the country level
  • Interviews with suppliers and potential private sector participants
  • Study resource mobilization as part of SA2 in Tanzania and Malawi
Study Area 1: Global Fund Organizational Efficiency and Effectiveness

Methods:

- **Procurement and Supply**
  - Staff interviews at the procurement unit, with cluster leaders, former team leaders
  - Interviews with former Global Fund staff
  - Interviews with partner organizations, procurement agencies, and suppliers
## Study Area 2: Evaluation of the Global Fund Partner Environment at the Global and the Country Level (16 Countries)

- Burkina Faso
- Cambodia
- Ethiopia
- Haiti
- Honduras*
- Kenya*
- Kyrgyzstan
- Malawi

- Nepal*
- Nigeria*
- Peru
- Tanzania
- Uganda*
- Vietnam
- Yemen*
- Zambia

* Not covered by SA3
Study Area 2: Evaluation of the Global Fund Partner Environment at the Global and the Country Level (16 Countries)

- **Methods:**
  - Primary and secondary data collection
  - Interviews with partners and stakeholders at the country and the global level and with portfolio managers at the Global Fund
  - Focus groups with civil society representatives in 13 countries
  - Review of reports, articles, studies, and grant performance, particularly the PBF system
Study Area 2: Evaluation of the Global Fund Partner Environment at the Global and the Country Level (16 Countries)

- **Methods:**
  - In-depth qualitative assessment in 16 countries by 4–6 researchers over 2–3 weeks
  - Close to 60 participants in each country
  - 900 interviews in all
  - Interviews focused on grant recipients, CCM members, civil society and health sector leaders, donors and technical assistance staff
  - In addition, 50 interviews with stakeholders in the global aid environment, but not necessarily linked to the Global Fund
Study Area 2: Evaluation of the Global Fund Partner Environment at the Global and the Country Level (16 Countries)

- **Some Lessons Learned:**
  - Time frame too short for the evaluation and reporting of results
  - Lack of established methodologies and data collection tools
  - No time to properly pre-test approaches and protocols
  - The availability and quality of data on grant performance was less than optimal, as was access
  - The countries included in SA2 covered countries in the middle of the grant score scale; lack of diversity and access to great and bad performers
  - Evaluation “fatigue” was noted in some countries due to concurrent studies, etc.
  - The Country partnership Assessment tools that were developed can serve as “point of departure” documents for other evaluations
Study Area 3: The Impact of Collective Efforts on the Reduction of the Disease Burden of AIDS, Tuberculosis, and Malaria (18 countries)

Partners:
- Macro International Inc.
- World Health Organization (EIP)
- Johns Hopkins University (SPH)
- Harvard University (SPH)
- African Population and Health Research Center
- 50 local collaborating institutions and individuals
Guiding Principles

- Create model impact evaluation platform to guide and reduce the burden of the evaluation
- Build on available information
- Build country capacity
- Involve local partners/ownership
- Focus on populations in greatest need
Main Expected Outcomes

- Documentation of changes in the burden of the three diseases
- Relating changes to trends in health financing
- Relating those changes to trends in service coverage and utilization
- An assessment of the collective impact of the Global Fund and other partners on reducing the disease burden of HIV, tuberculosis, and malaria; contribution, not attribution
Basic Framework

INPUTS
- Funding
- Global Fund
- World Bank
- Other International Resources
- Domestic Resources

PROCESS
- Training and Capacity Building
- Procurement and Supply
- Guidelines
- IEC
- Community Mobilization

OUTPUTS
- Health Services Delivery
- Quality
- Behavioral Interventions and Knowledge

OUTCOMES
- Intervention Coverage
- Behavioral Coverage

IMPACT
- Morbidity
- Nutrition
- Disease Consequences
- Mortality

CONTEXTUAL FACTORS
- Has funding increased? How much? What sources?
- Has access and quality of services improved?
- Has coverage improved and risk behavior changed?
- Have health outcomes improved?

Reduced inequity
Participating Countries

Primary Data Analysis Countries
- Burkina Faso
- Cambodia
- Ethiopia
- Haiti
- Malawi
- Peru
- Tanzania
- Zambia

Secondary Data Analysis Countries
- Benin
- Burundi
- DRC
- Ghana
- Kyrgyzstan
- Lesotho
- Moldova
- Mozambique
- Rwanda
- Vietnam

Dropped out: India, Nepal, and South Africa
Replacement: Lesotho
Implementation in 8 Primary Data Analysis Countries

