A Comparison of The Global Fund and The GAVI Alliance with Emphasis on Health System Strengthening

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Executive Summary

To take the best advantage of the many new and emerging technologies to improve health outcomes in low- and middle-income countries, global innovative approaches are being developed to tackle enormous funding needs, more effectively utilize resources and learn from the growing body of collective knowledge and experience. Global Health Initiatives have emerged to meet these challenges through collaborative partnerships that seek to capitalize on the differing strengths of their members. The main aims of Global Health Partnerships (GHPs) are to develop and supply products (vaccines or drugs), improve access to health care, and act as global coordinating mechanisms. These three aims are shared by the Global Fund and the GAVI Alliance.

This analysis examines the strengths and weaknesses of each of these organizations to compare the ways in which goals that are common to both organizations are pursued and achieved. The essence of this comparison is to identify approaches that seem to work best, the factors apparently responsible for success, and how successful approaches might be used to inform all organizations and stakeholders interested in global health.

The Global Fund and GAVI are public-private partnerships comprised of governments, civil service societies, the private sector and international organizations. Both organizations function as a financing mechanism to address issues of technology and health care supply and delivery for their areas of operation. Established in 2002, the Global Fund focuses on fighting AIDS, Tuberculosis and Malaria and the GAVI Alliance, founded in 1999 with operations commencing in 2000, focuses on promoting supplies of vaccines and related support to strengthen health systems. The two organizations share several strategic principles. Using generalized language, these principles include:

- The GF and GAVI are designed to act as a financial instrument and not an implementing entity (The GF espouses this more strongly and draws more distinct lines. Generally, this is true for GAVI, although the lines are not and were not intended to be drawn as clearly)
- The GF and GAVI make available and work to leverage additional financial resources to support activities in their health areas.
- Proposals for support will be evaluated through an independent process and will take into account local conditions and realities.
- Both organizations seek to implement simple, fast and innovative processes to disburse funding.
- Both organizations espouse the importance of transparency, accountability and effectiveness in their operations and the operations of recipient countries.
The Global Fund sets relatively broad eligibility criteria, allowing low-and middle income countries with a GNI per capita of $11,115 or less to apply for support. In all, 130 countries are eligible to apply; Low-income countries receive the highest share of support (63%) as do Sub-Saharan African countries (57%). Sixty-one percent of funding is disbursed for HIV/AIDS, 25% for Malaria and 14% for Tuberculosis. The GF has allocated somewhat more towards treatment than prevention. Approximately 35% of GF grants ($4.2 Billion) is committed to supporting HSS. Since 2007, $660 Million was committed for cross-cutting HSS actions that apply across the three diseases.

The GAVI Alliance has set its eligibility criteria to target low-income countries; countries which had a GNI per capita of $1,000 or less in 2003. Currently, 72 countries are eligible to apply for funding. GAVI offers support for 5 areas of activity: Immunization Services Support, Injection Safety Support, Health System Strengthening Support, Civil Society Organization Support and New and Underused Vaccines Support. As of 2007, a total of $1,486,622,932 had been disbursed for GAVI activities. Eight percent of that amount ($117,728,803) went towards HSS, which only began operations in 2006. Current published commitments show that support for HSS between 2007 and 2012 will be roughly 15% of GAVI total investments.

Findings from this analysis indicate that, while the Global Fund and GAVI share some strategic principles, the way in which they implement these principles differs quite a bit. This has a large impact on their internal operations as well as country program performance. Presented below is a brief version of a more detailed synopsis found at the end of this report.

**Strategic and Operating Principles**

The Global Fund and GAVI function as financial instruments to leverage and make available funds for their causes. They are not intended to act as an implementing entity. They support country activities that reflect national ownership and promote country-led conceptualization and implementation. Proposals are independently reviewed, through a simple and fast process and innovation is encouraged. Both organizations emphasize efficiency, transparency and accountability and well defined roles and responsibilities.

**Global Fund**

- Draws a clear line between funding and implementing and has no hand in the latter.
- Activities supported by the GF are truly conceived and driven by recipient countries. Countries receive no direct assistance from the GF in writing their proposals.
- Countries undergo a highly competitive application process and must justify agreed upon performance benchmarks at the end of their Phase one (initial two years of the grant) of the grant cycle before funds can be renewed.
• The GF’s idea of a level playing field is to require every country to compete based on performance and innovation.

• A very active tracking system almost guarantees efficiency, transparency and accountability and investment risks are well managed and minimized.

• The Global Fund has a pro-active, thorough and demanding management approach which can be seen in the results of its funded activities.

GAVI

• GAVI has in-house Technical Assistance which is provided to applicants to facilitate GAVI’s ability to fund programs. The goal is to make it easy for countries to obtain funding but it is likely that its participation in the proposal process interferes with its goal of having countries lead the way.

• GAVI purports to prioritize efficiency, transparency and accountability, but it has not set up the necessary monitoring and evaluation systems to track resources, it does not allow or facilitate external scrutiny and its management structures do not ensure that GAVI’s ideals are met. The value that GAVI can gain from its investments might be at more risk than necessary.

• GAVI’s notion of a level playing field is to open its doors to all eligible countries and facilitate the disbursement of funds to them without requiring competition, proof of effective performance and innovation.

Grant-making Process and Innovation

Both organizations call for applicant countries to engage a country-level coordinator. Eligibility criteria are presented and countries are invited to make proposals. Both organizations have an independent review committee that makes approval recommendations.

The Global Fund

• The Global Fund application process is highly competitive. Countries must conceptualize and formulate their proposal independent of the GF based on their needs and compete for limited funding.

• Applicants must clearly justify what the requested funds will be used for and how the intended program activities impact the issues of the diseases.

• This model encourages innovations, such as the mutuells in Rwanda funded in part by the GF.

GAVI

• Instead of being competitive, GAVI’s process is facilitative.
• GAVI strives to make it simple for all eligible countries to obtain funding and this is clearly evidenced by the fact that GAVI provides its own technical assistance to applicant countries and in so doing, runs the risk that the process is not as country-led as intended.

• The formula that GAVI uses to calculate funding levels based on the number of children in a country’s population lets countries know how much they can qualify for before they apply.

• Countries are not required to outline the details of how funding will be used to expand coverage in the proposal.

• There are reports that a culture of crisis management has existed in the HSS application process which might have hindered systematic, strategic input from technical partners and interfered with GAVI’s ability to produce evidence of links between investments in HSS and vaccine coverage.

• The quality of applications for HSS in the first few years is said to have been poor. There was doubt about their conceptual validity, the value they would add and some proposed solutions did not match the constraints.

• Proposals often were requests for investments in infrastructure when investments in management, procurement or quality assurance might have been better solutions.

• Proposals were not as innovative as they could have been.

**Monitoring and Evaluation and Performance**

Both the Global Fund and the GAVI Alliance state among their principles that strong monitoring and evaluation are vital to their success and that they endeavor to uphold a performance-based model.

• The Global Fund has integrated monitoring and evaluation activities into almost every facet of the organization from grant making to in-country fund implementation.

• Since the GF does not have people in each recipient country to do the work, they contract “Local Fund Agents” (LFAs) to serve as a feedback loop to the Secretariat to provide information on the effectiveness of the program implementation, capacity of chosen principal recipients and the justification for disbursement of further funds and verification of result reports.

• Results can be tracked because an agreement has to be reached between the program’s principal recipient and the Secretariat on performance benchmarks that will be measured as part of the process to continue funding beyond the first year.

• The performance based approach provides incentives to focus on results rather than inputs, it serves as a management tool for principal recipients of grants to identify success
and problems, it furnishes the GF with information and it communicates periodic progress updates to the board and wider constituency.

- The GF scrutinizes their funds disbursement and implementation thoroughly. The grant agreements specify the program budget and intended program results to be measured by key indicators with periodic targets. The annual progress report includes a financial audit. Continued funding is based on a formal request from the CCM, a review of program performance in view of pre-agreed benchmarks and financial accountability.

**GAVI**

- Countries applying are not required to outline the details of how funding will be used to expand coverage in the proposal.
- Data quality audits suggest that data on routine immunization coverage is not of high enough quality to function as a means of performance assessment for reward disbursements.
- GAVI appears to rely almost entirely on annual progress reports and the oversight promised from country ICC or national health sector coordinator for indications of progress.
- By not taking a pro-active approach to M & E issue, GAVI is running the risk that it will not be able to achieve or prove impact and that it will not learn anything about what went wrong or right.

**Transparency**

Both the Global Fund and GAVI discuss the need for transparency in their strategic principles.

- The GF maintains an up to date, user-friendly website through which it disseminates all of its information
- The GF also has an online partnership forum which allows for stakeholder discussion as well as a regular newsletter called “Global Fund Observer.”
- Because the GF upholds effective tracking, monitoring, evaluation and auditing systems and also disseminates its information through the website, the transparency issue is well addressed.

**GAVI**

- The GAVI Alliance has not demonstrated a high level of transparency.
- It has been suggested that the Secretariat has lacked openness with GAVI partners and this has damaged trust in the Alliance.
• GAVI has also struggled with articulating a clear and cohesive strategic vision for HSS and trust, transparency and the quality of governance have suffered due.

• Because GAVI’s tracking of program progress is weak, some countries misused funds, highlighting a problem with program transparency.

• GAVI does not disseminate nearly as much information as it could on its website. Almost every GAVI table and figure in this report had to be created from scratch by piecing together country data.

**Innovation**

Both the Global Fund and GAVI espouse the need for innovation in their strategy and principles.

The Global Fund

• By design, the competitive application process, which is not directly supported by the GF, almost requires that countries either design an innovative program from the outset or innovate as they go in order to continue to receive funding from the GF.

• The emphasis on results rather than on inputs means that countries are required to figure out what works and what does not in order to maintain their program and secure a continuous funding stream from the GF.

GAVI

• GAVI claims to value and foster innovation. While the available evidence shows a few innovative characteristics in GAVI itself (such as the IFFIm), there is no evidence of innovation among the country programs. Instead, it appears to be business as usual, with the majority of funding going towards infrastructure development and equipment.

This comparison of the Global Fund and GAVI has attempted to summarize, analyze and synthesize the common ground shared by the organizations and the ways in which their different approaches lead to different country experiences and outcomes. The Global Fund has prioritized competition, innovation, accountability and transparency and this is evidenced by its actions and productivity. Countries going through the GF system for funding are challenged to perform to their best ability or risk losing their funding and the Global Fund has narrowed the level of risk it incurs in making its investments. The GAVI Alliance has prioritized an open door policy which facilitates funding to countries without a competitive process, clear expectations of innovation, and adequate accountability and transparency. GAVI has succeeded in funding programs and positive effects from GAVI investments have been reported by WHO, but it is doubtful that GAVI can say with confidence which programs were most and least effective and why.

