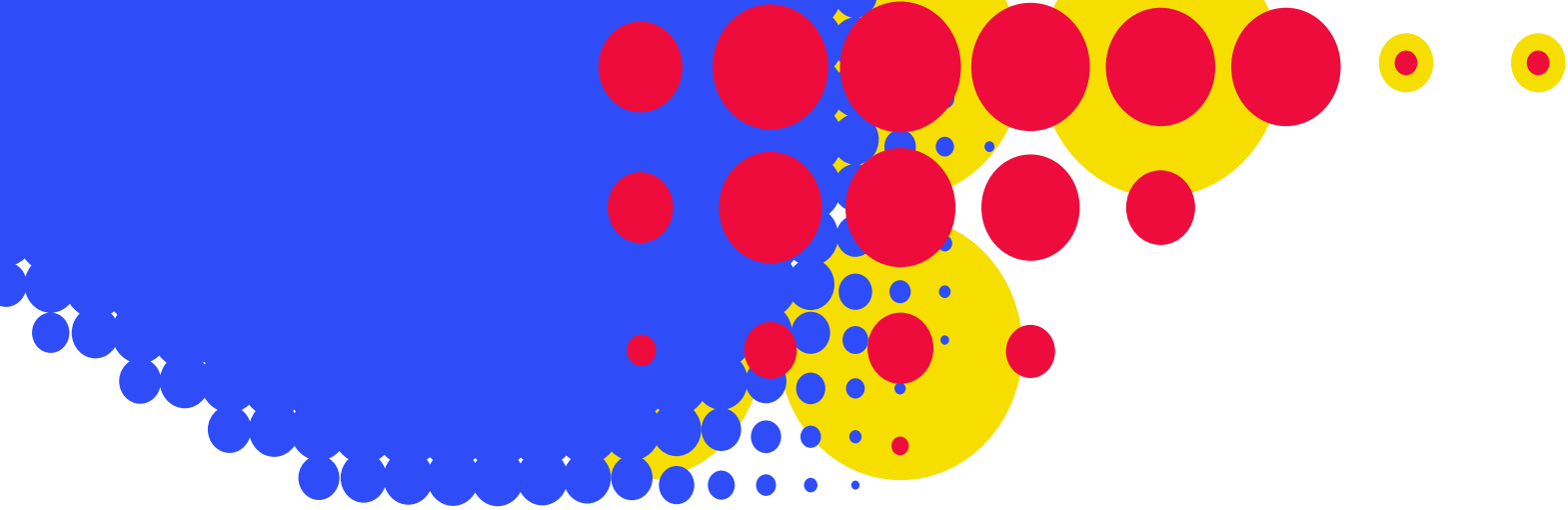




The Global Fund to Fight AIDS, Tuberculosis and Malaria: Strategic Review, 2017-2022 (SR2023)

Final Report

GF/ ELO/2024/01/01
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The Global Fund to Fight AIDS, Tuberculosis and Malaria: Strategic Review 2023 (SR2023)

FINAL REPORT

19 January 2024

Submitted by CEPA in
association with:



BroadImpact



Southern Hemisphere

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REPORT STRUCTURE

Following an Executive Summary, SR2023 is organised in two parts:

- **Part A** provides an introduction, which covers the evaluation objectives, framework, approach and methods as well as the overall findings and recommendations from the evaluation.
- **Part B** provides detailed findings and the evidence base for each of the workstreams in support of the evaluation objectives.

This main report is supported by two sets of appendices:

- **Report appendix** which provides the bibliography, consultation list, details on the evaluation methodology, evaluation matrix, data analysis (Global Fund country budgets and expenditures, grant performance ratings, descriptive statistics), analysis of the KPIs for the 2017-22 Strategy, technical appendix on the statistical and regression analysis, and other supporting analysis for different workstreams.
- **Country case study appendix** which provides the country case study reports for the fourteen countries studied under SR2023.

ACRONYMS

Acronym	Full description
ACT-A	Access to COVID Tools - Accelerator
AGYW	Adolescent Girls and Young Women
ART	Antiretroviral Therapy
BDB	Breaking Down Barriers (Global Fund)
BMGF	Bill and Melinda Gates Foundation
C19RM	COVID-19 Response Mechanism (Global Fund)
CBO	Community Based Organisation
CCM	Country Coordinating Mechanism (Global Fund)
CCS	Country Case Studies
CHW	Community Health Worker
CIs	Catalytic Investments (Global Fund)
CMLI	Centrally Managed Limited Investment (Global Fund)
COE	Challenging Operating Environment (Global Fund)
CRG	Community, Rights and Gender
CTs	Country Teams (Global Fund)
CSO	Civil Society Organisation
CSS	Community Systems Strengthening
DAH	Development Assistance for Health
DFH	Domestic Financing for Health
DRM	Domestic Resource Mobilisation
DR-TB	Drug Resistant Tuberculosis
EECA	Eastern Europe and Central Asia
ELO	Evaluation and Learning Office (Global Fund)
FCDO	Foreign, Commonwealth & Development Office (UK)
FGD	Focus Group Discussion
FPM	Fund Portfolio Manager (Global Fund)
GC	Grant Cycle (Global Fund)
GE	Gender Equality
GPEA	Gendered Political Economy Analysis
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (Germany)
HMIS	Health Management Information Systems
HR	Human Rights
HR & GE	Human Rights & Gender Equity
HRH	Human Resources for Health
HSS	Health System Strengthening
HTM	HIV, TB and Malaria
IEP	Independent Evaluation Panel (Global Fund)
ITN	Insecticide Treated Nets
KII	Key Informant Interview

Acronym	Full description
KP	Key Population
KPIs	Key Performance Indicators
LAC	Latin America and the Caribbean
LFA	Local Fund Agent (Global Fund)
LIC	Low-Income Country
LLIN	Long-lasting Insecticidal Nets
LMIC	Low- and Middle-Income Country
M&E	Monitoring and Evaluation
MC	Multi-Country Grant
MDR-TB	Multidrug-resistant TB
MECA	Middle East and Central Asia
MOU	Memorandum of Understanding
NSP	National Strategic Plan
OIG	Office of the Inspector General (Global Fund)
PCE	Prospective Country Evaluation (Global Fund)
PEI	Partnership Engagement Initiative (Global Fund)
PEPFAR	President's Emergency Plan for AIDS Relief
PfR	Payment for Results
PLHIV	People Living with HIV
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother to Child Transmission
PPR	Pandemic Preparedness and Response
PrEP	Pre-Exposure Prophylaxis
PRs	Principal Recipients (Global Fund)
PSM	Procurement & Supply Management
PU/DRs	Performance Updates/Disbursement Requests (Global Fund)
PWID	Persons Who Inject Drugs
QA	Quality Assurance
RDTs	Rapid Diagnostic Tests
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
RSSH	Resilient and Sustainable Systems for Health (Global Fund)
R&D	Research & Development
SC	Strategy Committee (Global Fund)
SDG GAP	Sustainable Development Goals Global Action Plan
SI	Strategic Initiative (Global Fund)
SMC	Seasonal Malaria Chemoprevention
SO	Strategic Objective
SPH	Strategy & Policy Hub (Global Fund)
SRHR	Sexual and reproductive health and rights
SRQ	Strategic Review Question
SRs	Sub-recipients (Global Fund)

Acronym	Full description
SSA	Sub-Saharan Africa
STC	Sustainability, Transition and Co-financing (Global Fund)
TAP	Technical Advice & Partnerships (Global Fund)
TB	Tuberculosis
TERG	Technical Evaluation Reference Group (Global Fund)
TOC	Theory of Change
TOR	Terms of Reference
TRP	Technical Review Panel (Global Fund)
UFE	Utilisation Focused Evaluation
UG	User Group
UHC	Universal Health Coverage
UMIC	Upper Middle-Income Country
UNAIDS	Joint United Nations Program on HIV/AIDS
USG	US Government
VfM	Value for Money
WHO	World Health Organization
WS	Workstream

EXECUTIVE SUMMARY

Introduction and evaluation objectives

A consortium led by Cambridge Economic Policy Associates (CEPA) and including BroadImpact, Southern Hemisphere and several independent experts was appointed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) to conduct an end-term evaluation of the Global Fund 2017-22 Strategy (referred to as Strategic Review 2023 or SR2023). SR2023 provides an independent review of progress made on the commitments reflected in the Strategy, the extent to which objectives were met, and what were supporting and hindering factors. Three broad objectives set out the purpose and intended use of this review:

- **Objective 1: To assess the extent to which the Strategic Objectives of the 2017-22 Strategy have been achieved.** Strategic Objectives (SO) under review are SO1: “Maximise disease impact”; SO2: “Build resilient and sustainable systems for health” (RSSH); SO3: “Promote and protect human rights and gender equality”; and part of SO4 (“Mobilize increased resources”) focused on domestic resource mobilization.
- **Objective 2: To assess the degree to which Global Fund initiatives, policies, systems and processes played a role in ensuring the relevance, coherence and effectiveness of the Global Fund Strategy.** This includes an assessment of the extent to which Global Fund “strategic levers”¹ have influenced the prioritisation of investments as well as operationalised the 2017-22 Strategy Objectives. The review examined the following aspects: funding model, policies and processes²; risk management; monitoring and evaluation (M&E); partnerships; COVID-19 Response Mechanism (C19RM); and Catalytic Investments.³
- **Objective 3: To make actionable recommendations for the implementation of the 2023-28 Strategy and planning process for Grant Cycle 8 (GC8, 2026-28).**

Evaluation framework, workstreams and methodology

The SR2023 evaluation framework is structured by the above three evaluation objectives, organised into **eight workstreams** and **17 strategic review questions (SRQs)** – depicted in Figure 1 (over page). SR2023 employed a **theory-based approach**, based on a defined theory of change (TOC) developed by the evaluation team in the inception phase of the assignment. The evaluation employed a **mixed-methods approach** that included: (i) document review; (ii) global level key informant interviews (KIIIs) and focus group discussions (FGDs)⁴; (iii) country case studies⁵; (iv) quantitative data analysis, including statistical and regression analysis; and (v) select case studies on specific topics of relevance for the review. SR2023 was a **utility-focused evaluation**, and incorporated a strong learning emphasis through ongoing engagement with the SR2023 User Group throughout the evaluation.⁶

¹ Strategic levers are defined as key aspects of the Global Fund model that can be used and adapted to drive and shape investments and progress on the Strategy.

² The evaluation noted different interpretations of these terms across stakeholders, and no clear definition prescribed by the Global Fund. In this report, the funding model comprises the allocation approach and grant cycle. Policies and processes refer to both formal Board-approved policies as well as the Global Fund guidances/ Information Notes and range of processes related to the grant cycle and operationalization of the Board-approved policies.

³ Together, we consider these aspects to comprise the “business model” of the Global Fund (noting that some levers such as market shaping have not been covered in this review, and the partnerships lever in particular is one that is bi-directional in that it is not determined by Global Fund actions alone and very much depends on the role and impetus of partners).

⁴ The review interviewed 84 stakeholders during the core phase and a further 17 during the inception phase from the Secretariat and external stakeholders (excluding country case studies). Refer to the main report Appendix B for full stakeholder list.

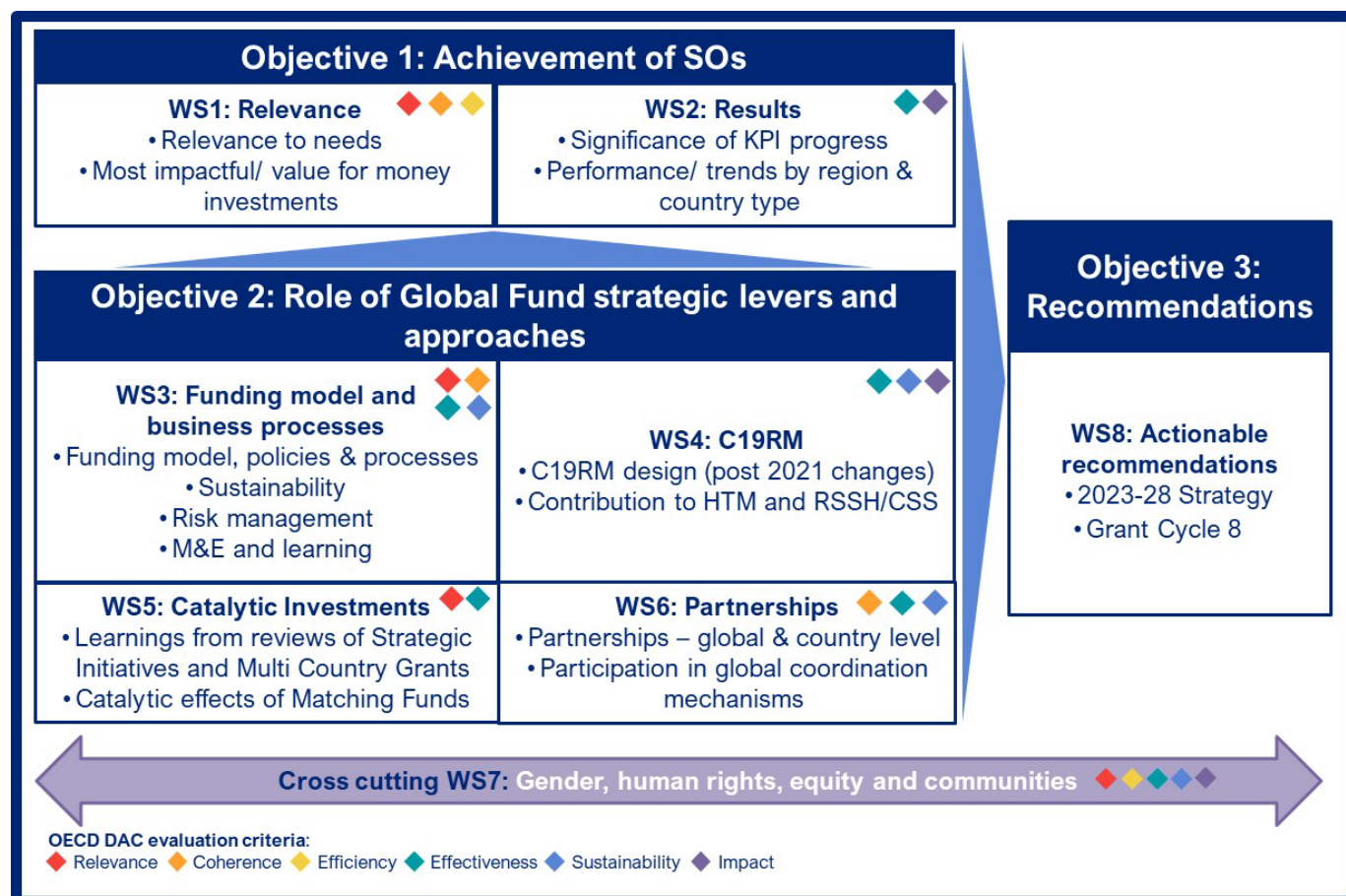
⁵ Country case studies consisted of 12 detailed reviews supported with in-person stakeholder interviews (Nigeria, Kenya, Zambia, South Africa, Mozambique, Cote D'Ivoire, Sierra Leone, Chad, Kyrgyzstan, Bolivia, the Philippines and Pakistan) and two high level reviews supported by remote consultations due to limited availability of stakeholders (South Sudan and India).

⁶ The User Group comprised cross-Secretariat teams as the main users of this evaluation, and engagement with wider users including partners, countries and other stakeholders has been through consultations for SR2023.

Robustness of findings was assessed in terms of *quantity* (i.e., triangulation) and *quality* along a four-point scale of strong, good, limited and poor.⁷

This review identified and sought to mitigate limitations inherent to the large scope of work and highly technical content of SR2023. The most material of these was the timing of the review, which fell a year into the implementation of the new Strategy 2023-28, and that analysis was restricted to the period of the previous strategy, whilst simultaneously recognising considerable work undertaken by the Secretariat in the first year of the new Strategy and for GC7, which fell beyond the scope of SR2023.

Figure 1: Evaluation framework and workstreams



Overall findings

Findings are presented below by evaluation objective (objective 1 & 2 in this section on findings and objective 3 in the next section on recommendations). Robustness ratings for individual findings is provide in Part B. All findings below are rated as good or strong and findings with lower robustness rating are not included in the summary below.

Given the commencement of the new Strategy 2023-28 and work on GC7, it is important to emphasise that the findings below relate to an assessment of the 2017-22 strategy period only. Where relevant, updates in the new Strategy and GC7 have been noted but this may not be a comprehensive presentation.

⁷ The evaluation is informed by UNEG norms and standards. Additionally, the utility-focused approach for SR2023 directly speaks to the UNEG norm of Utility.

Findings relating to Evaluation Objective 1: Assessment of the extent to which the Strategic Objectives of the 2017-22 Strategy have been achieved.

Finding 1: Progress on maximising impact against HIV, TB and malaria (HTM) has been good in terms of lives saved and related treatment-cascade indicators for HIV and TB. However, there are gaps in incidence reduction and a big push is needed to reach the ambitious 2030 global targets across the three diseases.

As publicly shared by the Global Fund, the Key Performance Indicator (KPI) 1a target of 29 million lives saved across HTM has already been surpassed, achieving 29.2 million lives saved between 2017 and 2021 and projected to reach between 34.3-35.3 million by the end of 2022.⁸ Outperformance in lives saved was driven by HIV and TB, supported by good performance in service delivery indicators relating to antiretroviral therapy (ART) and TB case notification, which were maintained and strongly rebounded (respectively) after the COVID-19 pandemic. However incidence rates had limited progress compared to targets, with malaria and TB incidence experiencing a rise since the pandemic.

As recognised in the 2023-28 Strategy, mortality rates present a better indicator of impact than lives saved; and while there is good progress on HIV mortality reduction, progress is more limited for TB and malaria, both of which have large gaps compared to the ambitious WHO global targets (TB deaths declined by 14.6% between 2015-21 which is far from the 75% reduction target by 2025; malaria deaths per 100,000 population at risk were 14.8 in 2021, nearly twice the target of 7.8)⁹. Incidence rates are also way-off the global targets for each of the three diseases. As such, despite positive performance on the SO1 KPIs, a big push is still needed to reach the ambitious 2030 goals.

Finding 2: KPIs for the remaining SOs have several measurement challenges, but a wider assessment indicates slow progress – (i) for RSSH (where investment have been largely disease-specific and short-term, although with some notable investments), (ii) for Human Rights (HR) and Gender Equality (GE) (better results are being achieved on HR than GE), and (iii) for Domestic Resource Mobilisation (some increases but overall not sufficient given the challenging funding landscape after COVID-19).

RSSH investments over the 2017-22 strategy period had a limited impact on building “resilient and sustainable health systems” (i.e. systems development and strengthening, as per the Global Fund SO2). This is because a majority of RSSH investments in this period, whilst funding important country needs and gaps, have largely been disease-specific and short-term in nature, and with more focus on government than community health systems. The challenge of the limited RSSH SO results stem from a lack of appropriate and consistent prioritisation of RSSH by the Global Fund and countries during the 2017-22 Strategy period, as well as lack of clarity in the approach (i.e., how to fund the RSSH objective effectively within the Global Fund mandate). That said, we do observe greater prioritisation of RSSH over the years, by the Global Fund and countries, and country case studies indicate a modest “improving” trend over GC5 to GC6 in select RSSH areas. A key example of this is Health Management Information Systems (HMIS) investments (representing around 40% of RSSH in the strategy period) which have seen important results in terms of increasing digitisation, integration of disease with national reporting, and improvements in completeness, although gaps remain in timeliness and data use.¹⁰ Other valuable investments have been on procurement and supply chain systems, and laboratory strengthening more recently.

HIV incidence among adolescent girls and young women (AGYW) declined over the last strategy period, though there was less progress on advancing sexual and reproductive health and rights (SRHR) and promotion of gender equality (GE) beyond AGYW. Some progress has been made on addressing Human Rights (HR)-related barriers to services in select countries, although country-level structural barriers continue to be a significant and in many settings intensifying obstacle, and the Global Fund has focused more on HIV with less attention to TB and malaria. Importantly, most progress in relation to SO3 has been achieved in pockets of focus by the Global Fund (which is noteworthy but does not extend to all Global Fund eligible countries).

⁸ Global Fund (2023), Results Report

⁹ Based on data from the Global TB Report (2023) and the Global Malaria Report (2022)

¹⁰ Based on Global Fund internal documents (confidential)

The Global Fund reports some progress on increasing domestic resources for HTM under its KPI 11 (marked as being achieved), but a range of data quality concerns make it difficult to accurately assess historic trends in domestic HTM investments. Other evidence sources acknowledge some improvements in levels of domestic financing for health, but overwhelmingly highlight that progress has been limited, especially given the evolving funding context in the aftermath of the COVID-19 pandemic.

The 2023-28 Global Fund Strategy and planning for GC7 has seen a number of developments on the aforementioned issues. In particular, there is new, welcome clarity on the hierarchy of Strategic Objectives (with HTM being the primary objective and RSSH a contributory objective to ending AIDS, TB and malaria). There has also been greater specification of the Global Fund RSSH approach, including explicit recognition of its limited quantum in relation to much larger health systems investments by governments and donors. A greater emphasis on GE, through a “twin track” approach that mainstreams gender considerations into all Global Fund-supported programs *and* enables dedicated, specific support to GE-focused programs, has been developed. Further, there has been an increasing emphasis on sustainability and Global Fund impact on domestic resource mobilization (DRM).

Finding 3: Critical to the achievement of the results described above is the relevance and significance of Global Fund investments in countries. In general, Global Fund funding well covers current disease priorities and emerging (i.e. new and intensified) disease priorities albeit with some gaps (e.g. HIV and TB prevention, inclusion of wider range of Key Populations and across HTM, drug-resistant TB, private sector engagement, accelerated scale-up of innovations, integrated health systems strengthening, community systems strengthening). This evaluation finds new quantitative evidence that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

Global Fund investments are a critical contributor to disease responses across different country contexts – because of their financial scale but also crucially their (often-distinctive) programmatic focus. There are some instances of increasing emphasis on funding current disease priorities and new/intensified disease priorities, and others where this is not the case (recognising that the Global Fund funding is country-led and forms one part of the disease response in addition to other donor and government funding). For example, funding for HIV prevention has increased, and the share of prevention within HIV grants rose from 15% in GC4 to 20% in GC5, although declining to 18% in GC6.¹¹ Linked to this, HIV prevention programming for KPs (female sex workers (FSW), men who have sex with men (MSM), and people who inject drugs (PWID)) and AGYW, and for HR-related interventions has increased, but with need for greater differentiation and inclusion of other KPs (such as trans and gender diverse people, people in prisons and refugees), and SRHR-related issues relevant to a broader population of women beyond AGYW. Key gaps in malaria programming pertain to community case management, tailoring and targeting interventions based on epidemiological stratification and micro surveillance, identification of high-risk populations, addressing human-rights related barriers to malaria services, cross-border issues, and private sector engagement. TB prevention efforts have been particularly limited, and emphasis on private sector engagement, vulnerable populations and community mobilization has been less than adequate, alongside a need for more attention on drug-resistant TB (DR-TB) and pediatric TB. The Global Fund has also had varying degrees of success in accelerating scale-up of innovative products within the strategic period.

It is noteworthy that the 2023-28 Strategy recognises a range of these new/intensified disease priorities where step-up action is needed.

Bespoke regression analysis conducted for SR2023 finds new positive quantitative evidence on the importance of Global Fund funding in supporting service delivery improvements for HTM. In particular, we found that grant performance (i.e., performance of service delivery indicators versus their targets) on ART, TB case notifications and distribution of Long-lasting insecticidal nets (LLINs) is positively associated with the proportion of external disease expenditure provided by the Global Fund. This indicates that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

¹¹ See CEPA Analysis in Appendix F: Budget Analysis

Findings relating to Evaluation Objective 2: Assessment of the degree to which the Global Fund initiatives, policies, systems and processes played a role in ensuring the relevance, coherence and effectiveness of the Global Fund Strategy.

Finding 4: The Global Fund has a strong suite of strategic levers that have well supported strategy achievements, at the centre of which lies a mature funding model and its effective implementation.

This evaluation finds: a mature funding model, that has been strengthened and refined over the 2017-22 strategy period from its introduction in 2014; a comprehensive policy framework that covers key programmatic areas and is flexible to support needed differentiation across countries; a well-developed risk management framework – with important strides made through the introduction of the Risk Management Framework¹² and the Board-approved Risk Appetite¹³; a comprehensive and integrated monitoring, evaluation and learning framework, introduced for the 2023-28 Strategy, which seeks to address a number of previously identified challenges; successful introduction of several new strategic levers during the strategy period – including C19RM which has exemplified the Global Fund's agility and flexibility, and Catalytic Investments which were also elevated as a package during this Strategy period and several have proved critical for results (e.g., finding missing TB cases, several Community Rights and Gender (CRG)-related initiatives); and considerable efforts towards developing effective partnerships, which are viewed to work reasonably well within the context in which they operate.

The effectiveness of the suite of Global Fund strategic levers has contributed to the achievements observed across the Strategic Objectives. At the same time, while the strategic levers are valuable overall, some of them have gaps and issues; these are discussed in the following findings.

Finding 5: The Global Fund's strategic levers work less optimally for RSSH, Human Rights and Gender Equality investments and their related Strategic Objectives and there is need for further adaptation to support impact in these areas.

Both the RSSH and the HR and GE Strategic Objectives are not well translated into the funding model tools and processes. While guidance on both is improving over time, it is still viewed as inadequate and insufficient to guide effective program prioritisation and implementation. In addition, the funding model and how it has been implemented exhibit a number of key issues, many of which have been well-documented in previous reviews.¹⁴ For RSSH, key issues have been the lack of an RSSH allocation that helps prioritise resources for RSSH within a country's overall allocation (however there has been general agreement that an RSSH allocation will not serve as a silver bullet solution, and the challenges to prioritisation are deeper), insufficient engagement in Country Coordination Mechanisms (CCMs) of government departments implicated in RSSH investments, incongruence of HTM departments as Health Systems Strengthening (HSS)/RSSH Principal Recipients/Sub-recipients (at one level they may support better integration of disease programs with health systems, but at another level, they lack capacity and coordination with health systems delivery), limitation of the three-year funding cycle for encouraging longer term health systems investments (an aspect that is admittedly difficult to change given the Global Fund's donor funding model, but there has been a lack of emphasis on fostering longer-term planning and continuity of investments between funding cycles); the emphasis on absorption (which is appropriate for a funding agency, but can also create disincentives for funding RSSH activities – see also next finding below).

For HR and GE, similar issues related to the three-year funding cycle and absorption were raised. Gains in KP engagement in Global Fund-related processes have been substantial, but inadequate (i.e. in relation to need or what would be desirable) representation of KP diversity on some CCMs remains. Organisational capacity constraints restrain access by community-based and community-led organisations (CBO and CLO) to Global Fund monies, while

¹² Global Fund (2023), Risk Management Report and Chief Risk Officer's Annual Opinion: Annex 1- Risk Management Framework

¹³ Global Fund (2018), 39th Board Meeting: Risk Appetite Framework

¹⁴ CEPA (2019), TERG commissioned Thematic review to assess approach to investing in RSSH; Itad and LAMP Development (2023), TERG commissioned Global Fund Mapping Health Systems Strengthening Component of the RSSH Investments; SR2020, MOPAN 2022; TRP (2021), Advisory paper on RSSH and several TRP reports over the years

short timeframes, power dynamics within some CCMs, and the absence of clear channels and requirements for community engagement limit CBO and CLO engagement in grant making and oversight of grant implementation.¹⁵

Partnerships is another lever where weaknesses are observed, with the lack of a suitable partner(s) for RSSH, and insufficient engagement with HR and GE technical partners to drive results (described in more detail in finding 12).

While it is recognised that country level factors influence the success of RSSH, HR and GE investments and results (e.g., weak National Strategic Plans, vertical disease programs, structural issues, etc.), fundamentally there is a need for further adaptation of the Global Fund funding model and how it is implemented in countries, alongside a range of other strategic levers to support impact in RSSH, HR and GE.

Finding 6: The Global Fund business model (i.e. in terms of the range of policies, processes and requirements) is seen as highly complex and the voluminous guidance challenging to digest, which disservices the needs of countries and specific stakeholder groups like communities and civil society.

There is a general sense across our consultations – spanning global and country levels, and different stakeholder groups – that the Global Fund business model in terms of the range of policies, processes and requirements has become excessively complex. As a result of this, guidance has expanded considerably – e.g. GC6 had 48 guideline documents totalling 1,748 pages; similarly, in order to capture the Grant Cycle’s many detailed processes, the Operational Policy Manual is now 400-pages long.¹⁶ Communities and civil society find it especially hard to navigate through the Global Fund requirements and processes. Another example is that the Global Fund’s (fiduciary) control functions are considered heavy in some contexts and, while effective in reducing fiduciary risks, they are felt to burden program implementation.

Finding 7: The Secretariat has become a more “proactive influencer” on country prioritization for Global Fund grants, a powerful tool which seems under-recognised as a significant Global Fund strategic lever. While this proactive influencing has definite merits and understandable drivers for its increase, it can also bring certain pitfalls and unintended consequences, which deserve attention.

This strategy period has seen increasing Secretariat influencing of country investment prioritisation for Global Fund grants. There are clear merits to this approach, including the ability to help accelerate impact given the pressure for results in a tight funding environment (now made even tighter by the 7th Replenishment’s outcome): to constructively challenge countries that are not prioritizing the most relevant package of interventions for their situation; and to offer a preemptive, pragmatic way around capacity constraints of countries or partners (including lack of normative guidance from partners in some instances) that might impede effective implementation.

These benefits notwithstanding, the review found potential concerns about the Secretariat’s stronger role in influencing country prioritization – notably in terms of: (i) how the proactive influencing fits with the Global Fund’s country ownership principle; (ii) the risk of the Secretariat providing advice inappropriate to the country’s situation, for example because approaches to prioritization vary between Country Teams¹⁷; and (iii) the effect on the partnership structure, with partners feeling this constitutes a departure from the Global Fund’s previous strong partner orientation.

In our review of Global Fund “strategic levers”, this significant Secretariat role (and Country Teams in particular) was not explicitly called out, however consultations with country stakeholders highlighted its considerable power and impact. To the best of our knowledge, the Secretariat does not at present systematically enquire about, nor examine, the potential pitfalls and unintended consequences of its more proactive influencing approach – but it does seem to be an area worth paying careful attention to. This is a key tool at the disposal of the Global Fund which requires more sharpening and an intentional-self aware approach.

¹⁵ The introduction of minimum requirements for community engagement in GC7 aims to address the latter challenge. Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle (December 2022).

¹⁶ Global Fund (2023), Operational Policy Manual

¹⁷ One important control for this is the TRP review, however Secretariat engagement with countries is more long standing and continuous than the one-time TRP review per grant cycle.

Finding 8: Some aspects of the operationalization of the funding model, while instituted for good reasons, can create unintended counter-productive incentives (perceived or real) that impede effective design and implementation of Global Fund investments in country.

Key informant interviews (at both global and especially country level) reported a number of ways in which the funding model is operationalised – while instituted for valid and important reasons – in practice create unintended, counter-productive effects.¹⁸ Examples include: i) tight timelines and pre-conceived risk aversion incentivize “more of the same” in grant design, discouraging new approaches or innovations; ii) emphasis on absorption discourage countries from investing in more challenging areas with lower absorption rates; iii) flexibility in selecting M&E indicators result in choosing those already performing well. These types of incentives can be expected to arise in the case of large funding organisations like the Global Fund, and indeed are not unique to the Global Fund. While there is no quantitative evidence as to the occurrence of these examples and it is not widespread, it is significant enough to merit attention from the Global Fund.

Finding 9: Though the Global Fund has increased focus on sustainability, sustainability considerations need to be further prioritised and operationalised within the Global Fund model. The Global Fund has also underutilised its strategic levers to achieve increased domestic financing for health, although promising measures have been taken since 2021 with the establishment of the Secretariat Health Finance Department.

Sustainability considerations required further attention during the strategy period, despite positive developments in terms of progress on country transition planning and improvements in the use and quality of national strategic plans. In particular, stakeholders noted that the Global Fund lacks a strong mechanism to consider trade-offs between short-term results and longer-term sustainability considerations – with current incentive structures within the Global Fund often resulting in a de-prioritisation of sustainability aspects. Additionally, stakeholders highlighted the need to strengthen sustainability considerations across all countries regardless of income classifications especially with regard to community and civil society engagement.

With regards to financial sustainability in particular, the Global Fund has underutilised its strategic levers to achieve increased domestic health financing, although promising measures have been taken since 2021 with the establishment of the Health Finance Department within the Secretariat. In particular:

- The co-financing section of the Sustainability, Transition and Co-financing (STC) Policy¹⁹ is considered a useful tool but several implementation and, to a lesser degree, design weaknesses have limited its effectiveness. Key aspects highlighted included limited visibility of Global Fund co-financing requirements, weak reporting and verification processes, perceived low likelihood of enforcement, amongst others.²⁰
- Other strategic levers for Domestic Financing for Health (DFH) are less mature and were underutilised including advocacy efforts with country governments and other stakeholders; use of joint, blended and innovative financing; and strengthening of relevant partnerships.²¹

¹⁸ While these “perverse incentives” are varied in nature, a common characteristic is that they typically arise from implementers’ desire to lower the risk of failure (in securing funding approval, or in demonstrating grant performance for instance) in the face of guidance, rules, realities or perceptions pertaining to the Global Fund’s funding model.

¹⁹ Global Fund (2016), Sustainability, Transition and Co-Financing Policy

²⁰ The Health Finance Department has started to address some of these gaps during GC7, including especially a focus on improved reporting and verification of co-financing data and provision of technical support to Secretariat Country Teams on the topic of DFH and co-financing.

²¹ There has been recent progress in these areas during GC7, including an increased use of joint financing for GC7 and a recent Global Fund Board decision to approve an updated blended finance approach.

Finding 10: The C19RM re-design in 2021 was well done, albeit with some gaps mainly due to the challenging circumstances of the pandemic but also some specificities of the Global Fund model. The C19RM contribution to mitigating the impact of the pandemic on HTM has been considerable, but it has come later for RSSH (by design) and been less significant for community systems strengthening.

Post 2021 changes to the C19RM design appropriately responded to the availability of much greater funding and longer implementation timeframe for grants. There were some areas of improvement but also aspects of the design that were lacking, particularly inadequate performance and results monitoring. Beyond pandemic related issues, some of the observed challenges have been on account of the Global Fund model which works through the CCM (and does not ordinarily engage with disaster management and response bodies in countries) and partnerships (where, for example, there were challenges to integrate partner reviews within the tight timeframes).

C19RM funding has been very helpful to mitigate the impact of COVID-19 on HTM. There are several examples of program adaptations, scale-up of innovations and other targeted support which would have contributed to the “bouncing back” of HTM results observed in 2022 (especially TB). In addition, this evaluation provides new evidence on C19RM funding contributing to the maintenance of ART provision. In particular, bespoke regression analysis under SR2023 found that C19RM expenditure was significantly associated with the extent of maintenance in ART provision.

C19RM investments contributed to RSSH to some extent in countries although direct investment for RSSH only came later in 2021 (as early interventions were strongly focused on COVID-19 emergency response and HTM mitigation). More recently, substantial unspent monies under C19RM have been reprogrammed towards RSSH objectives. Community systems strengthening (CSS) on the other hand received limited support through C19RM on account of a number of issues in communities having access to C19RM funding (although the overall quantum of funding for CSS under C19RM was significant in relation to CSS funding through the country allocations).

Finding 11: The Technical Evaluation Reference Group (TERG) evaluation findings and recommendations for Strategic Initiatives and Multi-country grants have largely been taken forward, with nuance and flexibility in their application. Many Matching Funds have been seen as effective, but this is not straightforward to assess.

SR2023 found that many of the recommendations as relating to Strategic Initiatives (SIs) and Multi-country grants (MCs) from the TERG reviews conducted in 2021 have been taken forward²², though to varying degrees and with nuance and flexibility to boost their applicability in an evolving and varied landscape under the 2023-28 Strategy. Secretariat and country stakeholders raised two key areas which may need further attention in forthcoming allocation cycles: (i) clarity on operationalization of the definition of ‘catalytic’ in accordance with the variable catalytic aims across the Catalytic Investment (CI) portfolio, and the levels of flexibility needed to usefully tailor the definition to specific investments; and (ii) whether CIs in their current form are really applying the catalytic ‘lever’ enough, and whether and how any adjustment of processes could lead to stronger potential for impact, whilst not adding excessively to management processes.

Across the strategy period, there is evidence that Matching Funds (MFs) have been effective in driving focus in intended areas, though integration of MF monitoring into country grant performance frameworks means their effectiveness and performance is not easily quantified, nor is their catalytic effect (for reasons outlined above). However, Secretariat and country stakeholders have described a range of actual and potential benefits of MFs (which could apply to CIs more broadly), including providing extra visibility and awareness for priority areas, boosting complementarity of in-country activities, accelerating coverage or scaling up new areas, enhancing clarity on how to address a challenging area, and exploring new strategies or innovation.

²² Euro Health Group (2021): TERG Thematic Evaluation of Multi-country catalytic investment grants; Health Management Support Team; and Euro Health Group (2021): TERG Thematic Evaluation on Strategic Initiatives

Finding 12: The Global Fund’s strategic lever of “partnerships with technical partners” works reasonably well in the context of the overall partnership dynamic (i.e., organizational relationships, funding, capacity). Key gap areas are less effective partnerships for RSSH, HR and GE as well as for supporting domestic resource mobilisation. Donor coordination has improved over the strategy period and the Access to COVID-19 Tools Accelerator (ACT-A) has served to strengthen the overall partnership dynamic.

The evaluation found that Global Fund partnerships with technical partners (with UNAIDS, WHO, etc) are working reasonably well in support of HTM objectives. However, as described above, technical partners feel the Secretariat’s taking on a more proactive influencing role with countries is a departure from its past strong partner orientation that is changing the partnership dynamic. Among others, this has affected the partnership dynamic between the Global Fund and WHO, which, in spite of continuous improvements in the formal agreements between the two organisations, has had a number of areas of tension (e.g. on speed of commodity pre-qualification, issuance of normative guidance, WHO AFRO capacity) which impacts Global Fund results.

Partnerships with technical partners for RSSH were found to generally work less well, with lack of appropriate technical partners to support the myriad of RSSH investments and insufficient long-term funding. Partnerships for removing HR and GE barriers to HTM were constrained by insufficient engagement with UN and other technical partners to drive results.

Technical partnerships with donors were generally well-functioning at both the global and country levels, with improvements noted with PEPFAR in particular (and U.S. government overall). At the same time, there were gaps in technical partnership with other donors, notably in coordination of the bilateral donors’ set asides (despite improvements such as with l’Initiative (France set aside)). Partnerships to help advance domestic resource mobilisation was another area of weaker partnerships.

A critical new (and time-limited) partnership during the last strategy period was the Access to COVID-19 Tools Accelerator (ACT-A). In addition to helping to deliver its COVID-19 response, the Global Fund’s involvement in ACT-A contributed to strengthening the overall partnership dynamic, particularly with more upstream (R&D) partners; it also had a positive influence on the Global Fund’s partnership thinking in its new strategy.

Recommendations

SR2023 provides the following **five high-priority recommendations**. Readers are encouraged to read the recommendations in their entirety in Part A to fully appreciate the nuances for each recommendation (where more information/ specificity is provided on the recommendation itself along with linkage to the relevant evaluation finding(s), progress in the 2023-28 Strategy and GC7, an indication of whether the recommendation implies new or continued work for the Global Fund, trade-offs associated with the recommendation and implementation responsibility).

Recommendation	Recommendation content and how to operationalise
Recommendation 1: Continue to encourage, and find ways to further foster the prioritisation of <i>new and intensified</i> disease interventions that reflect the evolving epidemics in countries	Continue to encourage country prioritisation of new and intensified disease interventions such as prevention, wider KP and vulnerable population engagement, private sector engagement, innovative commodities, etc. This is recognized as standard Global Fund practice, but the recommendation here is to help countries “step-up” this prioritisation, over and above that achieved to date. Determine and implement suitable mechanisms to further foster the above prioritisation including, for example, through supporting the development of guidelines, providing relevant TA, improving data collection and use in support of intervention targeting, developing special initiatives, strengthening relevant partnerships, providing greater engagement and “proactive influencing” by the Secretariat (as has been recognized as an important strategic lever to effect country prioritization in this review), etc. Again, it is recognized that many of these are what the Global Fund is already doing, and the recommendation is to be innovative and effective in these, to better encourage the needed prioritisation of investments to successfully fight the epidemics.
Recommendation 2: Continue to sharpen the Global Fund’s approach to RSSH and take concrete actions to adapt the implementation of the funding model and partnerships to enable improved RSSH results	(1) RSSH approach: • Focusing of RSSH: Reconsider whether the Global Fund should limit supported RSSH interventions/modules in GC8 to a few priority areas where the Global Fund has a comparative advantage and can focus its resources. At a minimum, require countries to focus rather than fragment their RSSH funding by requiring majority of RSSH funding in a few modules. • Improved communication on RSSH: Make a concerted effort to push out to countries simple, clear, practical information on the Global Fund’s updated RSSH approach. The Secretariat should also use its proactive influencing role to better advise countries on aligning their investments with the RSSH objective. • Clarity on fit with PPR: Continue to specify how RSSH fits with the Global Fund’s PPR objective, which is a recognized evolving objective in the 2023-28 Strategy. This is in relation to the wider nexus of RSSH-PPR at the Global Fund, beyond the use of unspent C19RM monies for RSSH objectives. (2) Funding model and its implementation in countries for RSSH investments: Recommend/require: (i) government departments that lead different health systems functions to be closely engaged in the CCM and country dialogue process in support of funding request development; (ii) RSSH PR/SRs to be government departments that lead different health systems functions rather than HTM departments; (iii) where countries have created program management units (PMUs) to coordinate investments in multiple RSSH activities, support their capacity development; (iv) continuity of RSSH PR/SRs and activities across different grant cycles. Introducing an RSSH allocation and standalone RSSH grants are more contentious adaptations that should be reviewed closely, drawing on lessons from past efforts and evaluating pros, cons, and feasibility, and on a country by country basis. (3) Expand TA partners for each key RSSH investment area to include new partners with specific expertise in these areas and also ensure a predictable funding source for longer term TA.
Recommendation 3: Continue to support the strategy’s gender equality (GE) and human rights (HR) objective, with a particular emphasis on GE given	• On GE: Put a concerted effort into operationalizing the twin-track approach to gender equality, including the formulation of clear GE objectives and an action plan to guide and monitor progress in this regard. Strengthen gender mainstreaming skills across the Secretariat and ensure that accountability and responsibility for driving the gender agenda are integrated across all relevant Secretariat functions. • On HR: Support the mainstreaming of a HR-based approach in country programming to enable a broader reach. Continue to support the identification of priority needs related to equitable access to HTM services for key and underserved populations, as well as the design, implementation and monitoring

Recommendation	Recommendation content and how to operationalise
limited progress there; and take concrete actions to adapt the funding model and its operationalization as well as partnerships to improve delivery for GE and HR objectives overall	of targeted, evidence-based and effective programmes. Continue to leverage CIs, as far as available resources will allow, in support of the above programming. • On improvements on the implementation of the funding model and its operationalization as well as partnerships: (i) Strengthen engagement with diverse KP representatives in pre-country dialogue convenings and post FR; (ii) Review Global Fund financial, contracting and risk policies, operational guidelines and tools to allow for more community-led organisation implementation; (iii) Strengthen relevant information notes and guidance – review and consolidate all guidance related to HR, GE and KPs; (iv) Enhance partnerships on HR and GE in TB and malaria (in addition to HIV) and on gender equality-related programming.
Recommendation 4: Strengthen the operationalization of sustainability considerations in the Global Fund model, including making more use of strategic levers like advocacy and innovative financing approaches to support greater domestic financing for health	• Strengthen operationalization of sustainability considerations within the Global Fund model – aspects include emphasizing stronger alignment with country systems; developing mechanisms to support effective consideration of trade-offs between short-term results and long-term sustainability and better managing unintended counter-productive incentives that may impede prioritisation of sustainability (e.g., by increasing emphasis on indicators of long-term progress such as the maturity models approach for RSSH under GC7). • Strengthen key drivers of programmatic sustainability – such as continuing to support a strong integration agenda including working with non-health sectors where needed, considering appropriate HRH related strategies, feasibility and modalities for social contracting, etc. Another key aspect is better clarifying the roles and responsibilities with regards to programmatic sustainability within the Global Fund Secretariat. • Address weaknesses in implementation of the co-financing aspects of the STC policy building on recent improvements made for GC7– (i) further improve processes for reporting and verification of co-financing data; (ii) improve visibility of requirements and results on co-financing especially at the country level (e.g., multiple rounds of reporting and engagement within the grant cycle, involvement of subject matter experts); (iii) improve enforcement in instances co-financing requirements are not met (clarify and communicate on process steps including waivers and exemptions, consider withholding funds within same cycle if appropriate); (iv) consider strengthening the use of programmatic commitments (e.g., link assessment of co-financing performance closer to achievements of agreed programmatic commitments and improve guidance and use); (v) consider request for systematic commodity contribution (e.g., this can be linked to programmatic commitments by developing guidance that sets out expected commodity contributions (and growth thereof) differentiated by country contexts). Alongside these changes, the Global Fund could consider updating the STC policy to increase the differentiation on requiring HTM funding to be additional across grant cycles which has previously led to unrealistic requirements in some country settings or at the very least to codify the current adjustments made under GC7 in an updated Operational Policy Note (OPN). • Continue efforts to strengthen additional strategic levers to bolster DFH tailored to specific country contexts (e.g., advocacy, different financing instruments such as blended financing and joint financing, etc.).
Recommendation 5: Optimise the implementation of the Global Fund's mature, generally well-functioning business model by (1) pushing for its simplification and (2) addressing the major unintended counter-productive incentives within it (whether perceived or real) reported by stakeholders	• Carry out a concerted push for simplification of the Global Fund business model (i.e. in terms of the range of policies, processes and requirements) to improve its accessibility for countries/stakeholders and reduce transaction costs. To this end, the Strategy Committee or Board as well as the Secretariat can take on different levels of responsibility. • Identify and address the most problematic unintended counter-productive incentives within the implementation of the funding model (whether perceived or real) reported by stakeholders: Determine the most frequent and/or detrimental unintended counter-productive incentives within the implementation of the funding model, their cause (including whether perceived or real) and effects, and take appropriate corrective action (which might range from improving communication in order to correct perception to removing real barriers).

PART A: EVALUATION OBJECTIVES AND METHODOLOGY, OVERALL FINDINGS AND RECOMMENDATIONS

1. INTRODUCTION

A consortium led by Cambridge Economic Policy Associates (CEPA) and including BroadImpact, Southern Hemisphere and several independent experts was appointed by the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) to conduct an end-term evaluation of the Global Fund 2017-22 Strategy (Strategic Review 2023 or SR2023).

This introduction section provides the evaluation objectives (Section 1.1) and the evaluation framework and methodology (Section 1.2).

1.1. EVALUATION OBJECTIVES AND PURPOSE

This is an end-term evaluation of the Global Fund's 2017-22 Strategy, requested by the Global Fund Board and Strategy Committee (SC). It provides an independent review of progress made on the commitments reflected in the Strategy, the extent to which objectives were met, and what were supporting and hindering factors. It has the following aims:

- To assess the relevance, coherence, efficiency, effectiveness, sustainability and impact of the Global Fund investments against the goals and objectives of the 2017-22 Strategy.
- To deliver relevant conclusions and lessons learned, as the basis for recommendations to inform ongoing implementation of the 2023-28 Global Fund Strategy.

Three broad **objectives** set out the **purpose and intended use** of this review:

- **Objective 1: To assess the extent to which the Strategic Objectives of the 2017-22 Strategy have been achieved.** This objective assesses the extent to which the Strategy Objectives have achieved their intended goals and identifies factors that have facilitated or hindered progress towards the targets. Strategic Objectives (SO) under review are SO1: "Maximise disease impact"; SO2: "Build resilient and sustainable systems for health" (RSSH); SO3: "Promote and protect human rights and gender equality"; and part of SO4 ("Mobilize increased resources") focused on domestic resource mobilization.²³
- **Objective 2: To assess the degree to which Global Fund initiatives, policies, systems and processes played a role in ensuring the relevance, coherence and effectiveness of the Global Fund Strategy.** This includes an assessment of the extent to which Global Fund "strategic levers"²⁴ have influenced the prioritisation of investments as well as operationalised the 2017-22 Strategy Objectives. The review examined the following aspects: funding model, policies and processes²⁵; risk management; monitoring and evaluation (M&E); partnerships; COVID-19 Response Mechanism (C19RM); and Catalytic Investments.²⁶
- **Objective 3: To make actionable recommendations for the implementation of the 2023-28 Strategy and planning process for Grant Cycle 8 (GC8, 2026-28).**

SR2023 has a **utility-focused approach**, in keeping with the design of the new Global Fund Evaluation and Learning Office (ELO). It seeks to build on previous reviews and evaluations conducted over the strategy period and

²³Other aspects of SO4 on market shaping and donor funding are not in scope.

²⁴ Strategic levers are defined as key aspects of the Global Fund model that can be used and adapted to drive and shape investments and progress on the Strategy.

²⁵ The evaluation noted different interpretations of these terms across stakeholders, and no clear definition prescribed by the Global Fund. In this report, the funding model comprises the allocation approach and grant cycle. Policies and processes refer to both formal Board-approved policies as well as the Global Fund guidances/ Information Notes and range of processes related to the grant cycle and operationalization of the Board-approved policies.

²⁶ Together, we consider these aspects to comprise the "business model" of the Global Fund (noting that some levers such as market shaping have not been covered in this review, and the partnerships lever in particular is one that is bi-directional in that it is not determined by Global Fund actions alone and very much depends on the role and impetus of partners).

incorporate a strong **learning emphasis** through ongoing engagement with the User Group for SR2023. The User Group comprises cross-Secretariat teams as the main users of this evaluation, and engagement with wider users including partners, countries and other stakeholders has been through consultations for this review.

The evaluation is informed by **UNEG norms and standards**.²⁷ Additionally, the utility-focused approach for SR2023 directly speaks to the UNEG norm of Utility.

1.2. EVALUATION FRAMEWORK AND METHODOLOGY

1.2.1. Evaluation framework, workstreams and questions

The SR2023 evaluation framework is structured by the **three evaluation objectives** and **eight defined workstreams**. Key aspects/ work areas and related strategic review questions (SRQs) are defined for each workstream.

- Objective 1 of the evaluation framework focuses on the achievement of the Global Fund 2017-22 Strategy Objectives (SOs), including the operational objectives that sit under the four SOs. A number of SO operational objectives also relate to the Global Fund strategic levers and processes and therefore are also analysed under evaluation objective 2. Appendix E provides a mapping of Strategy operational objectives to evaluation workstreams. The level of detail in the analysis of different operational objectives is driven by the SRQs.
- Objective 2 of the evaluation framework focuses on the range of strategic levers and approaches driving observed results on the Global Fund SOs. Four workstreams are defined on the funding model and business processes, C19RM, catalytic investments and partnerships.
- A cross cutting workstream on gender, human rights, equity and communities is included in the framework, covering both Evaluation Objectives 1 and 2.
- Finally, Objective 3 is on recommendations for the 2023-28 Strategy and GC8.

Figure 1.1 presents the summary evaluation framework. It is a snapshot version of the next figure (Figure 1.2) which presents the detailed SRQs. The framework and SRQs adopt both a **formative and summative approach**, recognising the completion of the 2017-22 strategy period and the formulation and beginning of the implementation of the 2023-28 Strategy.