- **Data Collection Activities (New Data):**
  - District household survey (not Cambodia and Peru)
  - District individual woman survey (not Cambodia and Peru)
  - District facility census
  - District community-based organizations survey (not Ethiopia)
  - District medical officer financial survey (only Burkina, Haiti, and Malawi)
  - ART follow-up study (not Cambodia and Ethiopia)
  - TB outcome study (not Ethiopia)
  - District hospital record review (not Cambodia, Ethiopia, and Peru)
  - District facility record review HIV (not Ethiopia and Peru)
  - District facility record review TB (not Ethiopia and Peru)
  - National health accounts (not Cambodia, Ethiopia and Peru)
## Implementation in 8 Primary Data Analysis Countries

<table>
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<th>Country</th>
<th>PSUs</th>
<th>Health Fac.</th>
<th>Women</th>
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<td>Peru</td>
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</table>
Implementation in 12 Secondary and 8 Primary Data Analysis countries

Data Collection: Existing Data

- National record review:
  - HIV/AIDS
  - Surveillance
  - ART
  - PMTCT
  - TB
  - Malaria
- Previous surveys
- Any other relevant sources
- Financial information
Comments on the Design

• **Scope**
  - Scope extensive for the timeframe: large number of countries.
  - Not enough time had passed in many countries since receiving the first Global Fund grants to actually expect big changes in a number of outcomes.

• **Methodology**
  - Time should have been made to pre-test methods.
  - District approach did not provide expected results in the adopted cross-sectional approach.
  - Available data from this approach could, however, serve as the basis for future evaluations in each country by maintaining the same approach and sample design.
  - Too many data collection activities were added
Comments on the Design

- **Methodology**
  - Financial information often not clear on whether data refer to funding level, funds received, or funds spent. Special problems at the sub-national level.
  - Good district financial information was mostly impossible to obtain.
  - The TB outcome study needed a quite specific approach and could only be carried out by an organization with experience in TB diagnosis and management.
  - Several of the data collection efforts were too difficult e.g., district financial information.
Further Comments

- **Data Quality**
  - A general weakness in quality of data emanating from districts and facilities.
  - Fragmentation of routine information due to different donor requirements and a lack of standardization.
  - Incomplete and inaccurate data on community interventions. Data also difficult to obtain due to large numbers and home-based efforts.
  - General weaknesses in data quality control.
  - Data quality for TB was considerably better than for HIV/AIDS, although good only in a few countries.
  - Basic absence of reliable routine data on malaria. Surveys were the major source of data on ITN use, use of ITP, indoor spraying, etc.
Further Comments

- Measurement Issues
  - The step-wise approach aimed at measuring inputs, process, output, outcome and impact was limited to indicators on the first four steps and resulted in adequacy statements rather than in the identification of firm causal relationships.
  - The study allowed general conclusions about significant growth in funding and service sites and use of HTC, ARVs and PMTCT as well as in the use of bed-nets, and less change in TB services.
  - The scale-up does not seem to have had a negative effect on other health areas such as MCH.
  - Impact only measured through modeling:
    - Life years added by ART: 576,438 (14 countries, 2001–2007)
    - Child deaths prevented through ITN: 124,842 (10 countries, 2001–2007)
    - Child deaths prevented through ITP: 6,299 (9 countries, 2001–2007)
Further Comments

- **Measurement Issues**
  - The national record reviews provided countries with very detailed information on:
    - The performance of data systems
    - The identification of points of weaknesses and strengths in those systems
  - National record review data can form the basis for a general review of policies and procedures, and performance by different service establishments
Next Steps

- Complete the country dissemination meetings. Country-specific data are much richer than the data contained in the overall report and provide much information on the performance of different systems.
- Organize local discussions about utilization of the results in terms of:
  - Potential improvements to existing data systems
  - Utilization of the study results for program purposes with involvement of the Global Fund and other donors
- Increase local capacities for data analysis and management through two multi-country workshops.
- Provide countries with a web platform that has all relevant data and information on the three diseases that is available for each country.
Lessons for PEPFAR

- Define the goals of the evaluation and make sure the design is fully tried in one country at least before fully rolling out, if it is complicated.
- Limit new data collection, as it takes up too many resources for a relatively poor contribution, except for possibly the facility survey.
- Centralize the evaluation in one in-country organization, although this organization can have subcontractors. Final responsibility should then rest with just one organization.
- Recognize that the results will be mostly on outcomes (coverage) and that impact measurement can probably only be achieved through modeling.
- In spite of increased emphasis on “country ownership,” significant TA may be required for country-led activities.
Lessons for PEPFAR

- Assign enough resources to obtain the best possible financial information.
- Special efforts are necessary to obtain good information on the extent of the role of community-based organizations.
- Most-at-risk populations need special emphasis as well, as it is expensive and difficult to collect data and available information is often fragmentary.