It can be said that most of the success that has been noted in the GF operation and disbursement of funds stems from its ability to tenaciously and consistently adhere to its founding principles.
The Global Fund’s openness to criticism and its ability to engender a culture of listening and learning has enabled it to quickly adapt and improve its operations, thus its transparent nature has been a highly constructive characteristic. The GAVI Alliance, while successful to some degree, is lacking most notably in areas of transparency and accountability because it has not adhered to some of the guiding principles it espouses. This fact makes it impossible to assess the performance of GAVI’s programs, but this review has illuminated operational and implementation weaknesses that almost certainly hinder GAVI’s potential to add increasing value to vaccine and HSS initiatives in recipient countries.

Capacity

The role of the GF and GAVI to act as financial instruments and not as implementing entities has implications for the institutional capacity of both organizations. The Global Fund and GAVI do not have in-house expertise for health reform and system strengthening and they have no adequate in-country capacity to coordinate, oversee or monitor programs. In addition, neither has a strong external evaluation process, although the GF does make a reasonable attempt through its use of Local Fund Agents, but there is still a need for strengthening its country surveillance and monitoring of grants at the sub-recipient levels. When compared with the World Bank and WHO, the Global Fund and GAVI are less equipped to directly address health system reform and to monitor, manage and steward its progress over time.

Introduction

Today, infectious diseases still disproportionately affect significant populations in low- and middle-income countries, but rapidly emerging advances in technology offer hope of changing this reality. However, this hope can only be realized through successful diffusion and uptake of prevention and treatment interventions. Low- and middle-income countries need some degree of assistance to be successful. In recent years, the approach to solving problems of funding, financing and program implementation has been shifting as the nature of the challenges becomes better understood. Global Health Initiatives have emerged to meet the challenges through collaborative partnerships that seek to capitalize on the differing strengths of their members.

Global Health Initiatives have emerged as mechanisms for channeling donor funds to country health sectors to target particular health issues. These Global Health Initiatives, also known as public-private partnerships, have emerged in the last decade and play a prominent role in addressing global priorities around the world. The three main categories reflect the aims of GHPs: to develop and supply products (vaccine or drug), improve access to health care, and act as global coordinating mechanisms. These three aims are shared by the Global Fund and the GAVI Alliance.

These two Global Coordinating Mechanisms, the GAVI Alliance and the Global Fund, respectively play an important role in product (Vaccine) development and supply and in
coordinating the fight against the three big diseases, AIDS, Tuberculosis and Malaria. The challenges and successes that have been attributed to each organization are worthy of careful study.

The objective of this paper is to take an in-depth look at each of these organizations’ strengths and weaknesses and make a comparison of the way in which goals that are common to both organizations are pursued. The essence of this comparison is to identify learning points pertaining to approaches that seem to work best, the factors apparently responsible for success, and how the successful approach taken by one organization might be used to inform the other, and maybe other global health initiatives. In some respects, the structure of the two organizations is similar but some of the founding principles are fundamentally different. Since its inception in 2002, the Global Fund (GF) has practiced performance based funding and maintains a truly transparent approach in its operations. On the other hand, the GAVI Alliance, which has been in operation since 2000, has a performance based funding policy, but does not fully practice the policy in the disbursements of its grants. The two Global Health partnerships have responded to the growing concern about health system strengthening (HSS), but each has adopted its own approach with differing results.

This comparative analysis endeavors to convey the nature of policy, strategy and operations of these two organizations with a particular focus on activities in the area of health system strengthening and the mechanisms that have been put in place to ensure the effective and efficient disbursement of grants and harmonization of aid as they both try to make the greatest impacts in their areas of intervention.

**FRAME WORK FOR THE ASSESSMENT OF THE COMPARISON FOR THE GLOBAL FUND AND THE GAVI ALLIANCE**

1. Purpose
   - Strategy
   - Organizational structure of the Global Fund

2. Governance of the Fund:
   - Geography- How are they targeting countries, Middle Vs Low income
   - Grant making process- Country Eligibility
   - Competitive Nature of the fund
   - Transparency
   - Decision making
3. Allocative Efficiency
   Narrowness of the fund
   How much do they spend in terms of Core Vs Non core-competencies?

4. Technical efficiency
   Monitoring and Evaluation Systems
   Resource Tracking

5. Innovation
   Capacity to do Health System Strengthening in Countries

THE GLOBAL FUND

1a. Purpose, Principle, Strategy and Organizational Structure of the Global Fund

The Global Fund to fight AIDS, Tuberculosis and Malaria now known simply as The Global Fund (GF) was set up in 2002 to serve strictly as a financing mechanism to fight the three major diseases: AIDS, Tuberculosis and Malaria. The purpose of the GF as stated in its framework document is to “attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals.” Activities supported by the fund also include efforts to strengthen health systems and human resource capacity.

The Fund was founded on a set of principles that have guided everything that the Fund has done in the past and is still involved in doing, from governance to grant making. The adherence of the organization to these principles is believed to be largely responsible for the many successes recorded by the organization. The principles of the strategy are as follows:

I. The Fund is a financial instrument, not an implementing entity.
II. The Fund will make available and leverage additional financial resources to combat HIV/AIDS, tuberculosis and malaria.
III. The Fund will base its work on programs that reflect national ownership and respect country-led formulation and implementation processes.
IV. The Fund will pursue an integrated and balanced approach covering Prevention, treatment, and care and support in dealing with the three diseases.

V. The Fund will evaluate proposals through independent review processes based on the most appropriate scientific and technical standards that take into account local realities and priorities.

VI. The Fund will seek to establish a simplified, rapid, innovative process with efficient and effective disbursement mechanisms, minimizing transaction costs and operating in a transparent and accountable manner based on clearly defined responsibilities. The Fund should make use of existing international mechanisms and health plans.

The fund operates as a public-private partnership of governments, civil service society, private sector and affected communities to bring an innovative financing mechanism to tackle the devastation caused by the three diseases. This financing mechanism is to be lean and non-bureaucratic, unlike like other big aid institutions, while at the same time tapping into additional resources and serving as an attractive mechanism for donors that wish to increase funding to combat these diseases. At the same time, by doing this, the fund also serves as an awareness forum for the devastation caused by the three diseases. It also works with other bilateral and multilateral organizations to supplement their existing efforts in dealing with the three diseases. The Global Fund pursues its principles with a focus on AIDS, Tuberculosis and Malaria. There is no flexibility to use the funds from the Global Fund for remedying any diseases other than those three diseases.

The Organization has a secretariat based in Geneva and as of January 2009, discontinued the administrative agreement it had with the World Health Organization since its inception, thereby making it administratively autonomous. The Global Fund is headed by an executive director, Dr. Michel Kazatchkine and has approximately 470 staff based in Geneva. As a non-implementing agency, the fund has no staff in countries that receive its grants. The corporate structure of the Fund consists of two principal officers in addition to the Executive Director; these are the Deputy Executive Director and the Chief of Staff. The GF has an executive board which initially was made up of 24 members but now comprises 26 members; six of whom are Non-voting members while the other 20 have voting rights. The voting representatives are from donors, recipient governments, developing and non-developed country NGO’s, communities affected by the three diseases and the private sector. The six non-voting members are representatives of UNAIDS, the WHO and the World Bank with a Swiss citizen to comply with the status of the Global Fund, and just included are the Executive Director and one representative from the partners constituency. The partner’s constituency is a new inclusion on the Board of the GF which was formed after the Nineteenth Board meeting in May 2009. It is comprised of key partners whose mission is directly related to the GF but who were not initially represented on the Board. The founding members of the Board that were included in May 2009 are the Stop TB partnership, Roll Back Malaria and UNITAID.
1b. **Purpose, Principle, Strategy and Organizational structure of the GAVI Alliance**

Created in 1999, the GAVI Alliance provides time-limited funding for the supply of vaccines and other forms of support to strengthen health systems and immunization services. The stated mission of the GAVI Alliance is “Saving children’s lives and protecting people’s health by increasing access to immunization in poor countries.”

The World Health Organization estimates that between 2000 and 2008, GAVI support has prevented 3.4 million future deaths, protected 50.9 million additional children with basic vaccines against diphtheria, tetanus and pertussis, and protected 213 million additional children with new and underused vaccines. In June 2008, GAVI launched a new 5-year vaccination strategy to include cervical cancer, cholera, Japanese encephalitis, meningitis A, rabies, rubella, and typhoid. The addition of these vaccines takes advantage of improvements in technology and strengthened vaccine pipelines to reduce the overall disease burden in eligible countries.

The strategy of the GAVI Alliance is aligned with the “Global Immunization Vision and Strategy (GIVS)” which was developed by WHO and UNICEF with input from global partners including GAVI. The major tenets of GIVS include sustaining vaccination coverage, reducing mortality and morbidity, ensuring access and quality, introducing new vaccines, ensuring capacity for surveillance and monitoring, strengthening health systems, and assuring sustainability. GAVI’s strategy also incorporates the objectives of Millennium Development Goal 4 (child survival) in an effort to maximize its impact and provide a critical contribution. The GAVI Alliance strategy is based upon four overall strategic goals:

1. Contribute to strengthening the capacity of the health system to deliver immunization and other health services in a sustainable manner.
2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security.
3. Increase the predictability and sustainability of long-term financing for national immunization programs.
4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation.

The GAVI Alliance engages in its activities and provides financial support based on the fulfillment of 12 principles. GAVI initiatives should:

- contribute to achieving the MDGs, focusing on performance, outcomes and results
- promote equity in access to immunization services within and among countries
- support nationally-defined priorities, budget processes and decision-making
- be supportive of country participation through absence of earmarking
• focus on underused and new vaccines as opposed to upstream research and development activities
• contribute to the development of innovative models or approaches that can be introduced and applied more broadly
• be coherent with GAVI partners’ individual institutional obligations and mandates
• be catalytic and time-limited, though not necessarily short term, and not replace existing sources of funding
• support activities that over time become financially sustainable, or do not need to be sustained in order to have accomplished their catalytic purpose
• through market impact and innovative business models render vaccines and related technologies more affordable for the poorest countries
• be based on accountability, transparency, efficiency and effectiveness
• be consistent with the principles of harmonization as agreed by OECD/DAC at the Paris High Level Forum

GAVI is an unincorporated, non-juridical public-private alliance comprised of partners whose institutional missions vary considerably. Members of the GAVI Board include representatives from governments in developing and industrialized nations, established and emerging vaccine manufacturers, non-governmental organizations (NGOs), research institutes, UNICEF, The World Health Organization (WHO), the Bill & Melinda Gates Foundation, and the World Bank and Civil Society Organizations (CSOs). Together, these partners work to coordinate their individual activities in immunization and work with the governments of aid eligible countries to carry out effective immunization programs. All work is directed through the financing mechanisms of the GAVI Fund and the Geneva-based GAVI Secretariat, which channel funding, optimize availability of products and pricing, and coordinate the support needed to implement programs.

In 2005, GAVI made the decision to expand its investment envelope to include initiatives in Health System Strengthening (HSS). This was a major strategic expansion that has made GAVI more visible globally, and was certainly consistent with the powerful research findings of the Macroeconomic Commission on Health showing how weaknesses in health systems may prohibit attainment of the MDGs (Hanson, 2003). As stated on its website, GAVI’s HSS objective is “To achieve and sustain increased immunization coverage in all GAVI eligible countries, through strengthening the capacity of the health system to provide immunization and other health services.” GAVI’s current level of commitment towards HSS is $800 Million, which is planned to be disbursed between 2006 and 2015.