²⁷ <https://www.unevaluation.org/document/detail/1914>

Figure 1.1: Evaluation framework and workstreams

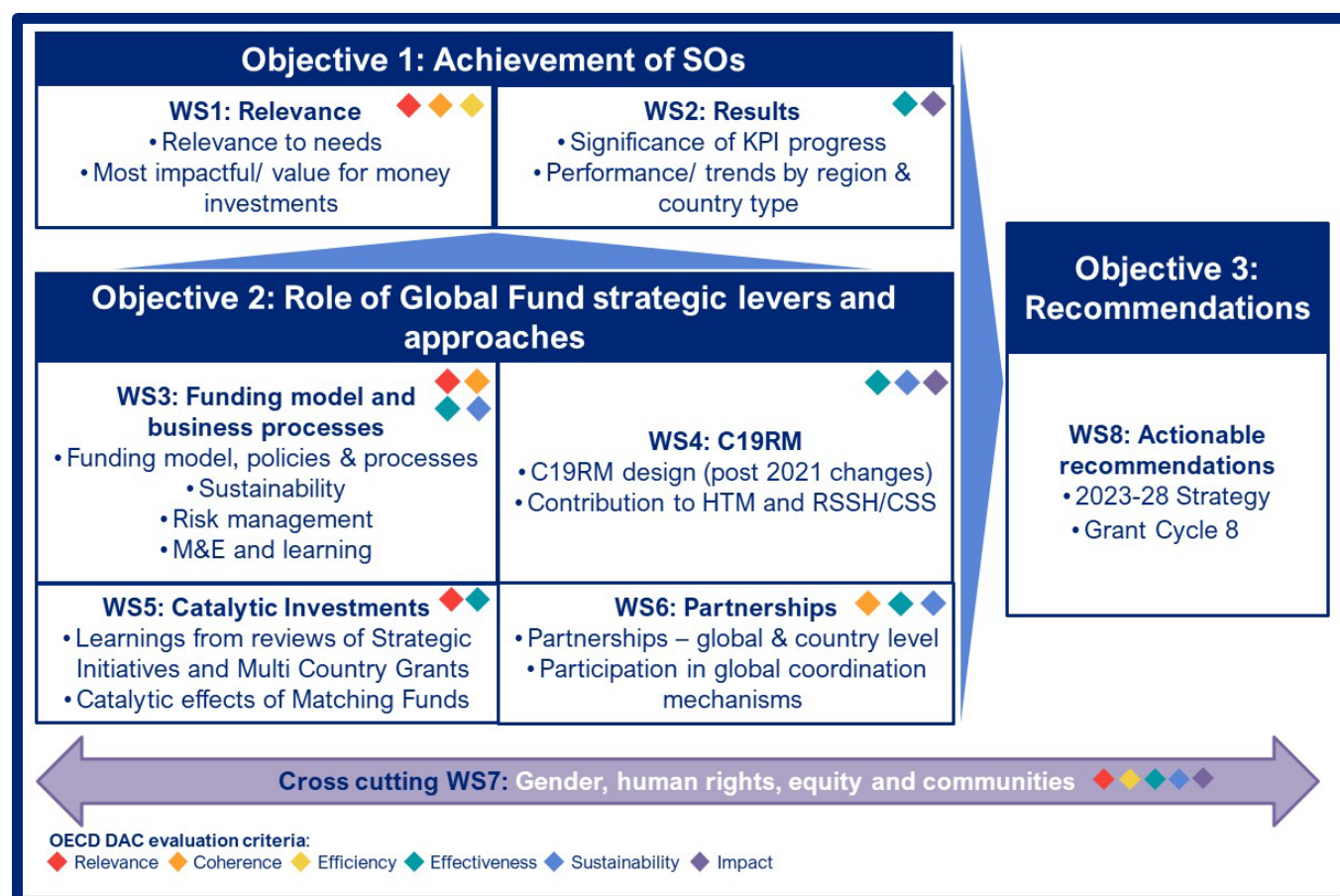
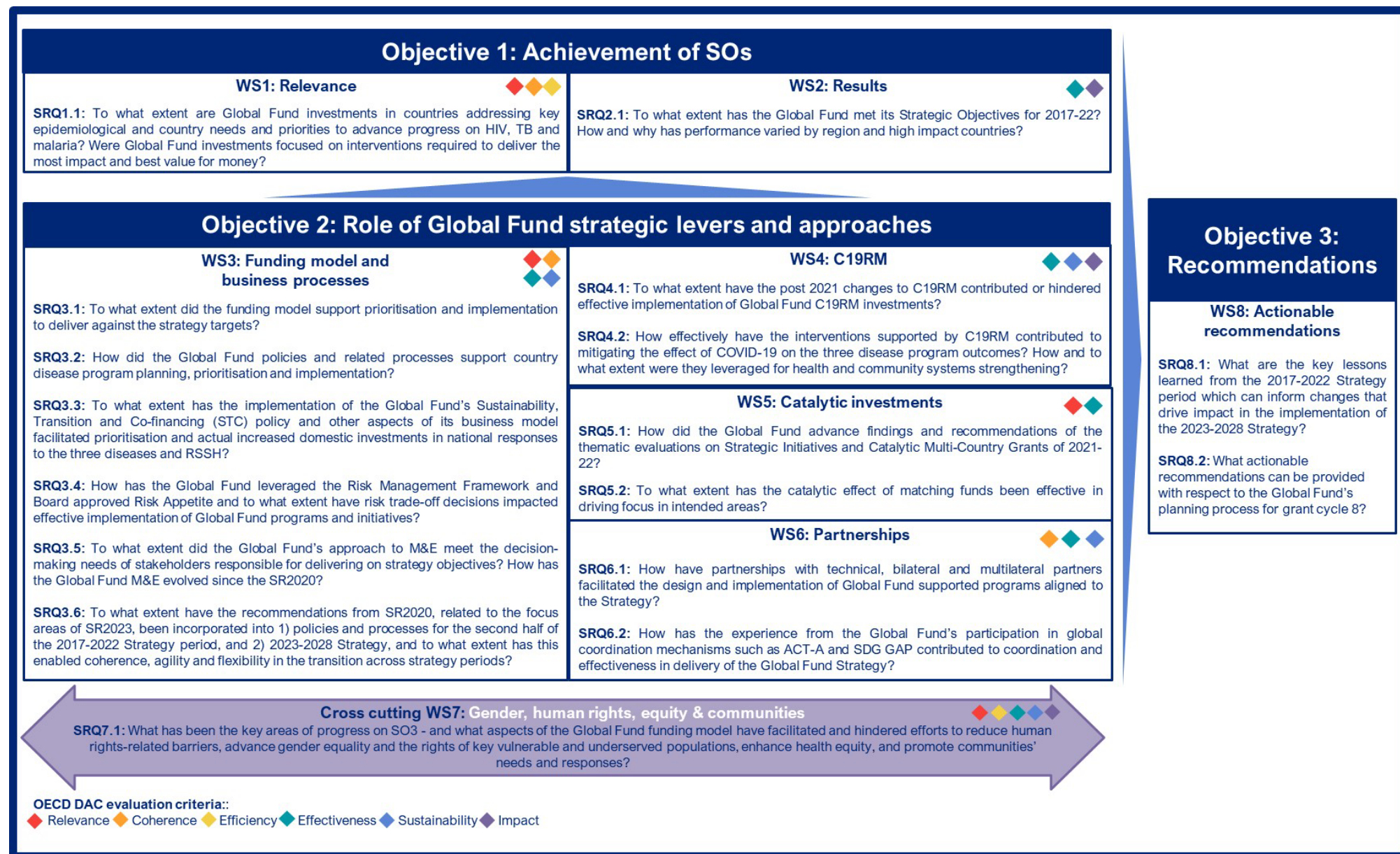


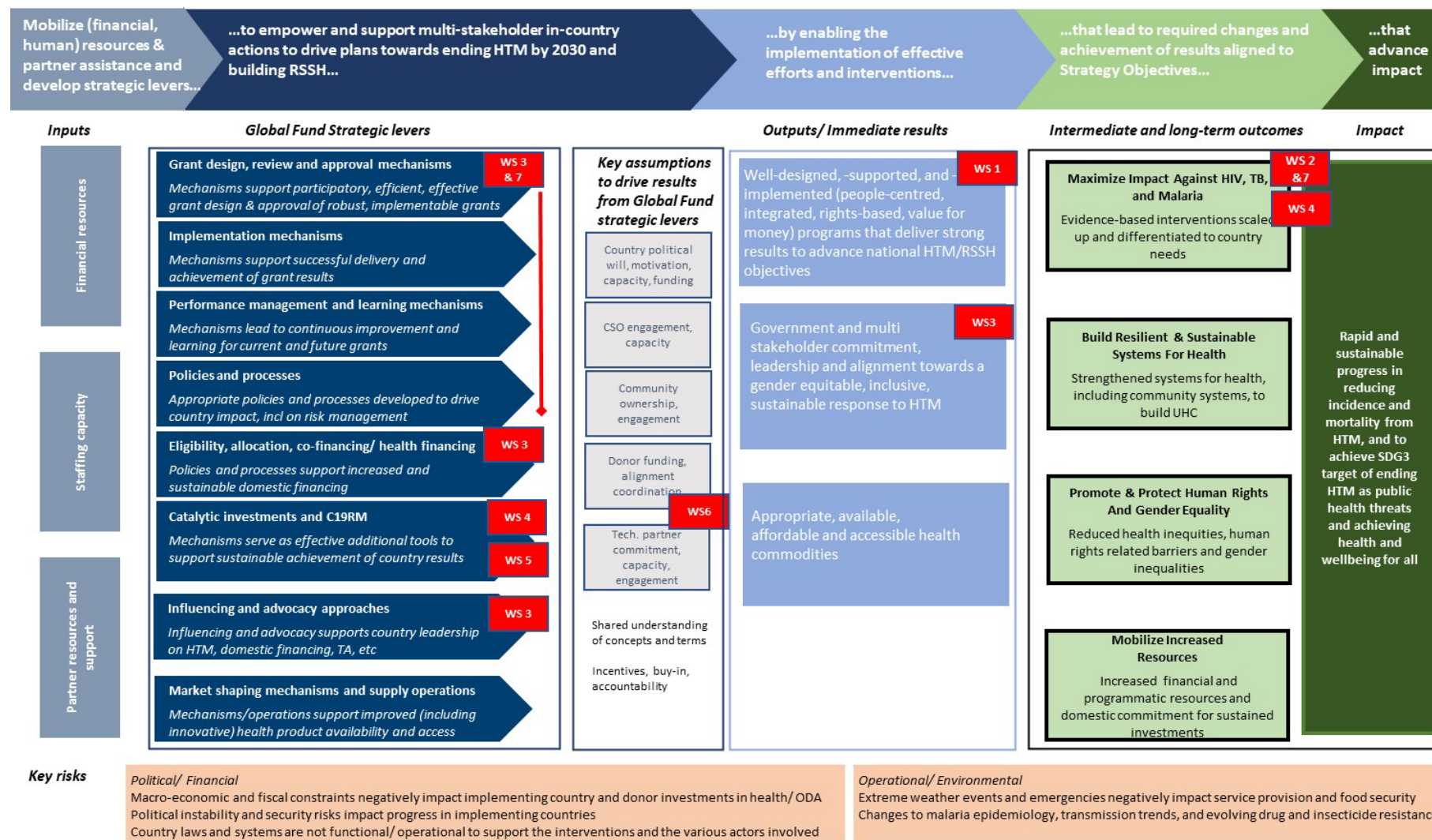
Figure 1.2: Evaluation framework, workstreams and SRQs



1.2.2. Evaluation approach and theory of change

SR2023 employed a theory-based approach, based on a defined theory of change (TOC) developed by the evaluation team in the inception phase (Figure 1.3). Given the complex and wide scope of SR2023, while the TOC has served as the base for the assessment, it has not been used for causal analysis in the manner in which formalised TOC-based evaluations would be conducted. As such, lighter touch contribution analysis was employed to assess key drivers of results.

Figure 1.3: TOC for SR2023 (red boxes reflect mapping of the evaluation workstreams to the TOC)



1.2.3. Evaluation methods

The evaluation employed a mixed-methods approach described in Table 1.1 below. Detailed information on evaluation methods, their management and quality assurance is provided in Appendices C, F-I and Q. An evaluation matrix is also provided in Appendix D.

Table 1.1: Overview of evaluation methods

Method	Description
Document review	Comprehensive review of relevant documentation including: (i) Global Fund documents (e.g., Strategies, policies, guidelines, funding requests, previous strategic reviews, Board meeting documents, results reports etc.); (ii) partner documents (e.g., WHO, UNAIDS, Stop TB, Gavi, BMGF, PEPFAR etc.); and (iii) wider literature review including peer-reviewed journal articles (Refer to Appendix A for SR2023 Bibliography).
Global level KIs and FGDs	- Semi-structured KIs and FGDs were conducted with 84 stakeholders during the core phase and a further 17 during the inception phase from: (i) Global Fund (e.g., Secretariat, Technical Review Panel (TRP), Strategy Committee (SC)); (ii) Partner organisations (e.g., WHO, Unitaids, Roll Back Malaria, Stop TB); (iii) Donors (e.g., Bill and Melinda Gates Foundation, President's Emergency Plan for AIDS Relief (PEPFAR), President's Malaria Initiative (PMI), UK Foreign, Commonwealth & Development Office, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)); (iv) Civil Society Organisations/ Community Based Organisations and Key Population-led (KP) organisations (Refer to Appendix B for stakeholder list). - Interviews were conducted both in-person and remotely, and were supported by interview guides. All interviews utilised good interview practice (e.g., providing relevant background information, respecting anonymity, avoiding use of leading questions etc) described further in Appendix C.
Country case studies (CCS)	14 country case studies (CCS) were conducted for this review: 12 detailed and supported with in-person stakeholder interviews (Nigeria, Kenya, Zambia, South Africa, Mozambique, Cote D'Ivoire, Sierra Leone, Chad, Kyrgyzstan, Bolivia, the Philippines and Pakistan) and two high level supported by remote consultations due to limited availability of stakeholders (South Sudan and India). Refer to Appendix C for details on country selection criteria and approach. A separate country case study appendix provides the country case study reports for the 14 countries. - CCS are based on a mixed method approach, including document review (e.g., funding requests, performance updates, Secretariat Briefing Notes, TRP comments; national plans and strategies; key partner documentation), data review of Global Fund funding, and interviews with the range of country stakeholders representing diverse perspectives (CCM chair, CCM Secretariat, CCM members, government stakeholders, PRs/ SRs, donors, partners, CSOs, CBOs, etc.) and whose experience with the Global Fund was relevant to the time period of this review (2017-22). Refer to Appendix C for details on key informant selection and approaches to ensure diversity among stakeholders interviewed. - Early observations sessions were held with CCMs (and other invited stakeholders) following country interviews in select countries to validate and provide feedback on early findings.
Quantitative data analysis, including statistical and regression analysis	- Data analysis was conducted on Global Fund funding, absorption, performance and results data (including KPIs and grant-specific data), health financing, business process analysis (e.g., analysis of TRP database). Where Secretariat analysis of the data was readily available and comprehensive, this was used rather than re-analysing the data under this evaluation (Appendices F-I, Q). - In addition, statistical and regression analysis has been conducted to assess trends in Global Fund outcome and impact indicators as well as contributory factors for observed results (detailed in Appendix J).
Topic-specific case studies	Limited additional focused case studies were conducted in support of specific workstreams, which is detailed in Part B in each of the workstream sections where relevant.

This review identified and sought to mitigate **limitations** inherent to the large scope of work and highly technical content of SR2023. The most material of these was the timing of the review, which fell a year into the implementation of the new Strategy 2023-28, and that analysis was restricted to the period of the previous strategy, whilst simultaneously recognising considerable work undertaken by the Secretariat in the first year of the new strategy and for GC7, which fell beyond the scope of SR2023. Although data collection focused on the 2017-22 strategy period, stakeholder recall more than a year into the new strategy period was another limitation. This was potentially more significant for country-level evidence on a small number of SRQs, as many country case studies were conducted during an intense period of grant making for Grant Cycle 7 (GC7). Data availability was another limitation both in terms of mixed availability of country materials pertaining to GC5 and GC6 and on Catalytic Investments, as well as robust quantitative data on some aspects (e.g. domestic financing). Overall we consider limitations were adequately mitigated and the quality and quantity of evidence informing evaluation findings is rated good or strong. Additional discussion on limitations is provided in Appendices C, F-I and Q .

1.2.4. Assessment of robustness of findings

The robustness of findings has been assessed in terms of *quantity* (i.e., triangulation) and *quality* along a four-point scale as described in Table 1.2 below. All robustness rankings are *relative* robustness rankings, based on careful consideration and are ultimately judgement-based.

Table 1.2: Robustness rating for findings

Rating	Description
Strong	• The finding is supported by majority of the data and/or documentation which is categorised as being of good quality; and/ or • The finding is supported by majority of consultations, with relevant consultee base for specific issues at hand.
Good	• The finding is supported by majority of the data and /or documentation with a mix of good and poor quality; and/ or • The finding is supported by majority of the consultation responses
Limited	• The finding is supported by some data and/or documentation which is categorised as being of poor quality; or • The finding is supported by some consultations as well as a few sources being used for comparison (i.e., documentation)
Poor	• The finding is supported by various data and/or documents of poor quality; or • The finding is supported by some/ few reports only and not by any of the data and/or documents being used for comparison; or • The finding is supported only by a few consultations or contradictory consultations

2. OVERALL FINDINGS

Given that SR2023 – the end-term evaluation of the Global Fund’s 2017-22 Strategy – arrives more than a year into the period of the new Strategy 2023-28, this section provides **overall findings from SR2023 that “look back to better look forward”** to support the overall utility of the evaluation. As such, it features priority findings arising from the seven discrete evaluation workstreams, as well as findings that cut across multiple workstreams. It also references ongoing progress under the 2023-28 Strategy (although given multiple ongoing efforts this may not always be a complete presentation).

High-level, strategic findings from the workstreams are brought together here to respond squarely to the SR2023 Evaluation Objectives 1 and 2 outlined in Section 1.1 above. Details on the methodology, evidence sources and robustness are not detailed here and are provided in Part B. All findings below are rated as good or strong and findings with lower robustness rating are not included in the summary below.

Evaluation Objective 1: Assessment of the extent to which the Strategic Objectives of the 2017-22 Strategy have been achieved.

The Global Fund Strategy 2017-22 had four Strategic Objectives (SOs): SO1: maximising impact against HIV, malaria and TB (HTM); SO2: building resilient and sustainable health systems (RSSH); SO3: promoting and protecting human rights and gender equality; and SO4: mobilising increased resources. SOs 1-3 and part of SO4 focused on domestic resource mobilisation (DRM) are within scope for this review. Key findings are as follows:

Finding 1: Progress on maximising impact against HIV, TB and malaria (HTM) has been good in terms of lives saved and related treatment-cascade indicators for HIV and TB. However, there are gaps in incidence reduction and a big push is needed to reach the ambitious 2030 global targets across the three diseases.

Key relevant SRQ/(s): SRQ2.1: To what extent has the Global Fund met its Strategic Objectives for 2017-2022? How and why has performance varied by region and high impact countries?

Reference in Part B: WS2, Section 5

Key points are as follows:

- As publicly shared by the Global Fund, the Key Performance Indicator (KPI) 1a target of 29 million lives saved across HTM has already been surpassed, achieving 29.2 million lives saved between 2017 and 2021 and projected to reach between 34.3-35.3 million by end of 2022.²⁸ Outperformance in lives saved was driven by HIV and TB, supported by good performance in service delivery indicators relating to ART and TB case notification which were largely maintained and strongly rebounded (respectively) after the COVID-19 pandemic.
- Incidence rates had limited progress compared to targets, with malaria and TB incidence experiencing a rise since the COVID-19 pandemic.
- Overall trends mask significant variation in performance across countries and by country grouping (Global Fund country classification and WHO regions). For example, the most significant improvements in HIV mortality and incidence rates have been in sub-Saharan Africa and in high impact and core countries. A worrying trend is that progress on malaria incidence and mortality rates has halted; a trend observed across country classifications and regions including both challenging operating environment (COE) and non-COE countries.
- The COVID-19 pandemic has had a significant impact on HTM results; however, several outcome and impact metrics have rebounded (e.g., TB case notification) or been maintained (e.g., ART coverage) during the pandemic. Some other indicators have seen a rise (e.g. incidence rates, as mentioned above) and several service delivery indicators did not see a strong rebound such as MDR-TB case notifications.

²⁸ Global Fund (2023), Results Report

- Mortality rates present a better indicator of impact than lives saved (and the 2023-28 Strategy is transitioning to measuring mortality rates instead of lives saved). There is good progress on HIV mortality reduction but progress is more limited for TB and malaria, both of which have large gaps compared to the ambitious WHO global targets (TB deaths declined by 14.6% between 2015-21 which is far from the 75% reduction target by 2025, malaria deaths per 100,000 population at risk were 14.8 in 2021 which is nearly twice the target of 7.8²⁹). Incidence rates are also way off the global targets for each of the three diseases. As such, despite positive performance on the Global Fund's KPIs for SO1, a big push is still needed to reach the ambitious 2030 goals.

Finding 2: KPIs for the remaining SOs have several measurement challenges, but a wider assessment indicates slow progress – (i) for RSSH (where investment have been largely disease-specific and short-term, although with some notable investments), (ii) for Human Rights (HR) and Gender Equality (GE) (better results are being achieved on HR than GE), and (iii) for Domestic Resource Mobilisation (some increases but overall not sufficient given the challenging funding landscape after COVID-19).

Key relevant SRQ/(s):

SRQ 1.1: To what extent are Global Fund investments in countries addressing key epidemiological and country needs and priorities to advance progress on HIV, TB and malaria? Were Global Fund investments focused on interventions required to deliver the most impact and best value for money?

SRQ2.1: To what extent has the Global Fund met its Strategic Objectives for 2017-2022? How and why has performance varied by region and high impact countries?

SRQ3.3: To what extent has the implementation of the Global Fund's Sustainability, Transition and Co-financing (STC) policy and other aspects of its business model facilitated prioritisation and actual increased domestic investments in national responses to the three diseases and RSSH?

SRQ7.1: What has been the key areas of progress on SO3 - and what aspects of the Global Fund funding model have facilitated and hindered efforts to reduce human rights-related barriers, advance gender equality and the rights of key vulnerable and underserved populations, enhance health equity, and promote communities' needs and responses?

Reference in Part B:

WS1, Section 4
WS2, Section 5
WS3, Section 6.2
WS7, Section 10

RSSH investments over the 2017-22 strategy period had a limited impact on building “resilient and sustainable health systems” (i.e. systems development and strengthening, as per the Global Fund SO2). This is because a majority of RSSH investments in this period, whilst funding important country needs and gaps, have largely been disease-specific and short-term in nature, and with more focus on government than community health systems. The challenge of the limited RSSH SO results stem from a lack of appropriate and consistent prioritisation of RSSH by the Global Fund and countries during the 2017-22 Strategy period, as well as lack of clarity in the approach (i.e., how to fund the RSSH objective effectively within the Global Fund mandate). That said, we do observe greater prioritisation of RSSH over the years, by the Global Fund and countries, and country case studies indicate a modest “improving” trend over GC5 to GC6 in select RSSH areas. A key example of this is Health Management Information Systems (HMIS) investments (representing around 40% of RSSH in the strategy period) which have seen important results in terms of increasing digitisation, integration of disease with national reporting, and improvements in completeness, although gaps remain in timeliness and data use.³⁰ Other valuable investments have been on procurement and supply chain systems, and laboratory strengthening more recently.

HIV incidence among adolescent girls and young women (AGYW) declined over the last strategy period, though there was less progress on advancing sexual and reproductive health and rights (SRHR) and promotion of gender equality (GE) beyond AGYW. Some progress has been made on addressing Human Rights (HR)-related barriers to services in select countries, although country-level structural barriers continue to be a significant and in many settings intensifying obstacle, and the Global Fund has focused more on HIV with less attention to TB and malaria. Importantly, most progress in relation to SO3 has been achieved in pockets of focus by the Global Fund (which is noteworthy but does not extend to all Global Fund eligible countries).

²⁹ Based on data from the Global TB Report (2023) and the Global Malaria Report (2022)

³⁰ Based on Global Fund internal documents (confidential)

The Global Fund reports some progress on increasing domestic resources for HTM under its KPI 11 (marked as being achieved), but a range of data quality concerns make it difficult to accurately assess historic trends in domestic HTM investments. Other evidence sources acknowledge some improvements in levels of domestic financing for health, but overwhelmingly highlight that progress has been limited, especially given the evolving funding context in the aftermath of the COVID-19 pandemic.

The 2023-28 Global Fund Strategy and planning for GC7 has seen a number of developments on the aforementioned issues. In particular, there is new, welcome clarity on the hierarchy of Strategic Objectives (with HTM being the primary objective and RSSH a contributory objective to ending AIDS, TB and malaria). There has also been greater specification of the Global Fund RSSH approach, including explicit recognition of its limited quantum in relation to much larger health systems investments by governments and donors. A greater emphasis on GE, through a “twin track” approach that mainstreams gender considerations into all Global Fund-supported programs *and* enables dedicated, specific support to GE-focused programs, has been developed. Further, there has been an increasing emphasis on sustainability and Global Fund impact on domestic resource mobilization (DRM).

Finding 3: Critical to the achievement of the results described above is the relevance and significance of Global Fund investments in countries. In general, Global Fund funding well covers current disease priorities and emerging (i.e. new and intensified) disease priorities albeit with some gaps (e.g. HIV and TB prevention, inclusion of wider range of Key Populations and across HTM, drug-resistant TB, private sector engagement, accelerated scale-up of innovations, integrated health systems strengthening, community systems strengthening). This evaluation finds new quantitative evidence that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

Key relevant SRQ(s): SRQ 1.1: To what extent are Global Fund investments in countries addressing key epidemiological and country needs and priorities to advance progress on HIV, TB and malaria? Were Global Fund investments focused on interventions required to deliver the most impact and best value for money?
SRQ2.1: To what extent has the Global Fund met its Strategic Objectives for 2017-2022? How and why has performance varied by region and high impact countries?

Reference in Part B:
WS1, Section 4
WS2, Section 5

Global Fund investments are a critical contributor to disease responses across different country contexts – because of their financial scale but also crucially their (often-distinctive) programmatic focus. There are some instances of increasing emphasis on funding current disease priorities and new/intensified disease priorities, and others where this is not the case (recognising that the Global Fund funding is country-led and forms one part of the disease response in addition to other donor and government funding). For example, funding for HIV prevention has increased, and the share of prevention within HIV grants rose from 15% in GC4 to 20% in GC5, although declining to 18% in GC6. Linked to this, HIV prevention programming for KPs (female sex workers, MSM and PWID) and AGYW, and for HR-related interventions has increased, but with need for greater differentiation and inclusion of other KPs (such as trans and gender diverse people, people in prisons and refugees), and SRHR-related issues relevant to a broader population of women beyond AGYW. Key gaps in malaria programming pertain to community case management, tailoring and targeting interventions based on epidemiological stratification and micro surveillance, identification of high-risk populations, addressing human-rights related barriers to malaria services, cross-border issues, and private sector engagement. TB prevention efforts have been particularly limited, and emphasis on private sector engagement, vulnerable populations and community mobilization has been less than adequate, alongside a need for more attention on drug-resistant TB (DR-TB) and pediatric TB. The Global Fund has also had varying degrees of success in accelerating scale-up of innovative products within the strategic period.

The Global Fund Technical Review Panel (TRP) finds an improving quality of funding requests and there is increasing evidence of more evidence-based decision-making supporting prioritisation within funding requests. However there continues to be room for improvement, particularly in information on value for money (VfM); and prioritisation continues to also be impacted by other factors such as politics and hierarchy of different stakeholders in countries.

It is noteworthy that the 2023-28 Strategy recognises a range of new and intensified disease priorities where step-up action is needed including an intensified focus on prevention; more emphasis on integrated, people-centered services; a more systematic approach to development and integration of community systems for health; intensified action to address inequities, HR- and gender-related barriers; and greater focus on accelerating the equitable deployment of and access to innovations.

Bespoke regression analysis conducted for SR2023 finds new positive quantitative evidence on the importance of Global Fund funding in supporting service delivery improvements for HTM (notwithstanding data limitations described in Appendix J).³¹ In particular, we found that grant performance (i.e., performance of service delivery indicators versus their targets) on ART, TB case notifications and distribution of LLINs is positively associated with the proportion of external disease expenditure provided by the Global Fund. This indicates that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

Evaluation Objective 2: Assessment of the degree to which the Global Fund initiatives, policies, systems and processes played a role in ensuring the relevance, coherence and effectiveness of the Global Fund Strategy.

This evaluation objective is based on an assessment of several Global Fund strategic levers, including: (i) the funding model, including the allocation approach and grant cycle; (ii) the policy framework, comprising formal Board-approved policies as well as other policies included in the Information Notes and the Operational Policy Manual³²; (iii) risk management approach; (iv) M&E approach; (v) C19RM; (vi) Catalytic Investments; and (vii) partnerships. Together, we consider these aspects to comprise the “business model” of the Global Fund (noting that some levers such as market shaping have not been covered in this review, and the partnerships lever in particular is one that is bi-directional in that it is not determined by Global Fund actions alone and very much depends on the role and impetus of partners). The analysis of these strategic levers is considered within the frame of contribution analysis, where we have looked at contribution of the levers to Global Fund objectives (as implied by the evaluation objective and as set out in the TOC supporting SR2023). Key findings are as follows:

Finding 4: The Global Fund has a strong suite of strategic levers that have well supported strategy achievements, at the centre of which lies a mature funding model and its effective implementation.	
Key relevant SRQ/(s): SRQ3.1: To what extent did the funding model support prioritisation and implementation to deliver against the strategy targets? SRQ3.2: How did the Global Fund policies and related processes support country disease program planning, prioritisation and implementation? SRQ3.4: How has the Global Fund leveraged the Risk Management Framework and Board approved Risk Appetite and to what extent have risk trade-off decisions impacted effective implementation of Global Fund programs and initiatives? SRQ3.5: To what extent did the Global Fund’s approach to M&E meet the decision-making needs of stakeholders responsible for delivering on strategy objectives? How has the Global Fund M&E evolved since the SR2020? SRQ4.1: To what extent have the post 2021 changes to C19RM contributed or hindered effective implementation of Global Fund C19RM investments? SRQ5.1: How did the Global Fund advance findings and recommendations of the thematic evaluations conducted in 2021 on Strategic Initiatives and Catalytic Multi-Country Grants? SRQ5.2: To what extent has the catalytic effect of Matching Funds been effective in driving focus in intended areas? SRQ6.1: How have partnerships with technical, bilateral and multilateral partners facilitated the design and implementation of Global Fund supported programs aligned to the Strategy?	Reference in Part B: WS3, Section 6 WS4, Section 7 WS5, Section 8 WS6, Section 9

This evaluation finds:

- A mature funding model, that has been strengthened and refined over the 2017-22 strategy period from its introduction in 2014. Key processes have been fine-tuned (e.g., detailed instructions for country dialogues and CCMs, TRP review criteria) and capacity of key actors has been built (e.g., the CCM “evolution” work, enhancement of CTs with technical specialists). The model has evolved to a state where it works well for

³¹ The results are weakly robust with regard to model specification. See Appendix J for a detailed discussion on data limitations and sensitivity analyses conducted.

³² Another aspect we noted during the review was that different stakeholders interpret the Global Fund policy framework differently. Most tend to focus on the formal Board approved policies only (e.g. the STC policy, etc.), but several stakeholders have highlighted the range of aspects highlighted in the Operational Policy Manual as a significant component of the Global Fund policy framework. As such this is the approach employed in this evaluation, and also reflected in the TOC.

HTM and high impact countries (see next finding below where some challenges are raised for other Global Fund Strategic Objectives).

- A comprehensive policy framework that covers key programmatic areas and is flexible to support needed differentiation across countries. This is supported by an extensive set of guidelines and operational policy notes which provide guidance on key aspects of the funding approach and grant cycle.
- A well-developed risk management framework – with important strides made through the introduction of the Risk Management Framework and the Board-approved Risk Appetite. The overall risk management approach of the Global Fund is regarded as advanced.
- A comprehensive and integrated monitoring, evaluation and learning framework, introduced for the 2023-28 Strategy, which seeks to address a number of previously identified challenges.
- Successful introduction of several new strategic levers during the strategy period – including C19RM which has exemplified the Global Fund’s agility and flexibility, and, despite some challenges including inadequate results measurement, has contributed to the rebounding of HTM results post COVID-19. Catalytic Investments were also elevated as a package during this strategy period, and while variable across and within different types of investments, several have proved critical for results (e.g., finding missing TB cases, several CRG-related initiatives).
- Considerable efforts towards developing effective partnerships, which are viewed to work reasonably well within the context in which they operate.

The effectiveness of the suite of Global Fund strategic levers have contributed to the achievements observed across the Strategic Objectives. At the same time, while the strategic levers are valuable overall, some of them have gaps and issues; these are discussed in the following findings.

Finding 5: The Global Fund’s strategic levers work less optimally for RSSH, Human Rights and Gender Equality investments and their related Strategic Objectives and there is need for further adaptation to support impact in these areas.

Key relevant SRQ/(s): SRQ3.1: To what extent did the funding model support prioritisation and implementation to deliver against the strategy targets?
 SRQ3.2: How did the Global Fund policies and related processes support country disease program planning, prioritisation and implementation?
 SRQ7.1: What has been the key areas of progress on SO3 - and what aspects of the Global Fund funding model have facilitated and hindered efforts to reduce human rights-related barriers, advance gender equality and the rights of key vulnerable and underserved populations, enhance health equity, and promote communities’ needs and responses?

Reference in Part B:
 WS3, Section 6.1
 WS7, Section 10

There are issues of both prioritisation and clarity of approach for RSSH and HR and GE, albeit at different levels.

For RSSH, there was a lack of appropriate and consistent prioritisation of RSSH by the Global Fund, and therefore also by countries in their funding requests to the Global Fund. That said, the Global Fund increasingly prioritised RSSH over the strategy period, with consultations indicating greater recognition of the value of RSSH over time. However its approach to funding the RSSH objective effectively within its mandate continues to be unclear, an issue that affects other development partners and not just the Global Fund. It is noted that the 2023-28 Strategy seeks to be more deliberate in its RSSH approach by positioning RSSH as a ‘contributory objective’ to the primary HTM goal. Planning for GC7 also proposes greater focusing on RSSH areas of Global Fund comparative advantage given its role as a relatively limited funder of health systems.

Prioritisation and appreciation of both HR and GE is stronger within the Global Fund although structural barriers exist in countries. Over the 2017-22 strategy, both had weaker performance measurement approaches that presented challenges in assessing results.³³

Both the RSSH and the HR and GE objectives were not well translated into the funding model tools and processes. While guidance on both improved over time, it is still viewed as inadequate and insufficient to guide effective program prioritisation and implementation. In addition, the funding model and how it has been implemented exhibit a number of key issues, many of which are well-documented in previous reviews.³⁴

- For RSSH, key issues have been the lack of an RSSH allocation that helps prioritise resources for RSSH within a country's overall allocation (however there has been general agreement that an RSSH allocation will not serve as a silver bullet solution, and the challenges to prioritisation are deeper), insufficient engagement in CCMs of government departments implicated in RSSH investments, incongruence of HTM departments as HSS/RSSH PRs/ SRs (at one level they may support better integration of disease programs with health systems, but at another level, they lack capacity and coordination with health systems delivery), limitation of the three-year funding cycle for encouraging longer term health systems investments (an aspect that is admittedly difficult to change given the Global Fund's donor funding model, but there has been a lack of emphasis on fostering longer-term planning and continuity of investments between funding cycles); the emphasis on absorption (which is appropriate for a funding agency, but can also create disincentives for funding RSSH activities – see also next finding below).
- For HR and GE, similar issues related to the three-year funding cycle and absorption were raised. Gains in KP engagement in Global Fund-related processes have been substantial, but inadequate (i.e. in relation to need or what would be desirable) representation of KP diversity on some CCMs remains. Organisational constraints restrain CBO/CLO access to Global Fund monies, while capacity constraints, short timeframes, power dynamics within some CCMs, and the absence of clear channels and requirements for community engagement limit CBO/CLO engagement in grant making and oversight of grant implementation. The introduction of minimum requirements in GC7 for community engagement aims to address the latter challenge.³⁵

Other Global Fund strategic levers also produced sub-optimal results for RSSH, HR and GE. Global Fund advocacy and the power of guidance and communications from the Secretariat is extensive; however, given gaps in technical support and a lack of clarity in concepts and approaches, clear and consistent direction is not always provided to countries (an aspect that is improving under GC7 as highlighted previously). Partnerships is another lever where weaknesses are observed, with the lack of a suitable partner(s) for the myriad of RSSH investments (including lack of long-term TA funding sources) and the need for strengthened engagement with HR and GE technical partners to drive results (described in more detail in finding 12).

There have also been challenges to accurately measure the progress on RSSH, GE and HR investments in countries over the strategy period. The 2020-22 modular framework included RSSH indicators, but these were focused largely on inputs and outputs isolated from HTM and did not capture integrated and people-centred quality services outcomes linked to HTM results which has limited their use. The 2023-25 modular framework however aims to address these challenges through the introduction of new RSSH indicators (captured primarily through a targeted health facility assessment). Similarly, both the 2020-22 and 2023-25 Modular Framework provides guidance regarding which indicators countries must report gender-disaggregated data. TRP reports and stakeholder

³³ Performance measurement in relation to GE and HR has been strengthened for the 2023-28 strategy period. This includes the introduction of the Gender Equality Marker and additional indicators for M&E of results related to HR (discussed under WS7).

³⁴ CEPA (2019), TERG commissioned Thematic review to assess approach to investing in RSSH; Itad and LAMP Development (2023), TERG commissioned Global Fund Mapping Health Systems Strengthening Component of the RSSH Investments; SR2020, MOPAN 2022; TRP (2021), Advisory paper on RSSH and several TRP reports over the years

³⁵ Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle (December 2022).

consultations suggested however, that reporting on gender-disaggregated data remains a gap in practice. This has improved over the past Strategy period however, and is expected to further improve during GC7.³⁶

Looking at strategic levers beyond the core funding model, we found a variance in experiences in terms of their efficacy in supporting RSSH and HR and GE results. C19RM did not prioritise RSSH and CSS funding initially, by design, but also on account of a number of similar challenges highlighted above for the funding model and its operationalization in countries.³⁷ On the other hand, while there has been variability in the relevance and results of different Catalytic Investments, several HR and GE targeted CIs have supported important progress in the area, also on account of limited funding for HR and GE and the value in having resources that are guided by the Global Fund given country-level structural issues.

While it is recognised that factors impacting successful RSSH and HR and GE investments and results include country-level factors (e.g., weak NSPs, vertical disease programs, structural issues, etc.) fundamentally, there is a need for further adaptation of the Global Fund funding model and its operationalization as well as the range of other strategic levers to support impact in these areas. As highlighted previously, it is noted that a number of improvements have been introduced under GC7.

Finding 6: The Global Fund business model (i.e. in terms of the range of policies, processes and requirements) is seen as highly complex and the voluminous guidance challenging to digest, which disservices the needs of countries and specific stakeholder groups like communities and civil society.

Key relevant SRQ(s): SRQ3.1: To what extent did the funding model support prioritisation and implementation to deliver against the strategy targets?
 SRQ3.2: How did the Global Fund policies and related processes support country disease program planning, prioritisation and implementation?
 SRQ3.4: How has the Global Fund leveraged the Risk Management Framework and Board approved Risk Appetite and to what extent have risk trade-off decisions impacted effective implementation of Global Fund programs and initiatives?
 SRQ3.5: To what extent did the Global Fund’s approach to M&E meet the decision-making needs of stakeholders responsible for delivering on strategy objectives? How has the Global Fund M&E evolved since the SR2020?

Reference in Part B:
 WS3, Section 6

There is a general sense across our consultations – spanning global and country levels, and different stakeholder groups – that the Global Fund business model in terms of the range of policies, processes and requirements has become excessively complex. As a result of this, guidance has expanded considerably – e.g. GC6 had 48 guideline documents totalling 1,748 pages; similarly, in order to capture the Grant Cycle’s many detailed processes, the Operational Policy Manual is now 400-pages long. Communities and civil society find it especially hard to navigate through the Global Fund requirements and processes. Another example is that the Global Fund’s (fiduciary) control functions are considered heavy in some contexts and, while effective in reducing fiduciary risks, they are felt to burden program implementation.

Finding 7: The Secretariat has become a more “proactive influencer” on country prioritization for Global Fund grants, a powerful tool which seems under-recognised as a significant Global Fund strategic lever. While this proactive influencing has definite merits and understandable drivers for its increase, it can also bring certain pitfalls and unintended consequences, which deserve attention.

Key relevant SRQ(s): SRQ3.1: To what extent did the funding model support prioritisation and implementation to deliver against the strategy targets?
 SRQ3.2: How did the Global Fund policies and related processes support country disease program planning, prioritisation and implementation?

Reference in Part B:
 WS3, Section 6.1

³⁶ TRP Observations Report 2017-2019, 2020-2022

³⁷ This is changing for RSSH in particular through the successive reprogrammings of unabsorbed C19RM funds, and there is a strong emphasis on RSSH under the new pandemic preparedness and response (PPR) objective of the Global Fund under the 2023-28 Strategy. There is also a considerable pot of TA funds through the CMLI, which is viewed as potentially impactful in the face of limited funds for RSSH-related TA.

This strategy period has seen increasing Secretariat influencing of country investment prioritisation for Global Fund grants.³⁸ There are clear merits to this approach, including the ability to help accelerate impact given the pressure for results in a tight funding environment (now made even tighter by the 7th Replenishment's outcome): to constructively challenge countries that are not prioritizing the most relevant package of interventions for their situation; and to offer a preemptive, pragmatic way around capacity constraints of countries or partners (including lack of normative guidance from partners in some instances) that might impede effective implementation.

These benefits notwithstanding, the review found potential concerns about the Secretariat's stronger role in influencing country prioritization – notably in terms of: (i) how the proactive influencing fits with the Global Fund's country ownership principle; (ii) the risk of the Secretariat providing advice inappropriate to the country's situation, for example because approaches to prioritization vary between Country Teams³⁹; and (iii) the effect on the partnership structure, with partners feeling this constitutes a departure from the Global Fund's previous strong partner orientation.

In our review of Global Fund “strategic levers”, this significant Secretariat role (and Country Teams in particular) was not explicitly called out, however consultations with country stakeholders highlighted its considerable power and impact. To the best of our knowledge, the Secretariat does not at present systematically enquire about, nor examine, the potential pitfalls and unintended consequences of its more proactive influencing approach – but it does seem to be an area worth paying careful attention to. This is a key tool at the disposal of the Global Fund which requires more sharpening and an intentional-self aware approach.

Finding 8: Some aspects of the operationalization of the funding model, while instituted for good reasons, can create unintended counter-productive incentives (perceived or real) that impede effective design and implementation of Global Fund investments in country.

Key relevant SRQ(s): SRQ3.1: To what extent did the funding model support prioritisation and implementation to deliver against the strategy targets?
SRQ3.2: How did the Global Fund policies and related processes support country disease program planning, prioritisation and implementation?

Reference in Part B:
WS3, Section 6.1

Key informant interviews (at both global and country level) reported a number of ways in which the funding model has been operationalised – while instituted for valid and important reasons – in practice create unintended, counter-productive effects. Examples are provided in Figure 2.1 below, which has been based on feedback primarily from country stakeholders but also a number of external and internal stakeholders of the Global Fund. The list does not aim to be comprehensive or prioritized, noting that the extent to which these incentives play out in different country contexts differs.

While these “perverse incentives” are varied in nature, a common characteristic is that they typically arise from implementers’ desire to lower the risk of failure (in securing funding approval, or in demonstrating grant performance for instance) in the face of guidance, rules, realities or perceptions pertaining to the Global Fund’s funding model.

³⁸ Note this is different from general advocacy by the Secretariat, which is more generic in nature and not specifically linked to the drivers and issues flagged above.

³⁹ One important control for this is the TRP review, however Secretariat engagement with countries is more long standing and continuous than the one time TRP review per grant cycle.

Figure 2.1: Examples of unintended counterproductive incentives in the implementation of the funding model

An emphasis on absorption may discourage countries from applying for non-commodity, RSSH or other activities with slower absorption rates	Availability of an allocation and clearer messaging in the allocation letters on HTM than on RSSH and HRG may influence countries towards HTM
3-year funding cycle may encourage funding of short-term activities rather than long-term systems strengthening, and limit linkages across grants	Flexibility in choosing M&E indicators from the modular framework can result in selection of indicators that are already doing well
Cumbersome reprogramming processes may discourage changes that can help improve grant implementation	Need to show short term results as well as better defined indicators for some aspects (e.g. HTM over RSSH) impacts investment selection and prioritisation
PAAR can include aspects that are viewed as a lower priority (e.g. RSSH) or those that have a high probability of being funded (to ensure these are funded)	Tight timelines, pre-conceived/risk-averse views means that countries are incentivized to design grants that do “more of the same” and discourage introduction of innovations

These types of incentives can be expected to arise in the case of large funding organisations like the Global Fund, and indeed are not unique to the Global Fund. While there is no quantitative evidence as to the occurrence of these examples and it is not widespread, it is significant enough to merit attention from the Global Fund.

The 2023-28 Strategy adopts a strong partnership emphasis on collective achievement of strategy objectives and addressing of issues through the action of multiple partners. It may be the case that some of the above identified unintended, counter-productive incentives might be better addressed in the new strategy period through this collective action, an aspect that remains to be seen in term of degree and success in implementation of the various partnerships and stakeholder roles and accountability.

Finding 9: Though the Global Fund has increased focus on sustainability, sustainability considerations need to be further prioritised and operationalised within the Global Fund model. The Global Fund has also underutilised its strategic levers to achieve increased domestic financing for health, although promising measures have been taken since 2021 with the establishment of the Secretariat Health Finance Department.

Key relevant SRQ/(s): SRQ3.3: To what extent has the implementation of the Global Fund’s Sustainability, Transition and Co-financing (STC) policy and other aspects of its business model facilitated prioritisation and actual increased domestic investments in national responses to the three diseases and RSSH?

Reference in Part B: WS3, Section 6.2

Sustainability considerations required further attention during the strategy period, despite positive developments in terms of approval of the STC policy, progress on country transition planning and improvements in the use and quality of national strategic plans. In particular, stakeholders noted that the Global Fund lacks a strong mechanism to consider trade-offs between short-term results and longer-term sustainability considerations – with current incentive structures within the Global Fund often resulting in a de-prioritisation of sustainability aspects. Additionally, stakeholders highlighted the need to strengthen sustainability considerations across all countries regardless of income classifications especially with regard to CBO/CSO engagement (and welcomed the increased emphasis on this in the 2023-28 Strategy).

With regards to financial sustainability in particular, the Global Fund has underutilised its strategic levers to achieve increased domestic financing for health within the last strategic period, although promising measures were taken since 2021 with the establishment of the Health Finance Department within the Secretariat. In particular:

- The co-financing section of the STC Policy is considered a useful tool and stakeholders commented on the importance and benefits of having a formal policy to engage with government decisionmakers on the topic. However, several implementation and, to a lesser degree, design weaknesses have limited its effectiveness. Key aspects highlighted included: (i) limited visibility of Global Fund co-financing requirements; (ii) weak reporting and verification processes; (iii) perceived low likelihood of enforcement; and (iv) setting of unrealistic co-financing requirements for HTM and related RSSH funding in some country settings due to the requirement that domestic spending needs to be additional to spending in the previous allocation cycle without consideration of fiscal space. The Health Finance Department has started to address some of these gaps during GC7, including especially a focus on improved reporting and verification of co-financing data and provision of technical support to Secretariat Country Teams on the topic of DFH and co-financing.

- Other strategic levers for DFH are less mature and remained underutilised in the last strategy period, including (i) advocacy efforts for DFH with country governments and other stakeholders, (ii) use of joint, blended and innovative financing; and (iii) strengthening of partnerships aimed to increase DFH and progress wider health financing reforms. While there has been recent progress in these areas during GC7, including greater use of joint financing for GC7 and a recent Global Fund Board decision to approve an updated blended finance approach, country case studies and stakeholders highlighted appetite to further strengthen these approaches through country-specific tailoring and delivery in close coordination with partners in countries.

Finding 10: The C19RM re-design in 2021 was well done, albeit with some gaps mainly due to the challenging circumstances of the pandemic but also some specificities of the Global Fund model. The C19RM contribution to mitigating the impact of the pandemic on HTM has been considerable, but it has come later for RSSH (by design) and been less significant for Community systems strengthening.

Key relevant SRQ/(s): SRQ4.1: To what extent have the post 2021 changes to C19RM contributed or hindered effective implementation of Global Fund C19RM investments?
SRQ4.2: How effectively have the interventions supported by C19RM contributed to mitigating the effect of COVID-19 on the three disease program outcomes? How and to what extent were they leveraged for health and community systems strengthening?

Reference in Part B: WS4, Section 7

Post 2021 changes to the C19RM design appropriately responded to the availability of much greater funding and longer implementation timeframe for grants. There were some areas of improvement but also aspects of the design that were lacking, particularly inadequate performance and results monitoring. Beyond pandemic related issues, some of the observed challenges have been on account of the Global Fund model which works through the CCM (and does not ordinarily engage with disaster management and response bodies in countries) and partnerships (where, for example, there were challenges to integrate partner reviews within the tight timeframes).

C19RM funding was very helpful to mitigate the impact of COVID-19 on HTM. There are several examples of program adaptations, scale-up of innovations and other targeted support which would have contributed to the “bouncing back” of HTM results observed in 2022 (especially TB). In addition, this evaluation provides new evidence that C19RM funding contributed to the maintenance of ART provision (notwithstanding data limitations described in Appendix J). In particular, bespoke regression analysis under SR2023 found that C19RM expenditure was significantly associated with the extent of maintenance in ART provision.

C19RM investments contributed to RSSH in countries although direct investment for RSSH only came later in 2021 (as early interventions were strongly focused on COVID-19 emergency response and HTM mitigations). Community systems strengthening (CSS) on the other hand received limited support through C19RM on account of a number of issues in communities having access to C19RM funding (although the overall quantum of funding for CSS under C19RM was significant in relation to CSS funding through the country allocations). The 2023-28 Strategy focus on pandemic preparedness and response (PPR) and repositioning of unspent C19RM monies of US\$2.2 billion for systems strengthening will bring a greater contribution to RSSH in the future (where reprogramming will include surveillance systems, laboratory systems, HRH and community systems, medical oxygen and respiratory care, and health product and waste management).

Finding 11: The Technical Evaluation Reference Group (TERG) evaluation findings and recommendations for Strategic Initiatives and Multi-country grants have largely been taken forward, with nuance and flexibility in their application. Many Matching Funds have been seen as effective, but this is not straightforward to assess.

Key relevant SRQ/(s): SRQ5.1: How did the Global Fund advance findings and recommendations of the thematic evaluations conducted in 2021 on Strategic Initiatives and Catalytic Multi-Country Grants?
SRQ5.2: To what extent has the catalytic effect of Matching Funds been effective in driving focus in intended areas?

