What is the purpose of the PCE?

The Prospective Country Evaluation is an embedded mixed-methods evaluation platform designed to examine the Global Fund business model, investments and contribution to disease program outcomes and impact in eight countries. The PCE generates timely evidence to support program improvements and accelerate progress towards the objectives of the Global Fund 2017-2022 Strategy.

Key aspects of the PCE

- **Prospective** – timely data collection, analysis, visualization, and interpretation aligned with program implementation
- **Mixed methods** – combine quantitative impact results and qualitative process evaluation for a deeper understanding of ‘what’, ‘why’, and ‘how’
- **Data triangulation** – triangulate across a variety of primary and secondary data sources
- **Cross-country synthesis** – to inform Global Fund business model processes
- **Dissemination & use** – provide regular feedback to stakeholders to enable use of the findings

Eight Countries (Global Fund Investments, 2017-2019 allocation period, USD)

- Myanmar ($322M)
- Senegal ($73M)
- Guatemala ($38M)
- Sudan ($128M)
- Democratic Republic of the Congo ($543M)
- Uganda ($478M)
- Mozambique ($523M)
- Cambodia ($98M)

Framework of the PCE’s Thematic Areas

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Read more here: www.theglobalfund.org/en/technical-evaluation-reference-group/prospective-country-evaluations/
Absorption across RSSH modules during early grant implementation was low, in part due to the factors hindering implementation more generally (for example, sub-recipient selection and contracting, administrative and logistical hurdles, timing of disbursements, staff turnover, etc.).

RSSH coverage indicators predominantly align with the HMIS/M&E module, missing an opportunity for monitoring other RSSH priorities.

Many RSSH investments are considered shorter-term gap investments rather than longer-term investments in more sustainable health system strengthening needs.

Global Fund Strategic Objective #2: Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics

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

Investments by disease program largely cover key and vulnerable populations as defined by the Global Fund, but many country-defined key and vulnerable populations do not align with the Global Fund definitions.

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

TB and malaria activities are less gender responsive.

Overall implementation delays occurred due to sub-contracting issues.

First disbursements (Global Fund to Principal Recipients) for the majority of grants were made on time.

Approval processes for catalytic matching funds were aligned with main grants in some cases.

Global Fund Country Teams allowed flexibilities which helped with grant transition.

Global Fund Country Teams played important roles in resolving early bottlenecks.

Global Fund Secretariat approved the majority of PCE grants on time.

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

Lengthy selection and contracting of implementers, particularly sub-recipients by Principal Recipients delayed activity implementation.

Some matching funds approvals and disbursements were misaligned with main grant approvals and this impacted activity implementation.

Principal Recipient transition created initial implementation delays.
The Global Fund Prospective Country Evaluation (PCE)

Key Findings by Thematic Area

Value for Money

- Optimal use of resources to achieve intended outcomes, assessed utilizing DFID's 4Es framework: Economy, Efficiency, Effectiveness, Equity

- Economy has improved over time across grants, with health commodity prices falling, often below global reference points.

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

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

- Program management costs vary significantly across countries and by type of Principal Recipient, with substantially higher costs for UN agencies and civil society organizations than for governments.

- Some unit costs used for budgeting do not closely reflect actual costs, potentially leading to Global Fund paying above the lowest possible cost for inputs and/or low budget absorption.

- More could be done to ensure that Global Fund-supported activities are fairly distributed among target recipients.

Sustainability, Transition & Co-Financing

- Global Fund Strategic Objective #4: Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics

- All governments of PCE countries have made commitments to meet or exceed Global Fund co-/funding requirements.

- External stakeholders (e.g. civil society organizations, advocates, and evaluators) have been unable to verify fulfillment in a timely manner in most countries.

- There is evidence of countries embedding sustainability and transition considerations into program design and implementation.

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

- PCE findings on lessons learned for key processes will inform planning for the next implementation cycle.

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

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

Global Evaluation Partners

- Euro Health Group
- itad
- UCSF
- IHME
- PATH
- Johns Hopkins Bloomberg School of Public Health