The objectives and principles adopted by GAVI for HSS are laudable. The duration of the HSS funding stream allows for predictable financing for country health sector plans. GAVI employs its basic principles, which are: performance-based, time-limited, simple for countries to obtain, subject to strong monitoring and evaluation and sustainable. HSS was designed to be country
driven in a way that utilizes existing systems and resources to their best advantage, aligns program planning and budget cycles, and allows for flexibility, adaptability and innovation to respond to needs and gaps in health care delivery. GAVI funding of HSS initiatives is intended to go through existing financial structures and processes.

2a. Governance of the Global Fund

Geography- How does the GF target countries; Middle Vs Low income

a) Grant making process

b) Transparency

The Global Fund made its first set of grants in April 2002. The Fund employs a very thorough and competitive process in terms of deciding which countries proposals are approved. The determination of country eligibility is a multi-step process. The fund has broad country eligibility criteria and makes its funds available to governments and civil societies in 130 countries\(^3\), drawing upon the classification used by the World Bank as Low Income, Middle income (divided into Lower-Middle (GNI between $906-$3,595) and Upper Middle income (GNI $3,595-$11, 115). However, there are two additional criteria that Middle Income countries must meet. First, countries must focus on key affected population* in their proposals. Key Affected Population- “women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrants and migrant laborers, people in conflict and post-conflict situations, refugees and displaced persons”\(^5\)

Second, for Lower-Middle income countries, Fund support cannot exceed 65% of the overall disease program need.\(^4\) For upper-Middle income countries, Fund support cannot exceed 35% of the overall disease program need.\(^5\) Since its inception in 2002, the Global Fund has made the following distributions of funding between Rounds 1-7.

<p>| Distribution of Funding in different regions between Rounds 1-7 based on Geographic Regions |
|-------------------------------------------------------------|-------------------------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Middle East &amp; N. Africa</th>
<th>East Asia &amp; the Pacific</th>
<th>Eastern Europe &amp; Central Asia</th>
<th>Latin America &amp; the Caribbean</th>
<th>South Asia</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>12%</td>
<td>9%</td>
<td>8%</td>
<td>8%</td>
<td>57%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distribution of Funding according to Income level of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
</tr>
<tr>
<td>63%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distribution of Funding to various sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
</tr>
<tr>
<td>60%</td>
</tr>
</tbody>
</table>
b) Grant Making Process

As stated above in the explanation of eligibility criteria, the GF employs a very competitive process for countries to apply for grants. This is in line with the principle of the fund. The process of grant application begins after the **Board** makes a call for Proposals from Eligible countries. This is followed by each **Country’s Coordinating Mechanism (CCM)** preparing a proposal based on the local needs and financing gaps. The Country Coordinating Mechanism, which is the Global Fund’s partnership forum at the country level, brings together representatives from all parts of the society both public and private, with an interest in the fight against AIDS, TB and Malaria to ensure that all parts of the society are represented in the preparation of the proposal. The CCM ensures that proposals are well thought out and ‘country driven’ and it is designed to foster country ownership. They have provided a unique way of gaining consensus on the proposal preparation process.

The CCM is also given money by the GF to assist in the preparation of the proposals, since proposals are also prepared by other technical agencies. The CCM then nominates a **Principal Recipient** who is accountable for administering the funds and overseeing grant implementation in the country. The proposals are submitted to the **Secretariat** of the Global Fund, the Secretariat manages the grant portfolio, including proposals submitted, issuing instructions to disburse money to grant recipients and implementing grant performance-based funding of grants. The proposals are then reviewed after submission by an **independent Technical Review Panel**. The group is comprised of international health experts in the three diseases and cross cutting issues such as Health systems. It meets regularly to review submitted proposals based on technical criteria and provides recommendation to the Global Fund Board as to which programs to fund based on the proposals. After proposals have been approved, the Global Fund signs a **legal grant agreement** with the Principal Recipient which has been designated by the CCM. The PR receives the grant directly from the GF and then uses it to implement prevention, care and treatment programs; or passes it to other organizations (sub-recipients).

Because the Global Fund has no staff in country, they contract with ‘**Local Fund Agents’ (LFA)** in order to manage disbursements. The LFA serve as a feedback loop to the secretariat and provides information on the effectiveness of program implementation, capacity of chosen principal recipients and the justification for disbursement of further funds and verification of result reports by the PR’s.

The proposals must meet all required criteria set out in the proposal guidelines and must be able to justify clearly what the funds requested are to be used for and how the intended program activities impact the issues of the three diseases. Further granting decision is based on the principle of Performance-based funding which is one of the major pillars which this organization operates on. The funding decision made by the Global Fund is based on this mechanism to ensure that investments are made where impact in alleviating the burden of HIV/AIDS, TB and Malaria can be best realized.

The approach to Performance based financing takes the following shape; once a proposal has been approved by the Board for a five year funding cycle, including phase 1 (the initial 2 years
of the grant), an agreement has to be reached with the Secretariat on performance benchmarks. The GF principle of performance Based funding is designed to:  

i) Provide incentives to encourage grant recipients to focus on results rather than on inputs;  
ii) Serve as a management tool for Principal Recipients (PRs) of grants to identify early opportunities to expand effective efforts and to address potential issues;  
iii) Furnish the Global Fund with the necessary performance information to decide on further disbursements of funds;  
iv) Provide performance information to the Country Coordinating Mechanism (CCM) for its oversight and monitoring purposes; and  
v) Communicate periodic progress updates to the Global Fund’s Board and wider constituency.

By doing this, it creates a level playing ground for all countries to determine if they will continue to receive funding, as funding for individual countries has to be decided based on the outputs of that country. The GF has maintained very high standards in terms of performance based funding as exemplified in its refusal to approve second tranche release for Senegal due to failure of the country to meet the agreed benchmarks and its suspension of Uganda due to inadequate financial activities.

c) Transparency

One of the guiding principles of the GF as set out in its strategy document is the emphasis on transparency. To date, this has guided virtually all the activities that the GF has been involved in since its inception. The GF maintains a very high level of transparency in its dealings and this has been a reference point to other aid agencies. The GF maintains this level of transparency through different avenues. The GF’s user friendly website is highly praised and provides an extensive tool to track virtually every activity, fund disbursement or event in which the Fund is involved. The website also houses an on-line library that contains both internal and external evaluations of the GF. Information is constantly updated on the website to show different activities going on in the organization and to keep different stakeholders abreast of its activities, plans and intended action or decisions. Also, the GF has an on line partnership forum which allows for a broad range of stakeholders to offer their views on the Global Fund’s performance. The transparency of this organization has also greatly enhanced by the regular publication of a regular newsletter called the ‘Global Fund Observer.’ This is published by a group called AIDSPAN which is an independent organization; it reports on the financing of the fund, monitors progress, comments the approval, disbursement and implementation of grants; provides guidance for the stakeholders within applicant countries; reports and comments on board meetings. It also provides a useful information service on the fund. The GF is very open to criticism and encourages individuals and stakeholders to dialogue about its activities.
2b. Governance of GAVI

a) Geography- How does the GF target countries; Middle Vs Low income

b) Grant making process- Country Eligibility

c) Transparency

In the first five years of GAVI’s operation (2000-2005), distribution of Immunization Support (ISS) and New Vaccine Support (NVS) favored low-income countries under stress (LICUS), countries with lower coverage and lower income countries when adjusted for number of infants. Support for Injection Safety was granted almost proportionately with the distribution of infants across countries, with somewhat higher distributions in higher-coverage, non-LICUS, higher income countries. Unfortunately, the cost per death averted by new vaccines cannot be calculated due to data limitations which preclude a cost-effectiveness analysis of the programs and diffusion of vaccines. However, during Phase 1, GAVI contributed to 15.8 million additional children being immunized with DTP3, 90.5 million additional children being immunized against HepB, 14.1 million against HepB and 13 million against yellow fever. The additional children immunized led to the prevention of a total of 1,733,000 premature deaths from HepB, pertussis and Hib.

The most recent available GAVI document providing the distribution of support for programs by country shows that 46 low-income countries continue to receive a higher proportion of support for new and underused vaccines, while 26 lower-middle income countries receive a higher proportion of support for injection safety. Health System Strengthening appears to be evenly distributed between income categories, as seen in Table 1.

Table 1: Cumulative approved support to countries, 2000-2007

<table>
<thead>
<tr>
<th></th>
<th>New &amp; Underused Vaccines</th>
<th>Injection Safety</th>
<th>Immunization Services</th>
<th>Health System Strengthening</th>
<th>Total (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income</td>
<td>802,334,432</td>
<td>50,067,450</td>
<td>230,950,040</td>
<td>91,121,303</td>
<td>1,174,473,225</td>
</tr>
<tr>
<td></td>
<td>68%</td>
<td>4%</td>
<td>20%</td>
<td>8%</td>
<td>100%</td>
</tr>
<tr>
<td>Lower-middle income</td>
<td>162,025,787</td>
<td>66,698,230</td>
<td>56,818,190</td>
<td>26,607,500</td>
<td>312,149,707</td>
</tr>
<tr>
<td></td>
<td>52%</td>
<td>21%</td>
<td>18%</td>
<td>9%</td>
<td>100%</td>
</tr>
</tbody>
</table>

b) Grant-making Process

Countries with a Gross National Income (GNI) per capita below US $1,000 in 2003 may apply for GAVI support. Currently, there are 72 eligible countries which may apply for support, and civil society organizations (CSOs) may apply as well. By December 2005, 73 of the 75 countries that were eligible for GAVI support at the time had been approved for at least one type of support, and 70 had already received support.
Countries applying for ISS support must propose to increase basic immunization coverage (measured by DTP3 coverage) by a specific number of children within 5 years. However, countries are not required to outline the details in the proposal of how funding will be used to expand coverage. Countries receive $20 per additional child immunized (the average estimated cost per child is $17) to reach up to an 80% coverage level. When expanding to a coverage level greater than 80%, countries receive $25 per additional child immunized. In the first two years of the grant, disbursement is based on the estimates calculated in the proposal, and in the following years, disbursements are reward-based and depend on the number of additional children immunized above and beyond what was done in year 2. Data quality audits on GAVI funded immunization coverage suggest that the quality of data on routine immunization coverage is not high enough to use as an assessment of performance for the reward disbursements. An analysis of GAVI’s impact through its ISS program shows that GAVI contributed to increasing DTP3 coverage in countries with a baseline coverage level less than 65%. However, no effect was found for countries with a higher baseline coverage level, and the reasons remain under debate.

There are five types of support for which countries may apply. All of the 72 currently eligible countries may apply for Immunization Services Support (ISS), Injection Safety Support (INS), Health System Strengthening Support (HHS), and Civil Society Organization Support (CSO). The fifth type of support, New and Underused Vaccines Support (NVS), has additional eligibility criteria for four specific vaccines based on the level of coverage reached by a pre-determined benchmark, such as the third dose. These vaccines are Hepatitis B (HepB), Haemophilus influenza type b (Hib), Pneumococcal (Pneumo), and Rotavirus (Rota).