Reference in Part B: WS5, Section 8

Many of the TERG recommendations relating to SIs and MCs from TERG reviews conducted in 2021⁴⁰ have been taken forward, though to varying degrees and with nuance and flexibility to boost their applicability in an evolving and varied landscape under the 2023-28 Strategy. Particular progress has been made in relation to strengthening the CI prioritization and selection process which enabled deeper review around operational feasibility and complementarity within the grant portfolio, the development of theories of change for SIs, and tighter implementation arrangements, whilst not adding substantial burden at Secretariat and country levels. Secretariat and country stakeholders raised two key areas which may need further attention in forthcoming allocation cycles: i) clarity on operationalization of the definition of 'catalytic' in accordance with the variable catalytic aims across the CI portfolio, and the levels of flexibility needed to usefully tailor the definition to specific investments; and ii) whether CIs in their current form are really applying the catalytic 'lever' enough, and whether and how any adjustment of processes could lead to stronger potential for impact, whilst not adding excessively to management processes.

Across the strategy period, there is evidence that MFs have been effective in driving focus in intended areas, though integration of MF monitoring into country grant performance frameworks means their effectiveness and performance is not easily quantified, nor is their catalytic effect for reasons outlined above. However, Secretariat and country stakeholders have described a range of benefits of MFs, including providing extra visibility and awareness for priority areas, boosting complementarity of in-country activities, accelerating coverage or scaling up to new areas of activity, enhancing clarity on how to address a challenging area, and exploring new strategies or innovation.

Finding 12: The Global Fund's strategic lever of "partnerships with technical partners" works reasonably well in the context of the overall partnership dynamic (i.e., organizational relationships, funding, capacity). Key gap areas are less effective partnerships for RSSH, HR and GE as well as for supporting domestic resource mobilisation. Donor coordination has improved over the strategy period and the Access to COVID-19 Tools Accelerator (ACT-A) has served to strengthen the overall partnership dynamic.

SRQ6.1: How have partnerships with technical, bilateral and multilateral partners facilitated the design and implementation of Global Fund supported programs aligned to the Strategy?

SRQ6.2: How has the experience from the Global Fund's participation in global coordination mechanisms such as ACT-A and SDG GAP contributed to coordination and effectiveness in delivery of the Global Fund Strategy?

Reference in Part B:
WS6, Section 9

The evaluation found that Global Fund partnerships with technical partners (notably UNAIDS, WHO, RBM, Stop TB) worked reasonably well in support of HTM objectives. Two specific partnership modalities have shown markedly good results: disease coordination platforms (e.g. HIV and TB situation rooms) and the introduction of certain Catalytic Investments such as the missing TB cases SI and the Community Engagement SI. However, as described above, technical partners feel the Secretariat's taking on a more proactive influencing role with countries is a departure from its past strong partner orientation that is changing the partnership dynamic. Among others, this has affected the partnership dynamic between the Global Fund and WHO, which, in spite of continuous improvements in the formal agreements between the two organisations, has had a number of areas of tension (e.g. on speed of commodity pre-qualification, issuance of normative guidance, WHO AFRO capacity) which impacts Global Fund results.

Partnerships with technical partners for RSSH were found to generally work less well over the last strategy period, as also discussed above, with challenges in finding the right partners to support the myriad of RSSH investments (although we understand there is good potential to improve TA for RSSH investments under GC7 through the Catalytic Investments and access to TA from C19RM which provided additional monies for much-needed TA). On the other hand, partnerships for removing HR and GE barriers to HTM are constrained by insufficient engagement with technical partners to drive results.

Another area of weak partnerships across the strategy period with regards to partnerships to help advance domestic resource mobilisation (though we understand the new Health Financing Department has initiated a number of steps

⁴⁰ Euro Health Group (2021): TERG Thematic Evaluation of Multi-country catalytic investment grants; Health Management Support Team and Euro Health Group (2021): TERG Thematic Evaluation on Strategic Initiatives

that would improve collaboration including signing an MoU with the World Bank and a Global Fund Board decision to approve an updated blended finance approach.⁴¹

Technical partnerships with donors were generally well-functioning at both the global and country levels, with improvements noted with PEPFAR in particular (and U.S. government overall). At the same time, there are gaps in technical partnership with other donors, notably in coordination of the bilateral donors' set asides (despite improvements such as with l'Initiative (France set aside)).

A critical new (and time-limited) partnership during the last strategy period was ACT-A. In addition to helping to deliver its COVID-19 response, the Global Fund's involvement in ACT-A contributed to strengthening the overall partnership dynamic, particularly with more upstream (R&D) partners; it also had a positive influence on the Global Fund's partnership thinking in its new strategy.

⁴¹ Global Fund (2023), Decision Point: GF/B50/DPXX: Framework to Guide the Development, Review, Approval and Implementation of Blended Finance Transactions

3. RECOMMENDATIONS

SR2023 recommendations are based on the evaluation evidence and findings and reflect priority areas that the Global Fund should emphasise in the implementation of the 2023-28 Strategy.

They were developed through a process of engagement and review by the Global Fund Secretariat (through a workshop with the User Group chaired by the IEP and ELO, bilateral meetings with select members of the senior management and review of multiple iterations of the recommendations by the User Group). This engagement has highlighted the multiple (and usually additive-over-time) requirements on an already overstretched Secretariat and partnership, including countries, and therefore the need for SR2023 recommendations to be thoughtful in terms of the extent to which additional burden is imposed on these stakeholders. It has also highlighted the importance of recognising changes the Secretariat is already making as part of the 2023-28 Strategy and GC7; and of explicitly calling out the trade-offs underlying the recommended changes (as compared to the current situation), particularly in the context of funding and implementation constraints.⁴²

The evaluation team has put careful consideration into these aspects and feedback received, and made the following recommendations below, which are also reflective of triangulation with wider views received under this evaluation from countries and the range of Global Fund partners. **The recommendations below reflect the independent views and judgement of the evaluation team, drawing on the full evidence base for this evaluation.**

In addition, with regards to timing, we flag that the recommendations below relate to the 2023-28 Strategy period, and where feasible would be incorporated into GC7 processes, otherwise included for GC8 (with detailed timing to be determined by the Secretariat).

SR2023 provides the following **five high-priority** recommendations. For each recommendation, we describe the following:

- *Relevant evaluation finding* – to show the evidence base for the recommendation
- *Recommendation content and how to operationalise* – this is the substance of the recommendation, and we also provide suggestions on operationalization of the recommendation, where appropriate and feasible
- *Relevant progress in 2023-28 Strategy and GC7* – in order to make reference to ongoing progress on the topic of the recommendation
- *New or continued work* – to provide clarity on whether the recommendation is in the nature of “do more of the same” or suggests something new for the Global Fund
- *Trade-offs* – a discussion of key trade-offs that need to be considered for the recommendation
- *Responsibility* – a suggestion on which stakeholder within the Global Fund partnership is allocated responsibility for the recommendation. Note that, at times, recommendations have multiple components and this section identifies responsibility for different key components.⁴³

Readers are encouraged to read the recommendations in their entirety to fully appreciate all of these different nuances.

⁴² Other considerations in developing recommendations have included being cognizant of a wide range of country contexts and being concrete, discrete, and actionable.

⁴³ Majority of the recommendations are focused on stakeholders “internal” to the Global Fund i.e. primarily the Secretariat, but also the Strategy Committee and Board, and at times, the core disease technical partners of the Global Fund (i.e. WHO, RBM, Stop TB, UNAIDS). That said, it is recognised that several recommendation areas require concerted action from other stakeholders such as countries and the wider Global Fund partnership as well, and the “locus” of the issue may not always reside with the Secretariat in particular. We have employed a practical approach in terms of proposing recommendations that are feasible and within the control of the Global Fund Secretariat as they key user of this evaluation to take forward.

Recommendation 1: Continue to encourage, and find ways to further foster the prioritisation of *new and intensified* disease interventions that reflect the evolving epidemics in countries⁴⁴

Relevant evaluation finding(s)	Finding 3: [...] In general, Global Fund funding well covers current disease priorities and emerging (i.e. new and intensified) disease priorities <i>albeit with some gaps</i> (e.g. HIV and TB prevention, inclusion of wider range of Key Populations and across HTM, drug-resistant TB, private sector engagement, accelerated scale-up of innovations, integrated health systems strengthening, community systems strengthening). [...]
Recommendation content and how to operationalise	• Continue to encourage country prioritisation of new and intensified disease interventions such as prevention, wider KP and vulnerable population engagement, private sector engagement, innovative commodities, etc. This is recognized as standard Global Fund practice, but the recommendation here is to help countries “step-up” this prioritisation, over and above that achieved to date. • Determine and implement suitable mechanisms to further foster the above prioritisation including, for example, through supporting the development of guidelines (e.g. normative through partners and operational through Global Fund information notes), providing relevant TA, improving data collection and use in support of intervention targeting, developing special initiatives (e.g. NextGen market shaping or other special purpose vehicles such as the CIs), strengthening relevant partnerships, providing greater engagement and “proactive influencing” by the Secretariat (as has been recognized as an important strategic lever to effect country prioritization in this review), etc. Again, it is recognized that many of these are what the Global Fund is already doing, and the recommendation is to be innovative and effective in these, to better encourage the needed prioritisation of investments to successfully fight the epidemics.
Relevant progress in 2023-28 Strategy and GC7	• 2023-28 Strategy states the primary goal of the GF as HTM, and lists 10 examples of strategic shifts including an intensified focus on prevention, integrated people-centered services, community systems for health and community voice, HR and GE inequities, sustainability, innovations, etc. • Program Essentials introduced for GC7 in HTM Information Notes • Secretariat capacity enhanced in a number of areas
New or continued work	Continued; also builds on recognition in the 2023-28 Strategy to step-up action in certain areas (as set out in page 7 of the 2023-28 Strategy).
Trade-offs	Funding new and intensified priorities will require consideration of trade-offs with funding the “base” of disease programs such as keeping people on ART and malaria vector control. An appropriate balance will need to be struck, on a country by country basis, to ensure the right intervention-mix is funded that reflects the evolution of the epidemics in country and globally. It is recognized that country priorities are determined through the Global Fund’s country-led model, but funding for these new and intensified priorities (some of which have been underfunded for years like HR and GE-related investments) will require greater engagement from the Secretariat and partners.
Responsibility	• Technical partners for normative guidance, commodity prequalification, TA, etc. • Secretariat to work actively with countries to guide operationalization of the normative guidance • TRP to encourage appropriate emphasis on new and intensified priorities through review of country funding requests

⁴⁴ The Global Fund Executive Director recognises the imperative and challenge of funding these “new and intensified priorities” in the new Strategy; <https://aidspan.org/global-fund-board-decision-points-2/>

Recommendation 2: Continue to sharpen the Global Fund's approach to RSSH and take concrete actions to adapt the implementation of the funding model and partnerships to enable improved RSSH results

Relevant evaluation finding(s)	Finding 2: KPIs for the remaining SOs have several measurement challenges, but a wider assessment indicates slow progress (i) for RSSH (where investment have been largely disease-specific and short-term, although with some notable investments), [...] Finding 5: The Global Fund's strategic levers work less optimally for RSSH, Human Rights and Gender Equality investments and their related Strategic Objectives and there is need for further adaptation to support impact in these areas.
Recommendation content and how to operationalise	There are 3 parts to this recommendation on (1) RSSH approach; (2) funding model and its implementation for RSSH; and (3) RSSH-related TA (1) RSSH approach: Build on the good work in the 2023-28 Strategy and GC7 to better define the Global Fund's RSSH approach on three key aspects: • Focusing of RSSH: Given limited funding and challenges with demonstrating and achieving RSSH results, reconsider whether the Global Fund should <i>limit supported RSSH interventions/modules in GC8 to a few priority areas</i> where the Global Fund has a comparative advantage and can focus its resources (e.g. HMIS, supply chain or others say in line with its PPR objective). <i>At a minimum, require countries to focus rather than fragment their RSSH funding by requiring majority of RSSH funding in a few modules.</i> • Improved communication on RSSH: Given countries' long-standing lack of clarity on RSSH, make a concerted effort to push out to countries simple, clear, practical information on the Global Fund's updated RSSH approach. The Secretariat should also use its proactive influencing role to better advise countries on aligning their investments with the RSSH objective. • Clarity on fit with PPR: Continue to specify how RSSH fits with the Global Fund's PPR objective, which is a recognized evolving objective in the 2023-28 Strategy. This is in relation to the wider nexus of RSSH-PPR at the Global Fund, beyond the use of unspent C19RM monies for RSSH objectives. (2) Funding model and its implementation in countries for RSSH investments: Take concrete actions to adapt the funding model and its implementation in countries for improved RSSH results. Some suggestions are included below, <i>most of which are not new to the Global Fund</i>, but the Global Fund should now consider the <i>extent to which it mandates versus recommends countries to comply</i> with these actions. • Recommend/require government departments that lead different health systems functions to be closely engaged in the CCM and country dialogue process in support of funding request development e.g. through expansion of CCM membership, holding pre-country dialogue meetings on RSSH priorities. • Recommend/require RSSH PR/SRs to be government departments that lead different health systems functions rather than HTM departments (subject of course to capacity and performance). • Where countries have created program management units (PMUs) to coordinate investments in multiple RSSH activities, noting their value in supporting progress of the RSSH investments, support their capacity development. • Recommend/require continuity of RSSH PR/SRs and activities across different grant cycles to enable a longer-term investment vision for RSSH (barring any obvious, major need to change). • Introducing an RSSH allocation and standalone RSSH grants are more contentious adaptations that should be reviewed closely, drawing on lessons from past efforts and evaluating pros, cons and feasibility, and on a country by country basis.

	(3) Expand TA partners for each key RSSH investment area to include new partners with specific expertise in these areas e.g. CHAI, CDC etc. and also ensure a predictable funding source for longer term TA . Expand working with local organisations in countries.
Relevant progress in 2023-28 Strategy and GC7	• The 2023-28 Strategy brings new, welcome clarity on the hierarchy of GF goals (HTM as primary goal, with RSSH as a “mutually reinforcing contributory objective”) • The Global Fund’s RSSH approach has been further specified, including recognition of its quantum in relation to wider government and donor health systems investments and need for greater focusing and prioritisation, as also reflected in the Information Note on RSSH for GC7 • Several updates to RSSH M&E, including improved approaches such as focusing on outcomes, use of “maturity models”, etc. These have also been introduced by countries under GC7 • Recent work to define linkages between RSSH and C19RM
New or continued work	Continued work to define and specify the RSSH approach; new work to think through the right adaptations to the investment approach, funding model and its implementation, and partnerships to better support RSSH objectives.
Trade-offs	As countries have different RSSH funding needs, limiting RSSH interventions/modules has the trade-off of potentially not focusing on the areas of most need or gaps in all countries. However, continuing with a wide focus has the risk of low amount of funding being fragmented across multiple areas, with limited impact. Some adaptations may be better suited to certain country contexts than others. On the other hand, not introducing adaptations, and not making any changes is likely to keep the effectiveness of RSSH investments limited, as it is currently. Expanding TA partnerships will require greater coordination. But not expanding RSSH partnerships is likely to keep the effectiveness of RSSH investments limited, as is the case currently.
Responsibility	• Global Fund Secretariat to further the RSSH approach and funding model adaptations. • Traditional technical partners such as WHO, Stop TB, RBM and UNAIDS to support a unified RSSH approach of the Global Fund partnership, particularly in terms of country-level communication. • Global Fund Strategy Committee and Board to provide clearer direction to the Secretariat as it takes forward the RSSH agenda.

Recommendation 3: Continue to support the strategy’s gender equality (GE) and human rights (HR) objective, with a particular emphasis on GE given limited progress there; and take concrete actions to adapt the funding model and its operationalization as well as partnerships to improve delivery for GE and HR objectives overall

Relevant evaluation finding(s)	Finding 2: KPIs for the remaining SOs have several measurement challenges, but a wider assessment indicates slow progress – [...] (ii) for Human Rights (HR) and Gender Equality (GE) (better results are being achieved on HR than GE), [...] Finding 5: The Global Fund’s strategic levers work less optimally for RSSH, Human Rights and Gender Equality investments and their related Strategic Objectives and there is need for further adaptation to support impact in these areas.
Recommendation content and how to operationalise	The following suggestions are provided with a particular emphasis on GE: • Put a concerted effort into operationalizing the twin-track approach to gender equality, including the formulation of clear GE objectives and an action plan to guide and monitor progress in this regard.

	○ Actions that might be considered for adoption as part of the GE mainstreaming track include the development of GE standards for inclusion in the Grant Regulations and the integration of gender into the HR Programme Essentials (PE) for each of the disease areas (acknowledging HR PE are new for GC7 thus potential modifications should be based on experiences with this and other new GC7 tools) ○ In relation to the GE specific track, continue to support the identification of priority needs related to equitable access to HTM services for women, girls and gender-diverse communities, as well as the design, implementation and monitoring of evidence-based and effective programmes. • Strengthen gender mainstreaming skills across the Secretariat and ensure that accountability and responsibility for driving the gender agenda are integrated across all relevant Secretariat functions. The following suggestions are provided with a particular emphasis on HR: • Support the mainstreaming of a HR-based approach in country programming to enable a broader reach (that is, in support of programming beyond priority (BdB) countries). • Continue to support the identification of priority needs related to equitable access to HTM services for key and underserved populations, as well as the design, implementation and monitoring of targeted, evidence-based and effective programmes. • Continue to leverage CIs, as far as available resources will allow, in support of the above programming. The following suggestions are provided with regards to improvements on the funding model and its operationalization as well as partnerships: • Strengthen engagement with diverse KP representatives in pre-country dialogue convenings and post FR • Review Global Fund financial, contracting and risk policies, operational guidelines and tools to allow for more community-led organisation implementation (differentiated by country and organisation) • Strengthen relevant information notes and guidance – review and consolidate all guidance related to HR, GE and KPs, clearly define terminology and standardize use on HR, GE and KPs, provide practical guidelines to support priority programming • Enhance partnerships on HR and GE in TB and malaria (in addition to HIV) and on gender equality related programming (e.g., UNFPA's Safeguard Young People programme, UN agency-led Spotlight Initiative, women's rights organisations)
Relevant progress in 2023-28 Strategy and GC7	• The Global Fund has committed to the adoption of a “twin-track” approach to GE that “recognizes the importance of both integrating gender considerations into all projects and programs that it supports, while also ensuring dedicated and specific support to projects and programs that are gender equality focused.” • The CRG Ready intervention will be implemented to strengthen technical expertise across the Secretariat, coupled with the appointment of dedicated gender advisors. • Inclusion of gender responsive and gender transformative approaches in guidance related to programme design.
New or continued work	Continue to explore and leverage partnerships to strengthen country level GE and HR capacity, programming and reach Continue to learn from country contracting mechanisms for CLOs/CBOs to support more community-led implementation within Global Fund supported grants
Trade-offs	Manage risk of less attention on human rights while strengthening gender focus (especially given current CRG Department capacity)
Responsibility	• Global Fund Secretariat to further the twin track approach to GE and funding model implementation adaptations.

	• Technical partners such as WHO, Stop TB, RBM and UNAIDS to support GE-related efforts, particularly in relation to country-level guidance and capacity strengthening. • TRP to provide feedback on effectiveness of the Gender Equality Marker (GEM)⁴⁵ as a means of driving the formulation of gender responsive and gender transformative funding requests.
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Recommendation 4: Strengthen the operationalization of sustainability considerations in the Global Fund model, including making more use of strategic levers like advocacy and innovative financing approaches to support greater domestic financing for health

Relevant evaluation finding(s)	Finding 9: Though the Global Fund has increased focus on sustainability, there remains a need to further prioritise and operationalise sustainability considerations within the Global Fund model. The Global Fund has also underutilised its strategic levers to achieve increased domestic financing for health, although promising measures have been taken since 2021 with the establishment of the Secretariat Health Finance Department.
Recommendation content and how to operationalise	• Strengthen operationalization of sustainability considerations within the Global Fund model – aspects include emphasizing stronger alignment with country systems in terms of continuing to emphasise working with country structures and processes or supporting their longer-term capacity development; developing mechanisms to support effective consideration of trade-offs between short-term results and long-term sustainability, and better managing unintended counter-productive incentives that may impede prioritisation of sustainability (e.g., by increasing emphasis on indicators of long-term progress such as the maturity models approach for RSSH under GC7 and more proactive consideration of sustainability pathways through the opportunity of CIs). • Strengthen key drivers of programmatic sustainability – such as continuing to support a strong integration agenda, including working with non-health sectors where needed, considering appropriate HRH-related strategies, feasibility and modalities for social contracting, etc. Another key aspect is better clarifying the roles and responsibilities with regards to programmatic sustainability within the Global Fund Secretariat. • Address weaknesses in implementation of the co-financing aspects of the STC policy building on recent improvements made for GC7– key aspects include: ○ Further improve processes for reporting and verification of co-financing data; ○ Improve visibility of requirements and results on co-financing especially at the country level (e.g., multiple rounds of reporting and engagement within the grant cycle, involvement of subject matter experts) ○ Improve enforcement in instances co-financing requirements are not met (clarify and communicate on process steps including waivers and exemptions, consider withholding funds within same cycle if appropriate)

⁴⁵ Technical Brief: Gender Equality (January 2023). The GEM has been introduced for GC7. It includes a three point scoring system that assesses the extent to which GE is a focus of the FR.

	○ Consider strengthening the use of programmatic commitments (e.g., link assessment of co-financing performance closer to achievements of agreed programmatic commitments and improve guidance and use)⁴⁶ ○ Consider request for systematic commodity contribution (e.g., this can be linked to programmatic commitments by developing guidance that sets out expected commodity contributions (and growth thereof) differentiated by country contexts) ○ Alongside these changes, the Global Fund could consider updating the STC policy to increase the differentiation on requiring HTM funding to be additional across grant cycles which has previously led to unrealistic requirements in some country settings, or at the very least to codify the current adjustments made under GC7 in an updated Operational Policy Note (OPN) • Continue efforts to strengthen additional strategic levers to bolster DFH tailored to specific country contexts, building on existing work (e.g., advocacy, different financing instruments such as blended financing and joint financing, strengthening of funding and technical partnerships with World Bank, WHO, Gavi and others, particularly at the country level).
Relevant progress in 2023-28 Strategy and GC7	• The 2023-28 Strategy recognizes greater emphasis on programmatic and financial sustainability as an example of a strategic shift • Secretariat capacity has been enhanced during the previous strategy through the establishment of a Health Finance Department that has been actively working on a range of issues identified in this evaluation, including the application of the STC policy in GC7 • Recent Board approval of an updated approach to blended and joint financing
New or continued work	Continued work, building on the positive work of the Health Finance and other Secretariat teams and departments.
Trade-offs	Emphasis on sustainability may have trade-offs with respect to fiduciary risk and short-term performance in HTM
Responsibility	The responsibility for the implementation of this recommendation would rest with the Secretariat, in coordination with partners where needed.

Recommendation 5: Optimize the implementation of the Global Fund’s mature, generally well-functioning business model by (1) pushing for its simplification and (2) addressing the major unintended counter-productive incentives within it (whether perceived or real) reported by stakeholders

Relevant evaluation finding(s)	Finding 6: The Global Fund business model (i.e. in terms of the range of policies, processes and requirements) is seen as highly complex and the voluminous guidance challenging to digest, which disserves the needs of countries and specific stakeholder groups like communities and civil society.
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⁴⁶ A more radical option would be to move away from assessing the performance of co-financing based on the overall domestic spending for HTM and instead focus on increasing overall health expenditure and on performance of using domestic expenditure for specific programmatic commitments (including specific requirements for commodity contributions and identified programmatic priorities etc.). Specific programmatic commitments / counterpart financing should increase over cycles and be differentiated by country groupings. Key potential positives of this approach include (i) simplification of the process and data requirements, (ii) more accurate verification, ease of understanding and enforcement, and (iii) reduction in country reporting burden especially in cases in which splitting budgets by HTM may not be appropriate for a UHC approach. Key negatives may be that this leads to fungibility of funding and no overall increase in expenditure (to counteract this the programmatic commitments would need to systematically increase over time). Trade-offs of this more radical approach would need to be carefully assessed and go beyond the scope of this review.

	Finding 8: Some aspects of the operationalization of the funding model, while instituted for good reasons, can create unintended counter-productive incentives (perceived or real) that impede effective design and implementation of Global Fund investments in country.
Recommendation content and how to operationalise	• Carry out a concerted push for simplification of the Global Fund business model (i.e. in terms of the range of policies, processes and requirements) to improve its accessibility for countries/stakeholders and reduce transaction costs. To this end, the Strategy Committee or Board as well as the Secretariat can take on different levels of responsibility. For example, the Board should request a robust review of the current situation (current complexity, its drivers / root causes, and its effects) that also provides concrete options for simplification for the Board to consider (including: key trade-offs to weigh in the push for simplification; specific options for simplification; their implications; and implementation considerations). The Secretariat should operationalise different measures to improve simplicity. This is indicative only and respective roles and responsibilities should be determined based on the Global Fund governance arrangements. • Identify and address the most problematic unintended counter-productive incentives within the implementation of the funding model (whether perceived or real) reported by stakeholders: Determine the most frequent and/or detrimental unintended counter-productive incentives within the implementation of the funding model, their cause (including whether perceived or real) and effects, and take appropriate corrective action (which might range from improving communication in order to correct perception to removing real barriers).
Relevant progress in 2023-28 Strategy and GC7	• The 2023-28 Strategy, in its Partnership Enablers section, calls for the Secretariat to “strengthen the [...] nimbleness [...] of grant lifecycle processes”; the Secretariat has identified the need to simplify and unsuccessfully attempted a “non-proliferation” approach to keep guidance documentation streamlined. The Strategy also calls for “ensur[ing] the Strategies’ priorities are incentivized”, and for a renewed look at the Global Fund’s approach to risk management and its link to incentivizing programmatic impact. • The Secretariat has a number of controls (including roles of Country Teams, TRP, GAC) to try to mitigate issues appearing among the list of unintended counter-productive incentives given in Finding 3.3(3).
New or continued work	Continued work with increased focus/spotlighting, building on relevant efforts to date by relevant Secretariat teams
Trade-offs	• On simplification: Find the right balance between attachment to existing approaches/ processes (including for risk management) and delivering meaningful simplification for the benefit of countries, communities, civil society, etc. • On unintended counter-productive incentives: Focus improvement efforts on the highest-need, highest-impact unintended counter-productive incentives, keeping in mind they are not felt universally by countries.
Responsibility	• Global Fund Strategy Committee and/or Board to push for simplification and provide mandate to Secretariat to simplify. • Global Fund Secretariat to carry out simplification review as mandated; and to implement the recommendation on unintended counter-productive incentives, building on existing efforts.

PART B: WORKSTREAM-SPECIFIC CHAPTERS

4. WORKSTREAM 1: RELEVANCE

4.1. INTRODUCTION AND APPROACH

This workstream looks at whether the Global Fund funded the “right” things – i.e., the highest-priority, most-relevant, most-impactful, best-value-for-money (VfM) interventions – through its allocation-based country investments during the 2017-22 strategy period. As per the TOC, this would support the strong results to advance national HTM and RSSH objectives. The strategic review question is as follows:

SRQ 1.1: To what extent are Global Fund investments in countries addressing key epidemiological and country needs and priorities to advance progress on HIV, TB and malaria? Were Global Fund investments focused on interventions required to deliver the most impact and best value for money?

The evaluation methods used for this workstream drew on a wide array of sources and thus provide triangulation opportunities leading to a generally strong evidence base. Sources include internal documentation and data relating to the Strategy Objectives, KPIs, budgets and approaches to the three diseases (e.g., Information Notes, Modular Framework); TERG reviews; TRP reports; technical partner reports; and articles in peer-reviewed journals. Analysis of these documents was supplemented by key informant interviews (KIIs) and country case studies.

An explicit limitation of this review relates to defining what are the “right” interventions to advance HTM results. Over the Global Fund’s 20-year existence, the disease burden and the set of affected countries have evolved, as has thinking about what will be required to decisively win the battle against the diseases. The Global Fund Information Notes provides guidance on the most appropriate interventions and emphases, which is based on normative guidance from technical partners notably WHO. However, Information Notes and technical guidelines can be subject to interpretation and their timing is not always aligned with country decision-making timelines. In addition, while the Global Fund’s model is country-led, CCMs might not appropriately represent all country stakeholders; or governments might disagree with Global Fund priorities (e.g., on HR & GE); or the TRP might take issue with country funding requests (FRs). Further, the lack of a comprehensive (global and country level) evidence base on intervention cost-effectiveness and VfM, and its effective utilisation in countries, means that it is often not possible to determine which of various alternative combinations of interventions would have most impact in any given country context. Noting this limitation, this evaluation reaches conclusions based on triangulation across evidence sources described above.

4.2. FINDINGS

Figures 4.1-4.4 provide an overview of Global Fund funding to countries across the last three grant cycles (GC): GC4 (2014-16), GC5 (2017-19) and GC6 (2020-22). The analysis uses Global Fund budget data that includes the funding approved in the grant making process as well as any updates made through reprogramming and grant optimisation. A description of the methodology, data limitations as well as detailed findings across disease areas are presented in Appendix F. Key overarching trends in Global Fund funding over the 2017-22 strategy period include:

- Global Fund funding to countries increased successively across grant cycles from US\$ 11,990 million in GC4, to US\$ 12,346 million in GC5, to US\$ 17,145 million in GC6. Key contributing factors to the large GC6 increase were C19RM funding as well as a 16% increase in the HTM funding from GC5 to GC6.
- The disease share stayed relatively constant across grant cycles, with the highest proportion of funding going to HIV (~35-38%) followed by malaria (~23-24%), TB (13-15%) and RSSH funding (~11-12%), noting total RSSH funding is higher due to contribution from the disease-specific grants. Global Fund funding remains strongly commodity-focused although there has been a decline in the share of commodities as a proportion of total costs, with a decrease from 48% in GC4 to around 41% in GC6 (when excluding C19RM funding).
- Global Fund funding has focused on high-impact countries especially in Sub-Saharan Africa and, to a lesser degree, Asia. However, core Central and West African countries saw the largest proportional growth in their funding from GC5 to GC6. All regions received an increase in absolute funding between GC5 and GC6.

Figure 4.1: Global Fund funding to countries by grant cycle and COVID vs non-COVID investment*

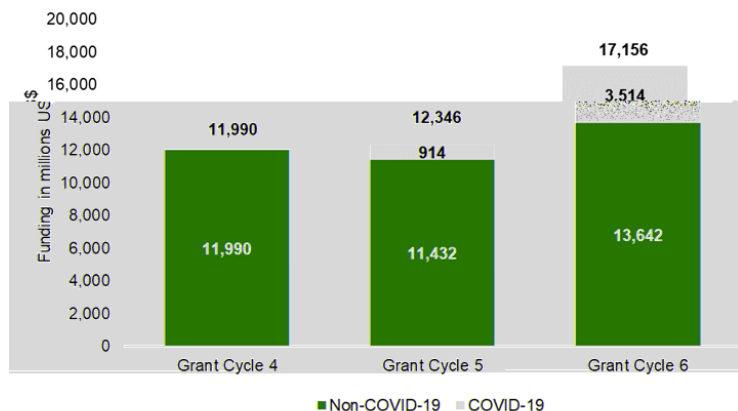
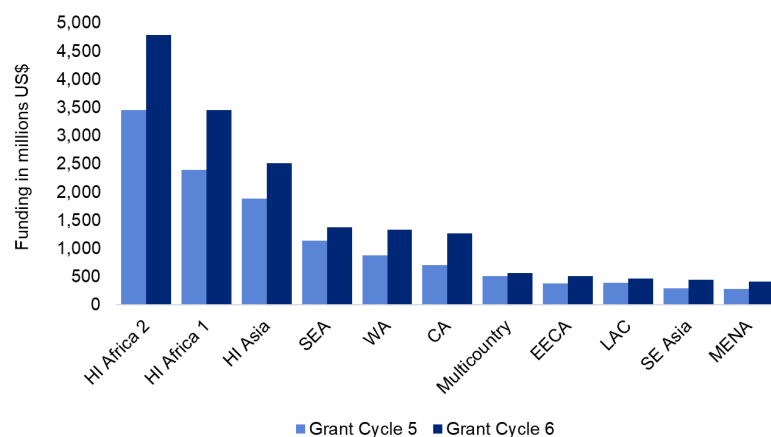


Figure 4.3: Global Fund funding by regional group for GC5 and GC6 (including C19RM funding)



*Data in figures 4.1-4.4 is based on CEPA analysis of budget data provided by the Global Fund, see Appendix F.

Figure 4.2: Global Fund funding by disease area, RSSH and program management by grant cycle in % (excluding C19RM funding)

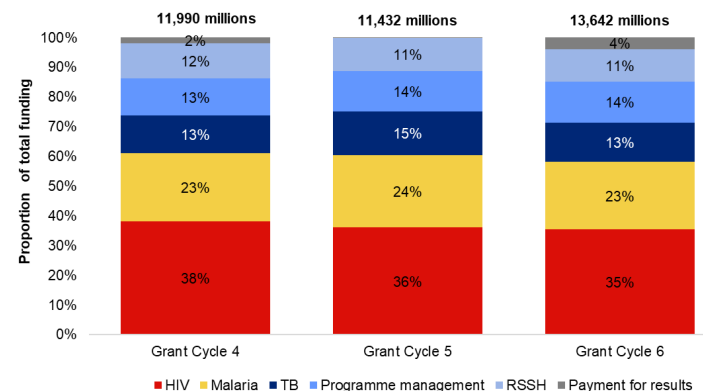
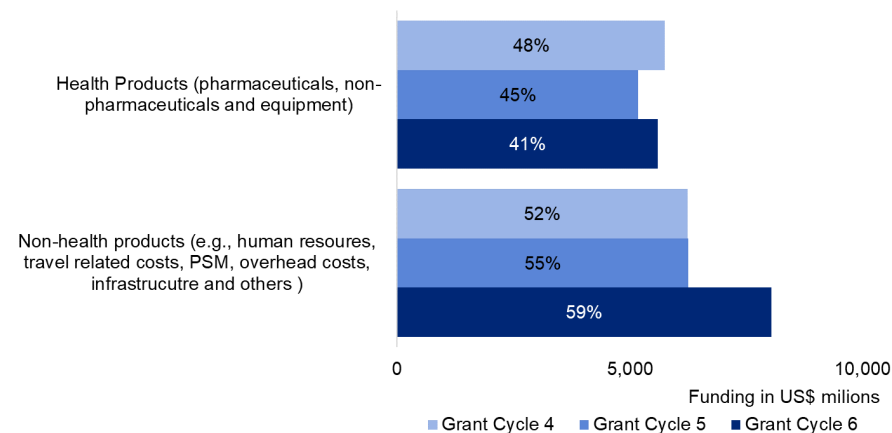


Figure 4.4: Global Fund funding by cost category (health products vs. non-health products) across GC4, GC5, GC6 (excluding C19RM funding)



Finding 1.1: Global Fund investments are a critical contribution to country disease responses across different country contexts – because of their financial scale and also, crucially, their (often-distinctive) programmatic focus.

Robustness: Strong/ Good, documented in multiple TRP and TERG reviews and strong feedback from global and country consultations although in some instances relevance/fit of certain investments in country has been questioned.

While the significance of the Global Fund's support to countries in their fight against the diseases is well recognised, we view this finding as important "scene-setting" when assessing the relevance of its country investments – not only to call out the Global Fund's importance in terms of resources, but also the value of its differentiated support across countries. Evidence from the SR2023 country case studies⁴⁷ illustrates this in more detail – for example:

- In **Nigeria**, the Global Fund is a funder of ART treatment as well as community and private sector engagement for TB. Global Fund funding also plays a crucial role in HTM commodity security, warehousing and supply chains, and extensive deployment of laboratory equipment across the country, especially Cepheid GeneXpert molecular diagnostic testing system.
- In **Mozambique**, the Global Fund is critical in supporting commodity security, is the main funder of the malaria programme, and has a pivotal leadership role in KP programming, human rights programming and community systems strengthening.
- In **South Sudan**, the Global Fund is a major funder of HTM, the largest funder of the malaria programme, the only donor for TB, and solely responsible for financing 100% of HIV commodities.
- In **South Africa**, the Global Fund provides gap-filling investment that supplements domestic funding and covers critical unmet needs including funding buffer stock to enhance commodity security. It is also the primary funder of PrEP and HR & GE more generally.
- In **Bolivia**, the Global Fund is the largest HTM donor and provides crucial support for KP and community integration, as well as funding for GeneXpert and strengthening laboratory diagnostic capacity.

Finding 1.2: The Global Fund has well funded key disease priorities, including increasingly funding new and intensified disease priorities. Some aspects have progressed more than others, with the 2023-28 Strategy clearly recognizing the need to step-up support for new/intensified priorities.

Robustness: Good, clear evidence base from the TRP reports over time, supplemented by data available for specific disease areas/priorities, as well as with Secretariat, partner and country consultations. Some disagreements about what are the highest and right priorities (as per the discussion above in Section 4.1), therefore robustness is not viewed as strong.

It is difficult to have one firm finding on whether or not the right priorities were funded as the situation differs by disease and by country. The Global Fund is also one of multiple HTM funders which impacts what priorities the Global Fund has funded, especially in PEPFAR countries and those where governments are large funders such as in India. That said, across the review, we find that the Global Fund is funding key disease priorities, including new and intensified priorities like prevention at an increasing rate, although some aspects have progressed more than others. In general therefore, the pathway to results (intermediate and long terms outcomes as well as impacts) outlined in the TOC is reasonably well supported through well-designed and relevant HTM investments, albeit with some gaps.

⁴⁷ Data on financing and programmatic focus in countries comes from GC5 and GC6 Funding Request and associated materials. See Country Case Study Appendix for more information.

Importantly however, the 2023-28 Strategy now recognises as areas of emphasis some of the biggest emerging priorities.⁴⁸ In particular, it lists ten key shifts including an intensified focus on prevention to accelerate elimination; more emphasis on integrated, people-centered services; a more systematic approach to development and integration of community systems for health; intensified action to address inequities, human rights and gender-related barriers; and greater focus on accelerating the equitable deployment of and access to innovations.

Feedback from country stakeholders consulted as part of the country case studies highlights the overall relevance of Global Fund funding (Box 4.1).

Box 4.1: Country case study feedback on relevance of Global Fund funding

Kenya: 'Interventions for HTM are largely aligned with NSPs and thus technically the right mix.'

Nigeria: 'Largely investments supported by the Global Fund are considered to be evidence-based and supporting country needs.'

Bolivia: 'Local stakeholders consider that Global Fund investments support evidence-based interventions and are relevant as they respond to Bolivia's needs.'

South Africa: 'Global Fund investments have been notably aligned with South Africa's health needs, filling significant gaps, especially in areas such as prevention (PrEP)'

Mozambique: 'There is a mutual understanding that Global Fund funding is aligned with national needs and priorities.'

Kyrgyz Republic: 'The Global Fund has invested resources primarily in key populations, taking into account the concentrated stage of HIV infection in the country and in line with the priorities of the State Policy.'

The TRP reports over the strategy period also support relevance of Global Fund investments; reviewing 2020-21 FRs, the TRP "found the vast majority of ... FRs to be of good quality overall" (89%), where quality is defined in terms of whether an FR delivers strategically focused and technically sound programmatic responses aligned with the epidemiological context in-country and whether it maximises potential for impact.⁴⁹

For each of HIV, TB and malaria, there is increasing focusing and sharpening of the investments to cover the most important aspects of a comprehensive disease response – this evidenced by the TRP's observations and lessons learnt reports over the years, our detailed review of country funding requests, and our discussions with Secretariat and country stakeholders in relation to case-study countries. There is a difference, however, in the extent to which new and intensified disease priorities are well funded. In particular:

For **HIV**⁵⁰, over the strategy period, there has been good progress in funding testing and treatment programs that are aligned with WHO-guidance, as noted in successive TRP reports. Although funding requests are viewed as generally strong by the TRP, there have been missed opportunities to minimise leakage across the HIV clinical cascade including through systematic planning of differentiated and innovative HIV testing approaches, interventions to address leakages across the PMTCT cascade (e.g., partner testing, access to EID), and accelerated adoption of optimised ART regimes and treatment approaches.

Further, the prioritisation of HIV prevention has increased during the strategy period, with the share of prevention in HIV grants increasing from 15% in GC4 to 20% in GC5, though declining to 18% in GC6, albeit with an increase in absolute levels (see Figure 4.5).^{51,52} Within this, there has been more funding for KPs and vulnerable population groups (particularly AGYW), and human rights-related interventions (the funding for which increased from US\$38

⁴⁸ The Global Fund Executive Director recognises the imperative and challenge of funding these "new and intensified priorities" in the new Strategy; <https://aidspace.org/global-fund-board-decision-points-2/>

⁴⁹ TRP (2022), Windows 1-6 FR Assessment Survey Report

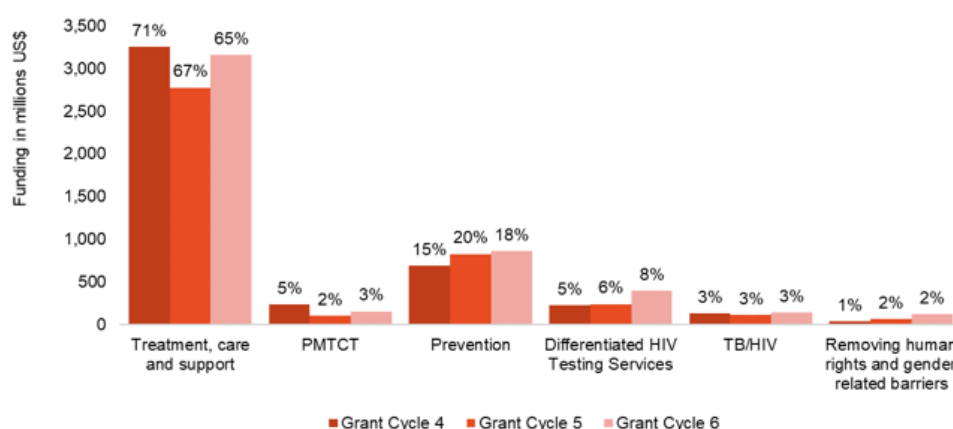
⁵⁰ Documentary sources include TRP Observations Report (2017-2019; 2020-2022), TRP Lessons Learned Report (2017-2019; 2020-2022), TERG Review on HIV Primary Prevention (2021), and Operational Review on HIV Prevention for AGYW (2022).

⁵¹ In absolute terms, there has been a slight increase from US\$ 827 million in GC5 to US\$ 857 in GC6.

⁵² The Global Fund modular framework has changed over grant cycles in terms of classification and inclusion of certain modules/interventions, and as such these figures need to be interpreted with a degree of caution.

million in GC4 to US\$205 million in GC6). However, as identified by the TRP and in multiple reviews (e.g. TERG review of HIV prevention, operational review on HIV prevention for AGYW), many prevention interventions have lacked targeting and are low-impact (with the majority of funding supporting general education and awareness).⁵³

Figure 4.5: Trends in HIV funding across GC4 to GC6*



*Data in Figure 4.5 is based on CEPA analysis of budget data provided by the Global Fund, see Appendix F

For **malaria**⁵⁴, the reduction in malaria cases and deaths has stalled or reversed in countries, especially in high-burden and high-impact countries in Africa. The Global Fund priority, therefore, has been on ensuring sufficient funding is allocated to sustain high coverage of vector control as well as universal access to diagnosis and treatment. Vector control continued to account for over 60% of program budgets, mainly supporting LLINs – although countries have at times included novel vector control and treatment interventions diverting focus from priority foundations of malaria prevention, as reported by the TRP (but also needed in circumstances such as insecticide resistance, etc.).

Some key gaps in malaria programming relate to community case management, tailoring and targeting interventions based on epidemiological stratification and micro surveillance, identification of high-risk populations and human-rights-related barriers to malaria services, cross-border issues, and private sector engagement – although the TRP also reports that investment in these areas has been increasing.⁵⁵ For example, a range of initiatives are being implemented to improve private sector engagement such as support for franchising of private sector actors to ensure minimum quality standards for service delivery; however these are often only piloted or on a small scale.⁵⁶ Further, discussions with the Secretariat acknowledge that despite efforts, there are challenges in integrating malaria with HSS/RSSH (and malaria has been more campaign-focused than health-systems-focused) and Global Fund investments in HR and GE have had a lesser focus on malaria (see Section 10.2).

For **TB**⁵⁷, there has been good progress over the strategy period in funding diagnostic testing (molecular and digital radiography), new TB drugs (like bedaquiline) and interventions for HIV-TB integration. On the other hand,

⁵³ These reviews also highlight that there is a need for further focus on higher-impact interventions (such as PrEP), greater differentiation and inclusion for KPs (e.g., transgender, persons who inject drugs (PWID), and prison populations), intersectionality and interlinkages between KPs, and specific gender-equality related issues relevant to a broader population of women outside of AGYW cohorts (e.g., cervical cancer and GBV).

⁵⁴ Documentary sources of information include the TRP Observations Report (2017-2019; 2020-2022), and TRP Lessons Learned Report (2017-2019; 2020-2022), and OIG Annual reports (2020-2022).

⁵⁵ In countries where successful control has led to low burden, as well as in smaller countries with a focused portfolio, the TRP has noted difficulty in maintaining long-term malaria funding and political support as countries approach elimination. The TRP encouraged countries to increase national funding or seek additional funding streams and tailor vector control and malaria treatment strategies in near-elimination settings given the increasing marginal unit costs of reducing malaria cases. Strengthening the tailoring and cost-efficiency of programming in near-elimination contexts is an area where continued improvement is needed, however.

⁵⁶ TERG, Thematic review on the role of the private sector in program delivery, 2021.

⁵⁷ Documentary sources of information include the TRP Observations Reports (2017-2019; 2020-2022), the TRP lessons learnt report (2017-2019; 2020-2022), the TERG review on TB prevention (2022) and TERG review on innovations (2022).

investments have been inadequate on TB prevention, where funding remains relatively low at 2% of total TB funding in GC5 and 5% in GC6.⁵⁸ Approaches to TB prevention are also viewed as inadequate with limited engagement of communities and IPC as a standalone approach not coordinated with labour and patient protection.⁵⁹ More generally, there has been lower than adequate emphasis on private sector engagement, vulnerable populations and community mobilisation, alongside a need for more attention on DRTB and pediatric TB⁶⁰.

Finding 1.3: The Global Fund remains commodity/ product focused, with varying degrees of success in scaling up innovative health products. At times, this commodity focus comes at the expense of adequate attention to service delivery approaches.

Robustness: Good/ Limited. Data shows commodity focus. Finding with regard to innovations success is well supported through a review of innovations commissioned recently by the TERG and the 2023-28 Strategy that emphasizes innovations. Evidence is more mixed with regards to the compromise on service delivery approaches.

As Figure 4.4 above shows, Global Fund funding is largely focused on health products/ commodities despite a moderate decline in their proportion from 48% in GC4 to around 41% in GC6 (excluding C19RM funding).⁶¹ The declining proportion of health products is predominately driven by a reduction in key product prices during the strategic period.⁶²

The Global Fund's commodity focus has also been noted across the country case studies. This included a number of positive examples that credit the Global Fund with ensuring commodity security and reducing stock-outs and, in some instances, also creating economies of scale by successfully coordinating commodity purchases with external and country partners. For example, in Nigeria the Agreement between PEPFAR, the Global Fund and the government was largely seen as a positive example of dividing roles and responsibilities, with the Global Fund allocation being used to purchase around 50% of the ART commodity needs in the country (GC6), and a significant proportion of the Global Fund allocation was earmarked for HTM commodities. At the same time, some stakeholders have cautioned that the commodity focus of the Global Fund can come at the expense of adequate attention to service delivery approaches and non-commodity interventions. For example, many Nigerian stakeholders felt there was an undue focus on LLIN commodity purchases that crowded out other vector-control interventions or at least stronger behaviour-change interventions to improve low net usages. The TRP also observed that "while funding requests were generally well aligned with national disease strategic plans and national health sector plans, they still overly focused on operating costs and health products rather than strengthening systems for sustainable national responses, including in countries that should be planning for future transition from Global Fund support".⁶³

In terms of the type of commodities supported, the Global Fund has had varying degree of success in accelerating scale-up of innovative products within the strategic period. The TERG Evaluation on Accelerating the Equitable Deployment of and Access to Innovations found that, while the Global Fund has not "missed" any innovative health products, several of those reviewed in the evaluation have had an average lag of around ten years in scale-up from initial product approvals by FDA, and 6-7 years from initiation of WHO guidance (e.g., for PrEP, HIV self-testing or

⁵⁸ See Appendix F on Global Fund budget analysis.

⁵⁹ TERG review on TB prevention.

⁶⁰ The TRP notes that there has been increasing attention to paediatric TB but not always through appropriate/ differentiated approaches.

⁶¹ In absolute terms, health product funding slightly declined from US\$ 5,753 million in GC4 to US\$ 5,606 in GC6 (excluding C19RM funding).

⁶² Annual savings achieved through the Pooled Procurement Mechanism on a defined set of key products is reflected in Global Fund's KPI 12 which has always been on target across the strategy period. See Appendix G for the detailed results as well as an assessment of the methodology.

⁶³ TRP Observations Report, 2020-22.

PBO ITNs).⁶⁴ On the other hand, Global Fund scale-up of new ARTs (reflecting the transition from efavirenz to dolutegravir), HIV point-of-care diagnostics, and GeneXpert (covering TB) has been more successful. Several innovations are now also catching up – for example, the country case studies highlight successful examples of product innovations including the scale-up of seasonal malaria chemoprevention (SMC) in Nigeria; scale-up of PBO nets in Nigeria, Mozambique, and South Sudan; scale-up of diagnostic tools and technologies such as GeneXpert and mobile X-rays in Kenya, Nigeria, Mozambique, South Africa and Zambia. The TRP also found “encouraging investments in high-impact, cost-effective interventions, including efforts to deploy available new tools and innovations. However, overall, increased attention in funding requests is needed on emerging evidence-based innovations that will improve the quality of people-centered services and the needs of disease programs”.⁶⁵

While key challenges relating to scale-up of innovations are not exclusively within the Global Fund’s control, the TERG evaluation found that the Global Fund did not optimally employ several “strategic levers” within its funding model to shape country demand, nor did it maximise its market shaping role prior to 2022. This first aspect is discussed further in Workstream 3 on the funding model (and the second aspect on market shaping is not within the scope of this review). We understand that the Global Fund has introduced a number of positive changes with regard to the scale-up of innovations which are reflected in the new 2023-28 Strategy (where stronger support of innovation is identified as one of 10 key changes), the development of the Next Generation Market Shaping approach, and an update to the measurement framework (including a new KPI indicator).

Finding 1.4: Global Fund RSSH investments over the strategy period have lacked focus, and several assessments have questioned their prioritisation and potential for impact, stemming from multiple factors including lack of clarity on the Global Fund RSSH approach. That said, there have been some notable investments in certain RSSH areas, with the 2023-28 strategy and GC7 planning having further considered Global Fund’s RSSH role and approach.

Robustness: Strong/ Good. Several external reviews have brought up similar issues on RSSH and present a robust evidence base with regards to key issues across KIs and CCS. Lack of an effective measurement framework for RSSH impacts assessment of its relevance.

RSSH-specific funding (i.e. marked as RSSH module in the modular framework) represented just over 10% of total Global Fund funding during the 2017-22 strategy period (excluding C19RM investment).⁶⁶ The largest share within RSSH was for HMIS/M&E funding (close to 40%), with other significant areas being procurement and supply chain systems (renamed to ‘health products management systems strengthening’ during the strategy period) and human resources for health (HRH), both of which represented around 15% of RSSH funding in GC6.⁶⁷

A review of RSSH funding over the strategy period suggests there have been some notable investments, with country case studies indicating a modest ‘improving’ trend over GC5 to GC6 in select RSSH areas (see also Section 5.2). For example, the significant funding for HMIS was considered very useful and relevant and focused on facilitating completeness and timeliness of reporting, data integration, community health information systems, digitisation and other innovations. In Cote d’Ivoire stakeholders credit expansion of DHSI2 and support to integrate HTM data, including more recently from the community-level, as improving data availability, though with persisting issues in quality and coherence which grants continue to address. Other countries reporting improvements in this area

⁶⁴ A similar trend can be observed for non-product innovations which generally have received less focus and visibility than health product innovations (though see Section on C19RM on improvements in service delivery innovations).