In addition to the basic criteria listed above, countries must also have a well functioning inter-agency coordination committee (ICC) or national health sector coordination body for health system strengthening (HSS), and they must have a comprehensive multi-year plan. One further level of eligibility is the benchmark achievement of 50% coverage for DTP. Countries with less than 50% coverage are not eligible to apply for support for the four specific vaccines listed above.

Applications must be submitted by the Ministry of Health and endorsed by the Ministry of Finance and the relevant national coordinating agency. Countries must present evidence that the activities outlined in the proposal are fully synchronized with the national planning and budget processes. There must be a comprehensive, multi-year plan, synchronized with the strategic plan of the health sector that analyzes the state of the immunization program and current and future costing and financing, and a plan to minimize waste, maximize retention and improve safety. Finally, to obtain continued GAVI support, countries must receive a satisfactory report on their utilization of GAVI support in their annual progress report.

Countries are urged to collaborate with national partners to prepare proposals. Proposals must be signed by an ICC or HSCC to demonstrate endorsement. After a screening by the GAVI
Secretariat, proposals are processed by a WHO expert group to screen for consistency of information, validity of data, and alignment with the country’s comprehensive multi-year plan.

After the screening phase, proposals are sent to the Independent Review Committee (IRC), which advises the GAVI Alliance Board on proposals and program progress. There are three separate IRC teams: (1) new proposals for ISS, INS and NVS; (2) new proposals for HSS; and (3) monitoring annual progress reports. All IRC members are selected based on their specific expertise in the relevant field. After reviewing a proposal, the IRC makes one of four possible recommendations: (1) approval; (2) approval with clarifications; (3) conditional approval; (4) resubmission. The IRC has no power to make decisions. Their recommendations are sent to the GAVI Secretariat and the GAVI Board for a decision.18

GAVI’s application process is not competitive; rather, it is facilitative. Countries often use GAVI’s technical assistance to obtain help to write proposals that will be accepted.19 The reliance on TA to complete applications may negate to some degree GAVI’s intent to allow countries to drive the process and planning. One wonders to what extent the proposal is driven by the TA rather than the country. GAVI has been very successful at raising funds, has laid out a list of eligible countries, provided TA for proposal writing in a facilitative, non-competitive grant making environment. While this model does provide an excellent opportunity for low-income countries to obtain support, it is not likely that creative and innovative proposals are being written, especially when one considers the kinds of activities that receive the most funding (i.e., infrastructure, equipment, training and transport).

Moreover, GAVI’s formula to calculate the amount for which a country can qualify based on the number of children makes it easy for countries to know what they might get and, once the funding is granted, it is not difficult to keep. While GAVI maintains that it has a performance based system which rewards successful countries with $20 for each additional child vaccinated over and above the national target,20 successful completion of the annual progress report is the criterion by which countries qualify for continued support.21 The annual progress report is completed by program personnel and is not an evaluation report. Examples of annual progress reports available on the GAVI website show little and vague information; not nearly enough to assess effectiveness and efficiency.

The application process for HSS was instituted in 2005 after NORAD completed a study of health system constraints that interfered with immunization coverage. From this study, GAVI identified health system weaknesses that were believed to be most relevant to delivery of vaccines. Three priority areas of HSS were identified and are broadly defined on purpose in order to be inclusive. These areas are: (1) Health Workforce; (2) Organization and Management of Health Services; (3) Supply, Distribution and Maintenance Systems (at various administrative levels – see Appendix 1 for details). The application process for HSS support is very facilitative and non-competitive, as technical assistance is routinely provided so that countries can
successfully acquire HSS funding. While this makes it more possible for less advanced countries to gain support for HSS, it also means that HSS investments run the risk of being ineffective due to poor design, planning, management and implementation. This process also eliminates competition for funding, which is likely to lessen the perceived need to develop proposals that present innovative solutions.

GAVI reports that financial support for HSS began in 2006 and, in the first year, 55% of eligible countries applied and 40% of the applicants were approved for funding. Some aspects of grants management (i.e., information dissemination, deadlines and communication) were good; however, there is some evidence that the quality of applications was generally very poor. In GAVI’s document featuring its “23 examples of good proposals,” only discrete portions of proposals were highlighted and no one proposal was described in its entirety. While GAVI had a 40% application approval rate in the first year, one source cites that only one of 31 applications was approved without conditions, while the remaining proposals went through rounds of further clarifications and revisions which were at times very substantial. There was doubt among the Internal Review Committee partners as to the conceptual validity of the proposed activities as well as the value they would provide to relieving health system constraints.

Another concern is that the solutions suggested in proposals did not match the identified constraints and these poorly conceptualized solutions often took the form of requests for investment in infrastructure when investments in management, procurement or quality assurance would seem to have been better solutions. This is, of course, a customary supply-side bias in health system investments; one that has led to the kinds of imbalances reflected in the health system constraints pointed out by the MCH (Hanson, 2003). As shown by Hansen, the poorest and weakest health systems suffer from demand constraints which may include lack of information, trust in formal health care, distance and other access barriers, and ability to pay. Demand and financing issues are not emphasized on the GAVI priority list, and problems with demand and financing have come up repeatedly as a challenge in these initiatives.

Management of the HSS grant making process has been problematic. A culture of crisis management is said to exist within the HSS arm of GAVI that has likely interfered with their ability to produce evidence of the links between investments in HSS and vaccine coverage. Due to the pressure to disburse quickly caused by the small window of time between the decision to invest in HSS and the proposal due date, a lack of systematic, thoughtful and strategic input from all technical partners led to the production of poor quality application guidelines, which led to confusion and poorly conceptualized proposals.

Similar to the way in which GAVI’s flexibility seems to contribute to a lack of transparency, here the flexibility and facilitation of the proposal process seems to contribute to poor quality applications which may very well lead to inefficient and ineffective programs that do not incorporate innovative solutions. Again, the model presents more risk than necessary.
c) Transparency

Transparency has been a challenge for GAVI in three main ways. First, sources suggest that the Secretariat of GAVI has lacked openness with the GAVI partners and this has damaged trust in the Alliance. It was suggested that the GAVI Secretariat make a formal statement to GAVI partners outlining how to ensure that all substantive discussions are openly shared, such as through public or private postings on the GAVI website. GAVI has also struggled with articulating a clear and widely accepted strategic vision, and this is especially problematic since GAVI is an alliance of multiple partners. In particular, GAVI’s difficulty in forming a philosophy and approach to HSS that are widely shared by its partners has been a major blight to its effectiveness. Because of its lack of a cohesive vision, the quality of governance has suffered. Mandates have changed, roles and responsibilities have been blurry, leadership is inconsistent and technical experts are often not consulted when they should be. According to Joseph Naimoli (a former member of the HSS Task Team for GAVI), the result of poor governance has been a lack of trust and transparency across the alliance which impairs the partnership approach and cuts short the potential contributions of many partners.

Secondly, the GAVI Phase 1 Evaluation found that some countries used program funds inappropriately. If more transparency were built in to the process by way of improved monitoring and evaluation, these problems would be less likely to happen. This is especially important in light of the fact that the GAVI strategy endeavors to allow partner countries to be responsible for their own implementation, monitoring and oversight using their own country-level coordinating body. With an emphasis on flexibility and a relatively light reporting requirement, this process becomes highly decentralized and, by nature, the model is not applied consistently across countries, leaving the reporting up to the discretion of financial systems of less-developed countries. This model runs a higher risk than necessary.
Finally, information about GAVI’s investments and results is not readily and easily available on the website. Documents should be easier to find, country data should be put into a more user-friendly format, data should be made available in the aggregate for those requiring detailed big picture, and reports and evaluations should be made available in a timely manner.

### 3a. Allocative Efficiency of the Global Fund

How much do they spend in terms of Core Vs Non core competencies?

One of the strengths of the GF as noted previously is its capacity to make a focused appeal and provide additional source of funding to the fight against the three big diseases. Most of the GF is strictly centered on activities that directly relate to these diseases or cross cutting issues. As the GF is presently entering into the 9th round of funding, a look at the expenditures and disbursements of the Fund clearly shows a trend over the previous 8 rounds.

According to the GF, since its creation in 2002, the Global Fund has approved funding of US$ 15.6 Billion for more than 572 programs in 140 countries. As of December 1, 2008; the GF had signed grant agreements worth US $ 10.2 billion for 579 grants in 137 countries, and has disbursed $ 6.8 billion to grant recipients. The fund estimates that it provides a quarter of all global donor funding for AIDS, two-thirds of all global donor funding for TB, and about three quarters for funding for Malaria. The GF has over the last 8 rounds invested in comprehensive prevention, treatment and care programs; however, it is clear to see that funding has clearly favored treatment programs.

After 7 rounds of funding, the GF distribution of funds is as follows:

<table>
<thead>
<tr>
<th>TB</th>
<th>HIV/AIDS</th>
<th>MALARIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>61%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: GF website

Between 2002 and 2007 the allocation of funding to the different diseases shows that more funds have been channeled to treatment programs more than prevention.

<table>
<thead>
<tr>
<th>HIV/AIDS ($315 Million)</th>
<th>Treatment</th>
<th>Prevention</th>
<th>Care and Support</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32</td>
<td>30</td>
<td>14</td>
<td>24</td>
</tr>
</tbody>
</table>
TUBERCULOSIS ($223 Million) | 25 | 15 | 6 | 54
---|---|---|---|---
MALARIA ($202 Million) | 40 | 35 | - | 25

Source: Global Fund

* For HIV/AIDS, “Other” includes grants for health system strengthening, monitoring and evaluation, supportive environment, HIV/TB collaborative activities, and other activities.

For tuberculosis, “Other” includes grants for health system strengthening, monitoring and evaluation, supportive environment, and other activities.

For malaria, “Other” includes grants for health system strengthening, supportive environment, and other activities.

For the Non-core competencies this involves some areas of cross-cutting issues which the GF is involved in. Cross-cutting actions are those which apply across more than one disease. Such initiatives contribute to strategic actions to strengthen health systems more widely.

The guiding principles and strategy of the GF clearly indicate that it is not an implementing agency\textsuperscript{10}; it was formed to serve as a financing agency for activities clearly related to the three diseases. In that light, some areas of Health system strengthening that are being proposed by health experts to be included in the mandate of the Fund are not qualified for receiving funds from the organization. The GF in its strategy document at its inception clearly lays it out what its terms of reference concerning HSS should be. It states that the GF will\textsuperscript{11}:

- Support the substantial scaling up and increased coverage of proven and effective interventions, which strengthen systems for working: within the health sector; across government departments and with communities; and
• Support programs that address the three diseases in ways that will contribute to strengthening health systems.
• Support performance based funding, and a focus on results.

In the context of HSS, the GF clearly identifies that HSS refers to any activities and initiatives that improve the underlying health systems of countries in any of the ‘six essential building blocks’ 12 identified by the WHO, and or manage interactions between them in ways that achieve more equitable and sustainable health services and health outcomes related to the three diseases. The six essential building blocks according to the World Health Organization for health systems include:

• Good health service delivery, i.e. the ability to efficiently deliver effective, safe, quality Personal and non-personal interventions to those who need them;
• A well-performing health workforce that is responsive, fair and efficient in achieving the best health outcomes possible, given available resources and circumstances;
• A well-functioning health information system that ensures the production, analysis, Dissemination and use of reliable and timely information on health determinants, health Systems performance and health status;
• A well-functioning system for providing equitable access to quality essential pharmaceutical And health products and technologies;
• Good health financing systems to raise adequate funds for health, and to ensure protection for financial risks; and
• Effective leadership and governance to ensure strategic policy frameworks exist and are Combined with effective oversight, coalition-building, the provision of appropriate regulations and incentives, and accountability.

The Global Fund has seven budget categories which include: i) Drugs ii) commodities and projects iii) Human resources iv) infrastructure and equipment v) planning and administration vi) training and vii) other. 13 Of the seven budget categories, four are believed to contain significant components of HSS expenditure: human resources, training, infrastructure and equipment, and planning and administration. Trends by budget category over 5 proposal rounds are shown below. The four categories are shown in blue and green.
Trends in Global Fund expenditures between Rounds 2 and 6

According to the report by the GF, overall approximately 35% of the Global Fund grants are committed ($4.2 billion) to bolstering infrastructure, strengthening laboratories, expanding the number of human resources, augmenting skills and competencies of health workers, and developing and supporting monitoring and evaluation systems. Following Round 6 of funding, the area that gets most funding in the GF’s budget categories is commodities, products and medicines, while the second largest item of expenditure is human resources. Below is a diagram showing the funding allocated to the different budget categories following Round 6.

Source: World Health Organization
According to a report put forward by the GF, since 2007, $660 Million has been committed for cross-cutting HSS actions that apply to more than one of the three diseases, and $363 million was approved in 2007\textsuperscript{15}. Total amount that was approved in cross-cutting health systems finance in 2007

Allocation of resources to cross-cutting Health systems finance in 2007

SOURCE: The Global Fund
In Round 8, 53% of the value USD $283 million (up to 593 Million over 5 years) was recommended for funding by the Technical Review Panel, and only 48% were approved for funding.\textsuperscript{16}

The impacts of these HSS investments have indeed been able to produce varying positive results in different regions. A few examples of these results on health systems are shown below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Impact Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>The Haiti AIDS/TB program has contributed to improved health outcomes. An analysis of health indicators for a 14-month period found that the program in Haiti also contributed to improved delivery of vaccines and prenatal care visits.</td>
</tr>
<tr>
<td>Rwanda</td>
<td>HIV funds supported the establishment of integrated HIV services at health centers. AIDS and Malaria programs have reduced the burden on hospitals, freeing up resources which can be used to expand general health care.</td>
</tr>
<tr>
<td></td>
<td>subsidizes improved access to health care for the poor, people living with HIV, and Orphans, and also strengthens and improves the performance and quality of the health service delivery system. With Global Fund financing, more than 1.5 million yearly insurance subscriptions were paid for very poor people and 146,130 yearly subscriptions were provided for people living with HIV.</td>
</tr>
<tr>
<td>Malawi</td>
<td>The Malawi AIDS program has saved the lives of a significant number of health workers through its AIDS treatment program.</td>
</tr>
<tr>
<td>China</td>
<td>More than 770,000 service providers trained for TB to increase case detection by strengthening collaboration between the hospitals and the TB dispensary systems.</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>More than 63,000 facilitators trained nationwide for community mobilization, including youth, women and farmers.</td>
</tr>
<tr>
<td>Zambia</td>
<td>More than 100,000 health care workers trained to implement the stop TB strategy.</td>
</tr>
<tr>
<td>Thailand</td>
<td>The HIV program here is supported with Global Fund financing for ongoing access to comprehensive prevention and care services through infrastructure improvements, better service delivery of essential medicines and greater involvement of non-health sector actors and nongovernmental organizations.</td>
</tr>
<tr>
<td>India</td>
<td>Support to India’s national TB program and especially to expanding the DOTS regime, has improved integration of NGO and private providers into the national program and the health system more generally.</td>
</tr>
</tbody>
</table>
Other such results of the GF’s success stories are shown below

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>EVIDENCE OF IMPACT</th>
<th>SERVICES SUPPORTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>RWANDA</td>
<td>- 64% decline in child malaria cases</td>
<td>- By end 2007, more than 2.4 million insecticide-treated bed nets were distributed, achieving 60% coverage</td>
</tr>
<tr>
<td></td>
<td>- 66% decline in child malaria deaths</td>
<td>- National roll-out of effective antimalarial drugs (ACTs)</td>
</tr>
<tr>
<td></td>
<td>(Facility data, 2005-2007)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Declining treatment demand</td>
<td></td>
</tr>
<tr>
<td>ZANZIBAR</td>
<td>- 52% decline in child mortality (2002-2005)</td>
<td>- Introduced ACT in 2003</td>
</tr>
<tr>
<td></td>
<td>- 77% decline in outpatient malaria cases (2002-2005)</td>
<td>- Comprehensive 90% insecticide-treated bed net coverage</td>
</tr>
<tr>
<td></td>
<td>- Significant decline in ACT demand due to improved diagnosis and almost no new malaria cases reported</td>
<td>- Indoor residual spraying: 90% coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Nongovernmental organizations training on net use</td>
</tr>
<tr>
<td>BURUNDI</td>
<td>- 45% decline in malaria incidence (2000-2005)</td>
<td>- One of first countries to introduce ACTs, 3.9 million cases treated</td>
</tr>
<tr>
<td></td>
<td>- Independent review showed impact of malaria interventions on new cases</td>
<td>- More than one million insecticide-treated bed nets distributed</td>
</tr>
<tr>
<td>ETHIOPIA</td>
<td>- 71% decline in malaria deaths (2000-2006)</td>
<td>- Insecticide-treated bed net coverage increased to 60%</td>
</tr>
<tr>
<td></td>
<td>- 91% decline in outpatient malaria cases (2000-2006)</td>
<td>- Introduced ACT in 2007</td>
</tr>
<tr>
<td></td>
<td>- 42% decline in malaria cases in facilities (2005-2006)</td>
<td>- Strengthened community-based activities: community health workers, diagnosis and education programs</td>
</tr>
<tr>
<td>MOZAMBIQUE, SWAZILAND, SOUTH AFRICA</td>
<td>- 87% to 96% reduction in malaria incidence</td>
<td>- Five million people protected by indoor residual spraying</td>
</tr>
<tr>
<td></td>
<td>- 82% to 87% reduction in malaria mortality</td>
<td>- Universal coverage with effective drugs</td>
</tr>
<tr>
<td></td>
<td>- 51% to 94% reduction in malaria parasite prevalence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Declining demand for drugs</td>
<td></td>
</tr>
<tr>
<td>ETHIOPIA, ZAMBIA</td>
<td>- Some initial signs of protective effect of insecticide-treated bed nets and of declines in malaria cases</td>
<td>- Insecticide-treated bed net distribution: 9.4 million (Ethiopia), 1.9 million (Zambia)</td>
</tr>
<tr>
<td></td>
<td>- Evidence of significant declines in child mortality which require careful evaluation</td>
<td>- ACT introduced</td>
</tr>
<tr>
<td>CHINA</td>
<td>- 31% decline in TB prevalence to 2006</td>
<td>- DOTS: increased coverage leading to case-detection rate increases</td>
</tr>
<tr>
<td></td>
<td>- 31% decline in TB mortality to 2006</td>
<td></td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>- Decline in TB mortality, from 57/100,000 to 42/100,000</td>
<td>- DOTS: successful public/private mix</td>
</tr>
<tr>
<td>MALAWI</td>
<td>- 44% decline in mortality in workers</td>
<td>- Comprehensive HIV prevention and treatment</td>
</tr>
<tr>
<td></td>
<td>- 32% decline in HIV prevalence among pregnant women aged 15-24 from 2005 to 2007</td>
<td></td>
</tr>
<tr>
<td>THAILAND</td>
<td>- 55% decline in HIV prevalence among pregnant women from 2003 to 2007</td>
<td>- ARV program strengthening</td>
</tr>
</tbody>
</table>
3b. Allocative Efficiency of the GAVI Alliance

Between 2000 and 2007, GAVI allocated 65% of its total disbursements and commitments to New and Underused vaccines. Nineteen percent went towards Immunization Services, and 8% went to both Injection Safety and Health System Strengthening. One must bear in mind that...
funding for HSS did not begin until 2006 and, between 2006 and 2015, 800 Million USD is planned to be disbursed.

Table 2: Cumulative approved support to countries, 2000-2007

<table>
<thead>
<tr>
<th>Country Type</th>
<th>New &amp; Underused Vaccines</th>
<th>Injection Safety</th>
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<td>312,149,707</td>
</tr>
<tr>
<td></td>
<td>964,360,219</td>
<td>116,765,680</td>
<td>287,768,230</td>
<td>117,728,803</td>
<td>1,486,622,932</td>
</tr>
</tbody>
</table>

65% 8% 19% 8% 100%

As of this report date, according to individual country fact sheets found on the GAVI website, GAVI has US 343,832,435 committed for Health System Strengthening between 2007 and 2012. This is 15% of GAVI’s total planned commitments (see Table 3). The percentage of total commitments allocated for HSS varies from a low of 5% for Kenya to a high of 45% for Viet Nam.
### TABLE 3: Investments in HSS from 2007 through 2012, in US$