⁶⁵ TRP Observations Report, 2020-22.

⁶⁶ Based on Global Fund budget data that includes the funding approved in the grant making process as well as any updates made through reprogramming and grant optimisation. A description of the methodology, data limitations as well as detailed findings across disease areas are presented in Appendix F.

⁶⁷ Other areas of RSSH are small and mostly single digit percentages (namely: integrated service delivery, community systems strengthening, health sector governance and financial management systems), although in GC6 laboratory systems has been pulled out as a separate area and amounts to 7% of RSSH funding.

included Mozambique and Nigeria, with less/ mixed progress in Chad, Kenya, Sierra Leone and South Africa. Workstream 2 on results presents findings on achievements from these investments. There has also been a lot of funding on procurement and supply chain development which is viewed as critical by several countries (e.g., Nigeria, Zambia), although considerable funding is disease-specific.⁶⁸ There was also an emphasis on integrating laboratory systems⁶⁹ – an area that benefited strongly from additional C19RM support. However, these areas of RSSH funding have also been criticised for their focus on disease-specific approaches and lack of a health systems and integrated approach (to a varying degree by country). Other RSSH areas have also faced challenges (e.g., the majority of HRH support has been for salaries, which are important to support program continuity but have not often been embedded in a wider HRH strategic and sustainable approach⁷⁰).

These challenges stem from a lack of appropriate and consistent prioritisation of RSSH by the Global Fund, and therefore also by countries in their funding requests to the Global Fund. That said, there has been increasing prioritisation of RSSH by the Global Fund over the strategy period. Our consultations with Secretariat, partners and country stakeholders found a firm recognition of the value of RSSH within the context of Global Fund investments. Another indication of the growing prioritisation and recognised value of RSSH funding has been the use of RSSH standalone grants (i.e. RSSH-only grants as compared to RSSH being embedded in disease-focused grants) increased from around US\$ 75 million (representing 6% of all RSSH modules) in GC5 to US\$ 194 million (representing 13% in GC6) and the number of countries with standalone grants increased from 3 in GC5 to 11 in GC6.⁷¹

A bigger challenge, however, has been that the approach (i.e., how to fund the RSSH objective effectively within the Global Fund mandate) has been unclear, an issue that affects other development partners and not just the Global Fund. There is a relatively stronger understanding of how to solve some RSSH elements (HMIS, lab systems) than others (HRH, governance, planning), with community system strengthening (CSS) a particularly challenging area (see also Workstream 7 on HRG).⁷²

Successive reviews and reports have found that, for the most part, RSSH funding in countries has lacked focus, which limits its impact. The TERG review of RSSH published in 2019 found that RSSH funding is disease-focused rather than cross-cutting, and short-term and gap-filing rather than feeding into longer-term resilience and sustainability of systems.⁷³ A TRP Advisory Paper on RSSH published in 2021, similarly found that, despite considerable progress, Global Fund RSSH contributions ‘support’ rather than ‘strengthen’ health systems, focusing on short-term support (e.g., salaries, equipment) rather than longer-term changes in policies, regulations, and organizational structures.⁷⁴ The TRP found that RSSH investments were fragmented and were often sacrificed when cuts were made (in part due

⁶⁸ Main areas covered include improvement of storage and distribution capacity and infrastructure, strengthening of countries’ procurement capacity, strengthening of national regulatory and policy environment, and avoidance, reduction and management of healthcare waste.

⁶⁹ Investments in that area focused on strengthening laboratory governance, human resources for laboratory systems, infrastructure and equipment management systems, quality management systems for all levels of laboratories, information systems and integrated specimen transport networks, laboratory supply chain systems, and laboratory equipment.

⁷⁰ The proportion of salaries and associated costs was 83% in the 2017-2019 allocation period for the HRH investment area. The recent TERG mapping of RSSH investments also found that about 88% of the amount budgeted for cross-cutting HRH investments was for support-related activities such as salaries and payment for results, while 12% was for strengthening activities such as training and other capacity building activities, development of HRH policies and guidelines, and development of national health workforce registries.

⁷¹ Note that this suggests increasing prioritisation only (as per the topic of this paragraph) and does not necessarily indicate an improved implementation approach.

⁷² In particular, some issues for CSS include definition of CSS; measurement of CSS effectiveness; sustainability; and the danger of duplication of public services. A key issue is that countries see CSS as siloed rather than complimentary to public health services contributing to a parallel health system.

⁷³ TERG: Thematic Review on RSSH, 2019

⁷⁴ The 2021 TRP Advisory Paper defines ‘supporting’ as focused on short-term support and as being input-driven (such as salaries and equipment) rather than longer-term changes in policies and regulations, organisational structures and behaviours which could sustain changes.

to siloing).⁷⁵ Finally, the 2023 TERG Mapping of the HSS component of RSSH investments concluded that 68% of RSSH investments serve a single disease-specific objective, and only around 7% could be considered cross-cutting (although this diverges from Secretariat reporting, due to different methodology used by evaluators). Among HRH investments, 88% are ‘support’ investments whereas 84% of investments in health sector governance and planning could be considered ‘strengthening’⁷⁶. While short-term investments in system support is also needed, the balance with ‘strengthening’ interventions needs to be further optimized.⁷⁷

The 2023-28 Global Fund Strategy and planning for GC7 has seen a number of developments in the aforementioned issues. In particular, there is new, welcome clarity on the hierarchy of strategic objectives (with HTM as the primary objective and RSSH as a contributory objective to ending AIDS, TB and malaria). There has also been greater specification of the Global Fund RSSH approach, including recognition of its quantum in relation to wider government and donor health systems investments and need for greater focusing and prioritisation, as also reflected in the Information Note on RSSH for GC7. This takes into account that the significant Global Fund financing for RSSH (~\$1.6B annually) only comprises ~1% of overall health systems financing (including domestic financing), and the significant and growing UHC financing gap.

Finding 1.5: Data-based decision-making in support of prioritisation for funding requests has improved, however gaps remain, and other factors such as politics and hierarchy of different stakeholders can affect prioritisation.

Robustness: Good, reflecting good triangulation of evidence between TRP reports and stakeholder consultations (global and country).

There is increasing evidence of better data-based decision making in support of prioritisation for funding requests. This can be noted from successive TRP reports, which make a note of this improvement. For example, the TRP notes that “Most funding requests were based on data of high quality and described scientifically robust, evidence-based approaches...” and “The TRP commends the sound, up-to-date and correct use of data that guided most funding requests. However, funding requests could be better prioritized when using disaggregated data by markers of populations at elevated risk, equity stratification including socioeconomic status, age, gender, race, indigenous and ethnic background, education and other epidemiologically relevant demographics.”⁷⁸ A similar view was experienced during our country case study interviews, whereby country stakeholders highlighted the range of evidence and data that goes into the planning and funding request design stages. At the same time there continues to be room for improvement – as highlighted in the TRP comment above and also its assessment that “many applicants include too many modules and interventions in a bid to cover all needs outlined in NSPs. This results in a lack of strategic focus, investments not sufficiently prioritised towards highest impact interventions with specific country context to ensure VfM and sustainability”.

In particular prioritisation is impeded by the lack of detailed information on VfM of investments. The TRP as well as several consultations confirm that the cost-effectiveness data necessary to judge the impact of interventions and inform prioritisation is largely absent. Some other studies also support this (including the 2019 TERG Review on RSSH and 2021 TERG Review on HIV Prevention, which found that lack of consolidated guidance and information as well as challenges related to data availability have limited effective VfM assessments in grant design.)^{79,80} Another issue

⁷⁵ TRP, Advisory Paper on RSSH, 2021

⁷⁶ The 2023 TERG HSS Mapping report defined ‘support’ versus ‘strengthening’ using three parameters: scope, longevity, and approach. System support may be i) focused on a single disease or intervention; ii) has effects limited to a period of funding; and iii) provides inputs to address identified system gaps. System strengthening has i) an impact across health services and outcomes; and may be integrated into the overall health sector; ii) has effects which continue after funded activities end; and iii) revises policies and institutional relationships to change behaviours and resource use to address constraints sustainably.

⁷⁷ TERG, Global Fund Mapping HSS Component of the RSSH Investments, 2023

⁷⁸ TRP, Observations Report, 2020-2022.

⁷⁹ TERG, Thematic Review on RSSH, 2019.

⁸⁰ TERG, Thematic Review on HIV Primary Prevention, 2021.

is that even where data/ evidence is available, countries lack the capacity and support to effectively use it to drive decision-making. More positively, there was also important progress towards better VfM analysis during the strategy period, including through the creation of a Health Finance Department at the Secretariat. Despite the remaining policy and data gaps (i.e., with regards to information on assessing trade-offs, robust intervention cost-effectiveness) the policy framework did develop in important ways.⁸¹

Further, country case study interviews and discussions with global stakeholders also highlight how data-based decision making for countries “breaks down” in the final stages of funding request design, where politics and the hierarchy among different stakeholders can play a significant role. Thus for example, some more contentious HR and GE interventions can be dropped when governments (and NSPs) are not prioritising them. Similarly, health systems and community systems or HR and GE stakeholders might not often have the most coordinated, stronger voices on CCMs, and their interests may give way to “more powerful” HTM stakeholders who have dominated Global Fund investments for years.

⁸¹ E.g., VfM Technical Brief (2022). This can be contrasted with criticism of Global Fund’s approach to VfM at the start of the SP, e.g., Kanpirom K, Luz ACG, Chalkidou K, Teerawattananon Y. How should global fund use value-for-money information to sustain its investments in graduating countries? *Int J Health Policy Manag.* 2017;6(9):529–533. doi:10.15171/ijhpm.2017.25

5. WORKSTREAM 2: RESULTS

5.1. INTRODUCTION AND APPROACH

The workstream on results focuses on an assessment of the progress made against the Global Fund Strategic Objectives which relates to the SR2023 TOC's intermediate and long-term outcomes, which are assumed to particularly result from implementation of the Strategy (as well as any major externalities), and also as the crucial stepping stone within the Strategy's timeframe to the attainment of the desired impact.⁸² The workstream also examines variations in performance in terms of key outcome and impact metrics on HTM for countries and regions and seeks to understand causes for these observed variations.

The Strategic Review Question is as follows:

SRQ2.1: To what extent has the Global Fund met its Strategic Objectives for 2017-2022? How and why has performance varied by region and high impact countries?

The evidence base for the first part of the SRQ on progress against the Strategic Objectives is strong as is largely data driven. The key data source is the progress made against the KPIs which have been set at the start of the strategy period. Although a cohesive framework, there are data and methodological challenges with some of the KPIs which qualify some of their results – key aspects are referred to in the section below and a more comprehensive assessment of the KPI framework and improvements made under the new 2023-28 Strategy are discussed in Section 6.4 on an assessment of Global Fund M&E. A detailed assessment of the KPI performance is provided in Appendix H. The KPI indicator assessment is contextualised against data from WHO and UNAIDS (for SO1) and triangulated with insights from the document review (e.g., TERG reviews, TRP reports, partner documentation), the KIIs and the country case studies for SO2 and SO3.

The assessment of performance variation provides statistical analysis on key trends in incidence, mortality and select service delivery indicators across country groupings (by Global Fund country classification and WHO regions). Key points are provided below with more details in Appendix I. Two further analyses support an assessment of the factors driving performance variation: (i) a regression analysis to explore key drivers of country performance (see Appendix J for the detailed regression methodology, limitations, and findings); and (ii) a review of key barriers and enabling factors that explain observed variation in performance based on the country case studies and complemented by document review and KIIs (see Appendix K).

5.2. FINDINGS

5.2.1. Progress against Strategic Objectives

Finding 2.1: The Global Fund has made good progress against Strategic Objective 1 on maximising impact against HTM with regards to overall lives saved and the related treatment-cascade indicators for HIV and TB despite the disruption of COVID-19. However, gaps remain especially with regard to incidence reduction and a big push is needed to bring countries back on track to reach the ambitious 2030 global targets across all three diseases.

Robustness: Strong, data driven

⁸² The focus of this SRQ is on Strategic Objective 1 on maximising the impact against HTM; Strategic Objective 2 on building resilient and sustainable systems for health; and Strategic Objective 3 on promoting and protecting human rights and gender equality. Resource mobilization for the Global Fund and market shaping is not in scope and progress on domestic resource mobilisation is covered in SRQ 3.3.

The Global Fund KPI framework is the most advanced with regard to the results indicators for HIV, TB and malaria reflecting the focus of Global Fund measurement efforts in this area. This review largely corroborates the assessment provided by the Global Fund on the performance of the relevant KPIs as set out in Figure 5.1 below.

Figure 5.1: Projected performance of KPIs for Strategic Objective 1 at the beginning, mid-point and end of the strategic period

Relevant KPIs	Early SP	Mid SP	End SP
1a: Lives saved	●	●	●
1b: Incidence reduction	●	●	●
2: Service delivery indicators	●	●	●
5c: KP prevention services	N/A	●	●

Legend:

- On track / achieved
- At risk / partially achieved
- Off track / not achieved

The Global Fund has already surpassed its target on KPI1a on achieving 29 million lives saved across HTM, achieving 29.2 million lives saved between 2017 and 2021 and projected to reach between 34.3-35.3 million by end of 2022. In contrast, KPI1b on incidence reduction will not meet the targets, with currently only a 16% decline from the baseline in 2015 to 2021 and even the optimistic projection (20%) falling short of the lower range of the target (28%).⁸³ This is largely also reflected in the performance of the 17 service delivery indicators included in KPI2, with indicators related to the HIV and TB treatment cascade fully or partially met whereas most prevention indicators are performing less well. Additionally, the insufficient scale-up of coverage in key prevention services in HIV, TB and malaria has also been flagged in latest UNAIDS and WHO reports.⁸⁴ There are however important nuances with regard to robustness of the KPI methodology as well as differences across diseases which are discussed further below. There are also significant variations in trends across regions and country groupings which are discussed in Section 5.2.2.

In particular:

(i) The Global Fund made strong progress with regard to the number of lives saved in HIV and TB, however the indicator choice masks that there has been less progress in reducing the mortality rates for malaria and TB.

The outperformance in the number of lives saved was driven by HIV and TB when comparing results against modelled targets.⁸⁵ However, using lives saved rather than mortality rates means that there is a strong feedback loop with the poor performance in incidence reduction – i.e., lower than expected performance in incidence reduction means a higher number of patients requiring treatment leading to a higher number of lives saved.⁸⁶ An assessment of the

⁸³ Final results for KPI 1 are available in spring 2024 as underlying data for malaria and TB have not been published by October 2023. However, as KPI1a is already achieved and KPI1b considerably behind the target, this will not impact on the overall achievement of these indicators.

⁸⁴ This includes prevention for key populations for HIV (2023 UNAIDS Global AIDS Update); TB preventative treatment (WHO Global tuberculosis report 2023) and bed-net usage in Sub-Saharan Africa (WHO World Malaria Report 2022).

⁸⁵ Although the Global Fund Board did not approve disease-specific impact targets, they were generated as part of the target setting exercise and are used for this analysis. This shows that the Global Fund outperformed with regard to the number of lives saved in HIV and TB but remained slightly below expectations for Malaria (6.2 million lives saved as target compared to projected results of 5.5 – 5.7 million). However, it should be noted that KPI1 data is still based on projected results for 2022 and will only report final KPI1 numbers by spring 2024.

⁸⁶ The use of lives saved as an indicator has also been criticized in SR2020 and has been changed to mortality rate under the new 2023-2028 Strategy. This change has been welcomed and is further discussed in the M&E section and related Appendixes.

changes in mortality rates over time shows good progress with regard to HIV mortality reduction but much more limited progress for TB and malaria, both of which have large gaps compared to the ambitious WHO Global Targets:⁸⁷

- **HIV:** The average HIV mortality rate decreased strongly by 34% across Global Fund countries between 2015-2021. Globally, there has been consistent decline in the number of HIV-related deaths reaching 630,000 people in 2022. Also, globally, AIDS-related deaths have declined 39% between 2010 and 2015 and 29% between 2015 and 2021.⁸⁸ The milestone target is to reach fewer than 500,000 HIV-related deaths by 2025. While additional efforts are needed to reach the UNAIDS 95-95-95 targets by 2030, it remains the area with the smallest gap to the ambitious targets.
- **TB:** Within Global Fund countries, the average TB mortality rate has decreased by 18% between 2015-2021. Globally, there has been an increase in the estimated number of deaths from TB (including people living with HIV) between 2019 and 2021, from 1.4 million to 1.6 million. Overall, TB deaths still declined 14.6% between 2015-2021 (slightly above the 13% decline between 2010-2015) but are insufficient to be in the range of achieving the ambitious milestone target of 75% reduction by 2025.⁸⁹
- **Malaria:** Within Global Fund countries, there has been an average decline in the malaria mortality rate of 10.9% across 2015-2021. Similar to TB, global malaria deaths increased between 2019 to 2021 reaching 600,000. There is also a large gap towards the 2030 goal, with Malaria deaths per 100,000 population at risk being 14.8 in 2021 which is nearly twice the target of 7.8 per 100,000 population at risk.⁹⁰

(ii) The limited progress in the reduction in incidence rate compared to the target was driven by all three diseases – though malaria and TB saw the least amount of progress over the strategy period and experienced an increase in incidence since the COVID-19 pandemic.

All three diseases missed the expectations when compared against the underlying modelled targets for KPI 1b on incidence rates.⁹¹ The analysis also shows that the Global Fund was not on track on this indicator prior to COVID-19, however, the pandemic had a disproportionately stronger impact on prevention interventions (see service delivery section below) and further derailed progress against incidence reduction and an achievement of the global targets. While there has still been progress in HIV incidence reduction, there has been an increase in malaria and TB incidence in the second half of the strategic period (though the positive rebound in service delivery indicators means that incidence and mortality numbers are likely to show a decline once published in 2022). Key highlights across the diseases include:

- **HIV:** The HIV incidence rate decreased by 33.9% between 2015 – 2021 across Global Fund countries showing that there was significant progress despite missing the KPI1b target. Globally, new infections declined 9.5% between 2010 and 2015 (from 2,100,000 to 1,900,000) but nearly 32% by 2021. Incidence continued to decline since 2020, however, progress has stalled particularly with regard to incidence numbers among KPs and further efforts are needed to reach the ambitious 2030 targets of fewer than 200,000 new HIV infections.
- **TB:** The TB incidence rate decreased by 12.5% between 2015 – 2021 across Global Fund countries. Globally, 10.3 million people fell ill from TB in 2021, an increase of 2.7% compared to 2020 largely driven by COVID-19 which severely impacted efforts to meet these targets by 2030 and reversed years of slow but steady

⁸⁷ See analysis in the Global Fund Results Report 2023

⁸⁸ To allow for comparison with malaria, the change is reported from 2015-2021 as only HIV and TB has mortality and incidence numbers available for 2022.

⁸⁹ Based on the TB data from the Global Tuberculosis Report 2023.

⁹⁰ Based on the malaria data from the World Malaria Report 2022.

⁹¹ Although the Global Fund Board did not approve disease-specific impact targets, they were generated as part of the target setting exercise and are used for this analysis: reduction from 2015 to 2022, HIV -66% target vs projected results: -38.2% to -38.8%; TB -35% target vs project results: -8.5% to -15.2%; and malaria -21% target vs projected results +1.1% to -6.5%. Disease-specific projected results (from 2015 to 2022) are taken from the Global Fund 2023 report to the Board.

progress. There was only a 10.3% reduction in the global TB incidence rate between 2015-2021, against a milestone of a 50% reduction by 2025.

- **Malaria:** The malaria incidence rate decreased by 2.7% between 2015 – 2021 across Global Fund countries. Similar to malaria mortality, there has been globally an increase in malaria incidence from 2019 and to 2021 reaching 247 million cases. As result, the malaria case incidence globally was 59 cases per 1,000 population at risk, well behind the 2021 milestone of 31 cases per 1,000 population that would be required to meet the 2030 goals.

(iii) The results have been mixed for service delivery indicators but generally the Global Fund has performed well on HIV and TB treatment-cascade indicators but less well on other service delivery indicators. COVID-19 significantly impacted the performance of many service delivery indicators but there has been a strong rebound in 2022.

The Global Fund did not adjust its KPI targets during the COVID-19 pandemic. This was welcomed by stakeholders reflecting the ambition of the Global Fund. The key trends across the three diseases are outlined below and country and regional trends are discussed in Section 5.2.2.⁹²

Figure 5.2: Overview of progress against KPI2 service delivery indicators (based on Global Fund own assessment)

	Indicator	Strategy target	Latest results
HIV/ AIDS	# of adults and children currently receiving ART	23 (22-25) million	24.7 million
	% of adults and children currently receiving ART among all PLHIV	78% (73-83%)	79.4%
	% of PLHIV who know their status	80% (70-90%) of PLHIV in 33 countries	26 countries
	# of males circumcised	22 (19-26) million	20.1 million
	% of HIV-positive pregnant women receiving ART for PMTCT	96% (90-100%)	84.6%
	% of ART patients virally suppressed	90% (83-90%) of ART patients in 33 countries	27 countries
HIV/ TB	# of HIV-positive registered TB patients given ART during TB treatment	2.7 (2.4-3.0) million	2.0 million
	% of PLHIV newly enrolled in care that started preventative therapy for TB	80% (70-90%) of PLHIV in 35 countries	8 countries
TB	# of notified cases of all forms of TB	33 (28-39) million	33.6 million
	% of notified cases of all forms of TB	73% (62-85%)	71.2%
	% of TB cases, all forms, successfully treated (among drug susceptible TB cases)	90% (88-90%) of TB cases treated in 99 countries	34 countries
	# of case with drug-resistant TB that began second-line treatment	910,000 (800,000-1,000,000)	663,000
	% of bacteriologically-confirmed RR and/or MDR-TB cases successfully treated	85% (75-90%) of RR and/ or MDR-TB cases successfully treated in 33 countries	14 countries
Malaria	# of LLINs distributed to at-risk-populations	1,350 million (1,050-1,750M)	At least 1,049 million
	# of households in targeted areas that received IRS	250 million (210-310M)	44 million (countries with data)
	% of suspected malaria cases that receive a parasitological test	90% (85-100%) in 80 countries	64 countries
	% of women who received at least 3 doses of IPTp for malaria	70% (60-80%) of women in 36 countries	8 countries

Legend:

● Target met ● Partially met ● Not met

- **HIV:** The strong performance in lives saved and mortality reduction is also reflected in the fact that the Global Fund has achieved or partially achieved key HIV indicators related to the treatment cascade. ART indicators (both the number of patients and coverage) were achieved with performance above the mid-point target range. Service delivery indicators on the other treatment-cascade indicators were also partially achieved including indicators on the proportion of PLHIV that know their status and viral load suppression for ART patients. Importantly, while there were no improvements during the COVID-19 years, the Global Fund managed to maintain coverage rates for most of these indicators.

⁹² A detailed review of the KPI2 service delivery indicators results and methodology is provided in Appendix H.2

The performance for service delivery indicators is more mixed. Importantly, there has been a big decrease in the performance of KPI5c on service coverage for key populations in the wake of COVID-19 in 2020 and 2021 – however, there has been a strong recovery in 2022 driven especially by Asia and South-East African countries ensuring that the target is met for 2022.⁹³ The indicator on VMMC is met (though this intervention area is mainly funded by PEPFAR). Service delivery for PMTCT and PLHIV who started TB preventative therapy missed their targets due to reasons beyond COVID-19.⁹⁴

- **TB:** The target for TB notification numbers and rate were met despite the significant drop in performance due to COVID-19. The number of people treated for TB dropped from 5.8 million in 2019 to only 4.7 million in 2020 before strongly rebounding to 6.7 million in 2022 even above the pre-COVID-19 levels. In contrast, other TB KPI indicators were not met including the number of MDR-TB case notifications, number of HIV/TB co-infections on ART and treatment success rates for both drug-susceptible and MDR-TB (though there has been steady progress for the latter two indicators).
- **Malaria:** There have been positive results for LLINs and malaria testing with both indicators being partially met by the end of the strategic period– with the expectations that final results are likely to be met once outstanding countries report the data. However, ambitious target for the IPTp3 has not been achieved reportedly due to historically very low national targets compounded by poor performance. Since Global Fund is not the main supporter of IRS, due to missing data for majority of countries (27 of 36 countries accounting for two-third of strategy targets), the under-performance is not representative of the full portfolio.

Finding 2.2: Measurement of SO2 with regard to building resilient and sustainable systems for health remains challenging and, while there has been some good progress in certain areas, large gaps remain with regard to RSSH results.

Robustness: Good, due to challenges with measurement of results and generalisations across countries.

KPI indicator 6 on RSSH suggests a positive assessment of the Global Fund’s progress in RSSH with most selected indicators either being achieved / on track or at least partially achieved (see Figure 5.3 below). However, this assessment needs to be interpreted with caution due to the many measurement challenges of accurately assessing progress of Global Fund supported interventions in RSSH.

Figure 5.3: Performance of KPIs for Strategic Objective 2 at the beginning, mid-point and end of the strategic period

Relevant KPIs	Early SP	Mid SP	End SP
6a: Procurement prices through national systems			
6b: Supply Chain			
6c: Financial Management			
6d: HMIS coverage			
6e: Use of disaggregated results for HTM			
6f: Alignment with National Strategic Plans			

⁹³ KPI 5c needs to be interpreted with some care given data and methodological limitations which are further discussed below and in Appendix H.

⁹⁴ The Global Fund identified the following reasons for PMTCT performance: higher than expected number of HIV+ pregnant women; poor grant performance in a few large countries; and for PLHIV on TB preventative therapy: poor performance against national targets.

Legend:	● On track / achieved
	● At risk / partially achieved
	● Off track / not achieved

The measurement challenges of the KPI framework for SO2 have been flagged by other reviews (e.g., SR2020, MOPAN Assessment, among others). Key limitations include (i) the lack of comprehensive health system strengthening measures; (ii) selection of indicators which do not directly relate to the Global Fund's area of investment / control (e.g., RSSH indicator 6a on procurement prices) and/or do not offer high utility within their current specification (e.g., RSSH indicator 6f on NSP alignment); and (iii) methodological and data challenges for several indicators. See Appendix H for a detailed assessment of the RSSH indicators. Underlying these challenges has been the lack of strong M&E indicators within the Global Fund's modular framework. These challenges as well as improvements made under the 2023-28 Strategy are further discussed in M&E Section 6.4.

Triangulating the KPIs with evidence from the KIs, the document review and the country case studies suggests that there has been progress in some of the seven Operational Objectives of the 2017-2022 Strategy (notably some advancement within data systems). Some summary points are made below, noting that country-specific experiences differ:

- Strengthen data systems for health and countries' capacities for analysis and use:* This has been the area with the largest investment by the Global Fund (see Relevance section) and there have been some substantial improvements in the availability and quality of data as well as uptake of innovations. KPI 6d on HMIS showed that for the selected high impact and core countries there has been significant progress in the digitalisation of HMIS deployment (98% of HI and Core countries have facility-level HTM data digitised), integration of disease reporting (92% of HI and Core countries have HTM program reporting fully integrated into national HMIS) and the completeness of reporting (increased from 86% in 2018, to 90% in 2022). An area where gaps remain is with regard to reporting timeliness which has meant that the indicator is only partially achieved (increased from 68% in 2018 to 78% in 2022).⁹⁵ The indicator on results disaggregation KPI 6e also shows that the Global Fund has achieved its objective with regard to the use of HTM disaggregated data. Specifically at the community level, Global Fund investments for community health information systems (CHIS) increased by 69% from GC5 to GC6, and 58% of HI and Core countries now have CHIS fully in place (48% of those have CHIS integrated into national HMIS). Analysis from country case studies provide some details on progress achieved, with some countries still not having an integrated, robust and digital data system (e.g., Nigeria), and others experiencing challenges in operationalizing innovations such as digitalisation (e.g., Zambia). In South Sudan, parallel monitoring and reporting structures between implementing partners outside the national system further impacts on ability at the national level to accurately evaluate the progress made against each disease. However, most evidence supports the narrative of progress made with regard to improving data quality and availability– however, data usage (especially in lower tiers of the health system) was flagged as an area still requiring strong support. See Section 6.4 for a further discussion on this point.
- Strengthen global and in-country PSM systems:* This area has received more attention during the strategic period (see Relevance section) and progress is reflected in KPI6b which measures the uninterrupted availability of essential health products at service delivery points in 16 priority countries. The indicator target has been met due to the strong improvement across all major product categories in 2022 (after the challenging COVID-19 disruptions in 2021). The Global Fund's disruption report reflected that the COVID-19 pandemic, especially in early stages, significantly disrupted procurement and supply management of ARVs, HIV test kits, laboratory supplies and other commodities. However despite supply chain disruptions across HIV, TB and malaria programs, there have been positive examples from countries where even during the peak of the COVID-19 pandemic, supplies for HIV, TB and malaria were maintained (particularly distribution of bed nets, multi-month dispensing and decentralised distribution).^{96,97} But whilst interventions to strengthen

⁹⁵ Strategic Performance Reporting end-2022

⁹⁶ The Global Fund COVID-19 Disruption Report, 2021

⁹⁷ TRP Advisory Report, RSSH, 2021

in-country PSM systems have increased overall, evidence from country case studies have cautioned against the risks of verticalization through disease specific funding rather than funding PSM strengthening through standalone RSSH grants. In Nigeria for example, disease specific funding has resulted in fragmented improvement across the supply chain to cater primarily to specific HTM commodities, rather than focusing on systems wide improvements, which would yield more benefits in the long term.

- *Leverage critical investments in human resources for health:* As noted under workstream 1 on relevance, funding in this area focused on disease-specific HRH and funding of salary costs rather than capacity building. This has limited the extent of long-term results from this support. Transition of salary support was a major challenge (and Funding Requests did not usually provide supporting salary transition plans⁹⁸), as was equitable distribution of HRH which continues to target capital cities.^{99,100}
- *Strengthen community responses and systems:* There is no specific quantitative indicator and the main focus for most of the strategic period has been on supporting community health worker schemes (SR2020, CEPA review of RSSH in 2019). The TRP Advisory Paper on RSSH in 2021 similarly found community system strengthening investments to be focused on salaries for CHW programs, and to lack attention to ensuring financing and sustainability of CSS.¹⁰¹ The latter half of the strategic period saw increased level of support for community led monitoring (CLM) - through the CLM SI (2021-23). This aimed to strengthen community capacity to collect and analyse data on HTM prevention and treatment services as well as strengthen integration of CLM into disease responses and national strategies and generate evidence of impact of CLM on service delivery.
- *Support reproductive, women's, children's and adolescent health, and platforms for Integrated Service Delivery:* There is no specific quantitative indicator, but other evidence suggests some progress in service integration during the strategic period especially with regard to HIV and TB programs as well as malaria within CCM systems (TRP reports over the strategy period). Where supported, integration in HIV and TB testing for example has been shown to shorten median turn-around time for result delivery, improve utilisation rates, and produce program savings by sharing fixed costs between disease programs.¹⁰² There also has been a stronger push to integrate laboratory systems – an area that benefited also strongly from the additional C19RM support. However, there remain gaps with regard to integration of HTM services within wider RMNCH interventions.
- *Strengthen and align to robust national health strategies and national disease-specific strategic plans.* KPI 6f confirms strong alignment of funding requests with available NSPs and so do the TRP reports and assessment. However, a key challenge remains that this does not include an assessment of the quality of the NSPs with quality often varying widely between countries depending on in-country processes and partner involvement. Overall, we understand that there has been a lot of TA support funded under grants for NSP development.
- *Strengthen financial management and oversight:* KPI 6c on financial management shows as achieved with regard to improvement in financial management systems, however, the indicator includes only a limited

⁹⁸ TRP Advisory Report, RSSH, 2021

⁹⁹ TERG Review on RSSH, 2019

¹⁰⁰ During GC6 HRH was the second largest direct investment in RSSH, mainly driven by CHW related interventions and remuneration. The Secretariat indicates that during GC7, there is a major shift towards scaling-up integrated, people-centred services at community level through multi-pathogen CHWs and CSS. The intention is to transition from 1) piece-meal systems to a well-designed investment across systems components and covering non-HTM commodities; 2) shift from short-sighted, short-term investments to medium/long-term support spanning funding cycles and development for sustainable financing pathways; 3) transition from small scale US \$377 million investments in R6 to major investment area during GC7 with close to US\$1billion invested. Overall for CHW and community-based services, the Global Fund intends to move from building system readiness to institutionalization of CHWs within national health systems (by GC9).

¹⁰¹ TRP Advisory Report, RSSH, 2021

¹⁰² Based on Global Fund internal documents (confidential)

number of countries which makes it difficult to accurately assess progress across the portfolio.¹⁰³ Other CCS evidence suggests that the focus of Global Fund largely lies on ensuring accountability of Global Fund grant resources rather than supporting broader financial management capacity. Therefore, although overall the Secretariat has a well-defined approach and implementation frameworks to strengthen financial management at the implementer level, many grant implementers continue to use Global Fund-specific financial management and reporting systems due to weaknesses in country systems and differences in the reporting requirements of donors and governments. While the Global Fund has contributed to strengthening grant-specific financial management systems, achieving donor harmonisation has been difficult.¹⁰⁴ However, a recent TERG review found that some countries do generate financial data and information for Global Fund reporting from national system, and that the majority manage RSSH funding through government institutions leading to further integration and use of national systems.¹⁰⁵ There is also an issue on the lack of availability of robust and disaggregated health financing data– a key requirement for stronger progress assessment with regard to assessing domestic resources for health. This is further discussed in the Section 6.2 on sustainability.¹⁰⁶

Finding 2.3: Progress across SO3 on promoting and protecting human rights and gender equality has remained below targets and measurement challenges are considerable.

Robustness: Good, due to challenges with measurement of results and generalisations across countries.

Figure 5.4 provides an overview of the progress made across the reducing human-rights-related barriers (KPI9), gender and age equality (KPI8) and on KP prevention services (KPI 5c). While some progress has been made across these areas, there remain challenges, also with regard to measurement. Key insights from the KPIs are discussed below and a more comprehensive discussion on the progress and challenges within HR and GE is provided under Workstream 7.

Figure 5.4: Performance of results KPI indicators for Strategic Objective 3 at the beginning, mid-point and end of the strategic period

Relevant KPIs	Early SP	Mid SP	End SP
5c: KP prevention services	N/A		
8: Gender & age equality			
9a: Reduce HR barriers to service			

Legend:

-  On track / achieved
-  At risk / partially achieved
-  Off track / not achieved

Key insights from the KPI analysis include:

- *KPI 8 on gender and age equality* showed that there has been a significant reduction in HIV incidence among 15–24-year-olds in 13 high priority countries in Sub-Saharan Africa. While this progress is welcomed and other evidence also points towards successful AGYW interventions, the achievement of the KPI should not

¹⁰³ The limited number of 8 priority countries included has been a result of the PFM work being a pilot which has now been scaled-up under the current strategy to 31 countries.

¹⁰⁴ OIG Audit Report, Managing investments in RSSH, 2019

¹⁰⁵ TERG, Global Fund Mapping Health Systems Strengthening Component of the RSSH Investments, 2023

¹⁰⁶ OIG Advisory (2022): The Global Fund's Role and Approach to Domestic Financing for Health (DFH)

be overinterpreted due to methodological approach taken.¹⁰⁷ Additionally, many stakeholders emphasised that gender equality interventions, and their respective measurement, needs to extend beyond AGYW and beyond HIV. This is further discussed in workstream 7 on the crosscutting workstream on HR and GE.

- *KPI9a on reducing human-rights-related barriers* showed that some progress has been achieved in a number of priority countries, but that the target number of countries with a comprehensive program aimed at reducing human rights barriers is unlikely to be met.¹⁰⁸ While there has been progress compared to the baseline countries, the most recent results suggests that progress has slowed since the mid-term assessment which should be interpreted within the wider trend of deteriorating human rights contexts in many countries. Progress also remained lower with regard to TB than HIV interventions. The Global Fund Secretariat identified a number of trends contributing to the reduced progress including: (i) divergence of resources due to COVID-19; (ii) introduction of harmful and discriminatory laws against KPs and communities and (iii) ongoing political instability in many Breaking Down Barriers (BDB) countries – notably Ukraine. Additionally, a limitation of the KPI measure is that it only focuses the twenty BDB countries. However, evidence from consultations, country case studies and the document review suggest that (i) BDB countries pay more attention to human-rights-related barriers¹⁰⁹ and (ii) the global trends towards more harmful and discriminatory laws is also increasing outside of BDB countries.
- *KPI 5c on service coverage for key populations* – the rebound of this indicator in 2022 after the COVID-19 pandemic is already discussed above under SO1. As briefly outlined, the KPI 5c needs to be interpreted with care due to the fact that accurate targets for KPs programs rely on available and quality data on size of key populations in countries. However, the accurate measurement of these groups has become increasingly challenging with the number of countries with up-to-date estimates actually decreasing over time.¹¹⁰

5.2.2. Variation in performance and analysis of enablers and barriers

Finding 2.4: Overall trends mask significant variation in performance across country groupings and regions.

Robustness: Good – based on quantitative data and document review.

Key findings across HTM are outlined below and a detailed overview of trends in mortality, incidence and select service delivery indicators is provided in Appendix I. To investigate how performance and disease burden have varied by region and country classification both the level changes and percentage changes over time were analysed, and the median was calculated for each group of countries and region.¹¹¹ Note that we have analysed key outcome and impact indicators for HTM across the Global Fund classification of countries (high impact, core, focus) and by region (Africa, East Mediterranean, South East Asia, Americas, Europe and the Pacific). Specific references are made to the CCS countries in the analysis below.

HIV: The most significant improvements in HIV mortality and incidence rates have been in Sub-Saharan Africa and in high impact and core countries. Mortality rates have closely followed ART coverage rates.

- These have been the countries in which mortality and incidence rates are the highest, likely making it easier to make more rapid improvements.

¹⁰⁷ In particular, the shift in incidence rate is reportedly also driven by women moving out of the 15-24 age bracket and the newer cohorts having lower infection rates. However, many of the Global Fund interventions have focused on the 15-24 age bracket rather than on the new cohorts.

¹⁰⁸ Not all priority countries have reported yet and final results will be published in spring 2024 but so far, no country with a validated final assessment score managed to reach the required score.

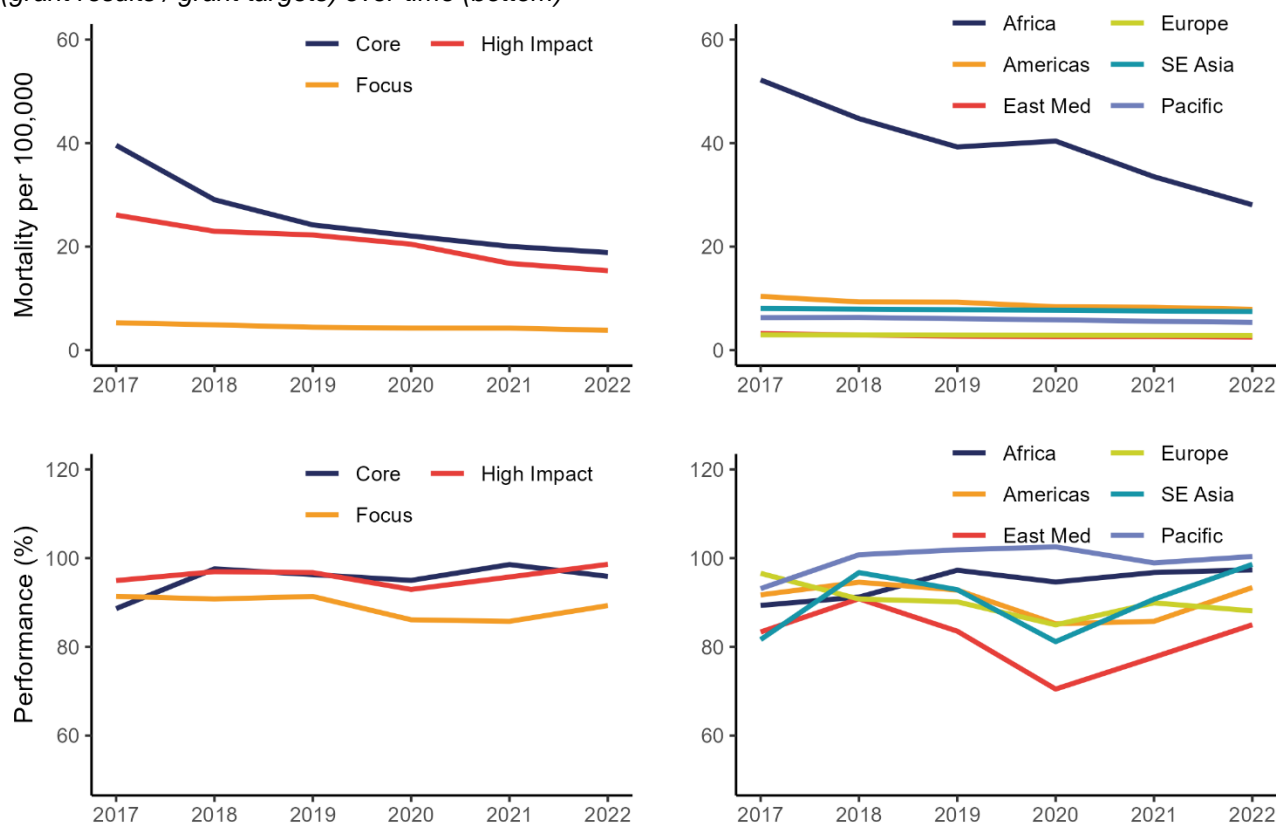
¹⁰⁹ See for example KPI9c on funding for HR-related barriers which is considerably higher in BDB countries for both TB and HIV.

¹¹⁰ KPI9b showed that the number of countries with adequate key population estimates declined from 60 in 2019 to 32 in 2022.

¹¹¹ The median was calculated, as opposed to the mean, as it is more robust to outliers, which is particularly important when exploring the trend of percentage changes over time.

- The mortality trend closely follows the ART treatment trend (see Figure 5.5 below). It shows that Focus group countries performed not as well as core and high impact countries. Similarly, the average country in SSA performed strongly against the ART indicator compared to most of the other regions.
- A similar trend can also be observed when selecting specific countries – for example, the Philippines, Pakistan and Kyrgyzstan have not performed well against the ART treatment indicator and have seen an increase in HIV mortality albeit from a very low level. Whereas countries in SSA performed largely well including Kenya, Mozambique and Zambia.
- Figure 5.6 shows a similar trend for HIV incidence with largest gains made in Africa and in core and high impact countries. However, the trend also shows that progress in incidence reductions has stalled since 2021 especially in high impact countries.

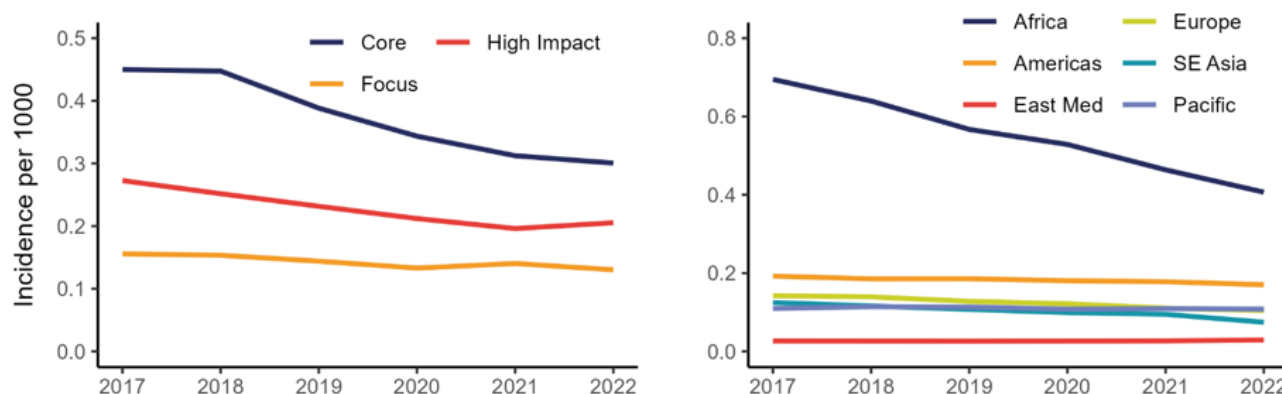
Figure 5.5*: Trends in HIV mortality rate by country classification and region (top) and trends in ART performance (grant results / grant targets) over time (bottom)¹¹²



*Data in Figure 5.5 is based on CEPA analysis of Global Fund grant result and grant target data, see Appendix I

¹¹² The observable plateau between 2019 and 2020 is observed due to the use of the median. Using the mean shows that a continues decline across that period.

Figure 5.6*: Change in HIV incidence rate by country classification and region

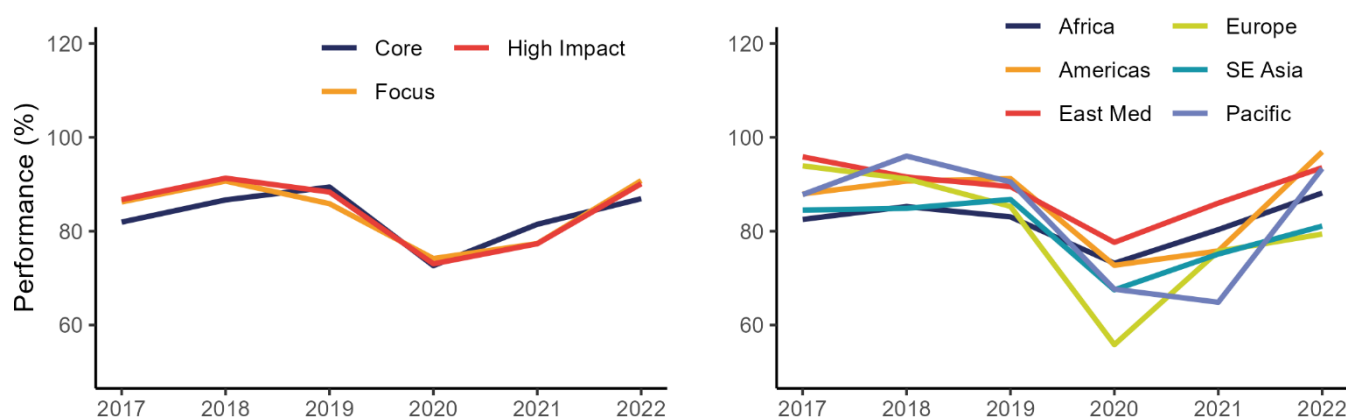


*Data in Figure 5.6 is based on CEPA analysis of Global Fund grant result and grant target data, see Appendix I

TB: The disruption of COVID-19 but also a strong rebound in drug-susceptible TB case notifications could be observed across country classifications and regions and starts to be reflected in the TB mortality rates

Figure 5.7 below shows that country performance with regard to TB case notifications was felt across Global Fund country classifications and most of the regions. This trend suggests that the responses put into place by the Global Fund through C19RM as well as other mitigation have worked across most regions and country settings. This is also reflected in the overall increase in TB screening and testing in the countries where the Global Fund invests which is now above 2019 levels (6.7 million people with TB were diagnosed and treated in 2022 compared to 5.8 million in 2019). There have been a few select outliers to this trend – for example, Nigeria managed to increase its TB notifications since 2019 despite the C19 pandemic predominately due to strong community and private sector engagement interventions as well as the bi-directional testing and service delivery adaptations to mitigate the effects of COVID-19, alongside significant expansion of service delivery points.

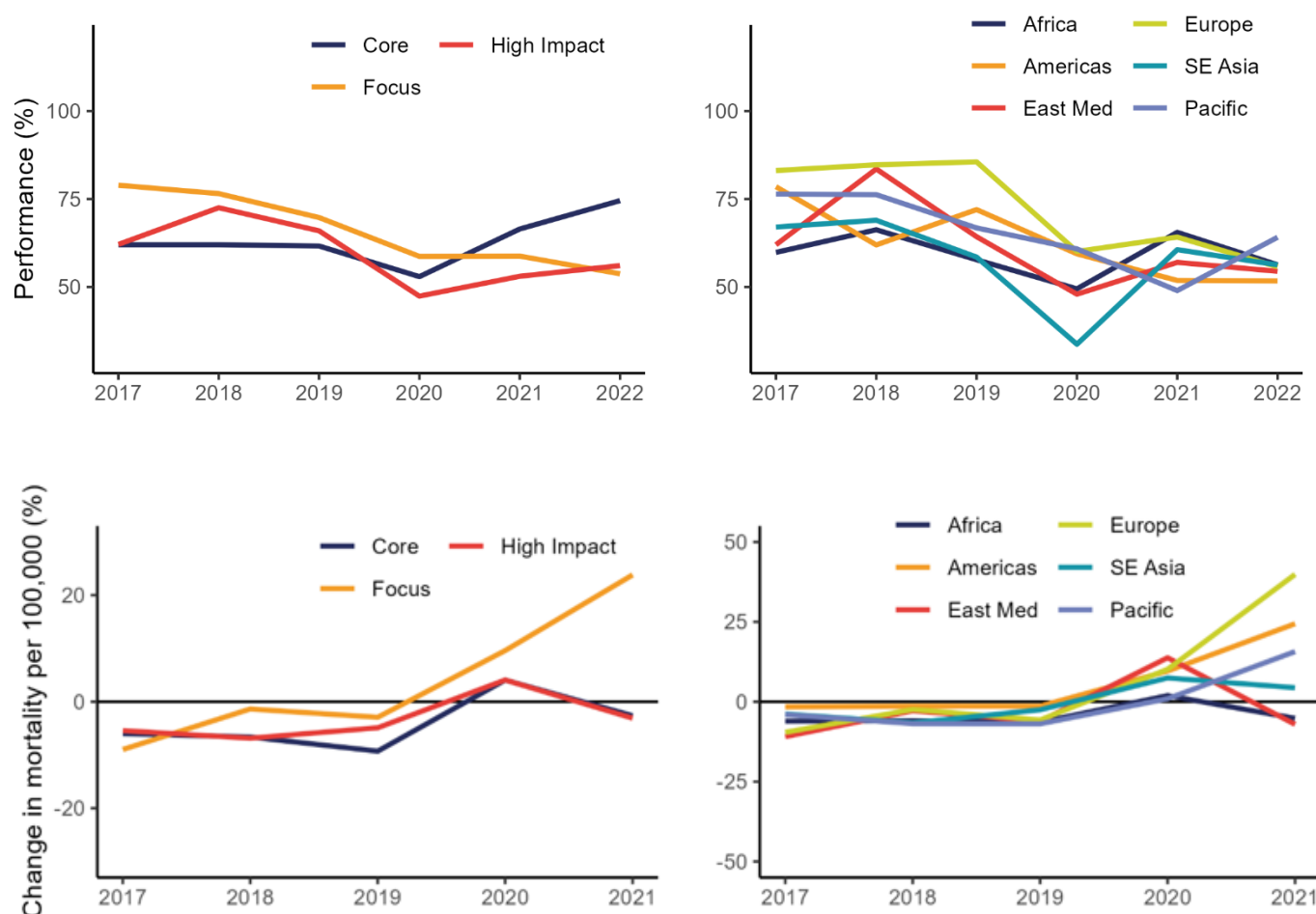
Figure 5.7*: Trends in TB case notifications performance (grant results / grant targets) over time



*Data in Figure 5.7 is based on CEPA analysis of Global Fund grant result and grant target data, see Appendix I

A deep-dive into the performance of MDR-TB treatments shows that there also has been a decrease due to COVID-19. However, it is noticeable that the decline already started prior to COVID-19 and that grant performance generally is very low for MDR-TB nearly falling below 50% in 2020. The exception has been Focus countries mostly in Europe which showcased a higher performance prior to COVID-19 but then also a strong drop in performance with COVID-19, and no strong recovery in 2021 and 2022. This may also explain why the mortality rate in Focus countries has not improved in 2021 in comparison to other countries.