<table>
<thead>
<tr>
<th>Region</th>
<th>Country</th>
<th>Total HSS</th>
<th>Total All Support</th>
<th>HSS as % of Total</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>Burundi</td>
<td>8,252,000</td>
<td>53,930,521</td>
<td>15%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Cameroon</td>
<td>9,846,000</td>
<td>64,692,469</td>
<td>15%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>CentAfrRep</td>
<td>3,163,000</td>
<td>12,064,226</td>
<td>26%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Ethiopia</td>
<td>76,493,035</td>
<td>401,100,819</td>
<td>19%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Ghana</td>
<td>9,670,000</td>
<td>127,611,488</td>
<td>8%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Kenya</td>
<td>9,903,000</td>
<td>190,093,357</td>
<td>5%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Liberia</td>
<td>4,090,000</td>
<td>14,214,817</td>
<td>29%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Madagascar</td>
<td>11,216,500</td>
<td>58,175,028</td>
<td>19%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Malawi</td>
<td>11,343,000</td>
<td>116,631,272</td>
<td>10%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Nigeria</td>
<td>44,704,000</td>
<td>158,638,777</td>
<td>28%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Rwanda</td>
<td>5,605,000</td>
<td>78,031,986</td>
<td>7%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Sierra Leone</td>
<td>2,115,500</td>
<td>24,177,709</td>
<td>9%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Sudan</td>
<td>16,153,500</td>
<td>79,527,795</td>
<td>20%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Uganda</td>
<td>19,242,000</td>
<td>205,267,157</td>
<td>9%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Zambia</td>
<td>6,605,500</td>
<td>62,692,116</td>
<td>11%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td>238,502,935</td>
<td>1,646,849,539</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| SE Asia | Bhutan | 194,000    | 1,396,729        | 14%               | X    | X    | X    | X    | X    | X    |
|         | DPR Korea | 4,361,000   | 18,496,645       | 24%               | X    | X    | X    | X    | X    | X    |
|         | Nepal   | 8,667,000  | 63,562,063       | 14%               | X    | X    | X    | X    | X    | X    |
|         | S Lanka | 4,500,000  | 23,272,424       | 19%               | X    | X    | X    | X    | X    | X    |
| TOTALS  |         | 17,722,000 | 106,727,861      | 17%               |      |      |      |      |      |      |

| W Pacific | Cambodia | 1,850,000 | 18,043,365 | 10% | X |
|           | Viet Nam | 16,285,000 | 35,897,755 | 45% | X | X | X | X |
| TOTALS    |         | 18,135,000 | 53,941,120 | 34% |      |      |      |

| Americas | Honduras | 2,534,500 | 18,380,000 | 14% | X | X | X | X | X |
|          | Nicaragua | 1,897,500 | 10,577,500 | 13% | X | X | X | X |
| TOTALS   |         | 3,922,000 | 28,957,500 | 14% |      |      |      |

| East Med | Afghanistan | 34,100,000 | 92,517,688 | 37% | X | X | X | X | X |
|          | Pakistan   | 23,525,000 | 312,136,012 | 8% | X | X | X | X |
|          | Yemen      | 6,335,000  | 63,246,300 | 10% | X | X | X | X |
| TOTALS   |         | 63,960,000 | 467,900,000 | 14% |      |      |      |

| Europe | Georgia | 435,500    | 1,441,398 | 30% | X | X | X | X | X |
|        | Kyrgyzstan | 1,155,000 | 3,297,199 | 35% | X | X | X | X |
| TOTALS |         | 1,590,500 | 4,738,597 | 34% |      |      |      |

| GRAND TOTAL |         | 343,832,435 | 2,309,114,617 | 15% |      |      |      |

Source: GAVI Country Fact Sheets

A closer investigation of the allocation of support for HSS activities requires the creation of a table based on information painstakingly gleaned from the individual approved country proposals found on the GAVI website (see Appendix 2 for the complete table). Figure 1 presents a breakdown of support by the three HSS areas: (1) Health Workforce; (2) Organization and Management of Health Services; and (3) Supply, Distribution and Maintenance. An additional category was created for management support and technical assistance, which were reported in budgets but did not fall into any of the 3 main areas. Clearly, activities in Area 3: Supply, Distribution and Maintenance received the most support. **Important note: Because budget information in country proposals was not presented according to the three areas of support for HSS, in some cases it was not clear which category certain line items best fit. In some instances, the authors were forced to make their best guess.**
Figure 1: HSS Investment by Activity Area

Area 1: Health Workforce - 25%
Area 2: Organization & Management of Health Services - 21%
Area 3: Supply, Distribution and Maintenance - 4%
Support for Management and Technical Assistance - 50%

Figure 2 provides information on the funding level for each HSS activity (the complete Area/Activity list is available in Appendix 1). Infrastructure and Equipment and Cold Chain (both part of Area 3) comprise the largest proportions, at 18% and 17% respectively. In-service Training (Area 1) is the third most highly supported activity at 15%, followed by Transport (Area 3) at 9% and Implementation Support (Area 2) at 8%. 

Figure 2: HSS Investment By Activity

- Infrastructure: 18%
- Equipment and cold chain: 4%
- In-Service Training: 3%
- Transport: 5%
- Implementation support: 6%
- Supplies & supply management: 8%
- P4P, Incentives: 9%
- Service Provision and Utilization: 0%
- M & E: 0%
- Management performance and supervision: 0%
- Management Support: 0%
- HIS: 0%
- Performance-based contracting: 0%
- Technical Assistance: 2%
- Administration of fund flows: 0%
- Survey and Facility data: 5%
- Quality Assurance: 0%
GAVI heavily emphasizes support for infrastructure development and allocates relatively little towards activities through which creativity and innovation might bear out, such as P4P, incentives, HIS, Performance-based Contracting, and Administering Funds Flows. Similarly, GAVI allocates a relatively small amount towards Monitoring and Evaluation, Data Quality Management, and Survey and Facility Data; areas that are known to be weak in GAVI programs.

4a. Technical efficiency of the Global Fund

a) Monitoring and Evaluation Systems

b) Resource Tracking

The GF has been very proactive in its bid to ensure that its grants and activities are monitored and evaluated closely. This is no surprise when one takes into consideration that the Fund is run on the principle of Performance Based Funding. In that light, its activities and grants are constantly being evaluated and monitored in order to make sure that performance benchmarks are reached. The Global Fund’s Board-approved Monitoring and Evaluation Strategy calls for a “First major evaluation of the Fund’s overall performance against its goals and principles after at least one full grant funding cycle has been completed (five years)”.

As was explained earlier, a strong point of the GF is its commitment to measure and document results and to make them very visible for everyone to see. There are several ways in which it monitors and evaluates its activities, programs, grants and achievements. First, the use of the Local Fund Agents in country serves as a GF monitoring mechanism for the implementation of the programs. It also serves as a monitor for the capability of the Principal Recipients in country. In keeping with the principle of performance Based funding, the GF grant renewal process requires grant recipients to send documentation of financial and program progress to the LFA; which verifies the information and analyzes the phase 2 proposal.

The GF has also taken steps to ensure more systematic reporting of grant program progress. These revisions included improvements to the grant progress update and disbursement request, the LFA progress review and recommendation report, and the phase 2 grant scorecard. The scorecard includes requests for data showing the timeliness and effectiveness of grant recipients’ use of the funds during phase 1 of grant implementation. It also includes a section where the secretariat can record plans to materially change the grant in Phase II. Also, the GF has worked with other donor agencies to develop a monitoring and evaluation tool kit, an agreed set of
monitorable indicators to be used by all. This secretariat is currently taking steps to further develop its performance measurement framework.

The Fund has a Technical Evaluation Review Group which also independently assesses and advises the Board. Under the oversight of the TERG, the there is a five year evaluation that has been done under different study areas. Study Area 1 and 2 have been completed while study area 3 was completed in May 2009. The GF also welcomes and encourages collaboration with individuals, institutions and stake holders, to monitor and evaluate and research its functioning and impact. This has also led to strengthening of its monitoring and evaluation systems. In addition, the website houses a library that contains internal and external evaluations that are available to the public.

The GF has a well articulated mechanism to track its resources and funds disbursed from the point that funds are released throughout the life of the grants. After funds have been approved by the board, the GF enters into Grant Agreements with PRs. The Grant Agreement specifies the program budget and intended program results to be measured by key indicators with periodic targets. After that, unless there is another agreement for disbursement and reporting between the PR and the GF, the Fund disburses tranches of the grant to PR’s on quarterly basis for at least the first year of the grant. Subsequently, the frequency of disbursement may be changed upon agreement of the between both parties. Unless, there is another agreement between the PR and the GF, the PR is required to submit a Fiscal Year Progress Report to the GF with consolidated programmatic and financial information at the end of the year. The financial statements of a program supported by the GF must be audited on an annual basis. A PR submits its Audit Report for the fiscal year to the GF. Before the end of the initial 2year period, the GF decides whether to continue funding a program for up to three additional years. The Fund’s discretionary decision is based on a request for continued funding from the CCM, a review of the overall program performance in view of pre- agreed bench marks and financial accountability of the PR(s). By this the Funds disbursed are constantly being accounted for. In the event that funds are not appropriately utilized, the problem can be identified within a short time span and further funding can be halted until a period when the use of funds can be justified or accounts reconciled.

4b. Technical efficiency of the GAVI Alliance

a) Monitoring and Evaluation Systems

b) Resource Tracking

To date, the only information available pertaining to any form of program monitoring is found in the country annual progress reports. These are the reports that are submitted by recipient countries to the monitoring team of the GAVI IRC. The IRC makes recommendations about the continuance of program support based on receipt of the annual report and consideration of its
contents. GAVI originally envisaged requiring both a mid-term and final review. However, the mid-term review was cancelled partly because the role of ICCs in recipient countries was not well defined and ICCs were not performing their oversight function adequately. GAVI is now considering relying on immunization assessments that are regularly undertaken by countries in lieu of its own reviews.

The way in which immunization coverage is tracked and verified is a critical issue. According to survey-based data, the level of coverage for DTP3 immunization in GAVI supported countries is significantly lower (7.4 million additional children) than the official estimates reported by WHO and UNICEF (13.9 million additional children). This difference translates to about 140 Million USD in GAVI reward payments. The study suggested that the reward-based design of GAVI grant-making might induce over-reporting of coverage. The findings of this study have been refuted based on alleged problems with statistical methodology. However, the importance of this question remains, especially in light of GAVI’s apparent hesitation to require its recipient countries to undertake rigorous monitoring and evaluation, and GAVI’s apparent reluctance to present findings and reports on the GAVI website.

GAVI uses the OECD definition of evaluation to evaluate itself based on its additionality, the engagement, effectiveness and participation of partners, coordination and commitment to the Paris Declaration for aid effectiveness. Recent external evaluations studies were conducted for GAVI Phase 1 (2000-2005), Immunization Services Support (ISS), Injection Safety (INS), The Accelerated Development and Introduction of Priority New Vaccines (ADIPs), The Hib Initiative, and related support for the introduction of new vaccines. These evaluation reports are available on the GAVI website.

When HSS support began in 2006, no plan was made and no action was taken to document, monitor and evaluate the process and progress of HSS activities. This issue is made more critical by the front loaded design of financial disbursements. With no mechanism to track the way funding has been allocated and disbursed within countries or to monitor program progress, much information about necessary corrections was lost along with the opportunity to make corrections to ensure success. GAVI is currently undertaking a monitoring and evaluation effort to be completed in 2010, but this is being done as an afterthought with no baseline data to work with.

GAVI made a substantial commitment and incurred considerable risks when it decided to take on HSS. As one of the major forces in the global effort to strengthen health systems, GAVI assumed a high level of responsibility for its future course. The evidence available to date is inadequate, but given the state of M & E, it seems unlikely that future evidence will be able show that the GAVI HSS investments have been effective.
b) Resource Tracking

The GAVI Fund, a not-for-profit organization based in the United States, was created to direct the financing of the Alliance initiatives. The GAVI Fund coordinates the finance of alliance activities from a variety of sources and provides certain fiduciary activities such as budget oversight, internal control, accounting, reporting, auditing and investment management. The GAVI Fund Board sets the financial strategy to implement the GAVI strategic plan which is set by the GAVI Alliance Board. In this way, the Fund Board monitors GAVI income received from multiple sources, validates budgets, certifies availability of funding and decides funding sources for approved programs. The Board also monitors investments and asset liabilities to make sure that financing is available.¹⁸

The financial commitments of GAVI are reported every year in the GAVI Progress Report. These reports give an accounting of how much funding was allocated to each area of GAVI support, to which countries and from which donor sources. However, because there have not yet been any formal evaluations of country programs, it is not possible to assess the efficiency of funding streams, the accuracy of tracking and accounting, and any difficulties that might be encountered either by GAVI itself or by recipient countries.

5a. Innovation at the Global Fund

By design, the GF’s First major evaluation of the Fund’s overall performance against its goals and principles after at is made to be an innovative way to financing the fight against the three diseases. This element of innovation has lived up to its name in certain areas of the Funds activities. The idea of Performance Based Funding has led to a lot of countries becoming very innovative in their strategies in requesting for funds. The competitive and narrow focus of the scope of the funds has indirectly bred innovation in different aspects of the proposal application process and use of disbursed funds.

The GF is the first organization to develop National Strategy Applications. This is a relatively new concept that involves developing a new set of policies and procedures. The NSAs are a new way to apply for Global Fund Money by submitting a national disease strategy itself rather than a Global Fund specific proposal form as the primary basis of the application for Global Fund financing. The GF is presently in the “first learning wave” and recently invited 22 CCM’s to take part in this wave. The GF has identified the following anticipated benefits from NSAs:

- Improved alignment of GF financing with country priorities, and with national programmatic and budgetary timeframes;
- Reduced transaction costs and paperwork for countries;
- Improved harmonization with other donors that have agreed to use the same criteria for reviewing national strategies;
- A focus on managing for results and accountability within national strategies; and in the longer term, improved quality, consistency and credibility of national strategic frameworks.
The GF has indeed fostered innovation within itself, the inclusion of the WHO, World Bank and the United Nations Joint program on HIV/AIDS each with a non-voting seat on its board. This in itself reflects the commitment of the GF an equal mix of stake holders at the table. Another area where the GF has shown its ability to innovate is in the Debt2Health scheme in which poor country debts will be cancelled, provided the governments of the country agrees to use the money saved in Global Fund health programs.

5b. Innovation at the GAVI Alliance

The funding of Immunization Services Support (ISS) is cited as the most notable innovation of GAVI. The nature of the innovation is in the facilitative process by which countries receive funds (similar to the description above). ISS made funds available to all eligible countries that wanted to apply. The IRC reviewed proposals, allowed countries 100% discretion to use the funds, and connected continued funding to evidence of good performance (i.e., country annual reports).

GAVI also began some innovative management processes by requiring countries to employ a collaborative approach to manage funds through an ICC, conduct a Data Quality Assessment, develop a group of financial service professionals to help negotiate the future of the national immunization program. In Phase 1, an evaluation of ISS funding showed that it contributed to increasing immunization coverage in recipient countries.

The IFFIm is said to be an innovative financing mechanism charged with raising funds. It is comprised of two independent boards of directors: the IFFIm Board and the GAVI Fund Affiliate Board. These boards are supported by the GAVI Secretariat and are based in England. The GAVI Fund Affiliate secures pledge agreements with sovereign IFFIm donors, ensures that pledges are securitized and approves the funding of programs with IFFIm proceeds. The IFFIm Company provides front-loaded resources to the GAVI Fund Affiliate for GAVI programs. This is accomplished through long-term donor pledges assigned from the GAVI Fund Affiliate to IFFIm.

GAVI’s innovations relate primarily to the strategy and administration of the GAVI Alliance itself. The Alliance has not implemented any strategies to elicit creativity and innovation from the countries seeking support. The installment of a competitive application process could influence country-level innovation to find new cost-effective solutions. If continuation of program funding were based on monitoring and evaluation results that must show efficiency and impact, innovations would almost have to emerge from lessons learned during implementation. Additionally, if GAVI were to change its goal, which seems to be to fund all eligible countries, to instead promote the discovery of innovative solutions, the Alliance could coordinate information sharing about lessons learned between countries which could inform the
development of future programs. This has worked in the past, as demonstrated by the way in which the WHO acted as a coordinator with very little funding to assist countries to eradicate smallpox on a global scale. Eradication succeeded due to the willingness of countries to experiment and innovate and through the sharing of information about innovations through the WHO.\(^4\)\(^2\)

**5c. Capacity of the Global Fund and GAVI**

The Global Fund

The capacity of the Global Fund and GAVI to oversee and support HSS activities is limited relative to that of other international organizations such as The World Bank and the World Health Organization. The World Bank has a cache of 10,000 employees from 160 countries with one third operating from 100 country offices in the developing world.\(^4\)\(^3\) At the WHO, 8,000 employees from 150 countries work from headquarters, 6 regional offices and 147 country offices.\(^4\)\(^4\) The Global Fund has 470 employees and GAVI has 250 employees, none of whom operate from country offices, meaning they have no country presence. In addition, task teams at the GF and GAVI (i.e. the specialized areas of operations requiring expertise such as HSS) are comprised of people from outside the organization. Thus, neither the GF nor GAVI has in-house capacity in health system strengthening or health system reform. In contrast, the World Bank has been implementing health system reform for decades.\(^4\)\(^5\) Finally, the World Bank\(^4\)\(^8\) and WHO\(^4\)\(^7\) follow a formal external evaluation process. While the Global Fund makes a reasonable attempt to involve an external evaluation element in their process through the use of Local Fund Agents, GAVI’s evaluation process is not nearly as rigorous.

Since its inception, and as stated in its strategy document, the GF has been involved with some Health Systems strengthening interventions. However, evidence of the efficacy of its support for HSS activities within countries has been under debate mostly due to its apparent inability to clearly identify the scope of HSS activities that it will support. In response to this concern, the GF is now trying to ensure that its impact in HSS is more evident. Some of these actions include the decision of the Board in November 2007 to provide the GF with greater flexibility in HSS funding by eliminating budget ceilings, the facilitation of appropriately framed requests to address capacity constraints, working with its partners to clarify and identify the scope of HSS activities that it will finance, and the creation of two new technical positions in the secretariat which include an Advisor on Health Systems Strengthening and Technical Officer on HSS. However, these steps may not suffice to meet the burgeoning health system challenges that threaten to impair the fight against the three major disease.

The GF’s 5-year Evaluation Study Area 3 result (final report) released in May 2009 clearly submits that improvements need to be made in key technical areas of HSS. The report states that “HSS needs to be supported in a way that is fully aligned with strengthened national health sector strategic plans. The Global Fund and its partners should work together to strengthen and support such national plans, along the lines of IHP+ country compacts.”\(^{18}\) The report had
evidence to show that aspects of HIV, TB and Malaria grants that were initially thought to have a HSS effect were actually leading to imbalances in the efforts to effectively deliver interventions. It concluded that, as part of its HSS activities, the GF and its partners need to support and monitor HSS through a systematic approach that regularly assesses the strength and performance of health systems such as through a country review processes like annual health sector reviews.

In relation to this, the recommendation of the Technical Evaluation Reference Group was that “The major gaps in basic health service availability and readiness - which affect the quality of care for common health problems - will need to be addressed as part of scaling up against the three diseases by supporting a health system component of disease-specific grants and general health systems strengthening grants in a way that supports country health sector strategic plans.”19 At the global fund, one clearly sees that the problem is known but the means to addressing it is the bottleneck. Despite the calls for greater input in this area and the evident gaps in HSS activities at the GF over the years, there still remains a void that needs to be filled in relation to this sector. This may be due to the lack of capacity at the GF to deal with this HSS issue head on. The problem is further exacerbated by the foundation’s lack of in-country presence, and by the fact that until late 2007, the foundation did not have any Health systems specialists working from within. Finally, the GF has made a fair attempt at monitoring and evaluating its programs but there is a need to strengthen in-country surveillance and monitoring and evaluation systems, most especially at the Sub-recipient level.

GAVI

GAVI has a well defined structure and focus on HSS and its commitment of US $800 million over a five year period to HSS is flexible and long term. A Health System Strengthening Task Team is in place to provide technical input and oversight at the global level and is charged with coordinating communication between partners and global and regional levels are in place. This group is currently co-chaired by WHO, UNICEF and the World Bank and it also includes representatives from DFID, Norad, USAID, the Bill & Melinda Gates Foundation, developing countries and civil society. When eligible countries apply for GAVI funds, their proposals are received by the secretariat and reviewed by an Independent Review Committee (IRC) which makes funding recommendations to the board. However within this IRC, only about 30% of the committee can be considered HSS specialists. The rest of the group is made of private consultants and country Health ministry’s directors. None of the members of this committee is from within the GAVI Alliance. Furthermore, there have been reports that the quality of communications between GAVI and its global and regional partners has been problematic.4 8 This, again, raises the question of the capacity of this Global organization for HSS activities. There is an imminent need for both organizations to increase their capacity for HSS.
6. Take-away Comparisons

Strategic and Operating Principles

The Global Fund and GAVI share several strategic principles. They are both set up to function as a financial instrument to leverage and make available funds for their causes and they are not intended to act as an implementing entity. The work they support in recipient countries is intended to reflect national ownership and promote country-led conceptualization and implementation. Proposals are independently reviewed, need to show evidence of sound scientific reasoning and both organizations strive to simplify and speed up an innovative process while maximizing efficiency, transparency and accountability based on well defined roles and responsibilities.

The Global Fund adheres to all of these principles. It draws a clear line between funding and implementing, having no hand in the latter. Activities supported by the GF are truly conceived and driven by recipient countries. Countries can receive financial assistance to hire independent technical agencies to assist with proposal writing, but they receive no direct assistance from the GF in writing their proposals and they undergo a highly competitive application process. As part of the built in monitoring and evaluation system, countries that receive grants from the GF must complete a rigorous proposal preparation process and show justification on agreed upon performance benchmarks at the end of their Phase one (initial two years of the grant) of the grant cycle before funds can be renewed. Due to the very active tracking system, efficiency, transparency and accountability are virtually guaranteed and investment risks are well managed and minimized. The Global Fund’s pro-active, thorough and demanding management of its funds and the activities and results the funds produce has contributed significantly to the success of the GF-supported country initiatives.

The GAVI Alliance is also set up as a funding organization and is not meant to participate in implementation. However, GAVI has in-house Technical Assistance which is provided to applicants as a way to facilitate GAVI’s ability to fund programs. GAVI’s goal is to make it easy for countries to obtain funding but it is likely that its participation in the proposal process interferes with its goal of having countries lead the way. While GAVI’s proposals are independently reviewed, reviewers do not have final say in what gets funded; they merely make recommendations, leaving the approval decision to the GAVI Secretariat and Board. Although GAVI purports to prioritize efficiency, transparency and accountability, it has not followed through in its pursuit of any of those ideals by setting up the necessary monitoring and evaluation systems to track resources, allowing external scrutiny and implementing management structures that can work to ensure these ideals are met, nor does it have the necessary systems, procedures, management and tracking to do so. Because of this, GAVI is taking on considerably more risk in its investments than necessary.
The GF’s idea of a level playing field is to require that every country compete based on performance and innovation and show satisfactory results as agreed upon between the country and the Global Fund in order to acquire and maintain funding. GAVI’s notion of a level playing field is to open its doors to all eligible countries and facilitate the disbursement of funds to them without requiring competition, proof of effective performance and innovation.