Figure 5.8*: Trends in performance of MDR-TB patients treated (grant results / grant targets) over time (top) and change in TB mortality rate by country classification and region from 2017-2021 (bottom)



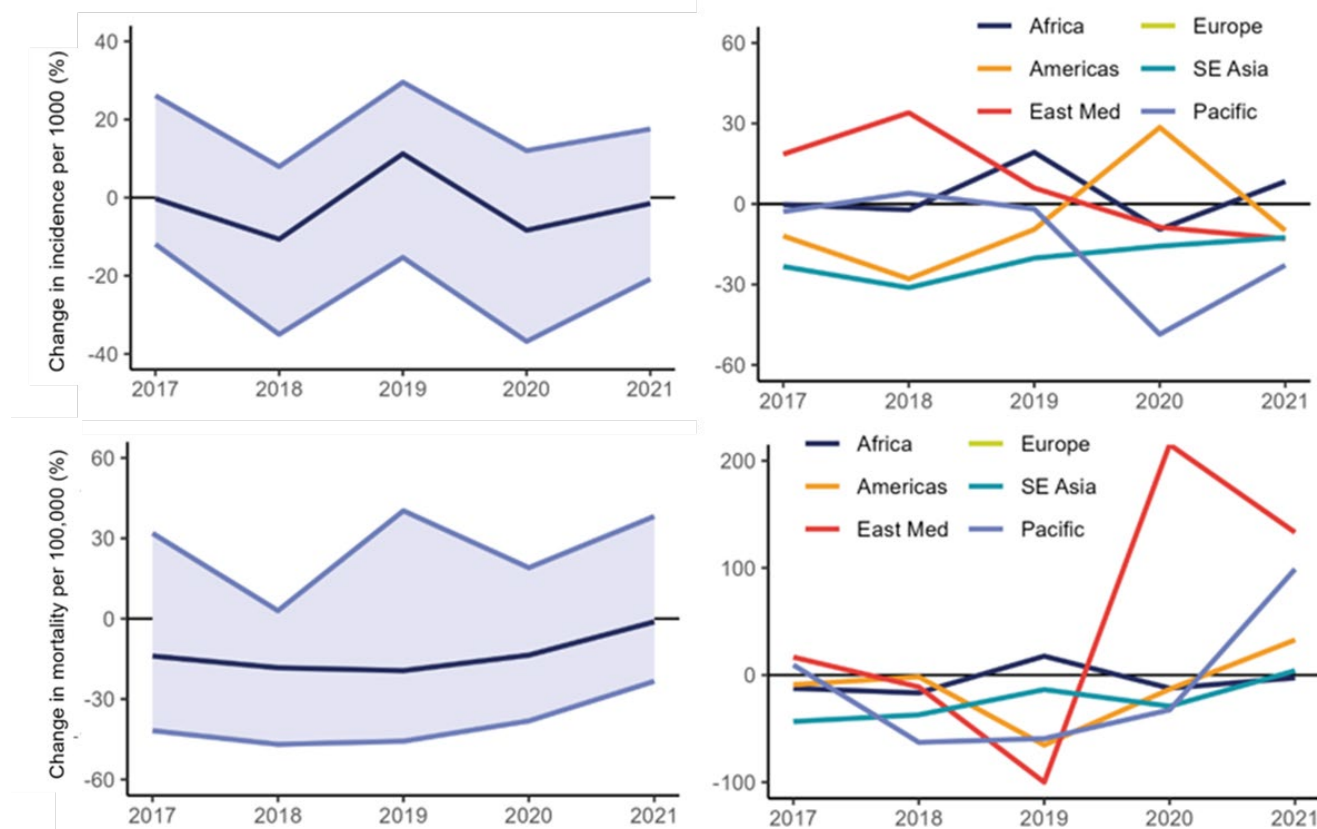
*Data in Figure 5.8 is based on CEPA analysis of Global Fund grant result and grant target data, see Appendix I

The Global Fund Result Report 2023 also emphasised the continued unequal access to treatment for drug resistant TB as well as the lack of accurate diagnosis and limited access to quality-assured treatments to respond to drug-resistant TB could fuel antimicrobial resistance worldwide. This analysis suggests that this area requires additional emphasis when looking at the trend across country classifications and regions and the lack of a strong bounce-back to-date.

Malaria: Progress with regard to malaria incidence and mortality rates has halted – a trend that can be observed across country classifications and regions. As outlined already under the SO1 discussion above, progress in malaria has stalled (although it is also recognised that maintaining this “plateau” is quite a challenge and therefore can be viewed as an achievement in its own right) and the analysis showed that this trend holds across most regions and across country classification despite the different epidemiological contexts. Reduction in incidence varied across the strategic period but not made large progress overall whereas mortality reduced at the start of the strategy period but have halted in recent years (see Figure 5.9 over page). The trend also holds across both COE and non-COE countries, though it should be noted that COE countries have on average a much a higher malaria burden and disproportionally contribute to the overall malaria burden.¹¹³

¹¹³ Despite hosting less than 14% of the world's population, COEs account for approximately 33% of the global disease burden for HIV, TB and malaria (Global Fund Results Report 2023).

Figure 5.9*: Change in Malaria incidence (top) and mortality rate (bottom) by median and trend in regions



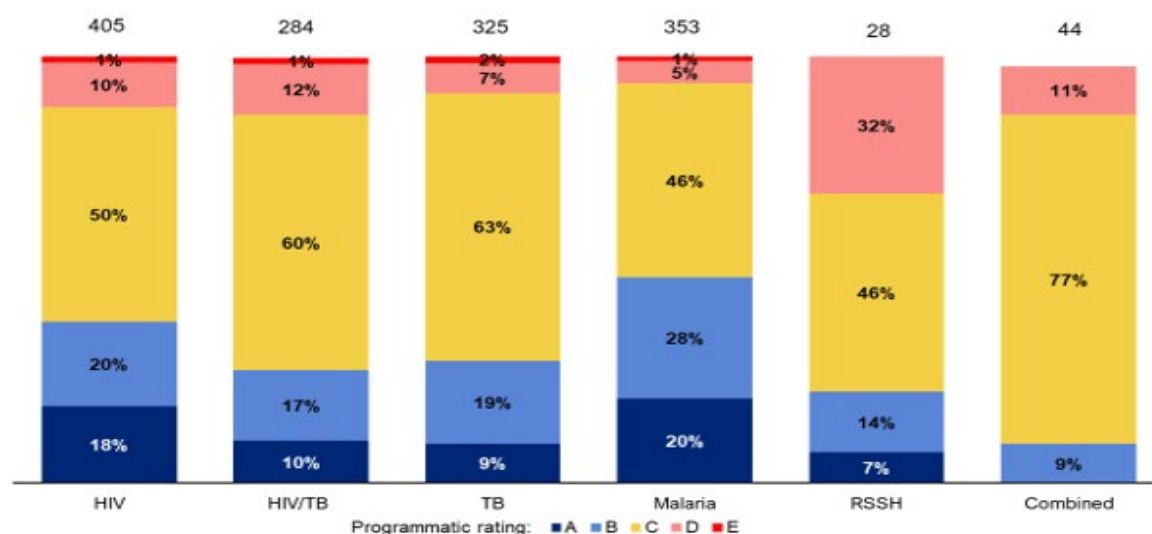
*Data in Figure 5.9 is based on CEPA analysis of Global Fund grant result and grant target data, see Appendix I

Importantly, this trend can also be observed in a number of high malaria burden countries which have seen limited progress across the period including Nigeria, Uganda, Angola and CIV among others (though there are also some more positive examples including Mozambique and Burkina Faso).

The overarching trend in malaria incidence and mortality is in contrast to the Global Fund grant performance which indicates that malaria grants are achieving the highest grant ratings compared to other grant types (see Figure 5.10 below).¹¹⁴ This trend has held over time – i.e., there was no dip in high- performing countries (see Appendix G for a detailed analysis of the grant programmatic rating).

¹¹⁴ An assessment of the trend in LLINs and IRS performance is less meaningful as i) LLINs performance varies strongly across years depending on timings of mass campaigns; ii) the number of countries using IRS is too low for meaningful comparison. See Appendix I for details.

Figure 5.10*: Overview of programmatic rating across grant types (aggregated by grant-years) for 2018-2022



*Data in Figure 5.10 is based on CEPA analysis of Global Fund grant performance ratings, see Appendix G

Similarly, key service delivery indicators with regard to LLINs as well as on malaria testing have at least been partially achieved suggesting the recent progress challenges are not a result of underperformance of malaria service delivery indicators. Instead consultations, country case studies and document review point towards changes in the epidemiological context including (i) the increasing resistance to antimalarial drugs and insecticides already taking place in Asia and SSA, (ii) climate change making environments more conducive to transmitting the disease and more frequent climate-related disasters worsening malaria outbreaks as seen in Pakistan and Mozambique, (iii) additional strain has then been added during the COVID-19 pandemic.

Finding 2.5: Country case studies demonstrate the importance of country-specific enablers and barriers in explaining performance variations against global trends.

Robustness: Good/ Limited, reflecting good triangulation of evidence across country case studies, but only one source of evidence for a fairly complex issue.

This section provides observations on enablers and barriers to progress at the country-level, based on a systematic review of 13 country case studies (not covering India, which was conducted at a high-level), included in the Country Case Studies Appendix. A set of barrier/ enabler summary graphics for each country is provided in Appendix K. These graphics summarise aspects of high and low performance against targets for each country, and highlight enabling factors and barriers emerging from country case studies – grouped under the headings of: (i) Global Fund funding & processes; (ii) health systems & data; (iii) KVP / community engagement; (iv) partnerships & funding landscape; and (v) country context & governance. It is recognised that the Global Fund has varying degrees of control on these factors.

This section draws out key themes from those reviews to distinguish aspects of progress which are generalised across settings and aspects which are highly dependent on local factors. *We highlight that these themes are not comprehensive in terms of the range of enablers and barriers to HTM progress, but seek to call out certain interesting aspects only. An analysis of the factors affecting progress on HTM was one of the many aspects reviewed in the CCS for SR2023, and hence was not a deep-dive review in this regard. Many of the factors closely relate to the findings under the various workstreams 3-7.*

Decentralisation of preventative, diagnostic and treatment capacity was a central theme of enabling factors across areas which exhibited strong performance.

Global trends towards improved HIV and TB case notification were generally attributed to greater reach of decentralised testing. GeneXpert availability was almost universally named as a key enabling factor – alongside improved central lab capacity with integrated sample transport and data systems. Several countries reported a shift from passive to active TB case finding at the community level (IND, PAK, SSD, KEN, PHL, CDI) and incentivising

formal and informal private sector providers to offer screenings and referrals (KEN, NGA, PHL, IND). Progress towards malaria prevention targets was often attributed to digitalisation of SMC and mass net distribution campaigns in tandem with expansions of the community healthcare workforce (TCD, KEN, MOZ, NGA, ZMB). New delivery modalities such as ARV multi-month dispensing and home delivery – often introduced on an experimental basis during the Covid-19 pandemic – has been credited as a successful innovation, facilitated by falling ART prices across this period feeding through to enhanced commodity security.

Challenges with human rights and gender equality remain a barrier to serving key, vulnerable and underserved populations – and effective engagement of civil society remains a key enabler. The extent to which the Global Fund is seen as a successful enabler of KP representation is highly heterogeneous.

In general, country case studies in challenging gender-equality and human-rights contexts demonstrate the importance of the Global Fund as a lifeline for incorporating KP voices into programming discussions through CCMs and PR/SR roles. For instance, in Cote d'Ivoire, the Global Fund has played a major catalytic role for progress on HR & GE through greater CSO engagement at the CCM and scale-up of interventions tackling stigma and discrimination. On the other hand, some stakeholders have raised concerns that heavy reporting and fiduciary risk requirements have prevented AGYW and KP-led CSOs from becoming SRs; and that the change of PR without a successful transition disrupted KP service provision in Sierra Leone.

Quality of antenatal care is a major barrier to several HTM paediatric targets in LICs and conflict-affected settings.

Weak antenatal care and low rates of institutional deliveries were commonly cited in as a barrier in low-income and conflict-affected environments preventing progress towards PMTCT, EID and paediatric ART for HIV, as well as IPTp for malaria (e.g. TCD, SSD, NGA, ZMB). For instance, Chad, which has the world's second-lowest ANC coverage, was notable for very poor performance against all of these indicators. RSSH investments in Chad have focused on disease-orientated community-health approaches, and data systems and supply chains; rather than coverage and capacity of antenatal services.

Moreover, global improvements in ARV efficacy and tolerability for adult populations do not seem to have extended to paediatric formulations – indicating that substantive progress for the general adult population is not feeding through to more challenging populations in need.

With regards to Global Fund processes, countries appreciate greater programming flexibility, though feel that measures to manage fiduciary risk must be proportionate to avoid disruptions to service delivery.

Many enablers and barriers with regards to the Global Fund funding model were raised by country stakeholders. These are detailed in the country case study reports, and key points in Workstream 3 findings.

Stakeholders generally welcomed policies permitting flexible programming – especially the C19RM extension which was perceived very positively under all country case studies. Countries also welcomed Challenging Operating Environment flexibilities (e.g. SSD, TCD), though SRs sometimes displayed a low risk-appetite on key areas (e.g., loss of commodities/bed nets, accountability by the PR) leading to a cautious approach which may have deterred implementers from exploring other flexibilities available under the COE policy. Although stakeholders report that general awareness of the COE has improved, they flag a persisting lack of understanding of what COE is and a potential negative connotation associated with the name of the policy.

Getting the balance between fiduciary and programmatic risk right can be complex. For the most part, stakeholders acknowledge the Global Fund's obligation to ensure fiduciary responsibility, but funding rules were viewed by some countries as unduly restrictive and disruptive to effective programming. Some stakeholders criticised fiduciary requirements preventing smaller CSOs from receiving funding directly as a missed opportunity to bring services closer to communities and better contextualise them for KVPs. The replacement of the PR in Sierra Leone was viewed by some as another example of an unnecessary response to fiduciary risk leading to services for some KPs being curtailed.

Effective partnerships for funding and coordinating HTM programming continue to be listed as enabling factors, but some partnership gaps and inefficiencies have been flagged as barriers in some countries.

Case studies reported good integration between Global Fund and MoH processes (BOL, CIV, SSD, ZAF) and between external funders (BOL, CIV, KEN, KGZ, MOZ, NGA, SLE, SSD, ZMB) as progress enablers in some cases. Barriers included inadequate TA from technical partners and some duplication with other partners such as PEPFAR (SSD, ZMB).

Finding 2.6: Regression analysis indicates that the share of disease-specific development assistance for health (DAH) provided by the Global Fund was significantly related to performance against a range of service delivery targets

Robustness: Limited. Only weakly robust to model specifications, and affected by significant data limitations (low number of observations for some indicators; uncertain time profile of Global Fund expenditure; paucity of development assistance for health data for 2021-22; and absence of HTM-specific domestic funding for countries with integrated health budgets).

The performance of priority service delivery indicators (grant results vs grant target) was regressed on a set of explanatory and control variables.¹¹⁵ Regression analysis found that, from 2017 to 2022, after controlling for covariates, grant performance was positively associated with the Global Fund's proportion of external disease-specific expenditure provided for some indicators (#ART - adults and children currently receiving ART; #TB Notifs - notified cases of all forms of TB; and #LLINs - LLINs distributed to at-risk-populations).¹¹⁶ This association is independent of the increased level of Global Fund funding, which was controlled for in model specification. Results were weakly robust to model specifications.

Specifically, the Global Fund's proportion of DAH was found to be positively associated with lagged performance for #ART, #TB Notifs and #LLINs with coefficients of 0.191**, 0.260** and 1.249* respectively in the central specification – meaning that a 1% increase in the Global Fund's proportion of DAH in the preceding year is expected to be associated with a 0.19% increase in current #ART performance; a 0.26% increase in current #TB Notifs performance; and a 1.25% increase in current #LLINs performance. Coefficients were statistically different from zero at a 0.95 confidence level, with or without controlling for C19RM expenditure. The coefficient on the Global Fund's non-lagged proportion of DAH was also positive and statistically significant (0.986*).

A literal interpretation would suggest that grants performed better in countries where the Global Fund played a greater role within the donor landscape. This is an intriguing finding, since it speaks directly to observations raised by Secretariat members that they are more empowered to affect change in settings where the Global Fund is a major contributor than in countries where grant outcomes are dependent on the contributions and programmatic decisions made by other donors. The effect was only observed with a lag. That is, an increase in the Global Fund's share of external funding is positively associated with grant performance the following year, which seems consistent with typical timeframes between expenditure and service delivery. However, it is possible that this reflects adjustments to targets following a reduction or increase in funding from other sources, rather than an improvement in results.

¹¹⁵ For full details on the set of control variables, regression design and limitations see Appendix J.

¹¹⁶ It was not considered robust to conduct the same analysis with regard to the Global Fund expenditure as proportion of domestic expenditure within HTM due to the data quality concerns of the domestic data. This is further discussed in Section 6.2 and Appendix J.

6. WORKSTREAM 3: FUNDING MODEL AND BUSINESS PROCESSES

Workstream 3 assesses the extent to which the Global Fund funding model, through its structures, tools, policies and processes, has enabled countries to plan, prioritize and implement Global Fund investments to achieve Global Fund Strategic Objectives. It covers a range of strategic levers identified in the TOC including: (i) the funding model, policies and processes; (ii) approach to sustainability and co-financing, including through a deep-dive into the Sustainability, Transition and Co-financing (STC) policy and implications for domestic financing; (iii) risk management; and (iv) M&E. In addition, we look at learnings from progress made in implementing recommendations from recent TERG reviews including specifically the mid-term strategy review (SR2020), with a “light touch” linking to the strategy transition planning process (which is recognised as being based on a much wider process).

6.1. FUNDING MODEL, POLICIES AND PROCESSES

6.1.1. Introduction and approach

This workstream assesses the extent to which the Global Fund funding model and related policies and processes have enabled countries to prioritise and implement Global Fund investments to support Global Fund Strategic Objectives. We consider two closely related SRQs, namely:

SRQ3.1: To what extent did the funding model support prioritisation and implementation to deliver against the strategy targets?

SRQ3.2: How did the Global Fund policies and related processes support country disease program planning, prioritisation and implementation?

The evaluation noted different interpretations of the terms “funding model” and “policies and processes” across stakeholders, and no clear definition prescribed by the Global Fund. In this report, the funding model comprises the allocation approach and grant cycle. Policies and processes refer to both formal Board-approved policies as well as the Global Fund guidances/ Information Notes and range of processes related to the grant cycle and operationalization of the Board-approved policies (i.e., primarily in terms of what is included in the Operations Policy Manual (OPM) 2022).¹¹⁷ It is recognised that there are different interpretations of what comprises the Global Fund funding model (with lack of a clear definition of the term). In the text below, at times we make a distinction between the funding model and its implementation, with the former referring to the high level architecture and intrinsic features of the model and others referring to aspects that are more amenable to updates and change (e.g. the guidelines).

Building on a review of the factual description of the funding model, policies and processes (e.g., through Global Fund grant cycle information notes, the OPM, Global Fund Strategy, etc.), this review relies predominantly on stakeholder feedback through the KIs as well as the country case studies. There has been no quantitative data analysis or specific case studies in support of the assessment of this workstream.

6.1.2. Findings

Finding 3.1: The Global Fund’s funding model and overall programmatic policy framework is mature and comprehensive and works well for HTM and high-impact countries.

Robustness: Good, largely supported across global and country level stakeholder consultations.

The “new” funding model was introduced in 2014, refined and adapted over the 2017-22 Strategy period, and has reached a level of maturity where it is generally working well. The overall policy framework guiding the funding model is viewed as comprehensive and flexible to support needed differentiation across countries. SR2020 noted that the

¹¹⁷ In terms of scope, we have not looked at the allocation methodology as there is a concurrent ELO-commissioned evaluation on this, although we make reference to the overall allocation-based approach in a few instances.

funding model “works reasonably well” and this view was also supported across stakeholder groups consulted for SR2023 – Secretariat, global partners and countries. Several internal and external surveys conducted by the Secretariat on the functioning of different aspects of the funding model have generally received positive feedback.¹¹⁸

In particular, the 2017-22 strategy period has seen considerable evolution and maturing of:

- **Key funding model processes** e.g., via OPNs; improvements to the modular framework; etc.¹¹⁹ The overall logic model of the funding model, with early and engaged country dialogue to support a multi-stakeholder planning and decision-making process on key investment areas, to be reviewed by an independent body of experts and then detailed in terms of implementation, budgeting and monitoring work plans enables a number of positive attributes in terms of being a country-led, expert-based and an efficient process.
- **Capacity of its key actors** e.g., via CCM capacity building work through the CCM evolution Strategic Initiative¹²⁰; diversification of TRP expertise in key areas of importance to the Global Fund including on sustainability, CRG, RSSH/ PPR, etc; enhancement of CTs with technical specialists such as M&E and health product specialists; etc. A recent OIG audit report notes that CCMs have improved in their functioning over time although are yet to achieve the desired level of maturity noting ongoing interventions by the Global Fund in the area¹²¹, as was also commented by a few global stakeholders in our consultations. While some consultees have commented on the duplication of the CCM with in-country coordination mechanisms, they also recognise that the CCM offers a platform for multi-stakeholder (including especially KP) engagement which is not offered by other platforms.

Finding 3.2: The funding model and its implementation in countries works less well in support of RSSH and HR & GE investments and their objectives, alongside insufficient differentiation for Core and Focus countries.

Robustness: Strong, well documented by multiple reviews in the strategy period and largely supported across global and country level stakeholder consultations.

SR2020 noted that the “funding model fails to address all SOs simultaneously”. Indeed, this review finds continuing challenges over the second half of the 2017-22 strategy period for SO2 and SO3, but with some improvements following Global Fund efforts to strengthen guidance for these objectives. There was also lots of feedback on the need to simplify Global Fund processes for core and focus countries, given limited funding to these countries and limited Secretariat staffing for these countries. Each of these aspects is considered in more detail in turn below.

Funding model and RSSH

The challenges with the **funding model and its implementation in countries for RSSH** are not new and have been well-documented through multiple reviews and reports (TERG review of RSSH conducted by CEPA in 2019, the SR2020, MOPAN 2022 and several TRP reports over the years¹²²). For example, there has been lots of debate on the **lack of an allocation for RSSH** and the challenges this creates for country prioritisation. For RSSH, key issues have been the lack of clearly-dedicated and predictable funds for RSSH and the challenges this creates for country prioritisation. However, weighing different trade-offs (including that there are limited resources for HTM and RSSH at the Global Fund and that RSSH needs across countries are different and so a one-size-fits all allocation would not be

¹¹⁸ The Global Fund (25 June 2021): “Summary of findings from focus groups, lessons learnt from the 2020-22 funding cycle”; The Global Fund: “Results of the 2020-2022 Funding Cycle Lessons Learned External Survey”; The Global Fund: “Results of the 2020-2022 Funding Cycle Lessons Learned Internal Survey”; The Global Fund: “Findings from the 2020-2022 Applicant Survey (TRP Review Windows 1-6, 2020-21)”.

¹¹⁹ Global Fund (2017-2019, 2020-2022) Modular Framework and Indicator Guidance; Global Fund (2023) Operational Policy Manual

¹²⁰ The Global Fund has been supporting CCMs by updating and adding new guidelines, tools and templates, trainings, support in community engagement alongside strengthening of the CCM Hub team in the Secretariat to bolster operational support, strategic engagement, and capacity building of CCMs.

¹²¹ OIG Audit Report (2023), “Country Coordination Mechanism”.

¹²² TRP (2021) Advisory Paper on RSSH

appropriate), there has been general agreement that an RSSH allocation will not serve as a silver bullet solution, and the challenges to prioritisation are deeper. These include **insufficient engagement in CCMs of departments leading on health systems aspects** (while most countries have representation from health systems, the challenges are more around effective engagement given the diversity of health systems in countries cannot be represented by a few functions only and there are many wider health systems coordination bodies in countries that the CCM may not fully engage with). There is also the issue of **incongruence of HTM departments as HSS/RSSH PR/ SRs** – an oft situation in Global Fund RSSH investments, which at one level may support better integration of disease programs with health systems, but at another level, lacks capacity and coordination with health systems delivery in countries.¹²³ On the other hand, experience to date has shown limited knowledge of Global Fund processes by health systems departments, contributing to implementation-related challenges and delays with Global Fund grants. Other key aspects include the **limitation of the three-year funding cycle** for encouraging longer term health systems investments (an aspect that is admittedly difficult to change given the Global Fund's donor funding model, but there has been a lack of emphasis on fostering longer-term planning and continuity of investments between funding cycles); the emphasis on absorption (which is appropriate for a funding agency, but can also create disincentives for funding RSSH activities – see next finding below); and **challenges with M&E** of RSSH investments including weak performance framework for RSSH which did not create sufficient accountability for PRs to prioritise RSSH issues (see Section 6.4 on M&E). In particular, the 2020-22 modular framework included RSSH indicators, but these were focused largely on inputs and outputs isolated from HTM and did not capture integrated and people-centred quality services outcomes linked to HTM results which has limited their use. The 2023-25 modular framework however aims to address these challenges through the introduction of new RSSH indicators (captured primarily through a targeted health facility assessment).

In summary, there are a number of challenges with the functioning of the funding model for RSSH. While a consideration of trade-offs (as outlined above in the different examples) has implied that these aspects are not revised to better support RSSH, in the round, the Global Fund's funding model does not work optimally for RSSH – hampering the impact that can be achieved through its investments in the area.

At the same time, it is recognised that RSSH challenges do not hinge on funding model issues alone and that a lack of clarity on strategic focus on RSSH (as discussed under workstream 1) as well as a range of country-specific factors (e.g., weak NSPs) as well as challenges with partnerships (discussed below in workstream 6) impact overall achievement on results from RSSH investments.

Funding model and HR and GE

In a similar vein, there are many aspects of the **implementation of the funding model that do not work well** for prioritisation and implementation of investments for HR and GE. These include **inadequate representation of KP diversity on some CCMs**; while the CCMs are well regarded as being the only coordination mechanism at country level that engages KPs, similar to the HSS circumstance described above, KPs represent a heterogeneous group that cannot be adequately represented by a few key groups only. In addition **CBO / CLO engagement reduces after the funding request stage and is particularly weak during grant making**, where the Secretariat is seen to be taking a larger role (see next finding). An external survey conducted by the Secretariat on the 2020-22 funding cycle had the main finding that the “biggest challenges to address relate to stakeholder engagement, specifically key population and civil society engagement” in grant making.¹²⁴ For example in Kenya, whilst community and CS stakeholders perceived funding requests as becoming more consultative over successive cycles¹²⁵ (particularly the recent GC7 request which received Global Fund financing to support country dialogues), many reported not being part of GC6

¹²³ For example, in Kenya, RSSH funding through the HIV/TB grant supports activities by state and non-State PRs which contributes to some fragmentation in RSSH (e.g., data-related). All 8 RSSH components are funded within GC6 and a unit within the Ministry of Health was established to coordinate the RSSH grant across the Ministry. Absorption of the RSSH grant is low at 29% (US\$8.3M), attributed to several factors including newness of implicated MoH departments to Global Fund processes, need for the RSSH unit to coordinate across 10-15 focal points for the 8 modules, and interventions not fully designed by grant start date.

¹²⁴ The Global Fund: “Results of the 2020-2022 Funding Cycle Lessons Learned External Survey”;

¹²⁵ Supported by the community engagement SI.

grant making. The recent Prospective Country Evaluations (PCEs) extension period reported similar experiences by community and CS stakeholders. There are also **challenges with CBOs / CLOs accessing Global Fund monies as PRs / SRs** due to organisational constraints, with international organisations accessing this funding to a larger extent (also refer to Finding 7.4 below).¹²⁶ There are also **limitations with regards performance management and data availability** for these investments.¹²⁷ These aspects are discussed in more detail in workstream 7 which also considers the wider business model of the Global Fund (e.g., engagement with partners) to consider implications on HR and GE investments overall.

With regards to **M&E**, progress towards gender equality was predominately captured through indicators on AGYW. This is also discussed further in Section 6.4 on M&E and Section 10 on HRG.

Funding model and Core and Focus countries

The final issue noted here is with regards to the need for further differentiation for **Core and Focus countries**. While there has been some simplification and tailoring of approaches for these countries already, we understand that recently there was a call from the Secretariat and OIG for further simplification of the TRP reviews for Focus countries which was rejected by the Strategy Committee.^{128,129} This was on the grounds of the need to ensure that all Global Fund grants are independently reviewed by the TRP in line with the TRP's mandate to ensure alignment with the Global Fund strategy, but ultimately there has been lots of feedback from Secretariat colleagues in the standard processes being burdensome as Country Teams are smaller, and from countries, where lengthy and bureaucratic processes are not viewed as effective given the smaller levels of funding.

Finding 3.3: Some features of the funding model still need attention:

(1) Though Global Fund guidelines and processes are improving over time, the overall level of complexity has become high and is counterproductive.

(2) The Secretariat is increasingly becoming more pro-active in influencing country prioritisation for Global Fund grants on account of a number of valid reasons, however there is a need to better optimize this important strategic lever.

(3) Some aspects of the operationalization of the funding model, while instituted for good reasons, can create unintended counter-productive incentives (perceived or real) that impede effective design and implementation of Global Fund investments in country and require careful monitoring.

Robustness: Good, supported by multiple evidence sources. (1) is well documented and has strong CCS feedback. (2) has been increasingly flagged by country stakeholders and external partners, although is less intimated as an issue by the Secretariat. For (3), there is general acknowledgement of the existence of these incentives within the funding model and the challenges it creates although diverse views (and incomplete evidence) on the extent to which these play out in practice. Again, these are aspects more emphasised in our consultations with countries and external partners than with the Secretariat.

Each of these aspects is considered in turn below.

¹²⁶ The TRP 2020 lessons learned report evidenced a decreasing number of civil society Principal Recipients, which in many countries have a key role in prevention interventions, particularly for KP, and program continuation in transition countries.

¹²⁷ This new Global Fund strategy (2023-2028) is responsive to this challenge in underpinning HR & GE investments with an "understanding that programs that address structural barriers typically show progress over longer time horizons than the three-year grant cycle".

¹²⁸ OIG Advisory Review – Evolving the Technical Review Panel model, October 2021.

¹²⁹ Based on Global Fund internal documents (confidential)

High level of complexity

An analysis conducted by the Global Fund Secretariat on the application guidelines materials found that:¹³⁰

- The guidelines section of the website for GC6 has too much content. There were 48 guidelines documents in total, a 33% increase from the previous cycle in the number of documents offered in the 'Applying for Funding' section of the website, representing a total 1,748 pages of guidance.
- Some documents were not being used by stakeholders and a significant portion of access was by users in donor countries rather than implementing countries. For instance, documents focusing on programmatic lessons are not being used by applicants. People accessing the guidelines documents are substantially based in donor countries (50% of the website "clicks" were from donor countries)
- Applicants find it difficult to locate the information they need among the large number of resources available.
- Most Global Fund guidance documents continue to be written in a way that is hard to read or understand, with 88% of Applicant Guidance resources rated as "difficult", "fairly difficult" or "very difficult" to read. In particular, communities find it difficult to understand what investments the Global Fund will support.

These findings were mirrored in our stakeholder consultations, and especially across all 14 country case studies. Countries are unable to keep up with the frequent changes to Global Fund requirements and points of detail or nuance are poorly understood. For example, country stakeholders described the frequent changes in guidelines and performance monitoring tools as confusing, disruptive, more complex, with inadequate frequency of re-trainings. There is also a tendency to recollect past requirements, so at a given point in time, a country stakeholder may be aware of some changes but not all. Similarly, the OPM is a 400-page document, and while not targeted at countries, it can suffer from limited and differential recall by Secretariat members, especially in the face of frequent updates to the OPNs.

Secretariat consultees highlight the multiple requirements imposed by the Board which results in additional guidelines and processes for countries. In sum, while Global Fund requirements and information sharing with countries are increasingly becoming more detailed and helpful, a counterproductive level of complexity seems to have been reached.

Increasing proactive influencing role of the Secretariat with countries – drivers and potential issues

Stakeholders recognize that Country Teams have become more "proactive" during the 2017-22 strategic period in influencing countries' prioritization and selection of interventions to include in funding requests — and what ultimately ends up in grants under implementation. (In fact, this proactive influencing has since increased, notably with GC7, for example with the introduction of Program Essentials in the disease information notes.)

Both in principle and in the reality of country situations, the Secretariat's proactive influencing role is recognized to have multiple benefits:

- It is seen as a useful mechanism, in the context of country dialogues, to encourage sharper prioritization and help eventually accelerate impact — all the more so in light of the drive for results in a tight funding environment (now made even tighter in GC7 by the outcome of the 7th Replenishment).
- It also provides a constructive challenge when countries do not consider or prioritize the most relevant package of interventions suited to their situation — whether because NSPs are sub-optimally developed or prioritized; or because countries face blind spots, local inhibitions (e.g., in relation to KPs, human rights, gender), or they lack guidance to identify key interventions, e.g., for innovations. As an illustration of the latter, CEPA's review of Global Fund-financed innovations found that countries do not always propose inclusion into FRs of the latest innovations due to lack of information and data, or their non-inclusion in the NSP, and that an impetus from the Secretariat was instrumental to their uptake.

¹³⁰ Based on Global Fund internal documents (confidential)

- Finally, Secretariat influencing can offer a preemptive, pragmatic way around capacity constraints of countries or partners that would impede effective implementation (including where there is lack of adequate normative guidance from partners). For example, challenges with WHO AFRO capacity have often resulted in a greater role from the Secretariat in these countries. It also helps in operationalizing normative guidance provided by partners in terms of impacting prioritisation decisions in a budget constrained environment.

Notwithstanding the benefits, our review found evidence of the need to better recognize and manage this important strategic lever, also to better optimize its perception amongst countries and partners. To the best of our knowledge, the Secretariat does not at present systematically enquire about, nor examine, the potential pitfalls and unintended consequences of its more proactive influencing approach with countries. The concerns raised fall into three categories:

- *How Secretariat proactive influencing fits with the country-led approach:* The greater influencing role is seen as going against the Global Fund's core principle of country ownership. Despite the influencing usually arising in the context of a two-way country dialogue, the Secretariat's viewpoint tends to be perceived as having a stronger weight than the country's, not least because of the imbalance ingrained in any funder-grantee relationship. For instance, a country stakeholder shared that "we usually tend to follow the CT guidance".
- *The risk of inappropriate advice:* Inherent in the success of the Secretariat's greater influencing of country prioritisation is the need for the strong guidance it provides to countries to be correct and appropriate to the situation. As a global stakeholder put it, this approach "assumes the Secretariat knows better," even though country actors may have more detailed knowledge of the country context. However, we heard that, just as viewpoints differ between individuals, approaches to prioritization vary between Country Teams; and there are no comprehensive, specific guidelines for what prioritization the Secretariat should be advising countries to adopt according to their situation (recognizing different country contexts). As an illustration, a country interviewee indicated that the Global Fund CT encouraged greater commodification of the investments than was deemed suitable for the country, including high purchase of LLINs despite low net usage. That said, the TRP serves as one important control to help alleviate this concern. One important control for this is the TRP review, however Secretariat engagement with countries is more long standing and continuous than the one time TRP review.
- *The effect on the partnership structure:* As noted in Workstream 6 on partnerships, technical partners view the Secretariat's increased influencing role with countries as a departure from its previous strong partner orientation, which undermines the Global Fund's overall partnership structure. As an example, one interviewee commented that "the Global Fund is moving into the area of technical support and providing TA to countries; but it is the funder and should not compete with WHO and STB. Its core function is being a funder, but it is trying to be a bigger animal." And another said: "The Global Fund Secretariat now engages with partners when it needs to, rather than [the group of partners] approaching countries with joint responsibility. The Global Fund is increasingly trying to position itself as *the* key partner for countries, which can cause tensions and question marks."

As such, this review recognizes important and valid drivers for the increasing proactive influencing role of the Secretariat with countries, especially in the current funding constrained environment. However, it also identifies the need to better manage and optimize this important strategic lever for more effective results. This is particularly interesting in light of our regression analysis finding in Section 5.2.2 which finds that grants performed better in countries where the Global Fund played a greater role within the donor landscape.

The strategy TOC does not specifically call out this strategic lever, however our review indicates the need to hone into this lever as a considerable lever in its own right, alongside the need to optimize its use. This is a key tool at the disposal of the Global Fund which requires more sharpening and an intentional-self aware approach. It is also different from general advocacy by the Secretariat, which is more generic in nature and not specifically linked to the drivers and issues flagged above.

Unintended counter-productive incentives within the funding model

Key informant interviews (at both global and country level) reported a number of ways in which the funding model has been operationalised – while instituted for valid and important reasons – in practice create unintended, counter-

productive effects. Examples are provided in Figure 6.1 below. While these incentives are varied in nature, a common characteristic is that they typically arise from implementers' desire to lower the risk of failure (in securing funding approval, or in demonstrating grant performance for instance) in the face of guidance, rules, realities or perceptions pertaining to the Global Fund's funding model. While the funding model may have a number of checks and balances against these incentives such as through the TRP review, our analysis indicates that these incentives still exist despite these controls.

Figure 6.1: Examples of unintended counterproductive incentives in the implementation of the funding model

An emphasis on absorption may discourage countries from applying for non-commodity, RSSH or other activities with slower absorption rates	Availability of an allocation and clearer messaging in the allocation letters on HTM than on RSSH and HRG may influence countries towards HTM
3-year funding cycle may encourage funding of short-term activities rather than long-term systems strengthening, and limit linkages across grants	Flexibility in choosing M&E indicators from the modular framework can result in selection of indicators that are already doing well
Cumbersome reprogramming processes may discourage changes that can help improve grant implementation	Need to show short term results as well as better defined indicators for some aspects (e.g. HTM over RSSH) impacts investment selection and prioritisation
PAAR can include aspects that are viewed as a lower priority (e.g. RSSH) or those that have a high probability of being funded (given it is a competitive pot)	Tight timelines, pre-conceived/risk-averse views means that countries are incentivized to design grants that do "more of the same" and discourage introduction of innovations

Documentary evidence supports the dynamic of these unintended counter-productive incentives – for example, the TRP reports that countries are often put RSSH strengthening activities in the Prioritised Above Allocation Request (PAAR) and focus the allocation on support-related salary costs.¹³¹ The TRP also noted that “highly effective interventions for KVPs were relegated to PAAR”. The TRP Advisory Paper on RSSH found that there has been a discrepancy between the highly recognised need for integrated investment in RMNCH, and the reality, as these activities are often included in the PAAR.¹³²

Feedback from country case studies supports a number of the examples provided above:

- In Nigeria, stakeholders reported defaulting to the status quo when guidance was provided by the Country Team in this regard. They also assumed that any changes or introduction of new ideas or plans would result in delays in their application being approved. The clear message was that tight timelines and risk aversion encouraged them to do ‘more of the same’ in grants.
- In South Africa, Zambia, Nigeria, and Mozambique stakeholders described the 3-year funding cycle as disruptive to planning and evaluation (South Africa), challenging to align with other large donors and partners affecting national coordination (Zambia), and reducing time for implementation with long country procurement timelines (6 months to 1 year) (Nigeria, Mozambique).
- Nigeria (whose inflation context created a high need for reprogramming) and Zambia both described extensive delays in reprogramming processes and the view that country stakeholders saw these cumbersome processes as a deterrent to reprogramming.

The 2023-28 Strategy adopts a strong partnership emphasis on collective achievement of strategy objectives and addressing of issues through the action of multiple partners. It may be the case that some of the above identified unintended counter-productive incentives might be better addressed in the new strategy period through this collective action, an aspect that remains to be seen in term of degree and success of implementation of different partnerships and stakeholder roles and accountability.

¹³¹ TRP (2021) Advisory Paper on RSSH

¹³² TRP (2021) Advisory Paper on RSSH

6.2. SUSTAINABILITY AND CO-FINANCING

6.2.1. Introduction and approach

This workstream looks at how the Global Fund business model in general and the STC policy in particular affect country actions towards sustainability and domestic resource mobilisation for the three diseases and RSSH.¹³³ While the assessment focuses on sustainability in the broad sense (i.e., including both financial and programmatic sustainability), a focused review is provided on the challenges to increasing domestic resources for health (DFH) and the efficacy of Global Fund levers in this area.^{134, 135}

The strategic review question is as follows:

SRQ3.3: To what extent has the implementation of the Global Fund's Sustainability, Transition and Co-financing (STC) policy and other aspects of its business model facilitated prioritisation and actual increased domestic investments in national responses to the three diseases and RSSH?

Sustainability aspects cut across all steps of the SR2023 TOC, highlighting its critical role in achieving progress in reducing incidence and mortality from HTM. The need for a sustainable response to HTM is one of the immediate results in the TOC and an increase in domestic commitment for sustained investments is an operational objective under Strategic Objective 4 on mobilising increased resources.

This workstream is based on a mix of methods and analytical approaches. This includes document review of key funding model documents, the STC policy and related processes and recent TERG and OIG reviews, global consultations and the country case studies. This is complemented by quantitative data analysis (which has important limitations due to data quality concerns on domestic HTM investments) as well as review of comparator organisation approaches to co-financing (specifically Gavi).

6.2.2. Findings

There have been limited improvements with regard to domestic health spending across Global Fund supported countries during the strategy period in review. This has also become increasingly challenging due to economic contractions and increased debt following the COVID-19 pandemic. Key trends in domestic health expenditure and fiscal space across Global Fund supported countries include:

- A modest increase in *domestic funding for health* for UMICs between 2015 and 2020 including an average increase in the share of domestic government health expenditure as a share of total general government expenditure from 11.2% in 2015 to 12% in 2020.¹³⁶ However, prioritisation of health spending in LMICs and LICs has been more limited but has seen some improvements from around 7.4% to 8.2% for LMICs. For LICs prioritisation for health spending remained the lowest at 6.2% in 2020 having risen since 2018 but still remaining only slightly above 2015 levels at 5.9%.¹³⁷

¹³³ The Global Fund STC Policy was approved in April 2016 with the purpose to “guide countries in better investing external financing and catalysing domestic resources in order to strengthen health systems and address critical sustainability and transition challenges. The goal is to enable countries to maintain and scale-up service coverage and thereby accelerate the end of the three diseases”. https://www.theglobalfund.org/media/5648/core_sustainabilityandtransition_guidancenote_en.pdf

¹³⁴ DFH refers to the mobilization, allocation and deployment of domestic financial resources to ensure that healthcare systems can adequately cover population needs and is key to ensuring the long-term sustainability of health outcomes.

¹³⁵ Key levers which were identified by the Global Fund and OIG to increase in domestic financing for health include the (i) co-financing requirements, (ii) advocacy at global, regional and national level, (iii) technical support to countries on domestic financing and (iv) blended and joint financing initiative which are supported by two cross-cutting levers including value for money and purposeful partnership approaches.

¹³⁶ Source: WHO Global Health Expenditure Database (Accessed December 2023)

¹³⁷ Using the proportion of current health expenditure as % of GDP shows a decline in LICs from 5.7% in 2015 to 5.1% in 2020 and a decline for LMICs from 4.4% in 2015 to 3.9% in 2020 (Source: WHO Global Health Expenditure Database accessed December 2023)

- An increase in the relative *share of domestic health spending compared to external health expenditure* with Development Assistance for Health (DAH) funding flatlining prior to the COVID-19 pandemic (when there was a large increase in DAH health due to COVID-19). For the three diseases, the amount of DAH has largely flatlined between 2017 and 2021.¹³⁸
- A contraction in *general government expenditure* in 2020 and increase in *debt as proportion of government revenue*. The World Bank has warned that the global economic shocks from the COVID-19 pandemic and the Russian invasion of Ukraine increases the rifts between countries in their capacity to spend on health and that the double-shock of reduced government revenue and increased debt repayments threatens domestic investment in health.¹³⁹ Stakeholders also emphasised that the inflationary pressures due to increased costs of commodities and essential services are further squeezing available budgets and an increase in other emergencies (including climate change disasters as well as conflicts) added further pressure on existing domestic resources especially in the last years of the strategic period; a trend which is expected to continue going forward.

Finding 3.4: Though the Global Fund has put increased focus on sustainability related issues, there remains a need to further prioritise and operationalise sustainability considerations within the Global Fund model.

Robustness: Good, supported by global and country level stakeholder consultation and the document review

The STC policy was approved by the Global Fund Board in April 2016, came into effect for the first time during the start of the 2017-22 strategy period and was quickly operationalised across Global Fund processes.¹⁴⁰ Many stakeholders and previous reviews (e.g., MOPAN assessment, SR2020) emphasised the positives of having a more formalised policy on sustainability. The MOPAN review in particular commented on the strong processes that the Global Fund put in place to ensure that grants are guided by requirements for sustainability and co-financing.¹⁴¹ Stakeholders also noted the positive development with regard to providing support for high quality National Strategic Plans (NSPs) that underpin funding requests and we understand that the Global Fund provided approximately US\$ 30 million in technical assistance for sustainability, transition and efficiency work in GC5 and GC6.¹⁴² With regard to updates to the STC Policy design, increased differentiation with regard to the application focus was welcomed which requires a stronger emphasis of middle income countries to focus on key and vulnerable population and/or highest impact interventions within a defined epidemiological context.

Despite these several positive developments, there are a number of gaps with regards to the Global Fund's approach to sustainability, and country case studies as well as consultations indicate that this area requires further attention, particularly given the context for domestic financing highlighted above. The need for further improvement in this area is also indicated in the TRP reviews of funding requests which showed that STC aspects were single largest category of issues flagged by the TRP (representing 10.3% of all issues in GC6¹⁴³) and only around half of all STC issues were marked as addressed/ completed (being one of the lowest completion rates amongst issues to be addressed).

The challenges within the area of sustainability need to be considered within the context that many of the key drivers are outside of the direct control of the Global Fund and, more recently, the disruptions that the COVID-19 pandemic has posed with regard to progressing on sustainability planning.

Key issues that were highlighted through this review include:

¹³⁸ IHME (2022). Financing Global Health 2021 – Global Health Priorities in a Time of Change

¹³⁹ World Bank (2023), From Double Shock to Double Recovery, <https://www.worldbank.org/en/topic/health/publication/from-double-shock-to-double-recovery-health-financing-in-the-time-of-covid-19#2>

¹⁴⁰ Technical Evaluation Reference Group (2020): Thematic Review on Sustainability, Transition and Co-financing (STC) Policy

¹⁴¹ MOPAN Assessment Report (2022): The Global Fund to Fight AIDS, Tuberculosis and Malaria

¹⁴² Based on Global Fund internal documents (confidential)

¹⁴³ Based on CEPA analysis of the TRP 2020-22 database conducted in September 2023.

There is a need to further prioritise and operationalise sustainability considerations in the Global Fund model.

The TRP noted that funding requests look at sustainability from the narrow lens of financial sustainability. Stakeholder consultations for this review indicated the need to better consider drivers of sustainability across the Global Fund model (whilst noting many of the drivers are beyond the control of the Global Fund), including ensuring investments are delivered through integrated country systems and not parallel systems. We understand that there has been a push within GC7 to address some of these shortcomings including through an updated STC guidance note.

Further, the Global Fund lacks a strong mechanism to consider trade-offs between short-term results and longer-term sustainability considerations – with current incentive structures within the Global Fund often resulting in a de-prioritisation of longer-term sustainability aspects. Country stakeholders provided a range of examples in which they felt that an emphasis on short-term results and/ or continuation of services meant that longer-term solutions were not taken forward.¹⁴⁴ This included, for example:

- development of HTM specific approaches that were not integrated with the wider health system – including for data collection and analysis, supply chain and service delivery approaches (where appropriate);
- significant funding for operating costs including salaries for HRH under RSSH investments and the absence of a structured approach to HRH strategies in countries;
- replacement of PRs/ SRs due to poor performance and/ or fiduciary risk concerns rather than providing capacity strengthening; and
- limited willingness to invest Global Fund resources into (existing) pooled funds in country. Though there has been recent progress in this regard with the Global Fund Board decision to update the blended financing approach.¹⁴⁵

Evidence suggests that this dynamic is partly driven by the underlying incentives within the Global Fund model – e.g., grant performance is assessed with a focus on HTM and fiduciary metrics whereas RSSH and other sustainability aspects are harder to assess (as also highlighted in Section 6.1.2 above on unintended counterproductive incentives).

A few stakeholders also advocated for a more ambitious sustainability approach including accelerating the timing when countries transition from Global Fund support which would allow to allocate the limited available resources to a smaller subset of LMICs. However, other stakeholders highlighted the risk of such an approach emphasising especially that key population services may end up being underfunded before effective integrated service delivery is established.

There have been improvements during the 2023-28 Strategy including a further increased focus on sustainability, updates to the guidelines and funding request templates, and an improvement of RSSH related indicators as well as improvements to the joint financing approach (discussed below). However, while stakeholders welcomed these steps, they continue to question whether these are sufficient to overcome the underlying incentives within the Global Fund model to push forward the sustainability agenda.

Transition work functions well for focus countries, but sustainability considerations need further strengthening across all countries and especially for CBOs/CSOs.

Overall, evidence suggests that transition aspects within the STC policy and the wider processes around transition planning have worked relatively well (i.e., support for the development and implementation of transition readiness assessments and sustainability plans especially in Asia, Europe and LAC; development and implementation of

¹⁴⁴ This does not mean that the focus on short-term results is not appropriate in many circumstances, but in-country stakeholders emphasized in particular the lack of processes to discuss these trade-offs and the incentive structures generally worked against long-term sustainability.

¹⁴⁵ Global Fund (2023) Decision Point: GF/B50/DPXX: Framework to Guide the Development, Review, Approval and Implementation of Blended Finance Transactions

transition grants, technical assistance and development of guidance to support transition planning).¹⁴⁶ However, there is a further need to strengthen the focus outside of focus/ transitioning countries in line with the objective of the STC policy on supporting sustainability across all countries regardless of their position on the development continuum. This finding was also supported in previous reviews (e.g., MOPAN assessment and SR2020) and a stronger shift in this direction under the new 2023-28 Strategy has been welcomed.

Another issue is with regards to sustainability for CSO/ CBOs where there is a need to strengthen approaches to programmatic sustainability such as social contracting (where appropriate) and strengthening of legal frameworks for CSO/ CBO engagement. For example, in South Africa, stakeholders indicated that there is a need for greater emphasis on local capacity building to promote financial sustainability and self-sufficiency especially for CSO partners. In Mozambique as well, stakeholders placed emphasis on the positive progress towards empowering vulnerable communities and bridging gaps through a rights-based approach, as a key achievement towards program sustainability; however, highlighted that community organisations struggle with long-term financial sustainability. It has been welcomed by stakeholders that CSO/ CBO service delivery has been highlighted as a focus in the 2023-28 Strategy and will be supported under the new Health Financing Strategic Initiative.

Finding 3.5: The Global Fund has underutilised its strategic levers to achieve increased domestic financing for health within the last strategic period, even if promising measures have been taken since 2021 with the establishment of the Health Finance Department within the Secretariat.

Robustness: Good, largely supported across global and country level stakeholder consultation and the document review but lack of high-quality data makes it difficult to address the question quantitatively

The Global Fund reports progress on increasing domestic resources for HTM under KPI 11 (marked on track to being achieved), but there are a range of data quality concerns that make it difficult to accurately assess historic trends in HTM investments.

A review of available data sources on domestic health financing for HTM illustrates a range of data quality issues across different sources with common challenges including the lack of a consistent methodology, country self-reported data without a verification mechanism, and data gaps for some countries/ years.¹⁴⁷ The first two challenges relate specifically to the data collected by the Global Fund primarily through the use of the funding landscape tables (FLT) in the funding requests. In particular, stakeholder discussion as well as a range of reviews highlighted the data quality concerns of the historic co-financing data of the Global Fund, in particular mentioning (i) the lack of a consistent and comprehensive approach on what is included as domestic financing for HTM (and RSSH) across countries as well as inconsistency of reported commitments and expenditure within countries; and (ii) the lack of a clear reporting and verification process on co-financing commitments¹⁴⁸ (though there has been a range of recent improvements introduced by the Health Finance Department in GC7 further described below).

This has led to inconsistent commitments on co-financing and reporting on domestic funding both across countries (i.e., different approaches taken) and within countries (e.g., domestic funding figures change across documents/ reporting tools).¹⁴⁹ Some stakeholders pointed out that the combination of setting ambitious co-financing requirements in many countries and challenges in reporting and verification of actual domestic expenditure may have led to an inflation of reported co-financing. As result, the increase in the domestic investment for HTM which is shown over time by the Global Fund should be interpreted with caution.

¹⁴⁶ Progress in this area was also a finding in the TERG (2020) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy

¹⁴⁷ Sources considered included: (i) Global Fund reported HTM funding as part of the funding requests; (ii) UNAIDS AIDS financing database and (iii) the WHO expenditure data for HIV and Hepatitis, TB and malaria.

¹⁴⁸ Key reviews include: (i) OIG The Global Fund's Role and Approach to Domestic Financing for Health (DFH); (ii) A Global Fund internal end-to-end review of co-financing data and data governance.

¹⁴⁹ These challenges were confirmed by the Global Fund internal end-to-end review of co-financing data and data governance.

Taken at face value, the Global Fund data shows an increase in domestic investment for HTM of 37% from GC4 and GC5 and another increase of 33% between GC5 and GC6.¹⁵⁰ Similarly, KPI 11 which measures whether the co-financing requirements stipulated by the co-financing policy are realised showed that the target was surpassed (125% compared to the target of 100%) across the period.¹⁵¹ The percentage increase in estimated co-financing was greatest for Upper- LMI countries (65%) and lowest for UMI countries that just showed an increase of 13%.¹⁵²

The Global Fund has underutilised its strategic levers to achieve increased domestic financing for health in the last strategy period, although promising measures were taken since 2021 with the establishment of the Health Finance Department and updates to the co-financing approach in GC7.¹⁵³ Key aspects include the following:

The co-financing section of the STC Policy is considered a useful tool but several implementation and, to a lesser degree, design weaknesses have limited its effectiveness.

Co-financing is considered the most mature of the existing strategic levers for supporting an increase in DRM.¹⁵⁴ And stakeholders commented on the importance and benefits of having a formal policy. In particular, the co-financing section of the STC policy was considered to be an important tool to start engagement with government decision-makers, where co-financing as a prerequisite for accessing Global Fund funding has served a negotiation tool and also helped with advocacy efforts. Stakeholders emphasised that having the co-financing requirements has led to progress especially in Asian and LAC countries.

However, despite this, several key weaknesses are outlined below and, where applicable, corresponding improvements introduced by the Global Fund in GC7 have been highlighted:

- *There has been limited visibility and understanding of the Global Fund co-financing requirements.* The country case studies showed that few country stakeholders had a strong understanding of the co-financing requirements in GC5 and GC6 with key drivers being (i) the complexity of the approach, including lack of clarity on the specific investments accepted and the verification thereof, (ii) the lack of involvement of subject experts (including MoF) and (iii) the fact that stakeholder engaged only once during grant making on the topic and did not regular report on progress. This has reportedly been improved during GC7 through more technical support from the Health Finance Department to CTs and increased engagement of high-level decision-makers (including MoF) in the grant making process. In particular, the additional support to have more tailored and specific (programmatic) requirements for countries was seen as useful.
- *Co-financing requirements on additional HTM or RSSH related spending were set at unrealistic levels in some countries and did not take sufficient account of specific country contexts and circumstances.* The STC policy allows for differentiation across country groupings with regard to (i) the size of the required co-financing of disease programs and related RSSH investments and (ii) the type of domestic funding counted towards meeting the co-financing requirement. However, it does not provide differentiation regarding the requirement that the co-financing amount needs to be additional to the domestic spending on HTM and related RSSH of the previous allocation cycle. While encouraging an increase in spending over time is generally positive, this specific design can lead to a compounding effect and ultimately unrealistic or unsustainable co-financing requirements in countries that heavily rely on Global Fund expenditure or already have a disproportionately

¹⁵⁰ OIG Advisory Report 2022 – The Global Fund’s Role and Approach to Domestic Financing for Health (DFH)

¹⁵¹ The KPI indicator has been improved for 2023-28 and focuses on realization of overall commitments made by countries and using a stronger approach to data verification, rather than against minimum requirements as determined by the policy and based on data syntheses produced by the Secretariat (which was the focus of the previous KPI 11). Additionally, an output-level KPI was also introduced which tracks the implementation of mitigating actions on domestic resource mobilization risk.

¹⁵² The KPI indicator has been improved under the Strategy (see section 3.5 below) also corresponding to a recommendation of the TERG (2020) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy

¹⁵³ Some of the improvements made respond to the recommendations of the TERG (2020) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy to “Continue to evolve the operationalization of co-financing requirements of the STC Policy.”

¹⁵⁴ OIG Advisory Report 2022 – The Global Fund’s Role and Approach to Domestic Financing for Health (DFH)

high amount of the health budget going to HTM.¹⁵⁵ This has led to co-financing requirements in some countries which were well over half of the available health budget (making it in reality very unlikely that countries would follow through with their commitments).¹⁵⁶ Additionally, the operationalization of the STC policy did not include a systematic way to account for changes in the fiscal space of governments which has become much more important given the economic situation in many LMICs after the COVID-19 pandemic. For GC7, the Global Fund Secretariat used the flexibilities within the design of the STC Policy by introducing a “de-linking” of the co-financing requirement from payments in the previous cycles for countries with specific circumstances, including fiscal space constraints and high existing proportion of health funding for HTM.¹⁵⁷ While the use of flexibilities has successfully addressed this issue for GC7, a more long-term solution would include a change to the design of this specific aspect in the STC Policy or to at least clearly codify the new approach in an updated OPN.

- *Weak reporting and verification processes have contributed to the variability in quality of co-financing data.* The OIG Advisory Report 2022 highlighted the lack of documentation on data to report and validate compliance as well as the insufficiently outlined monitoring approach. This has been a key focus area for the Health Finance Department under GC7 including improvements to the way in which co-financing commitments are reported (e.g., mandatory commitment letters across all country portfolios, updated funding request templates) and the co-financing OPN is currently being updated (with the latest OPN no longer reflecting operationalization of the STC policy in practice). Additionally, the Global Fund has supported Public Financial Management in select countries including through the “CO-LINK” initiative to strengthen country’s ability to produce timely, qualitative, and appropriately disaggregated data. While some progress has been made in this area, it will remain challenging to accurately verify whether governments have in fact released committed funds (in particular in countries with a decentralised system). Despite further support for public financial management (PFM), the more tailored use of (programmatic) commitments that can also be verified by programmatic results, joint program implementation using counterpart financing and/or the use of loans from development banks were seen as potential ways to address these data challenges as well as allowing for a more targeted approach in support of sustainability (see Appendix L for further country examples).
- *The Global Fund co-financing requirements were perceived as having a low likelihood of being enforced.* Evidence from the country case studies suggested that many stakeholders considered it would be unlikely that the Global Fund would actually withhold the co-financing incentives.¹⁵⁸ Key factors seen as contributing to this included: (i) challenges around verifying reported data especially on actual expenditure data; (ii) inconsistency and unclarity in the process of withholding funding when not achieving the requirements; and (iii) to some degree a (perceived) unwillingness of the Global Fund to withhold funds when it would threaten programmatic continuity and results.¹⁵⁹ The Health Finance team reportedly has strengthened this process in GC7, including making it more data driven.

¹⁵⁵ This is due to the fact that additional co-financing requirement is proportional to the co-financing incentives which is amounting to at least 7.5% for LICs and 15% for LMICs of the Global Fund allocation. As result, it becomes unsustainable for countries to add the co-financing requirements each cycle to existing domestic spending if they disproportionately rely on external funding in the health sector (an example of this is Sierra Leone where the Global Fund initial co-financing for GC6 was nearly as high as total domestic health spending in the previous allocation cycle).

¹⁵⁶ Based on Global Fund internal documents (confidential)

¹⁵⁷ GAC 2022. Approval of Co-Financing Incentives in Allocation Letters

¹⁵⁸ Recent analysis by the Health Finance Team has shown that only two countries in GC5 experienced a reduction in grant funds due to not complying with the co-financing rules.

¹⁵⁹ This is in contrast to Gavi’s co-financing requirements which are understood to be much more of a “hard” requirement (see Appendix L for an overview of Gavi’s co-financing approach). In addition, the Global Fund did not have a strong process around waivers and exceptions to the co-financing requirements – with many of these aspects having been handled in the past through negotiations between Global Fund CTs and country stakeholders.

- *Other weaknesses include:*
 - The co-financing aspects of the STC policy do not strongly encourage VfM – i.e., it focuses on “more money for health” rather than also encouraging “more health for money”.¹⁶⁰ In particular, the current approach does not take account of countries that have made major efficiency gains or cost reductions when assessing whether the co-financing requirements are met. However, some stakeholders flagged the complexity in accurately quantifying efficiency gains at disease programme and to rewards countries on that basis.
 - There has been an inconsistent approach to counting RSSH related expenditure within the co-financing requirements. The co-financing section of the STC policy allows LMICs to count RSSH related expenditure to its co-financing contribution. While this flexibility for LMICs to meet their co-financing requirements is helpful, stakeholders reported that there is no consistent approach to what type of RSSH interventions can be counted towards country co-financing contributions. This is an area that is currently under review by the Health Finance Department.
 - Lastly, the TRP outlines the critical need to start requiring more health product commodity co-financing given that many funding requests in LMICs are focused disproportionately on the purchase of commodities.¹⁶¹ The STC Policy already calls for the progressive absorption of key program components including procurement of essential drugs and commodities, but there is currently no systematic approach to this requirement. In particular, there is no clear guidance that sets out expected proportion of commodity co-financing differentiated by country contexts and how this can be systematically increased over time.

Other strategic levers for DFH are less mature and need to be further strengthened.

Despite promising progress in GC7, stakeholders emphasised that there remains strong appetite to further strengthen the following levers:

- *Advocacy.* Country case studies have shown that there is strong appetite for the Global Fund to provide targeted advocacy on domestic financing for HTM (Nigeria, Zambia, others). Stakeholders felt that the large contributions from the Global Fund combined with the co-financing requirements provide the Global Fund with good leverage in this space that could be more strongly applied.
- *Joint financing, blended financing and innovative financing.* Evidence suggests that it was burdensome for Global Fund CTs and country stakeholders to initiate innovative financing approaches or use joint financing approaches with other partners during the strategy period despite appetite for this at the country level.¹⁶² The OIG advisory report called for the creation of an enabling operating environment for these approaches and an improvement of internal processes – including clear codification of Global Fund requirements to participate in joint arrangements.¹⁶³ Important progress has been made in 2023 with an increase in joint financing in GC7 and the very recent Global Fund Board decision to approve an updated blended finance approach which clarifies and simplifies operational processes, sets expectations for partners and clarifies on the role of the OIG.¹⁶⁴
- *Partnerships.* Including strategic and country-specific approaches that aim to increase domestic funding for health and progress wider health financing reforms. While some progress has been made recently (e.g., engagement through Sustainable Health Financing Accelerator and engagement with the African Union

¹⁶⁰ OIG Advisory Report 2022 – The Global Fund’s Role and Approach to Domestic Financing for Health (DFH)

¹⁶¹ TRP Lessons learned 2020-22

¹⁶² This was also flagged as an area for improvement in the TERG (2020) Thematic Review on Sustainability, Transition and Co-financing (STC) Policy

¹⁶³ OIG Advisory Report 2022 – The Global Fund’s Role and Approach to Domestic Financing for Health (DFH)

¹⁶⁴ Decision Point: GF/B50/DPXX: Framework to Guide the Development, Review, Approval and Implementation of Blended Finance Transactions

especially through financing to the African Leadership Meeting - Investing in Health), there is an opportunity to further align with other key partners in the DFH space especially the World Bank, WHO and Gavi. This includes both the need for more strategic alignment and engagement at the global levels as well as closer coordination in-country.¹⁶⁵ This is also discussed in Workstream 6 on partnerships (Section 9). There has been recent progress in the space with an MoU signed with the World Bank in November 2023.¹⁶⁶

Further feedback from the CCS on the perception of the co-financing policy and need for additional strategic levers is provided in Appendix L.

6.3. RISK MANAGEMENT

6.3.1. Introduction and approach

The SRQ for this workstream is as follows:

SRQ3.4: How has the Global Fund leveraged the Risk Management Framework and Board approved Risk Appetite and to what extent have risk trade-off decisions impacted effective implementation of Global Fund programs and initiatives?

The focus of this SRQ is an assessment of how risk management has impacted program implementation.

The assessment is based on document review (of the noted risk tools as well as evaluations that cover aspects relating to risk including SR2020 and several OIG audits), supplemented by stakeholder consultations (global and country).¹⁶⁷

6.3.2. Findings

Finding 3.6: The Global Fund has improved its risk management capabilities during the strategy period (e.g., through the Risk Management Framework and Risk Appetite), with their effectiveness visible in the Global Fund's response and adaptations to COVID-19. However, the overall organizational culture is yet to evolve accordingly, and Global Fund's fiduciary control functions remain heavy.

Robustness: Strong, supported across global and country level stakeholder consultation and the document review

The Global Fund's risk management processes have significantly matured over the strategy period.¹⁶⁸ There has been a successful response to the assessment of the risk processes during the start of the strategy period when the OIG found that the risk processes require significant improvements including the introduction of a defined risk appetite and improvements on tools for CTs to use risk.¹⁶⁹ These key changes have been made, most notably through the Risk Appetite Framework 2018 which introduced a process for the Global Fund Board to set a risk appetite across eight grant-facing risks¹⁷⁰ as well as timeline and target risk level that the Global Fund would like to drive towards over time. Other improvements include updates to the Enterprise Risk Management Framework, the development and update to the Integrated Risk Management (IRM) tool used by Global Fund CTs to assess risks, clarification of

¹⁶⁵ OIG Advisory Report 2022 – The Global Fund's Role and Approach to Domestic Financing for Health (DFH)

¹⁶⁶ Decision Point: GF/B50/DPXX: Framework to Guide the Development, Review, Approval and Implementation of Blended Finance Transactions

¹⁶⁷ Planned case studies on COVID-19, performance-based financing and inclusion of CSOs/CBOs have not been included as stand-alone outputs but considered as part of the overall analysis and findings.

¹⁶⁸ Risk Report and Chief Risk Officer Annual Opinion 2022

¹⁶⁹ OIG Audit (2017) - Global Fund Risk Management Processes

¹⁷⁰ These include program quality for HIV, TB and malaria respectively, M&E, Procurement, In-country Supply Chain, Fraud and Fiduciary and Accounting & Financial Reporting

the roles and responsibilities of 2nd line teams¹⁷¹ (including merging the risk and program monitoring teams) and performance reporting on core Secretariat processes through the Performance and Accountability Framework.

The changes to the risk management processes were successfully applied during the response to the COVID-19 pandemic, where the response by the Global Fund was considered agile and effective. In particular, the Board responded to the Global Fund Secretariat request to increase the risk appetite across many of the key grant risks areas (including programmatic and fiduciary risks) and this adjustment of the risk appetite to reflect the higher risk was seen as critical to ensure program continuation.¹⁷² At the same time, many of the risk mitigation measures put into place through COVID-19 were considered helpful. This includes the C19RM itself discussed further in Section 7.2 but also improvements to assurance and monitoring such as updates to the reporting requirements. Additionally, countries and partners rapidly adapted to the pandemic including reprioritization of interventions and adjustments to service delivery for interventions. Stakeholders also reported that COVID-19 provided an opportunity to introduce innovations such as multi-month dispensing that are offering benefits in the long-term but would have likely taken much longer to introduce without the pandemic.

However, the Global Fund's organizational culture has not evolved concomitantly, and many stakeholders continue to perceive the Global Fund as risk averse and focused on managing fiduciary aspects. The need for improved risk management, including an increased emphasis on managing programmatic risk has also been highlighted in the new Strategy 2023-28. Acknowledging the positive steps regarding the risk management process, the following gaps were highlighted:

- While the Risk Appetite Framework has improved the discussion among decision-makers on risk trade-offs in particular between programmatic and fiduciary risks, there is still divergence in the use of the risk concepts. **Many stakeholders continue to see the Global Fund Board as relatively risk averse.** Importantly, some stakeholders stated that the Board and key donors have (or at least are perceived to have) a stronger negative reaction to financial risk materialising compared to programmatic risks materialising. While the Risk Appetite Framework has been a step in the right direction and allowed for a higher acceptance of fiduciary risks in some contexts, stakeholders questioned whether this has fundamentally changed the response (or at least perceived response) of the Board to the materialisation of fiduciary risks.
- Country teams and in-country stakeholders (e.g., CCM, PRs) are the starting point to request adaptations from the standard approaches – either in the form of innovations (whether commodities, service-delivery oriented or financing approach such as performance based financing), risk mitigations or flexibilities (e.g., balancing the value of local CSOs/ CBOs as Global Fund PRs/ SRs with their lower capacity). However, evidence suggests that **CTs and country stakeholders remain often risk averse due to views on what will be approved, and the level of effort/ bureaucracy involved in straying from the standard path.** There has been some progress through the improvements and communication of the Integrated Risk Management (IRM) tool as well as the Portfolio Performance Committees (also found in other reviews such as the MOPAN assessment) but stakeholders mentioned that more needs to happen to change the organisational culture. This also applies for country stakeholders where a starting point is to explain the risk assessment process in detail and what options countries have to use non-standard approaches (there is some evidence of improved communications during GC7 – e.g., in South Sudan). Box 6.1 at the end of this section provides some feedback from CCS on whether the Global Fund has the right balance between risk management and effective program implementation as well as challenges imposed by the risk management approach.

The Global Fund's (fiduciary) control functions are considered heavy in some contexts and, while effective in reducing fiduciary risks, can burden program implementation and disincentivise non-standard approaches. Some stakeholders questioned whether the fiduciary controls were set at the right level with some considering that

¹⁷¹ The second line of defence is made up of the Secretariat's business functions responsible for providing oversight – including MECA team, Strategy and Policy Hub, Finance team, etc.

¹⁷² Risk Report and Chief Risk Officer Annual Opinion (2021, 2022 and 2023)

the drawbacks with regard to costs and additional workload on program implementation did not outweigh the benefits. For example:

- It was commented that in some high impact countries the number of fiduciary control functions i.e. LFAs plus in some cases embedded fiscal agents and also OIG audits and other external audits together with other Global Fund reporting processes are very heavy.
- Additionally, in COE countries such as South Sudan, some stakeholders acknowledged the need and benefits of the Additional Safeguarding Policy (ASP) and additional fiduciary controls; however, they questioned whether the balance was right due to the high costs of the implemented mitigation measures. This is leading to higher program management costs (e.g., requirements to work through UN agencies/ iNGOs as PRs/ SRs) and policy implementation (e.g., through the no cash policy).

More widely, the ASP was seen as an important and effective policy for the Global Fund to manage risks and short-term results, however it comes with some trade-off for long-term sustainability if there is no clear path to exit the policy and build required capacity with government agency. Given incentive and risk structure for Global Fund CTs, it also often means that ASP measures stay in place for longer as nobody wants to prematurely remove controls (another example of unintended counter-productive consequences caused through risk aversion – in line with the discussion previously in Section 6.1).

Other countries also reported that stringent risk mitigation measures impacted negatively on program implementation and highlighted that those consequences are not sufficiently considered and actively managed (see for example Sierra Leone in Box 6.1 below).

Box 6.1: Feedback from CCS on whether the Global Fund has the right balance between risk management and effective program implementation as well as challenges imposed by the risk management approach

- In **Zambia**, stakeholders report that risk management systems are robust and effectively implemented and the risk management systems do not preclude the selection and implementation of the most impactful or needed programs. They cited the ring fencing of funding for health commodities as an example of protection against risk, however this is viewed as a necessary measure towards commodity security as Global Fund is one of the largest funders of HTM commodities. The expanded oversight role (preapproving reprogramming and interim reporting) the CCM plays due to historical challenges with past PRs accountability and transparency has however resulted in lower PR autonomy and an overstretched CCM secretariat.
- In **Kenya**, the balance between fiduciary and programmatic risk is a complex issue. For the most part, stakeholders view risk management as acceptable given the Global Fund's obligation to ensure fiduciary responsibility. Stakeholders call for the Global Fund to consider options for allowing access to funds for smaller community-based organisations despite the potential increased fiduciary risk, in the interest of improving programmatic impact and mitigating programmatic risks.
- In **South Sudan**, the Global Fund is able to adequately mitigate key fiduciary risks by implementing strict risk management processes through the ASP including the use of non-government PR and the application of a zero-cash policy. However, stakeholders have highlighted that this has led to a number of critical challenges hindering the efficiency and overall value for money of Global Fund investments. In particular, the current arrangements in place have led to relatively high program management costs (e.g., 30% of available funding in GC5 for HIV, 38% for TB grants and 26% for malaria), further reducing the limited available funding in an already highly constrained resource environment.
- In **Sierra Leone**, stakeholders reported of negative consequences of risk mitigation measures which augmented existing challenges in program implementation arrangements. While stakeholders acknowledged the need for additional risk mitigation measures following an OIG audit found ineligible spending, they emphasised that the impact of mitigation measures on program implementation were not sufficiently considered and proactively managed. This included switching out a PR without a transition period leading to severe delays in implementation of KP programming in GC6.
- In **Nigeria**, there are mixed reports about Global Fund's risk management processes, with some reports that they are focused more on managing financial risk than on program suitability, and others disagreeing. All stakeholders acknowledge that the risk assessment, mitigation and management mechanisms and systems are effective; however, a few stakeholders are of the view that these systems impede innovation and flexibility in program design and implementation, especially in reference to the ASP, fiscal agents and conditional approvals.

Others however applauded the balance struck between financial risk and program suitability as optimal, describing the Global Fund's risk management structures as generous and flexible with adequate protections.

6.4. M&E

6.4.1. Introduction and approach

The M&E workstream has the following SRQ:

SRQ3.5: To what extent did the Global Fund's approach to M&E meet the decision-making needs of stakeholders responsible for delivering on strategy objectives? How has the Global Fund M&E evolved since the SR2020?

SR2020 conducted an in-depth review of Global Fund M&E and thereafter a new M&E framework was developed for the 2023-28 Strategy. This took place over a 12-month period and was approved by the Global Fund Board in November 2022. As such, this review conducts a focused assessment on: (i) the extent to which the new M&E approach for the 2023-28 Strategy addresses the issues identified in SR2020 – however, a full review of this new framework is not in scope as it caters to the new strategy, and also because many elements are newly introduced and hence it is too early to assess efficacy; and (ii) key ongoing issues with Global Fund M&E raised under this review.

The main methods for this review are a document review of 2017-22 Strategy M&E documents such as the KPI framework and modular framework, SR2020 and the new M&E framework for the 2023-28 strategy. This is supplemented by select global consultations with individuals familiar with Global Fund M&E and some feedback from the country stakeholders on views on Global Fund M&E and its evolution overtime.

6.4.2. Findings

Finding 3.7: Several key changes have been made to the Global Fund's approach to M&E since SR2020, which largely address SR2020 recommendations, including: development of a joined-up Monitoring, Evaluation and Learning (MEL) framework, a greater emphasis on coordination of and learning from evaluations, and several updates to the KPIs; however it is too soon to assess their efficacy.

Robustness: Good, largely supported across document review, consultations and country case studies, but recency of changes made to M&E limits evidence related to effectiveness and impact.

The Global Fund has made several key changes to its M&E approach since SR2020, addressing challenges raised by SR2020 amongst other reviews.¹⁷³ SR2020 found that the Global Fund lacked an overall framework and strategy for MEL and highlighted four limitations which critically impacted decision-making at multiple levels (countries, Secretariat, strategy) on the following aspects: (i) integration of MEL efforts; (ii) approach to learning; (iii) gaps in M&E coverage; and (iv) incentivising improved performance. Table M.1 in Appendix M presents the key issues identified in SR2020 across these aspects, and progress made through the new M&E framework. This has been summarised briefly below. The effectiveness and impact of these changes has not been assessed given their recency, however stakeholders suggested that changes have the potential to significantly strengthen the Global Fund's M&E approach.

- **Integration of MEL efforts:** Efforts have been made to strengthen integration of MEL at the Global Fund. The Global Fund Board approved an M&E Framework and Multi-Year Evaluation Calendar in 2022, which articulates the interlinkages and complementarity between different types of M&E approaches used by the Global Fund specifically describes how learning is assured for each of these components with detailed roles and responsibilities and formalises the Global Fund's approach to monitoring catalytic investments.

¹⁷³ Includes SR2020, and MOPAN 2022 Assessment Report.

- **Approach to learning:** A new evaluation model was implemented in 2023, addressing the pain points identified in the previous model. Evaluation is now delivered by an Evaluation and Learning Office (ELO) based within the Office of the Executive Director (OED) with an Independent Evaluation Panel acting as an advisory group. Creation of the ELO and IEP is intended to strengthen coordination of evaluations across the organisation, assure their relevance and utility, drive learning dissemination, and improve timeliness to ensure recommendations are relevant and can feed into Global Fund processes.
- **Gaps in M&E coverage and performance measurement:** Following extensive review¹⁷⁴, KPIs have shifted to better reflect grant achievements, improving integration with grant-level M&E as well as accountability for performance (e.g. linking KPI2 service delivery indicators to grant portfolio performance rather than modelled targets, increasing the proportion of indicators which track Global Fund supported program performance as opposed to global and country performance, adding indicators for RSSH and health equity, and updating or removing criticised indicators- see Appendix G). In 2021, the Global Fund also introduced a new grant performance rating system which disaggregates programmatic, financial and principal recipient ratings and was a positive step towards increased focus on grant-specific performance and accountability.¹⁷⁵ Finally, significant gaps in M&E coverage have been addressed through the development of specific RSSH and HR & GE indicators within the Modular Framework.¹⁷⁶

Finding 3.8: During the last strategy period the Global Fund significantly contributed to strengthening availability of data at country level, but challenges remain in indicator target-setting and data use.

Robustness: Good/ Limited, largely supported across document review, consultations and country case studies.

In addition to recent shifts, this review considers several ongoing M&E aspects including performance frameworks (target setting and alignment with national systems) as well as data availability, quality and use at country level. Table M.2 in Appendix M presents evidence from country case studies relevant to these issues, with key findings summarised here.

Global Fund performance frameworks tend to be largely aligned with national data systems, but evidence from country case studies suggests that fragmentation in contexts with weaker health systems and implementation of new indicators remains a challenge.

Overall country stakeholders have reported strong alignment of Global Fund M&E requirements and processes with national systems. The Global Fund has been praised for using national and existing data systems to fulfil M&E requirements (e.g. strengthening DHIS2), and supporting alignment between indicators in the performance frameworks and in NSPs. In South Africa for example, stakeholders expressed that the performance framework indicators were coherent with the country's established data collection frameworks.

However, in some cases where existing national systems are weaker making alignment more challenging or due to a lack of available national systems, the Global Fund continues to fund parallel systems to meet reporting needs (e.g. in Bolivia, Chad, the Philippines, South Sudan, and Zambia - although stakeholders in each of these contexts reported recent efforts to address fragmentation). For example in Bolivia, the Global Fund has invested in strengthening the national HMIS (SNIS) but due to a highly fragmented context, continues to support the standalone 'SIMONE' system collecting data on HIV indicators and a hybrid approach to collecting TB indicators, while UNDP (PR) supports M&E of malaria indicators with unclear integration into the SNIS (for more examples, see Table M.2 in Appendix M).

Country stakeholders also reported some challenges in integrating new indicators and reporting requirements (i.e. gender disaggregation, RSSH indicators), in part because they tend to cover areas which national data systems do not report on and because changes are made frequently without ensuring capacity and buy-in. For example,

¹⁷⁴ Including the SR2020, the 2019 OIG audit on KPIs and internal assessments including a review and online survey

¹⁷⁵ Based on Global Fund internal documents (confidential)

¹⁷⁶ Underlying this improvement, is explicit recognition in the 2023-2028 Strategy of the need to create an enabling environment for investments in RSSH, HR, GE, and in COEs to demonstrate results over longer time horizons.

difficulties were reported in the Cote d'Ivoire in defining and implementing HR- and GE-related indicators. While it is crucial to ensure coverage of these important barriers to services, stakeholders spoke to a need to ensure that M&E tools remain consistent where possible and when changes are introduced, this is done with appropriate sensitisation and technical assistance if necessary.

Evidence from document review and country case studies suggests challenges and inconsistencies in the target setting process including the level of ambition, selection of indicators and data quality.

The level of ambition of targets varies substantially- particularly for key and underserved populations programming. In South Sudan for example, the Global Fund has reported consistent over-performance of the grant against targets while performance against global targets remains extremely low, raising questions as to whether performance targets are currently set to enable optimal assessment of progress against the three diseases. In Kenya, stakeholders reported that official statistics for KP population size used for planning were underestimates, with programs subsequently adjusting as better data became available.

Although many targets are based on NSPs, stakeholders suggested that certain targets were not set rigorously and were overly ambitious, as they failed to take into account data from previous funding cycles, fundings gaps, commodity gaps and stockouts, and population size estimates. Inconsistent ambition with regards to target setting has been corroborated by previous evaluations and TRP reports. For example, regarding KP programming in particular, the TERG Review on HIV Primary Prevention noted highly variable levels of ambition of key and vulnerable populations targets, compounded by the challenge of accurately estimating key and vulnerable populations size.¹⁷⁷ Similarly, the TRP noted that metrics for monitoring the outcome of activities for key and vulnerable populations are often absent or lacking ambition, while conversely, progressively more ambitious targets are not backed by realistic resources in allocation.¹⁷⁸ As noted, difficulties in target-setting are often related to suboptimal data quality and population estimates, as was reported by stakeholders in Côte d'Ivoire, Kenya, Nigeria, Sierra Leone, and Zambia.

An analysis of the performance framework data also showed that target setting was done more consistently for service delivery indicators (e.g., those indicators used for KPI2) and much more sporadically for impact level indicators relating to mortality and incidence rates. In their current form, performance for mortality and incidence rates cannot be analysed consistently against performance framework targets at the country level and instead results are compared directly against global guideline targets (e.g., for HIV the 95-95-95 targets) and feed into Global Fund's reporting for KPI1a and KPI1b at the aggregate level.

Finally, country stakeholders also hold mixed views regarding the process for target-setting. In certain countries (e.g. Côte d'Ivoire) there was a perceived lack of flexibility and agency for country stakeholders and PRs to adjust targets when relevant. In other countries (e.g. Philippines, Chad), stakeholders held positive views regarding the flexibility of target-setting and negotiations with the Global Fund which were seen as appropriately encouraging of program ambition.

The grant targets will be used to determine whether the KPI service delivery indicators are achieved in the 2023-28 KPI Framework. While this is generally a welcomed step increasing accountability and linking the KPI metrics closer to the Global Fund, this also means that the accurate and consistent settings of grant performance targets become more critical going forward.

The Global Fund has supported significant improvements in availability of data at country level, but there is a need to continue to develop capacities in data-use.

The Global Fund's significant investments in HMIS over the last two decades have contributed to better data availability at country level (see Section 5.2 on results of RSSH investments, specifically HMIS). Evidence from country case studies suggests significant improvement during the last strategy period including roll-out of DHIS2 and a reduction in the use of fragmented and parallel data collection systems, increased digitisation, roll-out of commodity tracking systems (LMIS), and scale-up of community-led monitoring (CLM) (see Table M.2 in Appendix M).

¹⁷⁷ TERG, Thematic Review on HIV Primary Prevention, 2021

¹⁷⁸ TRP, Lessons Learned Report, 2020-2022

However, much less investment has been directly targeted at strengthening a culture around data-driven decision-making at the national and sub-national level. There has been less focus in investments on directly supporting change management process including building national and subnational capacities in HMIS and a culture of data use,¹⁷⁹ as was advocated by the Global Fund's *Strategic Framework for Data Use for Action and Improvement at Country Level*.¹⁸⁰ While there is increasing evidence that data is being used for funding request development and national strategic plans (as discussed under Workstream 1), data use in other respects remains limited and uneven across and within countries.¹⁸¹ For example, while data is increasingly being generated at the community-level it is not yet being consistently used to inform decision-making. Data generated by CHWs, particularly those linked to a health facility, has progressively become more integrated into the national HMIS. However, data generated by community-based organisations and other civil society organisations is less consistently integrated (with some communication flows to national PRs). This has led to limited integration of key and vulnerable populations data in national systems, hampering decision-making.¹⁸² In Kenya, stakeholders expressed several challenges related to CLM including a perceived lack of trust in community-generated data when it comes to making decisions about what to fund and how to adjust programming. During the last strategy period however, the Global Fund made several investments in improving analytical capacity and data use through regional and local hubs via the Data SI (including the PERSuADE partnership supported by Makerere University¹⁸³ in Eastern and Southern Africa, and similar initiatives in WCA, MENA, LAC, and EECA regions). These investments are expected to continue during GC7.

6.5. LEARNINGS FROM SR2020 AND CONTRIBUTION TO STRATEGY TRANSITION PLANNING

6.5.1. Introduction and approach

The SRQ is as follows:

SRQ3.6: To what extent have the recommendations from SR2020, related to the focus areas of SR2023, been incorporated into 1) policies and processes for the second half of the 2017-2022 Strategy period, and 2) 2023-2028 Strategy, and to what extent has this enabled coherence, agility and flexibility in the transition across strategy periods?

The assessment of this SRQ has a “light touch” linking to strategy transition planning, given that the strategy development process is based on a much wider process than just building up from TERG reviews.¹⁸⁴ Findings from this SRQ should be considered alongside an ongoing OIG audit that looks at the effectiveness of Global Fund model in delivering the new strategy (currently in development with findings not available to analyse in this review).

Findings for this SRQ are based on a review of the SR2020 and evidence base for recommendations that is covered under the different workstreams of this evaluation. It is also based on consultations with Secretariat members, and in some cases the wider partner base and countries.

6.5.2. Findings

Finding 3.9: SR2020 recommendations have been incorporated in the new strategy for the most part, reflecting mistiming of the review to contribute to the second half of the 2017-22 strategy period. The review has contributed to and

¹⁷⁹ TERG, Thematic evaluation of data-driven decision-making, 2023

¹⁸⁰ Global Fund Strategic Framework for Data Use for Action and Improvement at Country Level, 2017-2022

¹⁸¹ TERG, Thematic evaluation of data-driven decision-making, 2023

¹⁸² TERG, Thematic evaluation of data-driven decision-making, 2023

¹⁸³ Makerere University, PERSuADE End of Initiative Report, 2021

¹⁸⁴ In particular, the 2023-2028 Strategy was developed through a highly consultative two-year process, guided by the SC and Board, and by input and evidence provided from across the GF partnership. SR2020 was one input among many, including other TERG reviews, OIG, TRP, Partnership Forums: convening 350 representatives from across the Global Fund partnership, an Open Consultation with 325 submissions representing inputs of more than 5,500 individuals, Board and SC guidance, reports and strategy development processes from technical partners, and consultations with over 100 Secretariat staff.

been aligned with thinking leading up to the 2023-28 strategy planning and development, although some issues highlighted remain valid for SR2023.

Robustness: Good/ Limited.

Appendix N provides a listing of the SR2020 recommendations, the Secretariat management response and an assessment of key areas of progress. Based on this assessment and supplemented with consultations (global and country), the following are key points:

- ***SR2020 was mistimed to support the second half of the 2017-22 strategy period (and GC6 in particular), but better timed for the new Strategy 2023-28 and GC7.*** SR2020 was published in August 2020 with the TERG and management response in December 2020, which was too late to impact the second half of the strategy period (i.e., GC6, where grant making took place in 2020). As such, most of the insights and related progress against recommendations (including what were highlighted in SR2020 as “immediate recommendations”) have been incorporated for the new strategy 2023-28 and GC7. However, some aspects have also evolved since and hence considered in a new context in the 2023-28 strategy (e.g., the COVID-19 pandemic and Global Fund’s approach to PPR). Going forward, we understand that the new M&E framework supporting the 2023-28 Strategy includes an evaluations calendar to better align timings of evaluations with key events and planning at the Global Fund.
- ***Recommendations are quite wide-ranging and all-encompassing and difficult to track progress.*** The recommendations are wide-ranging and cover multiple aspects of the Global Fund model and hence difficult to systematically assess progress. There is also no formal progress tracking approach within the Global Fund for such reviews (and this was also the case with the TERG reviews on SIs and MCs, as discussed under workstream 5). The Secretariat also commented that broad recommendations become more challenging to operationalise as multiple teams need to consider and responsibility/ accountability needs to be allocated. Secretariat staff also indicated that at times there are too many recommendations, so it is not easy to implement all immediately. It was also noted that some recommendations were too high level and lacked specificity, and it was therefore unclear how they could be operationalised and what the trade-offs would be in order to implement them. In addition, some recommendations were not situated within the Global Fund’s sphere of control. The recommendations provided under SR2023 seek to build on these learnings and address the concerns raised by the Secretariat in this regard.
- ***There has been mixed progress in implementing the recommendations.*** As can be seen from the progress assessment table included in Appendix N, some recommendations have well progressed whilst others have not. While the Secretariat did not agree with certain recommendations as indicated in its management response (and provided the rationale for this), some issues highlighted in SR2020 continue to be identified in SR2023 (e.g., evolution of the business model to better adapt to all SOs and ensure coherent management across, progress with regards to sustainability considerations, etc.).
- ***Limited learning.*** In our discussions with a number of Secretariat staff, we found that SR2020 evaluation findings and recommendations are not well known/ recalled (even amongst teams that were directly working on those issues). This might be reflective of turnover or staff movement within the Secretariat, but also potentially limited sensitisation and entrenchment of learning from these evaluations within the Secretariat. Recommendations are not consistently interpreted (as is evidenced from some consultations with the Secretariat for this evaluation). TERG reviews of SIs and MCs faced similar issues as discussed below under workstream 5. Secretariat colleagues have also noted the counter point that given multiple evaluations with multiple recommendations, it isn’t always possible to recall and recollect specific evaluation recommendations.

The first two findings indicate a degree of shortfall in the SR2020, while the latter two indicate some but not extensive contribution of the SR2020 in the strategy transition planning process.

7. WORKSTREAM 4: C19RM

7.1. INTRODUCTION AND APPROACH

Workstream 4 is focused on C19RM, covering an assessment of the design of the mechanism post changes made in 2021, and results achieved on mitigation of the impact of the pandemic on HTM as well as RSSH and CSS. The two SRQs are as follows:

SRQ4.1: To what extent have the post 2021 changes to C19RM contributed or hindered effective implementation of Global Fund C19RM investments?

SRQ4.2: How effectively have the interventions supported by C19RM contributed to mitigating the effect of COVID-19 on the three disease program outcomes? How and to what extent were they leveraged for health and community systems strengthening?

The Global Fund defines three phases of C19RM: (i) emergency response between March 2020-22; (ii) pandemic evolution and uncertainty between April 2022-23; and (iii) transition to system strengthening between May 2023 and December 2023. Given the timelines for SR2023, both SRQs cover phases (i) and (ii) and specifically SRQ4.1 looks at the post 2021 design changes. Where relevant, recent updates under phase (iii) are mentioned, but these are not within scope of this evaluation.¹⁸⁵

The assessment is based on available reviews of the C19RM mechanism (baseline evaluation of C19RM 1.0 completed in 2022, and several OIG audits over 2021 and 2022) alongside wider Global Fund documentation (C19RM guidelines and briefs, updates to the Board, and summary presentations on results over time). Global KII feedback has been more generic than specific for this workstream and is not viewed as quality to support effective triangulation of the details. Country case studies have however provided considerable relevant information and have served as an important source of evidence for both SRQs.

7.2. KEY FINDINGS

7.2.1. Design of C19RM post 2021

Finding 4.1: The C19RM re-design in 2021 was well done and appropriately responded to the availability of much greater funding and longer implementation timeframe, albeit with some gaps on monitoring and oversight as well as technical partner review and engagement. These gaps were mainly due to the challenging circumstances of the pandemic but also reflected the limits of the Global Fund model.

Robustness: Good, evidence base supported by multiple reviews and country feedback from CCS

C19RM was set up in early April 2020 as the Global Fund's response to the COVID-19 pandemic. Its initial design in 2020 focused on providing speedy approvals and disbursements to countries for emergency response, but over time, as the pandemic evolved and the Global Fund had access to more significant funding from the US government and other donors, the design of the mechanism also evolved.¹⁸⁶ However, despite evolution (increased complexity) of the design, funding request approvals in 2021 remained comparable to the levels in 2020 – reflecting the Global Fund's hard work and commitment to providing an effective response.¹⁸⁷

¹⁸⁵ Global Fund (2023), C19RM results of investments: Shifting to longer term systems strengthening for pandemic preparedness

¹⁸⁶ This review is limited to the 2021 changes and does not consider more recent changes since including with regards to linkages with the Global Fund PPR approach in the 2023-28 Strategy.

¹⁸⁷ An OIG audit in 2022 notes that C19RM had the highest and fastest rate of converting funds to approved grants as compared to peer mechanisms. In 2021 the approval rates were similar to that in 2020, with more than four times the amount of funds being processed. (Audit Report on the C19RM 2021, GF-OIG-22-007, 30 March 2022)

Some of the main changes to the 2021 design were: (i) longer timelines for approval and implementation; (ii) establishment of a more comprehensive allocation model; (iii) availability of two tracks for funding for urgent needs (fast track) and more comprehensive requests (full funding and supplemental funding); (iv) creation of processes to improve inclusiveness of CSO/ key and vulnerable populations bodies and coordination with the national COVID-19 response; (v) additional technical review processes with key partners through Grant Approvals Committee – COVID-19 Technical Advisory Group (GAC-CTAG) including WHO, Gavi, Stop TB and UNICEF; and (vi) updates to the monitoring and oversight approaches. Many of these changes were well received, and some challenges were also noted. In particular:

- **Updates to the C19RM allocation methodology:** With the evolution of the pandemic and greater availability of data, a more comprehensive allocation model including qualitative adjustments was established. In particular, the methodology was updated to include more COVID-19 specific factors such as COVID-19 burden, service disruption, COVID-19 funding landscape and C19RM absorption risk. The OIG assessed the process to be more structured and robust than for C19RM 2020 and had the benefit of ensuring greater alignment of allocation to evolving COVID-19 circumstances. There were however limitations to the use of the methodology in practice as there was limited availability and timely information on sources of funding as well as utilization of C19RM funds.
- **Two tiered funding requests:** We understand that lack of differentiation in timelines between the two tracks impacted its overall usefulness (76 days average timeframe for fast-track approval versus 84 days for full funding in 2021).¹⁸⁸ It was also commented that the process was not designed as an acute emergency response mechanism (i.e. as per standard emergency response mechanisms where funders select implementers and directly deliver services such as the case of Red Cross and other emergency support) and is dependent on pre-existing Global Fund and country level approaches and processes that limit its speed and agility (OIG review, select KIIIs).
- **Processes to improve inclusivity:** Efforts were made to improve inclusiveness of CSOs and key and vulnerable populations by increasing CCM budgets to support this engagement as well as providing better Global Fund guidelines. There was also a Board requirement for greater coordination of CCMs and national COVID-19 response bodies through endorsements of funding requests. While these were good measures to introduce in the context, there were challenges in implementation given the reality of COVID-19 limited engagement (given lockdowns) and coordination between CCMs as a Global Fund structure and the national disease response.
- **External review process:** External review by GAC-CTAG was established for C19RM 2021 to support partner review of compliance with the guidance and alignment with other partner efforts. Notwithstanding the challenging circumstances around COVID-19 and the need for a quick response, the establishment of a 72-hour turnaround time for the review was largely infeasible for most partners. In addition, as flagged in the OIG audit, there were no minimum requirements of what constitutes a review, with the number of external reviewers varying widely by request from one to 14, with no relation to the risk or complexity of the request.¹⁸⁹
- **Updates to monitoring and oversight (M&O):** Quite understandably, the Global Fund focused on “getting money out of the door” and not imposing reporting burden on countries during the pandemic. While we understand that the 2021 approaches for monitoring represented an improvement over that in 2020¹⁹⁰, M&O

¹⁸⁸ Global Fund OIG (2022), Audit of the C19RM 2021

¹⁸⁹ Audit Report on the C19RM 2021, GF-OIG-22-007, 30 March 2022

¹⁹⁰ C19RM 2020 did not have an M&O framework and largely drew on routine mechanisms supporting regular disease grants. C19RM 2021 planned for some improvements, but many of these were not operationalised and others had several challenges, for example, several aspects of the M&O framework including analysis from the Pulse Checks and Spot Checks were not completed and implementation of these checks also had several issues at the country level. Quarterly pulse check aimed at close monitoring & oversight of financial absorption and to identify implementation gaps that requires problem solving to course correct execution. Spot Checks were devised as an assurance mechanism but faced several challenges including lack of ownership of the results and lack of clarity on its use as well as lack of integration with other data collection efforts.

was fundamentally inadequate in that: (i) there was no focus on output-outcome-impact measurement and hence limited/ no data availability on the results of C19RM (an aspect that has impacted our review of the next SRQ); and (ii) lack of/ patchy data means that the Global Fund had limited real-time and performance related data to guide implementation (which again would impact the extent to which results were achieved).

Box 7.1 provides some insights from the country case studies on experiences with C19RM. As can be seen from the examples, some aspects of the design in terms of inaccessible guidelines, tight timelines, challenges with effective programming in the face of an evolving pandemic, limited monitoring and learning as well as the parallel stream of funding where implementers unfamiliar with the Global Fund had to adapt and align to access the funding were challenging. In addition, there were also a number of country-specific implementation challenges, which were exacerbated through the pandemic situation. The Global Fund C19RM is not unique in terms of these challenges faced, with the COVID-19 pandemic presenting challenges for all funders.

Box 7.1: Country case study feedback on the experience with C19RM

The following were key areas of feedback from the CCS:

- Challenges with developing funding requests and reprogramming. Updated and more detailed guidelines were provided to countries in 2021, which was viewed as useful and relevant but less user-friendly, and several countries noted difficulties in considering the guidelines in detail in support of their funding request development. This was also exacerbated by short timelines for submission of funding requests, as reported in Nigeria and South Africa. There were also challenges in terms of lack of clarity and some ambiguity in designing the investment focus, likely related to the evolution of the pandemic, as reported in South Africa. However, this subsequently led to some redundancy and wastage in investments (e.g., PPEs). There was also a need for frequent reprogramming, which had associated delays in implementation, as indicated in Nigeria.
- Challenges with parallel funding from Global Fund: C19RM was viewed as another parallel source of funding, but with requirements to be familiar with the Global Fund model and processes. For example, in Nigeria, where new implementers were brought on board, they faced challenges as were less familiar with Global Fund policies and processes and required time to adapt.
- Challenges with and lack of monitoring systems: Country level stakeholders in South Africa described the absence of a post-implementation assessment after the initial round of funding as ineffective. While the changing landscape of the pandemic was acknowledged, there was not adequate learning through the process, also particularly useful for future emergency preparedness and response programming.
- Varied implementation challenges in country: The Mozambique health system as a whole experienced severe HRH capacity gaps which affected COVID-19 service delivery. There were also gaps in coordination across states in Nigeria, especially with respect to referrals and data management. These capacity gaps were reported to be a critical factor in lower absorption in Mozambique and Nigeria. Subsequently, Mozambique however utilized C19RM funds to increase HRH capacity.
- Procurement challenges: The majority of procurement challenges were due to global supply chain disruptions, global shortage of COVID-19 diagnostics, and shipping delays experienced by all countries. There were however in-country dynamics that exacerbated these such as lengthy MoH procurement processes in Mozambique. However due to the rapid evolution of the pandemic post 2021, procurement delays also contributed to redundancies in investments mentioned above.

As noted, some of the challenges to the effective implementation of the C19RM design were on account of the challenging circumstances of the pandemic (e.g., limited data availability, need for speed). But others also reflect the

nature of the Global Fund model which has been primarily designed to provide disease support for HTM.¹⁹¹ For example:

- Global Fund funding is through the CCM which does not ordinarily engage directly with disaster management and response bodies in countries.
- There were also limits to the partner review process introduced in 2021, mainly on account of tight timelines but also this is an inherent component of the Global Fund model and was somewhat challenging to incorporate within the emergency response periods.
- The Global Fund model also relies quite considerably on its guidelines to countries, which were viewed as challenging for countries to consider in-depth in the context of emergency situation.

These factors, coupled with the changing demand/ country needs with the evolution of the pandemic contributed to slower absorption, implementation delays and some wastages/ redundancies; and as of December 2022, in-country absorption was 42% only.¹⁹² While the successive portfolio optimizations and reprogrammings have improved absorption, there is still US\$2.2 billion of unspent funds under C19RM to be utilized by 2025. While the agility of C19RM in terms of ability to reprogram and for countries to use funds as needed only is a definite strength, lower absorption also reflects lack of timely use of available funds (i.e. comes at an opportunity cost), while recognizing that the COVID-19 pandemic presented highly challenging and uncertain times globally.

7.2.2. Contribution of C19RM to results

Finding 4.2: C19RM funding has been very helpful to mitigate the impact of C19 on HTM. There are several examples of program adaptations, scale-up of innovations and other targeted support which would have contributed to the “bouncing back” of HTM results observed in 2022 (especially TB). In addition, this evaluation provides new quantitative evidence on C19RM funding contributing to countries’ performance in ART provision.

Robustness: Good, no M&E framework to guide performance assessment, but lots of qualitative/ case study-based information across multiple countries and new robust evidence through the regression analysis.

As noted, lack of a bespoke M&E framework for C19RM (and only recently instituted in 2023) has implied that there is limited information on direct results from C19RM funding. However, there are lots of examples of useful investments that have been documented by the Global Fund, and this evaluation also complements this evidence-base with input from the regression analysis and country case studies. This is presented below, with the overall finding that C19RM investments have provided important support to mitigate the impact of the pandemic on HTM, while innovating and backstopping to ensure the continuity and scale-up of services. As such, there is good evidence to support the TOC results pathway between C19RM and HTM related results.

¹⁹¹ The OIG review (2022) also commented that the fast-track mechanism under C19RM was not designed as an acute emergency response approach and the current design ensures that “the Global Fund can respond to longer term chronic COVID-19 challenges and provide emergency support, rather than respond to acute waves of COVID-19”. The OIG review suggested that the process was not designed as an acute emergency response mechanism, as it was dependent on pre-existing Global Fund and country level approaches and processes limiting speed and agility (i.e. a starting point for the mechanism was the core grant processes which were then adjusted to fit a COVID-19 response). The OIG review flagged several specific aspects of the Global Fund model that can serve as a deterrent to effective emergency response, including a grant application-based approach, reliance on national systems (which can be of varying capacities whilst often emergency response organisations use their own implementing agencies) and the coupling of procurement and award of funding (which can result in delays).

¹⁹² The Global Fund has sought to provide TA funding to support implementation challenges, including through the Centrally Managed Limited Investments (CMLI) TA funds.

Documented evidence by the Global Fund and CCS

A recent (June 2023) results report developed by the Global Fund well summarises the nature of funding provided for HTM mitigations through C19RM, which sheds light on how this funding would have supported the rebounding of HTM results.¹⁹³ In particular:

- For **HIV**, Global Fund C19RM 2021 investments focused on scaling-up service delivery adaptations to minimise risk to COVID-19 exposure for PLHIV, while also ensuring access to essential services. Five priority interventions received focus – multi-month dispensing, out-of-facility dispensing, virtual service delivery, differentiated HIV testing (including self-testing) and other service delivery adaptations. We understand that some of these adaptations/ innovations have been considered for a while by the Global Fund and not progressed due to risk aversion but have now received the needed impetus through C19RM funding and may be rolled into mainstream service delivery approaches in the future.
- For **TB**, C19RM supported intensified TB case notification efforts as a resilience measure alongside maintenance of standard TB services. Countries were encouraged to maintain their NSP targets and strive for higher to make up for the loss. There was a focus on optimising screening and testing by procurement of digital X-rays and molecular diagnostic platforms that tested for both TB and C19. There was also a focus on people-centred approaches and improved surveillance.
- For **malaria**, the focus was on campaign adaptations, increased operational costs due to COVID-19 as well as covering increases in international freight costs for malaria products. Malaria implementation activities were less disrupted than TB and HIV, with main issues being delays in delivery of ITNs and health care worker shortages.
- In addition, investments in C19 responses were reported to have spillover systems benefits including for HTM mitigations, e.g., 63% of COVID-19 tests procured were ordered before December 2021 peak of pandemic, facilities with Global Fund support showed higher level of COVID-19 testing and diagnosis compared to non-supported facilities, supporting TA provided integrated diagnostic services, trainings, data integration, etc.

Indeed, this is well-corroborated from the feedback received through the CCS. For example (and more examples can be found in the individual CCS reports):

- **Commodity and equipment procurements:** The investments supported the timely and continued provision of PPE and vaccines, enabling health workers to continue safe delivery of HTM services. Respondents in Nigeria and Zambia described the added value of the supported oxygen therapy/plants; though primarily focused on COVID, these were also useful for TB and other health services. The scale up of testing and other laboratory equipment also improved TB diagnostic capacity in Nigeria, Zambia and Mozambique. Nigeria stakeholders also cited ambulances (mobile intensive care unit) which facilitated emergency care despite health facility restriction limitations.
- **Enhanced/alternative service delivery mechanisms:** Service delivery mechanisms were adapted to the pandemic, through strengthening community modalities/differentiated service delivery models (multi-month scripting) especially for HIV and TB service delivery as reported in Nigeria, Zambia and Mozambique; integrated services e.g., bi-directional testing (TB-COVID) in Nigeria and Mozambique, integrated screening for C-19, HIV, and TB in South Africa. These approaches ensured maintenance and, in some cases, enhanced healthcare delivery.
- **Additional Human Resources for Health:** COVID-19 shifted health workforce away from other health services, notably impacting their provision. This was more pronounced Zambia and Mozambique where HRH was already chronically below establishment levels and C19RM investments were also utilized to boost the health workforce in these two countries.

¹⁹³ Global Fund (2023). C19RM results of investments.

In addition to the above, Secretariat updates to the Board provide detailed case studies on specific interventions and countries. Some examples are summarised in Appendix O.

Statistical regression analysis

Regression analysis found that C19RM expenditure was significantly associated with countries' relative performance in ART provision post Covid-19, but the same effect was not evident for other service delivery indicators (LLINs distributed, IRS received, TB notifications, % HIV+ pregnant women receiving ART for PMTCT, MDR-TB treatment).

The effects of C19RM on performance were assessed as part of CEPA's regression analysis – which estimated the association between expenditure on the C19RM (as a proportion of total Global Fund in-country expenditure) and grant performance relative to targets, after accounting for other control variables, including the mean effect of Covid-19 on performance in 2020 and the average subsequent recovery in performance in 2021.

Estimators of the effect of Global Fund C19RM expenditure on grant performance post Covid-19 were found to be positive, statistically significant and weakly robust to specification for the ART service delivery indicator in particular (number of adults and children receiving ART), with a one-year lag.

Our central specification estimated a coefficient of 0.56 for the effect of C19RM expenditure in the previous period and was significant at a 95% confidence level. A literal interpretation would imply that a 1% increase in the share of Global Fund expenditure through C19RM improved performance against the target number of people receiving ART for HIV by 0.56%.

This is an encouraging finding, suggesting that countries receiving greater C19RM funding experienced relatively stronger performance of ART provision after Covid-19. Hence, #ART performance was significantly, positively associated with lagged C19RM funding.

However, estimates of the effect of the share of Global Fund expenditure on the C19RM on performance may be at risk of endogeneity, potentially biasing estimates. Possible sources of bias were investigated through alternative model specifications but cannot be ruled out. Additionally, the regression exercise faced numerous data limitations and findings should be interpreted with caution.¹⁹⁴

Finding 4.3: C19RM investments by design came later in 2021 for RSSH, with initial response focused on C-19 and HTM mitigations. CSS-related funding was more limited under C19RM and there were a number of issues in communities having access to C19RM funding.

Robustness: Good/ Limited, no M&E framework to guide performance assessment, but some qualitative/ case study-based information across multiple countries.

C19RM 1.0 was designed to support emergency responses through C19 control and containment measures and focused on avoiding major disruption to HTM services. Systems strengthening received little attention in 2020, by design, with only US\$ 74.3 million or 9.8% of total approved allocations designated for “urgent improvements in health and community systems” according to the C19RM baseline assessment by Pharos (2022). In addition, the baseline assessment notes the challenges in assessing the results of these investments: “While 9.8% of C19RM 2020 grant awards were reported by the Global Fund as being invested in health and community systems strengthening (HSS/CSS), they could not be systematically evaluated (the Global Fund could not even split this \$75 million between health and community systems)”.¹⁹⁵ However, the evaluators did find significant anecdotal evidence at country level of money being directed towards systems improvements such as COVID-19 surveillance and modeling, training and deployment of additional frontline health workers, and risk communications activities implemented by civil society organizations (CSOs). In addition, though direct investment was missing at an early stage, stakeholder feedback and the baseline evaluation highlighted the “spillover effects” of early interventions which benefited RSSH to some extent

¹⁹⁴ For full details on the set of control variables, regression design and limitations see Appendix J.

¹⁹⁵ The Secretariat clarifies that data collection and disaggregation was not well done at the start of the pandemic response, primarily due to the emergency circumstances, and hence the challenge in quantifying RSSH funding.

by strengthening systems required for C19 responses. This included strengthening of oxygen systems, health information systems, laboratory capacity strengthening, surveillance systems etc.

Based on data on funding levels, the CSS share is low, however it is noted that several HTM interventions had CSS components (e.g. use of communities to support MMD for ARVs) and hence the Global Fund expenditure data may not be fully accurate. But overall, community engagement was limited and varied from country to country, hindered by various barriers to community participation including short timelines for application to C19RM, government focus on emergency COVID-19 commodity supplies, communications challenges, lack of clear guidelines on eligible activities, limited IT access, poor literacy, or the lack of a clear definition of C19-affected communities to include in funding requests. In general, several have commented that it was operationally challenging to coordinate CSS investments through C19RM.

RSSH and CRG issues were better prioritised in C19RM 2021, including through an increased funding specifically allocated for RSSH and community interventions, as well as strengthened guidance and mandatory instructions to clearly reflect RSSH and community needs within C19RM 2021 funding requests.¹⁹⁶ For example, the C19RM Board Update, July 2022, notes that US\$307 million of awards were made for RSSH and US\$130 million for CSS. This includes funding for institutional capacity building and collaboration (Sierra Leone, Ethiopia), monitoring and supervision (Sierra Leone) and community-based surveillance (Ethiopia) as well as expanding CHW capabilities on GBV and related prevention and referrals to treatment (Tanzania). In addition, it is important to note that C19RM funding provided a boost to CSS which the overall investment being sizeable in relation to CSS funding through country allocations.

Further, the C19RM Board update, Feb-March 2023 notes that the C19RM portfolio optimisation Wave 1 provided an additional US\$281 million for a number of systems aspects including oxygen, CHWs, lab systems and surveillance. These are viewed to simultaneously contribute to the COVID-19 response and strengthen pandemic preparedness. There was also TA (Centrally Managed Limited Investments or CMLI) to complement awards to countries and maximise impact and the use of funds. In particular:

- C19RM PO Wave 1 resulted in US\$149m for **integrated laboratory systems** strengthening, a substantial portion of which went to Nigeria (US\$20m) and Uganda (US\$11.4m). The investments covered: (i) integration of COVID-19 testing with other diseases; (ii) strengthening lab systems such as sample referral networks, data management systems, etc.; (iii) promotion of wastewater-based surveillance (supporting COVID-19 and other diseases like polio, cholera, etc.); and (iv) upgrading laboratory infrastructure to attain international standards for accreditation and biosecurity.
- C19RM PO Wave 1 resulted in a total of US\$136m for **surveillance strengthening**, a substantial amount of which went to Nigeria (US\$13.2m), Tanzania (US\$9.2m) and Rwanda (US\$8.9m). The investments covered: (i) building and extending existing surveillance and reporting platforms; (ii) accelerating data-driven decision-making; and (iii) strengthening end to end linkage for surveillance, routine data systems, laboratory, health facility and community investments for early warning surveillance and response.
- C19RM PO Wave 1 resulted in a total of US\$202m invested in **CHWs**. Investments in CHWs was split between mitigation of the impacts of COVID -19 on HTM (39%), community, rights and gender (25%), and systems strengthening (36%). In particular, investments covered (i) systems components enabling readiness to scale-up, boost pandemic preparedness capabilities and accelerate impact on HTM; and (ii) short-term funding to complement GC7 while catalysing progress towards institutionalisation and sustainable financing in the medium and long-term.

Going forward, under Phase 3 of C19RM, there is a focus on transitioning to systems strengthening where there will be five strategic priorities including on surveillance systems, laboratory systems, HRH and community systems, medical oxygen and respiratory care, and health product and waste management. This is referred to as the “portfolio optimisation wave 2” where unspent monies from C19RM to date are being reinvested for these strategic priorities (approximately US\$2.2 billion). Alongside the massive opportunity to support RSSH, there is also a considerable

¹⁹⁶ Pharos (2022). Evaluation of Global Fund COVID-19 Response Mechanism (C19RM) 1.0

challenge in scaling up RSSH at a magnitude that has not been done before. The strategic priorities also reflect new technical areas and new partners for the Global Fund.

7.2.3. Learnings from C19RM

The above findings on C19RM provide some lessons from future emergency support from the Global Fund as well as wider implications for PPR for the 2023-28 Global Fund Strategy, including:

- It is **important to institute appropriate M&E for investments upfront**, and the Global Fund could consider developing an M&E system to use in the event of future epidemics and pandemics, in collaboration with key partners (and we understand that a revised C19RM M&E framework has been developed under the 2023-28 strategy).
- The Global Fund should **carefully consider how best to leverage the partnership model for emergency support**. In doing so, the Global Fund should take into consideration that multi-partner reviews of C19RM investments were not time effective, with C-TAG experiencing significant challenges.
- The Global Fund should consider **how best to support countries with implementation challenges** (e.g. procurement delays, lack of coordination across ministries, etc.), given the lack of Global Fund country presence.
- Regarding pandemic preparedness and response, there is a **need to develop effective coordination structures across implicated Ministry of Health departments**, as well as across sectors. The Global Fund should also **adopt methods to assess and demonstrate the contribution of PPR investments to HTM resilience**, noting that selected PPR performance measures may require a longer assessment period than the three-year grant cycle.

8. WORKSTREAM 5: CATALYTIC INVESTMENTS

8.1. INTRODUCTION AND APPROACH

As outlined in the TOC for SR2023, Catalytic Investments (CIs), along with C19RM, are mechanisms which serve as additional tools and strategic levers to support sustainable achievement of country results. Where catalytic change is key to accelerating responses through the country allocations, the intention is that these limited, additive resources can incentivize increased resources, innovation and prioritization, leveraging the core investment.¹⁹⁷ CIs are addressed within the allocation methodology and are implemented through three modalities:

- Strategic Initiatives (SIs) provide technical support to improve programs, strengthen systems and catalyse innovation, and give flexibility to fund off-cycle needs, like emergency response or introduction of new technologies;
- Multi-Country Grants (MCs) address a limited number of key multi-country priorities deemed critical to fulfilling the aims of the Global Fund strategy;
- Matching Funds (MFs) seek to incentivise the use of country allocations for strategic priorities in line with the Global Fund and partner disease strategies. Country recipients of catalytic matching funds must meet a defined set of programmatic and financial criteria to access the funds.

The amount for CIs in each replenishment scenario is determined by the need to protect country allocations. Priority areas for CIs are informed through a prioritisation approach in consultation with partners and under the oversight of the SC.¹⁹⁸ These priorities are submitted to the Board for approval, following which scenarios of different funding amounts are assigned to agreed priorities, and appropriate modalities for CI implementation identified ('operationalization' phase). Allocation letters to countries include allocations for CIs alongside grant allocations.¹⁹⁹

SR2023 largely builds on previous evaluation work for the first two types of CIs and conducts a deeper-dive into the third type, MFs, through two strategic review questions:

SRQ5.1: How did the Global Fund advance findings and recommendations of the thematic evaluations conducted in 2021 on Strategic Initiatives and Catalytic Multi-Country Grants?

SRQ5.2: To what extent has the catalytic effect of Matching Funds been effective in driving focus in intended areas?

For SRQ 5.1, while focus is on the period following the TERG recommendations, it is noted that CIs implemented in GC6 were already approved with implementation initiated before the recommendations from the 2021 TERG thematic evaluations were available. As such, the review has also considered plans underway for GC7 given this was the first cycle in which TERG recommendations could have been applied.

Both SRQs are based on documentation review, consultations with Secretariat and partners as well as the country case studies. It is noted that this review did not attempt to review in depth the effectiveness of specific CIs. For SRQ5.2, we have also selected a sample of three countries²⁰⁰ with multiple MFs for a review of the volume and scope of their MF portfolios spanning GC5, 6 and 7. We also conducted an MFs allocation analysis across the three recent cycles, based on Global Fund website data (Appendix Q). Specific CI examples, spanning SI, MCs and MFs, have been included to highlight useful and insightful points relevant to the scope of CI enquiry. An independent review of country level results pertaining to CIs was not possible from existing data and is beyond the scope of SR2023.

¹⁹⁷ Global Fund (Dec 2022). Allocations and Matching Funds for the 2023 – 2025 Allocation Period

¹⁹⁸ The approach considers each CI priority's potential for strategic impact such as its contribution to strategy targets, operational implications including the use of other Global Fund policy levers, and lessons learned from the previous cycle.

¹⁹⁹ Specifically for MF allocations and SIs (a recent addition since GC7), though they do not include a specific allocation for MCs, with the exception of the Regional Artemisinin-resistance Initiative (RAI), given differentiated timelines.

²⁰⁰ Mozambique, Nigeria and Philippines.

8.2. FINDINGS

CI amounts were relatively stable across GC5 and 6, whilst GC7 saw a significant reduction in allocations across CIs, in line with changes in the overall funding envelope for CIs. The Board-approved catalytic funding amounts were \$800m (GC5), \$890m (GC6) and \$400m (GC7), which differs slightly from actual funding allocations across CI modalities, outlined in Table 8.1 below. Despite the absolute reduction in MF funding by 19% from GC6 to GC7, relative emphasis has been given to MFs within the CI portfolio given their integration with the country grants and inherent close alignment with existing country allocation processes and Global Fund SOs.

Table 8.1: CI funding across the 3 CI modalities, GC5-GC7²⁰¹

Type of CI	GC5: 2017-19 (US\$)	GC6: 2022-22 (US\$)	GC7: 2023-25 (US\$) (projection) ²⁰²
SIs	245 m	343 m	135.1 m
MCs ²⁰³	260 m	230 m	109 m
MFs	311.3 m	341.5 m	277.1 m
<i>Total</i>	<i>816.3 m</i>	<i>914.5 m</i>	<i>521.2 m</i>

Overall, during the strategy period:

- SIs have supported RSSH/cross-cutting and malaria investments predominantly, with TB and HIV being allocated a smaller proportion of funding.²⁰⁴
- In GC5, MCs were predominantly focused on malaria (and dominated by RAI funding), though in GC6, a greater number of MCs were focused on TB, followed by HIV.^{205,206}
- MFs were mostly focused on TB and HIV and to some extent RSSH funding, with a relatively larger portion of funding going to RSSH in GC7.²⁰⁷

8.2.1. Progress against TERG evaluations on SIs and MCs

Finding 5.1: Overall, the Secretariat considered the TERG evaluation findings and recommendations for SIs and MCs as useful and all recommendations have been taken forward to some degree, with nuance and flexibility so as to boost their applicability in a varied and evolving funding landscape.

Robustness: Good, largely supported across global and country level stakeholder consultations and the document review, though quantitative assessments are limited by the data available.

Due to the similarity of analysis and conclusions arising from the SI and MC evaluations, the TERG developed a joint position in response in 2022²⁰⁸, drawing on several key themes that needed attention in upcoming cycles. The recommendations, which varied slightly across SIs and MCs, related to: (1) Maintaining catalytic investments for areas

²⁰¹ CI PMO team

²⁰² These are inclusive of current private sector contributions, which could change in the future if additional private sector contributions are received.

²⁰³ It is noted that there are MC grants funded by the country allocation and those funded through CIs – those funded by the allocation are not included in the analysis below.

²⁰⁴ Based on Global Fund internal documents (confidential)

²⁰⁵ CI PMO spreadsheet on MC allocations (2023)

²⁰⁶ The Global Fund. 2017-2019 Multicountry Funding Note (2019)

²⁰⁷ CEPA analysis (Appendix Q)

²⁰⁸ Global Fund: Management Response to TERG recommendations of MCs and SIs (2021)

adding value; (2) Developing an agreed definition of ‘catalytic’; (3) Strengthening criteria for prioritisation and selection of areas for catalytic investment; (4) Strengthening design through ensuring a Theory of Change and evaluation/ review are included in each investment case; (5) Strengthening the harmonisation and coherence of catalytic investment design with other grant funding; and (6) Strengthening implementation and performance management arrangements.

The recommendations have in large part been taken on and accepted, and based on Secretariat consultations, mostly useful in guiding adjustments to processes and practice. There are no key areas of the recommendations outstanding or not yet addressed. We summarise progress against each of the TERG recommendations in Table 8.2 below, with specific recommendations for SIs presented in blue, and MCs in green.²⁰⁹ Elaborated findings by TERG recommendation are included in Appendix P.

Following review of the progress against the TERG recommendations, two **key areas which may need more attention** in forthcoming allocation cycles include:

- **Discussion and consensus around the applicability and operationalization of the definition of ‘catalytic’ in accordance with the variable and evolving catalytic aims across the CI portfolio and the flexibility needed to usefully tailor the definition to specific investments.** There was expectation through the TERG review that the definition would drive the leverage of catalytic funding, accelerated implementation, more efficient, effective or strategic activity, and/or a focus on innovation. However, these effects are challenging to capture and there remains some debate around what ‘catalytic’ is in relation to what CIs are trying to, or realistically can, achieve. The definition is essentially seen as a broad framework to inform the consideration and prioritisation of what should be funded and why, and emphasis has shifted to Theories of Change to understand opportunities for catalytic change in the context of specific investments. While this is seen as a positive shift, there remains some pressures within the Secretariat to intensify CI measurement efforts more specifically. These tensions need to be resolved with consensus reached on how (with consideration of flexibility and variability) the definition should be applied in practice.
- **Whether and how CIs could be a more effective ‘lever for change’, specifically if any adjustment of processes could lead to stronger leverage to boost potential for various catalytic effects (and therefore sustainability of investments as relevant to country contexts), whilst not adding excessively to management processes or workloads.** The TERG recommendations emphasise strengthening consideration of sustainability in CI selection and prioritisation, though progress has not been optimal. While brief exit strategies aim to be realistic about what is feasible with regards to sustainability, transition or handover as relating to CIs (recognising variability across CI modality), there is scope to go further, considering the range of follow-through benefits of the CIs. While steps have been made to integrate CI funding with country grants, the transfer to domestic finances also continues to prove challenging. More proactive strategic engagement, communication and advocacy efforts may raise awareness among partners and in-country stakeholders of priority investment and support needs as highlighted through CIs, as well as the costs of discontinued investment. Viewing sustainability as a stepped and evolving pathway rather than an outcome in itself will also aid planning and resource allocation in this space.

²⁰⁹ It is noted that these are summarised from the TERG reports.

Table 8.2: Progress against each of the TERG recommendations

Theme	SI recommendations	MC recommendations	Summary of progress
1) Maintain catalytic investments for areas adding value		<i>R1. Maintain MCs as a priority investment area for activities that demonstrably add value over and above what country grants can deliver to meet the Global Fund's SOs.</i>	MCs: MCs have been maintained as a priority investment area and follow the principles of CIs, despite the context of a lower allocation to CIs, and a shift in emphasis within the CI portfolio to MFs. MC funding was relatively stable across GC5 and GC6 though saw declines from GC6 to GC7 from 25% to 21% of the overall CI portfolio. The discontinuation of some CI priorities in GC7, specifically the TB MC approach, was also a driver behind the funding decline. It is noted though that many priorities that would have been funded given higher replenishment scenarios. Some stakeholders raised concern that MCs appear to be generally a lower priority than SIs and MFs given the allocation for MCs is smallest and MFs the largest in GC7, which is seen as reflecting a shift to CI integration within country grants and recognition of the operational complexity and high transaction costs of MCs. If well targeted, MCs are seen to add significant value in boosting regional coordination efforts and cross-country learning, and through addressing niche implementation gaps.
2) Develop agreed definition of 'catalytic'	<i>R1. Develop a clear, consistent, and shared definition of what 'catalytic' means, develop catalytic criteria that are measurable and relevant and define the expected impact.</i>	<i>R2a. Strengthen MC selection, prioritization, design and review processes by developing an agreed definition of 'catalytic' as applied to all catalytic investments that is used consistently across the Board, SC, GAC, TRP and Secretariat.</i>	SIs and MCs: The TERG thematic reviews for SIs and MCs (2021) proposed a definition of 'catalytic' which was approved by the Board for use and particularly as part of CI prioritization for GC7. While the TERG reviews acknowledged that catalytic effect was "hard to quantify", the expectation coming out of the TERG review (according to the operational criteria attached to the definition ²¹⁰) was that the definition would drive quantitative considerations and assessments around additional funding leveraged, effectiveness or efficiency of additional activities, a focus on innovation, or accelerated implementation. However, it has not been possible to produce data/ evidence in this way, and the definition does not directly link to an objective framework which can guide the assessment/ measurement of catalytic effect as such. There are various inherent measurement challenges with CIs, and any measurement efforts which aim to take on this complexity may be intensive to the point of compromising value for money of CIs and overall efforts to streamline CIs towards integration with country grants. There also remains some debate around what 'catalytic' is in relation to what CIs are trying to, or realistically can, achieve and many of these aspects tend not be easily captured through existing measurement frameworks. Secretariat stakeholders appear to have usefully operationalised the definition by viewing it as a framework to inform the consideration and prioritisation of what should be funded and why. Many country stakeholders also struggle

²¹⁰ As leading to one or more of the following operational criteria being met: *More*: Additional funding is leveraged from other sources and/or additional activities are implemented; *Improved*: Activities that were conducted previously are now appreciably more efficient, effective and/or strategic; *Unique, new or innovative*: Activities or contributions that are exclusive or exceptional to catalytic funding and/or those that are entirely new, original or initiated because of catalytic funding and, *Faster*: Activities that were implemented previously but are now being implemented at an accelerated pace.

Theme	SI recommendations	MC recommendations	Summary of progress
			to articulate the purpose of catalytic funding or describe with insight how CIs have been effective, though positive impressions of CIs are generally held.
3) Strengthen criteria for prioritisation and selection of areas for catalytic investment	<i>R2. Put in place a stronger mechanism to identify a strategic and coherent set of issues for potential SI selection and prioritisation.</i>	<i>R2b. Strengthen MC selection, prioritization, design processes by estimating financial needs and resource availability, strengthening consideration of sustainability, and strengthening design through more robust risk matrices.</i>	SIs and MCs: At the initial CI prioritisation stage, some key changes have been made through GC6 and in planning for GC7, including using the CI prioritisation approach based on selection criteria set by the definition of ‘catalytic’, though the framework is more focused on the ‘what’ and the ‘why’ rather than the ‘how’ in terms of how catalytic effect can be realised. It is also recognised that there is a need to ensure a consistent interpretation/ consideration of catalytic effect continues downstream into design and operationalization. A fewer number of SIs for GC7 has also enabled more streamlining and helped address reports in earlier cycles of multiple, uncoordinated or overlapping SIs and linked, a compromised engagement effort. At the CI operationalization stage, a detailed mapping of the proposed scope and geographic focus of SIs has been conducted since the onset of GC7, enabling a more focused review on regional feasibility, coherence and relevance of the SI portfolio. Linked to this, transparency in investment decisions on geographic prioritisation and country selection has also increased, which helps to raise country-level awareness of SIs. There were mixed views however on the enhanced specificity of CIs generally in allocation letters. There are mixed views on the extent to which CIs do drive, or should be driving, innovation, with some of the impression that CIs do not take this opportunity far enough. There are also variable opinions on progress in the consideration of sustainability in CI (and particularly MC) selection and prioritisation. While brief exit strategies aim to be realistic about what is feasible with regards to sustainability aims, there is scope to go further, considering the range of follow-through benefits of the catalytic investments. At the operationalization phase, it is also apparent that there has been a shift in focus towards prioritising and selecting CIs “based on evidence of what is likely to work” and boosted by the resolve to streamline and link CIs more generally to country grant outcomes.
4) Strengthen design through ensuring a Theory of Change and evaluation /review are included in each investment case	<i>R3. Continue to strengthen SI design process to include a robust theory of change and evaluation incorporated into its design.</i>	<i>R2c. Strengthening MC designs through the inclusion of robust theories of change and reviews after two years.</i>	SIs: In general, solid progress has been made in operationalizing Theories of Change (TOCs) for SIs. In GC6, all SIs had TOCs to some level of detail and by GC7, more guidance was available to support their development, and detailed TOCs are now available for all SIs. There is wide support for the TOCs as they enable articulation of change rooted in the specific context of the SI and allow for significant variability across SIs. MCs: As MCs are considered more variable than other CIs in the approaches and intervention areas they span, there is no specific guidance for the detailed development of MC TOCs. Similar to SIs, there is acceptance that the measurement approach for MCs is “operating fine” and there is little appetite for adding workload to measure what are small pots of funds.

Theme	SI recommendations	MC recommendations	Summary of progress
			SIs and MCs: No significant changes were considered to be needed in relation to designing and implementing evaluations and reviews for either SIs or MCs following the TERG recommendations.
5) Strengthen harmonisation and coherence of catalytic investment design with other grant funding	<i>R4. Identify a mechanism to ensure greater harmonization between the SI activities, objectives and the Fund's broader portfolio of support.</i>	<i>R2c. Strengthening MC designs through the inclusion of comprehensive landscape analyses to identify gaps and overlaps with country grants, other catalytic investments and initiatives funded or implemented by other agencies.</i>	SIs and MCs: With regards to ensuring greater coherence and harmonisation in relation to partner/ agency investments, partner engagement appears to have both evolved and varied across grant cycles. Secretariat stakeholders discussed how at times, partner engagement has been extensive, such as through the Situation Rooms, and partner involvement in CI priority setting is also inherent through selected partner participation in the SC, though many also reported that partners have seemed to become generally less engaged as “ <i>CI priority setting has become more Secretariat orientated</i> ”. In terms of coherence and harmonisation within the Global Fund grant portfolio, the reduced funding from GC7 and enhanced orientation around the Secretariat agenda has apparently facilitated complementarity across funding streams. This has been aided by the strengthened mechanisms for prioritising and selecting CIs, such as the business cases and gap analyses outlined above, and more explicit linkage to the SOs. There were also positive reports from combining SIs, MFs and country allocations into specific CI programmatic areas, for example Breaking Down Barriers, as this enables more levers to drive change.
6) Strengthen implementation and performance management arrangements	<i>R5. Continue to evolve contracting, management, and oversight arrangements, ensure appropriateness for the nature of activities being implemented and continue to incentivize partner performance towards the achievement of results.</i>	<i>R2d. Strengthening MC review processes through a limited set of grant-specific performance measures focused on output/outcome levels, and to continue to strengthen MC implementation and governance arrangements.</i>	SIs and MCs: Through GC6 and into GC7, there has been a shift to deliverable-based agreements for technical partners like WHO as well as suppliers, with a particular focus on SIs. This has helped to track alignment between inputs, processes and performance and strengthened overall accountability which was seen previously as a gap. These contracts also aimed to incentivise partner performance towards the achievement of results. More emphasis has also reportedly been given to reviewing the quality of deliverables. The Secretariat has resolved to avoid intensifying the management of CIs, particularly given the higher proportion of CI funding going to MFs in GC7 which already follow a rigorous review and management process and with less funding overall, there is a need to ensure ‘right-size’ processes. There do continue to be ongoing concerns of high transaction costs given the small funding amounts for SIs and MCs, however. Since GC6, the Secretariat has also been required to report regularly to the SC on all CIs, with the overall aim of providing insight into progress, key milestones and important developments or changes.

8.2.2. Matching Funds

In recent grant cycles, MFs have increasingly received a greater proportion of catalytic investment as compared with other CI modalities, as outlined above. In the context of a lower replenishment and overall cuts to the CI portfolio, MFs are generally viewed as more efficient to manage as they are attached to grant allocations and enable extra investments to be channelled towards technical or strategic areas identified as priorities. These priorities are approved by the Board and are operationalised by the Secretariat. Eligibility is communicated to countries via allocation letters, following which countries can submit funding requests inclusive of MFs²¹¹, provided they meet both programmatic and financial conditions.²¹²

MFs may be available to countries based on the following considerations: 1) Existence of critical gaps relevant to the strategic priority areas, in line with epidemiological context and evidence; *and* 2) Potential for catalytic impact (i.e., potential to achieve results beyond a proportional increment to the country allocation).²¹³ Often, MFs target areas that have not been sufficiently prioritised within the country allocation (which is different to areas that cannot form part of the allocation).

There were a total of 77 MFs for GC5, 87 for GC6²¹⁴ and 95 for GC7.²¹⁵ CEPA analysis (Appendix Q) highlights MF funding per intervention area across GC5, GC6 and GC7. It shows that through MFs, HIV received the highest funding amount in that period (US\$289m), followed by TB (US\$265.8m), and RSSH (US\$98).

Across all intervention areas over the last three cycles, “Finding missing people with TB” received the highest MF funding, (US\$348.1m), followed by “HIV: Adolescent Girls and Young Women” (US\$119.1m) and “HIV: Key Population” (US\$116.1m).

The intention is that MFs are catalytic as they provide an incentive ‘to do better and bigger’, by boosting ownership and commitment in countries, and by raising the profile of the intervention/ area supported, with the eventual aim of countries funding program elements in the future from their allocations or domestic resources. Investment foci encouraged include innovative, cost-effective and differentiated models of service delivery; advocacy efforts; capacity building; demand creation; system strengthening initiatives; or specific M&E efforts, in accordance with the Global Fund Strategy and partner disease strategies.²¹⁶ MFs are often approved in conjunction with a SI or MC to boost the potential of the country grant and overall catalytic effect (noting that country grants can also contribute to catalytic change and the CI is to further that potential).²¹⁷

Finding 5.2: There is evidence that some MFs have been effective in driving focus in intended areas, but this is not straightforward to assess.

Robustness: Good, based in insight from a majority of consultations at both global and country levels, and the document review focused on specific MFs, though quantitative and comparative assessments of the effectiveness of MFs are constrained by the data available.

It is noted up front that by their nature, MFs drive focus in intended areas through directing funds to selected priority areas. The extent to which and how MFs have been effective, and indeed ‘catalytic’, however is not straight forward to assess. MFs are integrated, both financially and programmatically, into country grants and monitored within grant performance frameworks. This is to enable greater country ownership and to promote greater harmonisation between

²¹¹ In GC5 there were standalone requests for MFs though this was seen as inefficient. For GC6 and GC7, the request for MFs has been integrated into the overall funding request.

²¹² Global Fund (2023). Guidance Note Accessing and Programming Matching Funds

²¹³ Global Fund (2023). Guidance Note Accessing and Programming Matching Funds

²¹⁴ Global Fund/ Access to Funding. Matching Funds trackers for 2017-19 and 2020-22

²¹⁵ Global Fund/ Access to Funding. Matching Funds trackers for 2023-25

²¹⁶ Global Fund (2023). Guidance Note Accessing and Programming Matching Funds

²¹⁷ Global Fund (2022) GF/B47/04: Catalytic Investments for the 2023-2025 Allocation Period: 2023-2025 Catalytic Investment Proposals

the MFs and country grants. The specific effectiveness and performance of the MFs is therefore not easily quantified, including for the reasons highlighted as relating to the measurement of CIs generally, discussed above. Given the limitations in terms of MF-specific data, any plans to strengthen reporting and measurement of MFs must present a clear value-add (beyond the current data available) and be feasible in terms of workload.

Analysis of the extent to which MF components have been incorporated into grant funding from the main allocation or domestic funding in subsequent grant cycles (i.e. in the absence of matching funding incentives to do so) would be interesting though is not possible based on the data available and would require specific analytical deep dives by country, which is beyond the scope of SR2023. Comparison across MFs would also be unhelpful owing to the variability in reasons for MFs being prioritised (i.e. “*behind their peers*” or being “*close to notable progress*”) which would skew findings, and there are significant context variabilities which would inhibit comparative analysis efforts. Furthermore, evaluations are not routinely written through the lens of the MF, but the overall SI or component of the country allocation, which limits insight into how MFs are selected, prioritised, supported, and reviewed from the country end. That said, MFs, are considered to have been ‘broadly effective’, accepting significant variability in drivers, processes and outcomes. Evaluation data from PCEs for GC5²¹⁸ indicate that most MFs were beneficial in the countries assessed, though in some technical areas more so than others. Stakeholders at both the Secretariat and in-country have described a **range of benefits of the MFs** and scope of catalytic effect achieved, which include:

- Providing extra visibility and awareness for priority topics or intervention areas and thus raising their profile on the political or strategic agenda;
- Encouraging complementarity of activities in-country, where there are strong or emerging coordination and collaboration structures in place; and
- Enabling focus and extra intensity (i.e., accelerating coverage or scaling up to new areas) of either already effective efforts or efforts expected to be effective but under-supported;
- Enhancing clarity or insight as relating to a challenging programmatic area; or
- Exploring new strategies or innovation.

The specific assessment of these benefits is less easily ascertained. There are some anecdotal reports of boosts to domestic funding, for example in Zambia, where stakeholders reported success in generating additional funding from the government as a result of MFs, with about US\$1m out of US\$6.2m for reproductive health allocated to condom programming in 2022. The HIV Self Testing (HIVST) MFs have also reportedly been valuable in driving uptake, policy and practice for HIVST, including more funding which also enabled accelerated programming across more (and stronger) pathways.

However, the challenges in boosting domestic financing (funding additional to the ‘match’ requirement) are well known, examples are few and the direct causal pathway is not often clear. SR2020 data indicated the majority of MFs did not leverage additional country allocation or domestic funds²¹⁹ and specific pathways towards this outcome are not well articulated or successful experience routinely captured, though examples are helpful.

In the Philippines, the TB Missing People MF was allocated US\$10m across both GC5 and GC6 and then US\$4m in GC7, at which point US\$8m was allocated to the project from the country allocation raising the total investment to US\$12m. The grant, which aims to boost the reporting of TB from the private sector, was seen as a valuable component of the TB program and has led to an overall rise in TB reporting levels significantly. Incidentally, the effort has also catalysed other supportive efforts to boost sustainability of the approach, such as the passing of a TB Mandatory Notification Law which also applies to the private sector.

The extent to which MFs have encouraged partner investments, another potential catalytic benefit, is not usually clear, beyond mapping and analysis of the current or previous cycle in the FR. The resultant scale up or enhanced uptake of interventions funded by MFs are also not assessed specifically though may be discussed in FRs or reviews.

²¹⁸ PCE Evaluation Report (2020)

²¹⁹ Global Fund: Strategic Review (2020)

Despite this, MFs overall were reported to improve progress in strategic areas identified, or “*fill some key gaps*” though these were not always deemed to be ‘catalytic’ necessarily. Across many countries (Kenya, Mozambique, Nigeria, Philippines, South Africa and Zambia for example) which implemented the TB Missing Cases MF, the grant is perceived to have helped to significantly increase TB notifications, simply by enabling more funds which enabled broader activity reach, including to areas which may not have been prioritised under the country grant. Many of these points were picked up further through the MF tracking analysis (Appendix Q), focused on a sample of three countries, from which a summary of findings is included in Box 8.1 below.

Box 8.1: Summary of findings from the MF tracking analysis

- **From GC6 onwards**, the scope and intended value-add of MFs were **easier to track** more specifically, given the dedicated MF section in FRs.
- **Programmatic considerations for MF spend** were also included from GC6 onwards, as articulated in the Matching Fund Guidance Note.²²⁰ These encourage consideration of an enabling environment (governance, policy and operational) and extending reach of the disease control priorities and targets, including through innovative approaches. Inherently, this encourages strategic thinking encompassing a timeframe beyond the specific funding cycle. It can be hard to unpick whether the shifts within countries across cycles are driven by adjustments/ elaboration of financial and programmatic conditions of MFs or evolving investments priorities in-country.
- As expected, there are similarities in the of scope of activities funded under MFs within the same CI priority area across countries, which are variability reflective of differing country contexts and disease control priorities, as well as shifts in the approved CI priority areas over time. There seems to be a **good balance between encouraging strategic thinking** in line with standardised financial and programmatic considerations, **whilst enabling flexibility** in the operationalization of the CI priority in alignment with country contexts and needs.
- **Linkage across MFs seems to have improved** over grant cycles, though how particular MF-funded activities proposed to build off successes or challenges of previous MFs is not always clear (noting the intention is not necessarily to measure specific effect of MFs, and there is not an inherent expectation that the MF focus will necessarily continue).
- Overall, intended ‘**catalytic effects**’ of the MFs (whilst not generally referred to as such directly), appear to be most commonly, accelerating coverage and scaling up new or key intervention areas, and generating lessons to inform further scale up, including through innovative approaches. Evidence from this sample suggests that strategic planning for MFs goes beyond ‘topping-up’ (this is also specified in programmatic considerations).
- There is, however, variable (and in some cases limited) discussion around **sustainability of MF investment areas** (as relating to countries specifically), including the role of advocacy/profile raising efforts or resource mobilisation opportunities. While a sustainability plan for MFs as a separate entity makes little sense given the integrated nature of the investment, it is expected that country specific sustainability considerations may be intensified for CI priority areas. There is some, but generally, limited mention of complementary or harmonisation of MF investment areas with other partners.

Based on Secretariat interviews, documentation review and the country case studies, there appear to be a number of **factors which commonly appear to drive effectiveness of MFs**. It is noted that many of the points below apply to grants in general but the aim here is to discuss MFs specifically. The factors include:

- Good integration with the country grants;
- Integration of effective TA, perhaps through a complementary SI²²¹;
- Country ownership for buy-in, direction and focus;

²²⁰ Global Fund (2020): Matching Funds 2020-2022 Funding Cycle. Guidance Note.

²²¹ It is also noted that several SIs (DHIA, HR, CS&R, Labs) provide technical assistance to support the efficient use of the MF within the same priority, furthering the catalytic effect. When this is the case, the same countries that were eligible for MF were also eligible for SIs.

- Strong local partnership, for both early engagement as well as implementation planning and delivery; and
- Receptive environment for advocacy efforts and partner experience in integrating advocacy efforts.

Conversely, whilst it is important to recognise that MFs are sometimes deliberately targeted at key areas where there is slow progress and thereby there may be inherent contextual or implementation challenges, **less effective grants** seem to include those:

- Where technical design of grants is considered to be poor;
- Technical expertise to support implementation of the MFs is seen as weak;
- Where there is some misalignment with the country grants or other funding modalities;
- Areas which are considered new or 'innovative', for which there may be solid learning curve; and
- Where there are ongoing implementation issues with the country grant (i.e. relating to partner capacity and engagement, coordination or collaboration mechanisms in place, cultural-social barriers to intervention uptake), which may affect MF effectiveness.

Finally, despite various anecdotal examples of the value add of MFs, there continue to be questions raised as to whether funding is catalytic and a strategic 'value add' if MF funding is utilised in the same strategic area over multiple cycles. A number of Secretariat stakeholders are not convinced of the value of MFs and the justification of not simply channelling the funds directly through the allocations, which would also reduce transaction costs – this has been raised in previous reviews.²²² There also remains some confusion with regards to the overlap with co-financing, in that some stakeholders assume the aim of MFs is to match domestic resources. There also appears to be some demand within the Secretariat for linkage to more specific resource mobilisation targets, and therefore potentially with the co-financing policy, as a means of exploring further how this lever can achieve more specific catalytic outcomes.

²²² Global Fund: Strategic Review (2020)

9. WORKSTREAM 6: PARTNERSHIPS

9.1. INTRODUCTION AND APPROACH

“Support mutually accountable partnerships” is one of two strategic enablers of the 2017-22 Strategy, which stipulates “the Global Fund will increasingly rely on its partnership model to achieve impact at country-level”. The scope of Global Fund partnerships is vast and comprises a significant diversity of actors, further expanded over the last strategy period on account of the COVID-19 pandemic. Mutually accountability is a crucial aspect within the partnership model and speaks to the bi-directional nature of partnerships, in that it is not determined by Global Fund actions alone and very much depends on the role and impetus of partners.²²³

As reflected in the TOC for the Global Fund, the role of and delivery by key technical partners, bilaterals and multilaterals is a critical factor supporting the pathway to the Global Fund Strategy Objectives. This section presents the findings of the SR2023 partnerships workstream, which responds to the following strategic review questions:²²⁴

SRQ6.1: How have partnerships with technical, bilateral and multilateral partners facilitated the design and implementation of Global Fund supported programs aligned to the Strategy?

SRQ6.2: How has the experience from the Global Fund’s participation in global coordination mechanisms such as ACT-A and SDG GAP contributed to coordination and effectiveness in delivery of the Global Fund Strategy?

Findings are based on document review (including SR2020 and a range of Secretariat documents on partnerships²²⁵) extensive internal and external consultations with Global Fund teams (e.g., TAP, SPH, GMD), Strategy Committee, donors, technical and multilateral partners, and country case studies.

The section comprises three sub-sections: (i): partnerships with technical partners²²⁶; (ii) technical partnerships with (bilateral and multilateral) donors (referred to as ‘partnerships with donors’; and (iii) Global Fund participation in ACT-A and SDG GAP.

9.2. KEY FINDINGS

Partnerships are generally regarded as a Global Fund strength, with, for example, MOPAN finding that “while challenging [upholding and implementing the Global Fund partnership principle] ultimately has advanced how development is done, empowered communities, and influenced countries”.²²⁷ By way of context, the strategy midterm review (SR2020) documented a number of concerns about the effectiveness of Global Fund partnerships in supporting Global Fund grants (with a particular focus on technical partnerships) and the need to “create strong and clear incentives for partners and other stakeholders to improve program results.” And further, the new Strategy 2023-28 devotes considerable attention to partnerships (with greater content than the 2017-22 Strategy) and outlines “necessary adaptations” to each partner’s efforts to get back on track to 2030 goals, along with four adaptations required for all partners, including to “improve coordination, alignment and complementarity of efforts”.²²⁸

²²³ In SR2020, technical partnerships operated in the middle of the ‘Conifer of Control’ to support country level impact.

²²⁴ This section complements partnership aspects considered within the funding model workstream (WS3) and the human rights and gender workstream (WS7), including partnerships with civil society, communities, and country governments.

²²⁵ Partnerships has been reviewed extensively over the 2017-2022 Strategy period and the SR2020 assessed the extent recommendations from prior reviews were taken forward. This evaluation builds on SR2020 and does not re-examine findings and recommendations pertaining to partnerships prior to the SR2020.

²²⁶ In this review, ‘technical partners’ refers to WHO, Stop TB Partnership, RBM, UNAIDS. It also includes other technical partners, such as the Africa CDC, which were reviewed to a lesser extent.

²²⁷ MOPAN 2022

²²⁸ The other three adaptations required for all partners in the 2023-28 Strategy are to: Accelerate the equitable introduction and uptake of innovations; Accelerate the generation, sharing, and use of real-time data for program decision-making; and meaningfully engage with communities in all our work.

9.2.1. Partnerships with technical partners (e.g., WHO, Stop TB Partnership, RBM, UNAIDS)

Finding 6.1: The Global Fund’s strategic lever of “partnerships with technical partners” works reasonably well in the context of the overall partnership dynamic (i.e., organizational relationships, funding, capacity), with some notable highlights in terms of effectiveness being disease coordination platforms and select Catalytic Investments. The Secretariat’s increased proactive role in technical prioritisation and expanded capabilities across thematic and technical areas is changing the partnership dynamic.

Robustness: Good, evidence base triangulated across Global Fund Secretariat and multiple partner views, and also supported by country feedback from CCS, document review, and previous reviews

Global Fund partnerships amongst technical partners are working “reasonably well”. Secretariat members and Global Fund partners interviewed for this review are of the view that technical partnerships are working “reasonably well”, in the context of the overall partnership dynamic (i.e., recognising that the Global Fund partnership exists within the context of individual organisations with their own respective organisational mandates and Boards; and that roles and responsibilities of partners are not always concomitant with funding levels and capacity, including the fact that many technical partners receive funding through different Global Fund instruments).

The Global Fund Secretariat has highlighted multiple efforts to improve partnerships over the years, and particularly in the 2017-22 strategy period, including the Partnership Engagement Initiative (PEI) established in 2019 which set out “six no-regret moves” by the Secretariat to improve partner engagement. The SR2020 midterm review considered the PEI “important and overdue”, and to have “filled gaps necessary to inform and develop strategies to engage partners more effectively”. However technical teams within the Secretariat have also highlighted ongoing challenges in working with partners, particularly when the outcome of their work is directly predicated on the action of partners (e.g. the TERG review on Global Fund for innovations highlighted challenges in timelines for introducing and scaling up innovations on account of time taken for WHO to issue normative guidance, amongst other factors – an aspect that was highlighted multiple times during this review’s consultations as well).²²⁹

The range of technical partners have also noted a number of positive measures over the years to improve partnerships, although also highlighted some challenges in terms of being engaged and keeping-up with the various developments at the Global Fund (e.g. WHO highlighted a desire for greater working on health systems aspects (although this has been difficult to pursue over the years also because of capacity challenges at WHO and the need for a range of different types of support given the varied nature of health systems), Stop TB Partnership highlighted a gap in engaging on CRG aspects on TB with the Global Fund noting Stop TB’s particular expertise in the area). Technical partners also noted the challenge in coordinating with the Global Fund Secretariat, with multiple teams being involved in different aspects (an issue that was also highlighted by SR2020).

Evidence from the country case studies highlights a mix of experiences in terms of successful working with partners, being very much driven by partner-specific capacity and relationships at the country level. For example, in **Nigeria**, WHO, UNAIDS and other technical partners have consistently provided support to Global Fund implementing partners, though with more limited support for TB. In **Kenya**, technical assistance for funding request development is provided significantly through UNAIDS (noted particularly also in Zambia), with WHO, CHAI and other partners also supporting specific modules. The TA provided by UNAIDS in particular was praised as highly valuable and UNAIDS also supported development of a sub-recipient selection framework for GC6. In **India**, some partners expressed a desire for greater engagement with the Global Fund Secretariat and limited awareness of investments and their implementation. An oft cited challenging partnership has been with WHO AFRO on account of capacity challenges,

²²⁹ In view of this, the 2023-28 strategy calls for all partners to ‘accelerate the timeframe between evidence generation, regulatory approval and WHO guidelines’, and for WHO and the Secretariat to work closely to explore ways to expedite the evaluation of innovations through prequalification or the Expert Review Panel. The new strategy also directs technical partners to strengthen normative and prioritization guidance in areas needing greater focus, such as in HIV prevention and malaria.

which is a significant missed opportunity given the importance of SSA for the Global Fund portfolio (although recently there has been more effective collaboration with WHO AFRO on C19RM). On the other hand, during the last strategy period, there is also early evidence of effective collaborations with partners identified as important for the new Strategy 2023-28, including with the **Africa CDC** to build the capacity of national malaria control programs to implement extended cost-effectiveness analysis as an approach to prioritising malaria investments.²³⁰

Some good examples of effective partner working include the disease-specific situation rooms/ coordination platforms and select Catalytic Investments.

Disease coordination platforms for HIV, TB and malaria at the global level are viewed as working well as an informal²³¹ consultative forum for independent advice and mobilisation to address bottlenecks in delivery of Global Fund-financed country programs. The TB Situation Room in particular is well-functioning, evidenced by nearly weekly meetings over 2020-22 on how to support countries during the COVID-19 pandemic, good engagement by members and constructive working at country level to address bottlenecks.²³² The RBM-hosted Country/Regional Support Partner Committee (CRSPC) was particularly highlighted for use of the Global Malaria Dashboard (which publishes information on the status of malaria campaigns) to flag potential disruptions requiring urgent attention²³³; and the HIV situation room for the positive Global Fund and PEPFAR partnership (alongside other fora for this coordination discussed below).^{234, 235}

Certain Catalytic Investments have supported effective Global Fund partnerships with technical partners. The missing TB cases CI²³⁶ is an example of highly effective working between the Global Fund and the Stop TB Partnership (Stop TB). Reasons cited by involved individuals were: the existence of strong coordination between the Secretariat TB technical team and Stop TB; and a thoughtfully designed CI which combined the MF that provided extra money for countries to implement (thus supporting country ownership) with technical assistance at global and country levels, and also the sharing of best practices and lessons. The Community Engagement (CE) SI has also been highly successful and innovative. This SI includes the establishment of the regional hubs, led by CSOs. Work through these regional platforms includes facilitating peer learning and exchange where communities have learned about effective strategies in the region that can be replicated or adapted. CRG SIs also played a key role in the Global Fund's C19RM response in 2021.

The Secretariat's increased proactive influencing role on countries' investment prioritisation over the last strategy period is changing the dynamic of technical partnerships.

Technical partners view the Global Fund as having become less partner-oriented in terms of priority setting and decision making, based on the Secretariat's increasing role and engagement with countries in supporting investment prioritisation. As discussed above in Section 6.1, interviews with the Secretariat highlight the need for this more active

²³⁰ Major new partners for delivering the new strategy also include FIND, Africa AMA, the African Development Bank amongst others.

²³¹ Situation Rooms are not part of the Global Fund governance structure.

²³² Several stakeholders interviewed for SR2023 disagreed with the SR2020 finding the TB situation room was less well-functioning. The findings of this review evidence a number of positives in the effectiveness of the TB situation room. Issues identified in SR2020 on the functioning of the Situation Rooms included that monthly bilateral calls are high level and reportedly do not include the sharing of relevant information on TA funded through set asides.

²³³ <https://dashboards.endmalaria.org/campaigns/LLIN>. Dashboard was developed in 2021.

²³⁴ Improved functioning of the HIV situation room was reported in SR2020.

²³⁵ The SR2020 recommended that an RSSH situation room be established in light of the performance issues affecting RSSH grants. This was not taken forward by the Secretariat over the last strategy period, though at the May 2023 Board the Secretariat proposed exploring a coordination and collaboration mechanism for key RSSH functions (as RSSH as a whole is too broad for effective working as an 'RSSH situation room') and is reportedly also considering a focused situation room targeted to 10-15 cohort countries to accelerate implementation. This is in addition to other global coordination functions relevant to RSSH components which have since been established such as the Global Oxygen Alliance (GO₂AL) and the Community Health Delivery Partnership (launched 2023).

²³⁶ The TB missing cases CI was the largest single CI implemented over the last strategy period in terms of value. It consisted of a Matching Fund and Strategic Initiative for country technical support delivered through the Stop TB Partnership and WHO.

role with countries in the context of urgency to 'step up' results in response to financing gaps and stalling progress in some areas, alongside several partners and countries facing capacity constraints. While the Secretariat and technical partners continue to work closely (e.g. in developing Information Notes, Technical Briefs, and in coordination platforms and Catalytic Investments), discussions with several partners indicate they view this trend as undermining the overall partnership structure of the Global Fund. As many technical partners also implement various CIs (in particular SIs), the reduction in SI funding will likely also contribute to this evolving view on the partnership dynamic.

Consultation feedback indicated this (real or perceived) change in the partnership dynamic as more pronounced with WHO.²³⁷ This stems from the complex relationship between Global Fund and WHO given each institution's role on the other's Board, WHO's long-running funding challenges, and tension between WHO's normative and policy setting role and Secretariat's need to provide further guidance on operationalization of these normative guidance in the face of the need to select interventions and related trade-offs with limited funding for countries. WHO was also the largest institutional recipient of SI funding over 2017-22, indicative of the significance of this partnership.

Finding 6.2: Global Fund's existing partnerships for RSSH as well as HR and GE beyond HIV are functioning less well.

Robustness: Strong, supported across global and country level stakeholder consultations and the document review

Partnerships with technical partners for RSSH were less adequate overall over the last strategy period – for instance SR2020 “highlighted partnership ‘gaps’ in a number of strategically important areas, most notably to bring expertise for prevention and RSSH programming”. It is well recognised that there are limited partners to support TA for Global Fund RSSH investments - unlike the disease investments where there are focused partners for each disease. This stems from the fact that RSSH is multi-faceted and no one partner can provide support across all the various areas including supply chains, data systems, HRH, etc. Gavi has sought to address this issue by introducing the Partner Engagement Framework (PEF) which extends to multiple technical partners, including the traditional UN partners, but also relatively newer partners such as academia, private institutions, civil society amongst others. While the Global Fund has also been expanding its TA partner base (especially, we understand, under GC7 and through C19RM), the Gavi model benefits from a dedicated and more predictable funding stream for health systems and management-related TA.

For GC7, the RSSH Gap Analysis tool²³⁸ was introduced in the funding request to help disease programs prioritise health systems issues. Feedback on use of this tool from funding requests reviewed thus far is that countries reportedly did better in identifying RSSH issues that fall within the control of disease programs, but less well in integrating needs across the health system. The tool was also reportedly not well used for mapping health systems support from other partners.

²³⁷ More positively however, the 2018 strategic framework for collaboration with WHO was the first between the Global Fund and a technical partner to include a performance framework (named “actions and results matrix”) to support improved alignment and bring a degree of mutual accountability to the partnership (Global Fund (2021) TERG Viewpoint: Technical Partnerships). While SR2020 found this tool remained weak for performance and accountability, the lengthy development process for both the 2018 strategic framework for collaboration and most recently the new five-year framework (aligning with the 2023-2028 Global Fund strategy period and the WHO General Program of Work) were considered intrinsically valuable in relationship building and strengthening alignment on priorities. Results reported under the WHO-Global Fund collaboration included scale up of differentiated service delivery (DSD) for HIV (supported through the DSD SI), WHO support for developing evidence-based and costed NSPs serving as the basis for funding requests, and work towards malaria elimination, with eight countries certified malaria-free by WHO 2018-2022. (<https://www.theglobalfund.org/en/updates/2023/2023-06-08-who-and-the-global-fund-announce-commitment-for-enhanced-collaboration/#:~:text=GENEVA%20%20Today%20the%20World%20Health,impact%20in%20support%20of%20country%2> Accessed 27 November 2023).

²³⁸ Global Fund (2023), RSSH Gaps and Priorities Annex- Template (https://www.theglobalfund.org/media/12200/rssh_gaps-priorities_annex_en.docx)

Partnerships for HR and GE

Partnerships with international organisations for addressing HR and GE barriers to HTM have been strengthened, but more work is needed for TB and malaria and in countries with weaker civil society or political support.

Key Global Fund technical partnerships in HR and GE include the CRG SI and its coordination mechanism to strengthen provision of TA to KP groups and networks, and collaboration with technical partners to develop country resources for HR and GE programming (discussed under Workstream 7 in Section 10). Partnerships have been key in several areas including:

- For expanding reach and impact in relation to scaling programs for women and girls – e.g., Global Fund works with USAID, UNICEF and UNFPA in relation to HIV prevention interventions for AGYW in 13 priority countries;
- Partnerships with technical agencies (UNDP, UNFPA, UN Women, UNICEF and WHO) have supported country partner capacity strengthening through provision of TA - as have disease-specific partnerships (UNAIDS, Stop TB and RBM); and
- Partnerships with CS and KP-organisations and networks have also supported HR and GE related work e.g.: Her Voice Fund, which aims to strengthen AGYW advocacy and leadership skills, is being implemented by Global Network of Young People Living with HIV (Y+ Global) with Global Fund support.

Contexts with high levels of stigma as well as punitive laws and policies underscore the imperative of strong country partnerships supporting HR and GE, for instance in Kenya where UNAIDS, Global Fund and PEPFAR coordinate in the context of proposed anti-LGBTQ legislation. However, country partner capacity in HR and GE varies significantly by country impacting effectiveness (e.g., stronger in Kenya and South Africa, less strong in Zambia).

In addition, major gaps and issues in partnership for HR and GE remain for TB and malaria. Underlying reasons for these gaps include: stronger relationships between the Secretariat CRG team and HIV partners, and more limited engagement with TB partners in particular but also for malaria; and the well-developed understanding of HR barriers in HIV, with the evidence base on HR barriers for TB and malaria relatively newer and several countries more recently conducting HR and GE barrier analysis (whilst ‘underserved’ is used to refer to priority populations for malaria, this is not universally used, with for example stakeholders in Kenya remarking that use of the term ‘key population’, which is understood more in the HIV context, creates challenges to communicating HR barriers for TB and malaria).

Other gaps in partnerships with technical partners for HR and GE are the need to work more closely with women's rights organisations and health and gender activists, which would help to strengthen Global Fund work related to gender. There is also potential for leveraging partnerships to expand gender-related programming (e.g., UNFPA's Safeguard Young People program and the UN agency-led Spotlight Initiative are highly relevant but there is no indication that the Global Fund is using its partnership with these agencies to expand its gender focus).

9.2.2. Technical partnerships with (bilateral and multilateral) donors

Finding 6.3: Technical partnerships with donors are generally well-functioning at both the global and country levels, with improvements noted with PEPFAR in particular and some improvements in coordination of set-asides. Partnerships for DRM were inadequate over the last strategy period, with more recent steps by the Global Fund to strengthen this area.

Robustness: Strong, supported across global and country level stakeholder consultation and the document review

Technical partnerships with donors have been strengthened over the last strategy period. This includes improved coordination with PEPFAR, which was also noted by MOPAN and SR2020. In particular, HIV prevention for AGYW and community led monitoring were some noted areas of strong PEPFAR and Global Fund coordination over the last strategy period. Country coordination is viewed as improved overall and the recent shift in PEPFAR's

COP23²³⁹ to a two-year planning cycle is positively seen by country stakeholders as supporting greater coordination across planning for Global Fund funding requests and overall country planning.

Partnership with PMI was also strong overall, with examples of the Global Fund and PMI leveraging respective flexibilities to coordinate on commodity security, the Global Fund supporting community health workers (CHWs) where PMI was unable to, and alignment on salaries and incentives in grants. Both donors also support country technical assistance through RBM. Still, there were some areas for improvement in particular at country level, such as limited visibility on Global Fund health information system investments through malaria and RSSH grants and investments in CHWs. On the latter, the CHW programmatic gap table required in the GC7 funding request is seen as one opportunity for better country coordination with the Global Fund being encouraged to have CCMs/PRs make this available to country partners. Refer to Appendix R for country examples of collaboration between the Global Fund supported programs, PEPFAR and PMI.

There has been some improvement in coordination of bilateral set-asides, though there remain challenges in alignment between the priorities of bilateral set-asides and the Global Fund's view on key (under-funded) priorities. Improving transparency and coordination of set-asides is one of the six 'no regret' moves under the abovementioned PEI, noting it is difficult for the Global Fund to drive improvements in set-asides given they are designed and managed separately from the Global Fund processes and are considered politically determined. The total value of set-asides has increased in each replenishment, significantly so in the 7th Replenishment (with a 38% increase to ~US\$ 690m, driven predominantly by growth in the French set-aside). Given the recent reduction in CIs arising from the outcome of the 7th Replenishment, stakeholders feel it is unfortunate that the Global Fund has not so far been successful in its past attempts to focus set-aside funding on similar priorities as identified for the CIs.

Each set-aside works differently, requiring significant and thus resource-intensive coordination.²⁴⁰ There are different views across the Global Fund partnership on the degree of visibility into set-asides and extent of good coordination (e.g., French set-asides are viewed as better coordinated/co-shaped, with improved working with between the Secretariat and l'Initiative (French set-aside), whereas USG set-asides were historically less co-shaped). At global level, the Global Fund convenes a Core Group of set-aside donors to support coordination and a "TA diagnostic" conducted by the Secretariat in the second half of the 2017-22 strategy period reported key pain points in set-asides: that Country Teams have limited visibility into the expertise available through set-asides, and lack a set process for accessing TA through this channel (a finding supported by other reviews, SR2020). These issues are reportedly being taken up by the Secretariat, including internal alignment on messaging, bilateral engagement, and exploring use of set-asides to fill gaps left by CIs, with a sense of urgency given the unprecedented 7th Replenishment increase in set-asides.

Sub-optimal partnership with the World Bank and other development financing institutions in support of the Global Fund's role in fostering domestic financing for health (DFH), an area of less strong Global Fund performance over the last strategy period, but with improvements since 2022 (described below), as also discussed under workstream 3 (Section 6.2).²⁴¹ This was noted at both the global and country level and is consistent with previous assessments that partners for DFH are not effectively leveraged.²⁴² Specifically with the World Bank, evidence from case studies suggests Country Teams find the opportunity costs of trying to engage with the World Bank high given the volume of other priorities and the difficulty of engaging Bank actors.²⁴³ In its Advisory report on

²³⁹ Country Operational Plan (COP). PEPFAR's Regional Operational Plan (ROP) anticipated to start with ROP24. PEPFAR (2023). Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR-Supported Countries.

²⁴⁰ Across the largest set-aside funders, the TA funded via this modality has broadly emphasised RSSH priorities, with the exception of US set-asides which align to PEPFAR, PMI and USAID TB priorities, with a majority of funding for HIV through the UNAIDS TSM.

²⁴¹ Though not examined in detail in this review which focused on technical partnerships, Global Fund work with (and financing to) the African Union Africa Leadership Meeting (ALM) has reportedly been an important tool for fostering political momentum on domestic financing for health and UHC through the ALM Head of State mechanism and technical support on health financing provided through the ALM.

²⁴² Global Fund (2022) OIG Advisory report on Sustainable Financing for Health.

²⁴³ An MOU has been developed recently between the Global Fund and the World Bank.

DFH, the OIG (2022) found a number of challenges, including limited visibility at national and sub-national level on the scale and scope of partner DFH activities, contributing to weak overall impact in DFH (noting the difference between grant funding for public health systems by the Global Fund compared to loan funding by DFIs). It also highlighted the importance for the Global Fund to leverage partnerships in this space, given other institutions such as DFIs have a more extensive area of influence, and advised more could be done to strengthen coordination and support on TA for DFH, including pooling resources between Global Fund SIs and the Gavi PEF. The OIG findings are described further in Appendix R. The Secretariat has since undertaken a number of improvements in response to the OIG 2022 DFH findings in 2023 including i) reported deeper collaboration with the WB and GFF on its resource mobilisation and expenditure tracking to improve tracking of domestic and external resources in health (including through catalytic investments); ii) approval by the Global Fund Audit and Finance Committee for changes that would streamline the Global Fund's ability to engage in blended financing with the WB and other MDBs; iii) Secretariat participation in the SDG-GAP Sustainable Financing for Health Accelerator, which specifically addresses the issue of coordination with other multilateral partners, especially Gavi, WB and WHO.

9.2.3. Participation in ACT-A and SDG GAP

Finding 6.4: In addition to helping to deliver its COVID-19 response, the Global Fund's involvement in ACT-A in particular contributed to strengthening the overall partnership dynamic and influenced the Global Fund's partnership thinking in its new strategy.

Robustness: Limited, supported by a small number of global level stakeholder consultations and the document review

ACT-A enabled “unprecedented coordination between the largest global health agencies”²⁴⁴, which in turn helped the Global Fund to both respond to COVID-19 and deliver its 2017-22 strategy through mitigating COVID-19 effects on HTM (as reported in earlier sections of this report).²⁴⁵ Interviewees reported that ACT-A also contributed to strengthening Global Fund partnerships, particularly with more upstream partners in the product development ecosystem or the R&D teams within existing partners (e.g., Unitaid, FIND, Wellcome Trust, Gates Foundation, Gavi) and generally improved the overall partnership dynamic among Global Fund-relevant actors. For example, the new partnership framework between the Global Fund and Unitaid was agreed quickly on the heels of experience in ACT-A (and COVID-19 response); also FIND has become a more important partner for the Global Fund, particularly in malaria diagnostics of relevance for the new strategy and challenges in malaria epidemiology. In addition, ACT-A had a positive influence on the Global Fund's partnership thinking in its new strategy, which noted “We must bring this speed, urgency and increased coordination to all of our work.”

The Global Fund's engagement in SDG GAP yielded fewer visible benefits over the last strategy period, with the exception of the Global Fund's co-lead of the Sustainable Financing for Health Accelerator (SFHA), alongside the World Bank. The SFHA addresses coordination of sustainable financing amongst multilaterals and its annual reporting indicates over 50 countries by 2022 had been engaged, with some countries having co-financing agreements developed between Global Fund, World Bank and other multilaterals/donors. In addition to joint health financing support to countries, an indirect value of the SFHA has been to foster an environment for dialogue on joint financing amongst key multilateral donors, with the more recent expansion of the Health Financing Department supporting Global Fund engagement.

²⁴⁴ Open Consultants (2022) External Evaluation of the Access To COVID-19 Tools Accelerator (ACT-A)

²⁴⁵ The external evaluation of ACT-A (2022) reported the Global Fund was a very active member of ACT-A at the most senior level including the Executive Director, and regarded as actively contributing to raising funds and creating alignment amongst partners.

10. WORKSTREAM 7: GENDER, HUMAN RIGHTS, EQUITY AND COMMUNITIES (CROSS-CUTTING)

10.1. INTRODUCTION AND APPROACH

Strategic Objective 3 (SO3) of the Global Fund Strategy 2017-2022 is on promoting and protecting human rights (HR) and gender equality (GE). It reflects the critical role that stigma, discrimination, marginalisation, inequity and violation of human rights play in driving the three epidemics, and hence the importance of addressing these factors to maximise the impact against HIV, TB and malaria. Underpinning SO3 are five operational objectives, described in the strategy as key enablers of the Global Fund's ability to promote and protect HR and GE. These operational objectives include:

- Scale up programmes to support women and girls, including programmes to advance SRHR;
- Invest to reduce health inequities, including gender- and age-related disparities;
- Introduce and scale up programmes that remove HR barriers to accessing HIV, TB and malaria services;
- Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes; and
- Integrate HR considerations throughout the grant cycle and in policies and policy-making processes.

Progress against SO3 in general and these operational objectives in particular is considered in the SRQ for this cross-cutting workstream, alongside the efficacy of the Global Fund strategic levers, as outlined in the Theory of Change, in supporting the achievement of well-designed and implemented rights-based programming. The SRQ is as follows:

SRQ7.1: What has been the key areas of progress on SO3 - and what aspects of the Global Fund funding model have facilitated and hindered efforts to reduce human rights-related barriers, advance gender equality and the rights of key vulnerable and underserved populations, enhance health equity, and promote communities' needs and responses?

The findings are based on a document review as well as primary data gathered through consultations with the Global Fund Secretariat, technical partners, TRP, Strategy Committee, and civil society representatives.²⁴⁶ In addition, country case study data also served as an important evidence source.²⁴⁷

10.2. FINDINGS

Global Fund funding data does not allow for differentiated reporting on HR- and GE-related investments, particularly those that are mainstreamed in larger investments. However, funding data for specific, rights-related interventions for HIV and TB, indicates that there has been a steady increase in investments relevant to SO3 over the 2017-2022 period. For example, US\$ 38 million was attributed in GC4, in contrast to US\$ 97 million in GC5 and US\$ 205 million in GC6. Available data also indicates that most of the funding for rights-based related programming was attributed to HIV (72% in GC6), with less funding for TB (9% in GC6) and malaria (2% in GC6).²⁴⁸

There was a high level of consensus amongst interviewees that the Global Fund's prioritisation of HR, GE and health equity is relevant and necessary, particularly in relation to persistently high levels of HIV amongst AGYW, especially

²⁴⁶ See Appendix B (B.2. Core phase meetings) for further details on civil society representatives included in consultations.

²⁴⁷ Country case study data collection included interviews with PRs, SRs and other CSOs operating in the health sector.

²⁴⁸ See Appendix F: Analysis of Global Fund Country Budgets and Expenditures. The funding data presented is based on allocations for the reduction of HR-related barriers to HIV, HIV/TB and TB services. It includes interventions that aim to address stigma, discrimination and violence, including GBV, as well as interventions that seek to improve laws, regulations and policies related to HIV and TB services and service access.

in the Sub-Saharan region; the COVID-19 pandemic and increased levels of vulnerability; and the increasing number of new HIV infections amongst KPs and their partners.²⁴⁹ In addition, interviewees noted the rise of conservative religious and political movements, which have contributed to an escalating backlash to human rights, sexual and reproductive health rights (SRHR), gender equality and LGBTIQ+²⁵⁰ communities, as well as the shrinking of civic space and freedom for community actors and civil society to operate.

The section below highlights key gains achieved and any issues/ gaps over the 2017-2022 period, using the SO3 operational objectives as a framework for the discussion. Additional, relevant information is included in Appendix S.

Finding 7.1: Over the 2017-2022 strategy period, a strong foundation for an effective AGYW HIV-response was established in 13 priority countries. However progress related to advancing women and girls' SRHR beyond this achievement has been limited. This has been on account of Secretariat capacity constraints, limited operationalization of a gender focus at the Global Fund, and gaps in partnerships.

Robustness: Good, supported by document review (including multiple previous reviews) and a good range of global consultations. Also supported by findings from country case studies although there is varying emphasis across country case studies on different issues.

Operational objective 1 – Scale up programmes to support women and girls, including programmes to advance SRHR

There has been focused Global Fund investment on HIV prevention for AGYW in 13 high-burden countries.

Much of the focus over the 2017-2022 strategy period under this objective has been on HIV prevention amongst AGYW, with the Global Fund investing approximately USD 250 million over GC4 - GC6 in 13 'AGYW priority' countries.²⁵¹ Despite challenging circumstances in a number of these countries, worsened by the COVID-19 pandemic, previous evaluations report that a strong foundation for an effective AGYW HIV-response has been established. This includes the provision of comprehensive HIV prevention packages, capacity strengthening of health service providers, and improvements in national policy environments. Several significant outcomes are noted²⁵² including higher levels of condom use, increased HIV testing, a reduction in risky behaviours, higher school retention, and a reduction in teenage pregnancies.²⁵³ In addition, reporting against the Global Fund's KPI 8 indicates that HIV incidence in women aged 15 – 24 years has been reduced by 55% in the 13 prioritised countries.²⁵⁴

Although there is variation across countries, two key factors were highlighted in primary and secondary data sources as contributing to the above.²⁵⁵ These factors are: (i) the allocation of matching funds and the Global Fund's AGYW SI, which served to catalyse and support country efforts, and (ii) effective coordination with Global Fund partners.

²⁴⁹ Statistics published by the WHO indicates that key populations (defined as men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and their clients, and transgender people), their clients and sexual partners accounted for 64% of new HIV infections in West and Central Africa, and for 25% of new HIV infections in the East and Southern African subregion. Key populations and their partners accounted for around 95% of new HIV infections in eastern Europe and central Asia and in the Middle East and North Africa in 2018. See <https://www.afro.who.int/health-topics/hiv/aids>

²⁵⁰ Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual.

²⁵¹ Botswana, Cameroon, Eswatini, Kenya, Lesotho, Malawi, Mozambique, Namibia, South Africa, Tanzania, Uganda, Zambia, Zimbabwe.

²⁵² With variations across and within the 13 priority countries.

²⁵³ Operational Review of Global Fund supported HIV Prevention Programs for AGYW (November 2022)

²⁵⁴ Based on Global Fund internal documents (confidential)

²⁵⁵ This includes data gathered during country case study consultations.

The latter includes collaboration with USAID (PEPFAR)²⁵⁶, which contributed towards saturation of HIV prevention services in high HIV incidence areas²⁵⁷, while collaboration with UNICEF and UNFPA was reported as a key enabler in expanding AGYW programme reach in some of the priority countries; for example, Mozambique. Another good example of a successful partnership is the Global Fund's participation in the Global HIV Prevention Coalition²⁵⁸, which supported the formulation of Global Fund guidance on HIV prevention, as well as the building of political support for (and country-level implementation of) HIV prevention interventions.

Other Global Fund-supported initiatives aligned to this objective include the strengthening of AGYW advocacy and leadership skills through the Ambassador Mentorship Program (or Angel Program), which is a component of the Her Voice Fund. This intervention is implemented by the Global Network of Young people living with HIV (Y+ Global) with Global Fund support, focusing on the same 13 AGYW priority countries.²⁵⁹ Global Fund-supported gender-based violence (GBV) prevention and post-violence care and support (COVID-19 and HIV) interventions are also relevant.

Other GE-related investments have been limited, with Secretariat capacity constraints and challenging operating environments in countries reported as key contributing factors. Beyond the abovementioned interventions and efforts to integrate gender equality-related considerations in malaria and TB prevention and treatment programmes, there appears to be limited programming with a specific focus on women and girls and the scaling of programmes to advance their SRHR over the 2017-2022 strategy period²⁶⁰. The consensus amongst interviewees is that progress related to GE has been limited and is located in a small number of priority countries only. Reasons for this include capacity constraints²⁶¹ within the Global Fund Secretariat CRG Department as well as gender-related capacity gaps in other Secretariat teams such as the country facing team (GMD) and technical disease teams, despite the 2019 CRG *Accelerate* initiative. This initiative saw a re-organisation of the CRG Department²⁶² to enable its provision of more “effective and focused support to the Secretariat on human rights, gender and communities.” Interviewee input does, however, indicate that gender-related Secretariat capacity constraints are being addressed, with additional appointments planned over the course of 2023. In addition, a *CRG Ready* intervention will be implemented to strengthen technical expertise across the Secretariat as well as facilitate an increased understanding of the link between HR and GE.²⁶³ External factors in countries, beyond Global Fund control, impacting on GE-related investments include social, economic and political factors, which affect country prioritisation of and allocation of resources to **GE**-related programming, as per the country-led model.

The operationalization of a gender focus within the Secretariat is still a work in progress. Several of the SR2023 interviewees noted a higher level of maturity and experience in relation to HR at the Global Fund, in contrast to gender. These interviewees reflected that the strategic focus on HR demonstrated the Global Fund's return to “its roots”, while the operationalization of a gender focus is still underway. This, it was argued, is impacting on the organisation's ability to drive the gender agenda forward. Promising developments include the Global Fund's advocating for gender responsive and gender transformative approaches to programme design. This may, however,

²⁵⁶ A PEPFAR representative sits on the CCM in each of the 13 priority countries for HIV incidence reduction amongst AGYW to facilitate coordination.

²⁵⁷ Operational Review of Global Fund supported HIV Prevention Programs for AGYW (November 2022)

²⁵⁸ See <https://hivpreventioncoalition.unaids.org/>; accessed 15 January 2024.

²⁵⁹ The HER Voice Fund provides small grants to AGYW-led or serving organisations in the 13 Global Fund AGYW priority countries to support the participation of AGYW in advocacy and policy processes and meetings linked to the Global Fund, and in other national processes related to policy or legal reform. Of note is that this is the only intervention that reports including AGYW with disabilities. See <https://www.yplusglobal.org/her-voice-fund>.

²⁶⁰ The TRP Observations Report for 2020 – 2022 noted a limited level of focus on gender-related issues and priority areas in FRs over this period. In addition, the report notes the limited consideration of intersectionality and the extent to which gender intersects with other elements of marginalization and discrimination (e.g., adolescent girls who are non-binary and who use drugs).

²⁶¹ The loss of the full-time gender advisor halfway through the strategy period under review was highlighted during interviews.

²⁶² The Advisory Review - Removing HR-related Barriers (2019)

²⁶³ The CRG Ready includes plans to embed formal responsibility and accountability mechanisms across all relevant departments and to update the structure and capacity of the CRG Department, and other relevant units, to reflect the high level of emphasis on HR, GE and community engagement. Based on Global Fund internal documents (confidential).

require additional technical support to country partners to ensure that such approaches can be effectively operationalised by country partners. Other positive developments include the introduction of the Gender Equality Marker (GEM)²⁶⁴ and a new gender equality KPI for monitoring and accountability purposes. Secretariat staff also reported the appointment of dedicated gender advisors and the planning of a mid-term evaluation to assess progress towards GE objectives.

In addition to the above, the Global Fund has committed to the adoption of a twin track approach to GE that “...recognises the importance of both integrating gender considerations into all projects and programmes that it supports, while also ensuring dedicated and specific support to projects and programmes that are gender equality focused.”²⁶⁵ Operationalization of the twin track approach will require the strengthening of gender mainstreaming skills within the Secretariat, coupled with steps to ensure that accountability and responsibility for the implementation of the twin track approach is integrated across all relevant Secretariat functions. This aligns with what might be termed a “hub and spoke” model²⁶⁶ to ensure that there is gender expertise in all key divisions, teams and structures, coupled with the establishment of an advisory panel and organisation-wide capacity building to increase gender expertise amongst technical staff. It is of note that the Global Fund already demonstrates a number of these practices, as outlined throughout this chapter.

Partnership building has progressed, but the Global Fund’s ability to extract value from partners to advance the GE agenda has been variable. As noted above, the Global Fund has successfully leveraged its partnerships to expand its reach and impact in HIV prevention amongst AGYW. Partnerships have also supported country partner capacity strengthening around the Global Fund’s GE agenda. This includes collaboration with technical agencies, such as UNDP, UNFPA, UN Women, UNICEF and WHO, as well as disease-specific partnerships (UNAIDS, Stop TB Partnership and RBM). Collaboration with CSOs and civil society networks including the International Network of People Who Use Drugs (INPUD), the Global Network of People Living with HIV (GNP+) and Women4GlobalFund, has also strengthened the Global Fund’s GE-related work, through their contribution to capacity and network building amongst women’s health and rights activists and women-led organisations at country level. However, there is a need to further leverage these partnerships to bolster GE-related efforts. Examples here include further collaboration with UNFPA; for example, with the Safeguard Young People programme²⁶⁷ and with the United Nations’ Spotlight Initiative.²⁶⁸ Civil society interviewees also highlighted the need to expand partnerships with women’s rights organisations (WROs) as a means of strengthening GE-related work, at global and country level. For example, in-country WROs could support advocacy initiatives for higher levels of country prioritisation of GE-related programming. The establishment of the Gender Equality Fund is a positive step in this direction.²⁶⁹ This fund aims to accelerate progress towards GE “by supporting the influence of women, girls and gender-diverse communities in national strategy, policy and programming relating to gender equality and health”.²⁷⁰

²⁶⁴ Technical Brief: Gender Equality (January 2023). The GEM has been introduced for GC7. It includes a three point scoring system that assesses the extent to which GE is a focus of the FR. Part of the assessment is to determine a) if a gender assessment was conducted and if this was used to inform programme design and b) if the FR includes a commitment to routinely collect and analyse gender disaggregated data.

²⁶⁵ Technical Brief: Gender Equality (January 2023)

²⁶⁶ T. K. Sundari Ravindran, Angelo Raffaele Ippolito, George Atiim & Michelle Remme (2021): Institutional gender mainstreaming in health in UN Agencies: Promising strategies and ongoing challenges, Global Public Health, DOI: 10.1080/17441692.2021.1941183 (see <https://doi.org/10.1080/17441692.2021.1941183>)

²⁶⁷ See <https://esaro.unfpa.org/en/topics/safeguard-young-people-programme>; accessed 01 October 2023.

²⁶⁸ See <https://www.spotlightinitiative.org/>; accessed 01 October 2023.

²⁶⁹ See <https://www.theglobalfund.org/en/news/2023/2023-07-18-global-fund-gsk-viiv-healthcare-strengthen-their-partnership-for-gender-equality/>; accessed 26 November 2023.

²⁷⁰ Ibid

Finding 7.2: Considerable progress has been achieved in supporting access to data for evidence-based planning and programming to reduce health inequities. However, it appears that data gaps and utilisation remain a stumbling block to effective country-level planning.

Robustness: Good, supported by document review (including multiple previous reviews) and a good range of global consultations. Also supported by findings from country case studies although there is varying emphasis across country case studies on different issues.

Operational objective 2 – Invest to reduce health inequities including gender- and age-related disparities

A good level of progress has been achieved in supporting access to data at country level. However, it appears that data gaps and utilisation remain a stumbling block to effective country-level planning. The Global Fund Strategy 2017-2022 highlights the importance of access to appropriately disaggregated data for evaluation and learning and to support the development and implementation of health strategies that can effectively address barriers to services. Secretariat interviewees noted that a considerable amount of work had been undertaken over the strategy period, particularly during GC6, to strengthen access to data for evidence-based decision-making that reduced health inequities. This included support for gender assessments and bio-behavioural surveys, while the Breaking Down Barriers (BDB) CI, which is discussed in more detail under operational objective 3, provided support for baseline HR assessments to inform country programme design, as well as formative and summative evaluations. Country case study data, however, indicates that despite these efforts, challenges related to data gaps persist in some areas. Where data is available, utilisation thereof does not always proceed as planned. These issues require further investigation, together with the identification of interventions to support country partners' use of data. For additional input related to operational objective 2, see Appendix S.2.

Finding 7.3: Good progress was made in introducing and scaling programmes that address HR-related barriers to HTM services, albeit with a focus on select countries and HIV. Country-level social, political and economic factors continue to serve as a significant obstacle, with limited resources viewed as worrisome.

Robustness: Good, supported by document review (including multiple previous reviews) and a good range of global consultations. Also supported by findings from country case studies although there is varying emphasis across country case studies on different issues.

Operational objective 3 – Introduce and scale up programs that remove HR barriers to accessing HIV, TB and malaria services

Over the 2017-2022 strategy period, the Global Fund supported a range of programmes to address HR-related barriers to HTM service access. The Global Fund has supported and scaled a range of interventions that aim to address HR-related barriers to HTM services.²⁷¹ Examples of these interventions are provided in Appendix S.3.

Table 10.1 (over page) provides mid-2023 results regarding the proportion of funding allocated to addressing HR-related barriers within disease areas.²⁷² As indicated, targets related to percentage of HIV, HIV/TB and TB grants budget dedicated to HR-related programming have been met. While this is promising, interviewees did raise concerns regarding the low targets set for HR-related budget allocations given the centrality of HR to the Global Fund 2017-2022 strategy.

²⁷¹ The Advisory Review – Removing Human Rights-Related Barriers (2019)

²⁷² Based on Global Fund internal documents (confidential)

Table 10.1: KPI 9b Grant funding for Human Rights performance

KPI 9b – Grant funding for Human Rights	
% of HIV and HIV/TB grants budget dedicated to programs to reduce human-rights related barriers	Target: Human Rights HIV 3% Achieved: Human Rights HIV 3.26%
% of TB grants budget in selected countries with highest TB disease burden dedicated to programs to reduce human-rights related barriers	Target: Human Rights TB 2% Achieved: Human Rights TB 2.42%

Key enablers of the positive results achieved under operational objective 3 include the Breaking Down Barriers CI and Global Fund partnerships. Similar to the findings for operational objective 1, key enablers of the positive results related to HR-related programming include CIs, such as the Breaking Down Barriers (BDB) initiative²⁷³ and Global Fund partnerships. The catalytic effect of BDB was confirmed during primary data collection; that is, stakeholders in BDB participating countries included in SR2023 case studies (South Africa, Mozambique, Kyrgyzstan and Kenya) highlighted BDB as a key enabler in scaling HR interventions aimed at addressing barriers to HTM services.²⁷⁴ The Strategic Performance Report for mid-2023 also notes that progress under KPI 9b for both HIV and TB was largely driven by BDB.

Several positive outcomes were reported in relation to the BDB initiative, as outlined in Appendix S.3.

Overall progress in supporting and scaling programmes to address HR barriers to services is concentrated within a set of priority countries and within HIV programming. Primary and secondary data indicates a higher level of progress in addressing HR-related barriers within a set of countries selected for participation in the BDB CI.²⁷⁵ Progress has also been predominantly linked to HIV services, particularly access to HIV prevention services for AGYW and KPs, particularly sex workers (SW), persons who inject drugs (PWID), and gay men and other men who have sex with men (MSM). Although there are variations across countries selected as case studies, there appears to be less support for interventions focusing on service access for transgender (TG) people, refugees and people in prisons (PIPs). Limited programming related to persons living with visible and invisible disabilities was reported during case study data collection.²⁷⁶

Some progress was noted in relation to TB²⁷⁷, with the *Find Missing People with TB* SI, implemented by the Stop TB Partnership, highlighted as a key enabler through its support of country partner planning, implementation and monitoring and evaluation (M&E) of TB programmes that include a HR and GE component. In contrast, limited progress has been achieved in addressing HR-related barriers to malaria services. Limited HR- and GE-related capacity, resource limitations and data gaps at country level are possible contributing factors. For example, Kenyan interviewees reported limited access to data regarding groups most affected by malaria, and how these might be area / geography specific.

²⁷³ The BDB CI was introduced by the Global Fund in 2017 to support the scaling of programmes to address HR- and gender-related barriers to HTM services by enabling an increased investment in HR-related interventions in 20 countries. In addition, BDB aimed to support long-term implementation and the establishment of national multistakeholder coordination mechanisms. (Mid-term Assessment Summary Report: Global Fund Breaking Down Barriers Initiative; July 2022)

²⁷⁴ Countries involved in BDB over the strategy period 2017-2022 include Benin, Botswana, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Honduras, Indonesia, Jamaica, Kenya, Kyrgyzstan, Mozambique, Nepal, Philippines, Senegal, Sierra Leone, South Africa, Tunisia, Uganda, and Ukraine.

²⁷⁵ Based on Global Fund internal documents (confidential)

²⁷⁶ Zambian interviewees noted that programmes addressing the needs of persons with disabilities are being planned for GC7.

²⁷⁷ Input from the Global Fund indicates that the scale up of TB programming in BDB countries has also been more rapid.

Interviewees highlighted the Global Fund's participation in the *Global Partnership to Eliminate all Forms of HIV-related Stigma and Discrimination* as a strength in relation to progress against operational objective 3.²⁷⁸ The Global Fund's participation in this platform has strengthened its engagement and collaboration with key health sector actors, including UNAIDS and its Programme Coordinating Board NGO Delegation, UNDP, UN Women, USAID, and GNP+.²⁷⁹

Country level social, political and economic factors continue to present a significant obstacle to addressing HR barriers to services, as well as sustainable programming. Based on country case study data, social, political and economic factors remain a significant obstacle in addressing HR-and gender-related barriers to services. For example, the post-COVID-19 period has seen increasing restrictions being placed on Kyrgyzstani non-governmental organisations (NGOs) coupled with a significant shrinking of civic space for civil society action. In South Africa, the continued criminalisation of sex workers hinders efforts to support their access to services, while Kenya's Family Protection Bill (2023) presents a considerable threat to the rights of LGBTQIQ+ communities in that country.

Numerous country case study interviewees noted that the Global Fund is often the only supporter of HR- and GE-related programming, particularly in relation to health. Without sufficient domestic investment, a reduction in Global Fund support to countries will leave HR- and GE-related work severely under-resourced. Thus, the extent to which investments in programmes to reduce HR- and gender-related barriers will be sustained by countries who transition from Global Fund support is not promising at present. For the 2020-2022 period, just over half (57%) of 14 countries in transition met the KPI 9c benchmarks for investment in prevention programmes for KPs, while none of the countries met the benchmarks for investment in programmes to reduce HR-related barriers.²⁸⁰ While it was noted that this result may be linked to data limitations and the lack of reliable country reporting, other key reasons include challenging political and economic environments.²⁸¹

The decision to scale back on CIs over the 2023-25 period²⁸², despite the demonstrated effectiveness of some CIs in driving HR and GE²⁸³, is also viewed as worrisome, particularly when some countries are de-prioritising HR-related work in the face of increasingly challenging economic environments. SR2023 interviewees raised questions about the inclusion of only four more countries for the BDB initiative²⁸⁴ (as opposed to the earlier planned expansion to 35) in relation to Global Fund commitment to, and prioritisation of, HR and GE. One interviewee noted *"The work around human rights over the strategy period was good, but more needs to be done. In this latest replenishment cycle, the Global Fund did not reach the envisaged USD18 billion, and so catalytic funding gets cut, which we have seen really supports human rights and gender equality outcomes. This makes you wonder where the Fund's priorities lie."*

²⁷⁸ The Global Partnership was launched in 2018 with three key objectives, including the strengthening of partnerships to implement and scale up programmes aimed at ending HIV-related stigma and discrimination; the translation of political and human rights commitments at global, regional and national level into country-level action; and the production and dissemination of evidence to inform policy and programming, to measure progress and to support accountability. See https://www.unaids.org/sites/default/files/media_asset/global-partnership-hiv-stigma-discrimination_en.pdf

²⁷⁹ Based on Global Fund internal documents (confidential)

²⁸⁰ Based on Global Fund internal documents (confidential)

²⁸¹ Based on Global Fund internal documents (confidential)

²⁸² This is reportedly linked to a shortfall in the Seventh Replenishment.

²⁸³ As discussed under operational objectives 1 and 3.

²⁸⁴ Bangladesh, Burkina Faso, Nigeria and Thailand

Finding 7.4: Good progress has been made in facilitating KP and KP network engagement in Global Fund-related processes. While a number of elements in the operationalization of the Global Fund funding model facilitate the promotion and protection of human rights, gender equality and community engagement, certain factors – both internal and external to the Global Fund - continue to offset progress towards SO3.

Robustness: Good, supported by global consultations, document review and previous reviews, with corresponding findings emerging from country data (but with emphasis varying across the issues)

Operational objective 4 – Support meaningful participation of key and vulnerable populations and networks in Global Fund-related processes

A good level of progress has been achieved in advancing the meaningful participation of key and vulnerable populations and networks in Global Fund-related processes. This was highlighted by interviewees in the majority of countries selected for case study purposes. Key successes include an increased representation of KPs on the Global Fund Board and in CCMs²⁸⁵, while the country dialogue continues to provide an effective means of facilitating community actor engagement in FR preparation. However, discussions can, at times, be dominated by certain stakeholders, with government officials most frequently cited in this regard.²⁸⁶

Other successes include the establishment of the Global Fund Youth Council in 2020 to facilitate the engagement of adolescents and young people (AYP) living with or affected by HIV, TB and malaria, with the organisation,²⁸⁷ while the abovementioned *Her Voice Fund* has strengthened the inclusion of AGYW in Global Fund decision-making platforms, including CCMs and Technical Working Groups (TWGs).²⁸⁸ Building on the success of the latter initiative, a private sector fund was established, Voix EssentiELLES, to support the engagement of women and girls in West and Central Africa in Global Fund-related processes.²⁸⁹

Despite the abovementioned achievements, evidence indicates that participation by key and vulnerable populations and networks declines following submission of the FR. While reasons vary across countries, contributing factors include capacity levels amongst these groups, particularly in relation to technical content,²⁹⁰ as well as challenges with Internet connectivity, access to resources²⁹¹ and the short timeframes available for engagement. Time pressures and deadlines mean that a less consultative approach can be adopted by those leading the process. Some countries, like Zambia, face challenges in advancing the participation of certain KP groups because of social and political barriers. Secretariat stakeholders also noted the absence of clear channels and requirements for engagement in grant making and oversight of grant implementation as hindering participation, while civil society interviewees noted that KP participation may not be considered adequate in some countries given the diversity of such groups and the limited number of spaces available on structures like the CCM for KP representation. The latter half of the strategy period also saw an escalation in safety and security concerns as a result of the growing level of threat to members of KPs participating in Global Fund structures.

²⁸⁵ Community, Rights and Gender SI Update (June 2020)

²⁸⁶ The Global Fund's introduction of the mandatory FR annex, *Funding Priorities of Civil Society and Communities Most Affected by HIV, TB and Malaria*, attempts to strengthen the effectiveness of the country dialogue. This annex lists the highest priority recommended interventions from the perspective of civil society and communities most affected by HTM, even if these are not prioritized in the final FR. The information provides the Global Fund with a clear overview of community needs, while allowing for assessment of the effectiveness of the country dialogue.

²⁸⁷ Breaking Down Barriers to Health: The Importance of Youth Leadership (no date included)

²⁸⁸ As of 2022, the fund had awarded 183 grants; see Community, Rights and Gender SI Update (June 2021)

²⁸⁹ Ibid

²⁹⁰ Findings from the 202-2022 applicant survey; TRP Review Windows 1-6 (2020-2021)

²⁹¹ For example, travel stipends and for data purchases.

Ways of addressing these challenges were explored over the strategy period. These included pre-convenings of KP groups to ensure that a diverse range of inputs could be gathered and documented for communication by selected representatives. The Global Fund also supported the implementation of risk assessments and mitigation measures to address safety concerns, while the Community, Rights and Gender (CRG) SI²⁹², coupled with the introduction of the CRG SI Coordination Mechanism in January 2021, strengthened the provision of TA in support of meaningful engagement in Global Fund-related processes. In the latter part of 2022, the Global Fund formulated a guideline to map out key entry points or “community engagement opportunities”²⁹³ in the grant life cycle, as well as three minimum requirements for community engagement. In addition, a new KPI has been introduced for the 2023-2028 strategy period to monitor community engagement over the course of the grant life cycle for accountability and learning purposes.

Operational objective 5 – Integrate HR considerations throughout the grant cycle and in policies and policy-making processes²⁹⁴

This section covers findings related to an assessment of the integration of HR considerations in the grant cycle and in Global Fund policies and processes. To allow for a more comprehensive discussion, a review of the integration of GE-related considerations was included. This section also assesses the effectiveness of these efforts in facilitating progress towards inclusive, rights based and gender equitable responses to HTM, in addition to those discussed under operational objective 4.

The 2017-2022 strategy period has seen a wealth of technical guidance and support being put in place to support participatory and effective FR and programme design processes related to HR and GE. However, the guidance has been voluminous and challenging to digest by key stakeholder groups and there has been a challenge with supply of TA. The emphasis on the provision of technical guidance is in line with the SR2020 recommendation to provide stronger and more specific guidance to support countries with HR and GE programming. Key achievements over the strategy period include collaboration with partners to develop a range of tools and resources. These partners include UNAIDS, UNICEF, UNFPA, UN Women, the WHO, RBM, Stop TB partnership, Expertise France, and GIZ. Some of the tools provide guidance on HR- and GE-related concepts and programming, while others aim to address data gaps to ensure evidence-based planning. The former category includes various technical briefs, while the latter includes the previously mentioned tools for data collection and analysis such as the Malaria Matchbox and the Stop TB Partnership Stigma Assessment. Of note is that these tools are playing a key role in strengthening the HR and GE focus within malaria and TB programming, which has – to date – had less of such a focus than HIV (as discussed in the preceding sections). Input obtained during country case study data collection indicates that HR and GE TA are perceived as useful and key to developing an equity focused FR.

However, at the same time, interviewees reported that the volume of technical guidance is often perceived as overwhelming (discussed under in the review of the overall funding model (Section 6.1 and Finding 3.3). Other challenges include a lack of conceptual clarity, shared understanding and standardised use of HR and GE terminology, within the Secretariat and amongst TA partners.²⁹⁵ As noted previously, some of the provided guidance is also seen as too complex and theoretical²⁹⁶ and hence inaccessible to some of its intended audiences. Steps have, however, been taken to develop more practical guidelines and tools, in preparation for GC7. There appears to be a

²⁹² Civil society interviewees noted that the CRG SI regional platforms have consolidated their role as knowledge hubs and TA referral mechanisms. Of interest is reporting by these same stakeholders that, as the regional platforms have matured and consolidated their role within the Global Fund architecture, they are providing safe spaces for discussions regarding what might be considered sensitive topics within certain country contexts, while building consensus regarding the need to promote and protect HR and GE as a means of maximising impact in relation to HTM. In addition, the inclusion of KP networks and community groups in these platforms has served to legitimise and elevate their concerns.

²⁹³ Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle (December 2022)

²⁹⁴ Global Fund policies and related processes refer to both formal, Board-approved policies as well as a range of processes related to the grant cycle and operationalization of approved policies.

²⁹⁵ This is noted in the SR2020 and during primary data collection for SR2023.

²⁹⁶ Summary of findings from focus groups – lessons learned from the 2020 – 2022 funding cycle (25 June 2021)

distinct focus on providing practical guidance in relation to HR and GE in the updated and recently published technical briefs.²⁹⁷

Interviewee input also indicates that demand for TA in relation to HR, gender and community engagement is at times outstripped by available capacity to respond. A Secretariat interviewee noted that, *“A discussion is needed about better alignment, about how best to avoid duplication and seek clarification. In the last year there was a huge demand for TA, which outweighed our resources to be able to meet that demand.”* The high level of demand is exacerbated by the limited number of HR and GE experts available in some countries.²⁹⁸ The reported appointment of CRG Focal Points will help to address this challenge in light of their provision of additional HR and GE support to country teams.²⁹⁹

The 2017-2022 strategy period saw limited systems in place to monitor and report on funding for HR and GE - and on results of investments in addressing HR- and GE-related issues. The section above on M&E addresses this in some detail. Emphasis here is placed on the inclusion of only one KPI related to GE in the 2017-2022 framework. SR2020 also noted the lack of a framework to assess levels of HR and gender responsiveness across funding windows, which hampers the measurement of progress towards HR and GE objectives over time and between countries. Changes made in this regard include the introduction of the GEM, as discussed above, as well as a new gender equality KPI for the 2023-2028 strategy period.

Changes made to Global Fund policies and processes over the strategy period have strengthened the integration of HR considerations into the work of the organisation and into country programming. There has, however, been less of a focus on the integration of GE-related standards. The 2017-2022 strategy notes that the Global Fund would review its policies and processes to mainstream HR principles and standards in all aspects of its work. Results of this include the approval of an organisation-wide Operational Framework on Protection from Sexual Exploitation and Abuse, Sexual Harassment, and Related Abuse of Power in July 2021.³⁰⁰ This will be institutionalised within the Global Fund and at country level. In addition, four HR Programme Essentials were developed in 2022, for operationalization in GC7. These were based on the recommendations of technical partners such as WHO and are described as *“a set of standards for the delivery of services by programmes supported by the Global Fund”*.³⁰¹ There is an expectation that national programmes will include the essentials at a minimum to enable the delivery of quality health services.³⁰² Perceptions of the potential effectiveness of the HR Programme Essentials were, however, mixed. It is perceived that capacity constraints within country teams will limit the extent to which country adherence to these essentials can be monitored.

GE considerations have been incorporated into the abovementioned HR Programme Essentials in some of the technical briefs. However, this varies across technical resources, and does not present a coherent response to GE

²⁹⁷ This observation is based on Secretariat consultations and a reading of online and recently updated or published technical briefs. A full review of these materials was outside the scope of this evaluation. For a list of these technical briefs consulted for SR2023, please refer to Appendix A.

²⁹⁸ Summary of findings from focus groups – lessons learned from the 2020 – 2022 funding cycle (25 June 2021)

²⁹⁹ Multilateral Organisation Performance Assessment Network (MOPAN), 2022. MOPAN Assessment Report: The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2021 Assessment Cycle.

³⁰⁰ Multilateral Organisation Performance Assessment Network (MOPAN), (2022), MOPAN Assessment Report: The Global Fund to Fight AIDS, Tuberculosis and Malaria, 2021 Assessment Cycle, Paris.

³⁰¹ Technical Brief: Equity, Human Rights, Gender Equality and Malaria (December 2022)

³⁰² The four HR Programme Essentials are 1) The integration of programmes to remove human rights-related barriers to prevention and treatment services for key and vulnerable populations; 2) stigma and discrimination reduction activities for people living with HIV and TB, and key populations, are undertaken in healthcare and other settings; 3) legal literacy and access to justice activities are accessible to people living with HIV and TB, and to key populations; and 4) support is provided to efforts, including community-led efforts, to analyse and reform criminal and other harmful laws, policies and practices that hinder effective HIV and TB responses. See https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf. The Malaria Information Note outlines one Programme Essential guideline; namely that partners must ensure that sub-nationally tailored planning considers factors beyond malaria epidemiology such as “health systems, access to services, equity, human rights, gender equality, cultural, geographic, climatic, etc.”

considerations. Civil society interviewees also noted that at present, the Global Fund's Grant Regulations include five HR standards but do not include a set of GE standards.³⁰³

Business model processes related to the selection of organisations as funding recipients hamper the selection of CLOs.³⁰⁴ Interviewees reported challenges related to the selection of CLOs as funding recipients, noting shortfalls in their organisational policies, governance and financial management structures in relation to the Global Fund's reporting and auditing requirements. This contributes to an inherent bias towards larger organisations and INGOs as HR and GE programme implementers, who are often not as well-placed as CLOs to implement effective and contextually relevant interventions. Country case studies do, however, indicate that alternative contracting approaches are being implemented with some success. For example, country stakeholders in the Philippines and Kenya reported the use of activity-based contracting methods as a means of bringing CLOs on board. Secretariat stakeholders also noted Global Fund investment via intermediaries as a successful approach.³⁰⁵ Further exploration of these methods would provide useful insights into how they are being utilised and with what effect.

³⁰³ The Grant Regulations include five HR standards; namely that the Grantee acknowledges that all Programs financed by the Global Fund are expected to: (i) grant non-discriminatory access to services for all, including people in detention; (ii) employ only scientifically sound and approved medicines or medical practices; (iii) not employ methods that constitute torture or that are cruel, inhuman or degrading; (iv) respect and protect informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered; and (v) avoid medical detention and involuntary isolation, which, consistent with the relevant guidance published by the World Health Organization, are to be used only as a last resort.

³⁰⁴ Also refer to discussions on sustainability in Section 6.2.

³⁰⁵ This refers to Global Fund investment in high-capacity NGOs who onward grant to CLOs, plus provide capacity building and other support.



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