Grant-making Process and Innovation

Both organizations call for applicant countries to engage a country-level coordinator (for the GF, it is called a Country Coordinating Mechanism (CCM) and for GAVI it is called an Inter-agency Coordination Committee (ICC)). Eligibility criteria are presented and countries are invited to make proposals. Both organizations have an independent review committee that makes approval recommendations. The GF supports more countries (130) than GAVI (72) by the inclusion in its eligibility criteria of low-middle and upper-middle income countries with a GNI per capita between $906 and $3595. GAVI only accepts applications from low-income countries with GNI per capita lower than $1,000.

The Global Fund employs a highly competitive application process starting with a call for proposals from eligible countries. Country proposals are prepared by the CCM, most times in collaboration with technical agencies not affiliated with the GF. Countries must conceptualize and formulate their proposal based on their needs and compete for limited funding. Applicants must clearly justify what the requested funds will be used for and how the intended program activities impact the issues of the diseases. This model encourages innovations, such as the mutuelles in Rwanda funded in part by the GF.

GAVI operates with the opposite goal for its application process. Instead of being competitive, GAVI’s process is facilitative. GAVI voices a desire to make it simple for all eligible countries to obtain funding. This is clearly evidenced by the fact that GAVI provides its own technical assistance to applicant countries and in so doing, runs the risk that the process is not as country-led as intended. The formula that GAVI uses to calculate funding levels based on the number of children in a country’s population lets countries know how much they can qualify for before they apply.

For GAVI, countries are not required to outline the details of how funding will be used to expand coverage in the proposal. There are reports that a culture of crisis management has existed in the HSS application process which might have hindered systematic, strategic input from technical partners and interfered with GAVI’s ability to produce evidence of links between investments in HSS and vaccine coverage. Moreover, the quality of applications for HSS in the first few years is said to have been poor. There was doubt about the conceptual validity of proposed activities and the value they would provide to surmount health system constraints. Solutions suggested in
proposals did not match the constraints, and they often took the form of requests for investments in infrastructure when investments in management, procurement or quality assurance might have been better solutions.

Since its inception, the GF has clearly made the distinction that HSS would be part of its mandate, however it has not been very clear in its definition of what it desires to fund as HSS activities. This was evidenced by the difficulty experienced by countries to gain a clear idea of what to include in their proposals as health system strengthening. Due to its openness to criticism and ability to get feedback from recipients, the GF has since taken steps to clarify what it HSS activities it intends to fund in. It has also offered assistance to countries and sent out guides describing how countries may learn more about incorporating its ideals of HSS into their proposals. The GF has also made assurances that it will give more attention to HSS and cross cutting activities in future rounds of funding.

GAVI began funding HSS activities in 2005, five years after it began operations. The need for HSS funding became apparent due to the perception that vaccines were not diffusing as expected due to constraints in health systems. A study by NORAD confirmed the existence of constraints and identified which constraints were specific to the diffusion of GAVIs vaccines. GAVI has laid out a very clear definition of HSS activities and there has generally been no question about what is expected in the applications. Expectations include a demonstrated alignment of HSS activities with vaccine delivery and with national health plans.

- The Global Fund requires that countries independently conceptualize and formulate proposals with inputs from technical partners based on their needs in a competitive grant-making process. GAVI facilitates the application process by providing technical assistance to countries for proposal writing, which may negate the principle that applications should be country-led.

- Global Fund programs must specify and show in their proposals how they intend to impact the three diseases or how cross cutting issues generally synergize to increase the impacts of the programs against the three diseases as well as a program budget, intended program results which will be measured against pre-determined benchmarks, and they undergo annual financial auditing. GAVI does not require that its applicants provide details of how funding will be used to expand coverage, there is no set of program-specific benchmarks against which to measure effectiveness and there appears to be an over-reliance on annual program progress reports, which offer little information, to determine continuation of funding.
• Funding allocations of the Global Fund have clearly been in the direction of the three diseases with an emphasis on grants for treatment more than prevention. The GF has also given priority to the areas where the diseases have caused most devastation – Sub Saharan Africa. GAVI has placed more deliberate emphasis on HSS and exclusively funds countries in the lowest income category, regardless of geographical location.

Monitoring and Evaluation and Performance

Both the Global Fund and the GAVI Alliance state among their principles that strong monitoring and evaluation are vital to their success and that they endeavor to uphold a performance-based model.

The Global Fund takes monitoring, evaluation and performance seriously. It has integrated monitoring and evaluation activities into almost every facet of the organization from grant making to in-country fund implementation. Since the GF does not have people in each recipient country to do the work, they contract “Local Fund Agents” (LFAs) to serve as a feedback loop to the Secretariat to provide information on the effectiveness of the program implementation, capacity of chosen principal recipients and the justification for disbursement of further funds and verification of result reports. Results can be tracked because, once a proposal has been approved, an agreement has to be reached with the Secretariat on performance benchmarks that will be measured as part of the process to continue funding beyond the first year. This performance based approach is designed to provide incentives to focus on results rather than inputs, serve as a management tool for principal recipients of grants to identify success and problems, furnish the GF and CCM and communicate periodic progress updates to the board and wider constituency. The GF believes that doing this creates a level playing field because everyone’s funding is based on performance.

The GF scrutinizes their funds disbursement and implementation very thoroughly. The grant agreements specify the program budget and intended program results to be measured by key indicators with periodic targets. There is an annual progress report with a financial audit. Continued funding is based on a formal request from the CCM, a review of program performance in view of pre-agreed benchmarks and financial accountability of the principal recipient.

Countries applying to GAVI are not required to outline the details of how funding will be used to expand coverage in the proposal. This severely hinders GAVI’s ability to ensure that progress toward its goals can be monitored and evaluated. Moreover, data quality audits suggest that data on routine immunization coverage is not of high enough quality to function as a means of performance assessment for reward disbursements. To date, GAVI appears to have relied
entirely on annual progress reports and the oversight promised from country ICC or national health sector coordinator for indications of progress. By not handling the M & E issue proactively and thoroughly, GAVI is running the risk that it will not be able to achieve or prove impact and that it will not learn anything about what went wrong or right.

- The Global Fund takes a hands-on approach to M & E by contracting Local Fund Agents to provide information on program effectiveness and justification for continued funding in country. GAVI takes a hands-off approach and has no mechanism of its own through which to monitor and track progress toward goals other than annual progress reports, the oversight promised from country ICCs, and data quality audits.

- The risk incurred by the Global Fund’s level of investment in programs is well managed through the stewardship and management of the GF and the way in which it handles applications, disbursements and enforces its M & E protocols. GAVI’s risk is less well managed due to its non-competitive application process and hands-off approach to M & E. GAVI does not take adequate steps to ensure and document that its funding produces results.

Transparency

Both the Global Fund and GAVI discuss the need for transparency in their strategic principles.

The GF maintains an up to date, user-friendly website through which it disseminates information about virtually every activity, disbursement or new development that takes place. The GF also has an online partnership forum which allows for stakeholder discussion as well as a regular newsletter called “Global Fund Observer.” Because the GF upholds effective tracking, monitoring, evaluation and auditing systems and also disseminates its information through the website, the transparency issue is well addressed.

The GAVI Alliance has not demonstrated as high a level of transparency. It has been suggested that the Secretariat has lacked openness with GAVI partners and this has damaged trust in the Alliance. Because GAVI has also struggled with articulating a clear and cohesive strategic vision for HSS, the quality of governance has suffered due to unclear mandates, changing roles and responsibilities of partners and technical experts being overlooked when their advice should be sought. Because GAVI’s tracking of program progress is weak, some countries misused funds, highlighting a problem with program transparency. Finally, GAVI does not disseminate nearly as much information as it could on its website. Almost every GAVI table and figure in this report had to be created from scratch by piecing together country data.
The Global Fund provides information about virtually every activity, disbursement, progress report and new development on its website, it maintains an online partnership forum to facilitate stakeholder discussion and has an independent organization that acts as a watch dog in its activities and produces a regular newsletter about the organization. The information on GAVI’s website is not frequently updated and information about disbursements and results is either not easy to get in the aggregate or not available and there has been a reported lack of openness between the GAVI Secretariat and partners and stakeholders which has caused a lack of trust and damaged transparency and governance.

Innovation

Both the Global Fund and GAVI espouse the need for innovation in their strategy and principles. The Global Fund prioritizes and fosters innovation in its strategy and in the way it operates. By design, the competitive application process, which is not directly supported by the GF, almost requires that countries either design an innovative program from the outset or innovate as they go in order to continue to receive funding from the GF. The emphasis on results rather than on inputs means that countries are required to figure out what works and what does not in order to maintain their program and secure a continuous funding stream from the GF.

GAVI also claims to value and foster innovation, but, while the available evidence shows a few innovative characteristics in GAVI itself (such as the IFFIm), there is no evidence of innovation among the country programs. Instead, it appears to be business as usual, with the majority of funding going towards infrastructure development and equipment.

The competitive, rigorous approach of the Global Fund generates innovation at the country level as countries must adapt and adjust their methods to ensure program effectiveness and maintain funding. The facilitative, open door approach of GAVI does not appear to be generating innovative ideas among countries since funding is fairly readily accessible and obtaining and continuation of funding depends less on demonstrating effectiveness and results and more on demonstrating that the original plan was followed.

This comparison of the Global Fund and GAVI has attempted to summarize, analyze and synthesize the common ground shared by the organizations and the ways in which their different approaches lead to different country experiences and outcomes. The Global Fund has prioritized competition, innovation, accountability and transparency and this is evidenced by its actions and productivity. Countries going through the GF system for funding are challenged to perform to their best ability or risk losing their funding and the Global Fund has narrowed the level of risk it incurs in making its investments. The GAVI Alliance has prioritized an open door policy which facilitates funding to countries without a competitive process, clear expectations of innovation,
and adequate accountability and transparency. GAVI has succeeded in funding programs and positive effects from GAVI investments have been reported by WHO (as cited earlier), but it is doubtful that GAVI can say with confidence which programs were most and least effective and why.

It can be said that most of the success that has been noted in the GF operation and disbursement of funds stems from its ability to tenaciously and consistently adhere to its founding principles. The Global Fund’s openness to criticism and its ability to engender a culture of listening and learning has enabled it to quickly adapt and improve its operations, thus its transparent nature has been a highly constructive characteristic. The GAVI Alliance, while successful to some degree, is lacking most notably in areas of transparency and accountability because it has not adhered to some of the guiding principles it espouses.

Capacity

The purpose of the GF and GAVI is to act as financial instruments and not as implementing entities. This has implications for the institutional capacity of both organizations. The Global Fund and GAVI do not have in-house expertise for health reform and system strengthening and they have no in-country capacity to coordinate, oversee or monitor programs. In addition, neither has a strong external evaluation process, although the GF does make a reasonable attempt through its use of Local Fund Agents. When compared with the World Bank and WHO, the Global Fund and GAVI are less equipped to directly address health system reform and to monitor, manage and steward its progress over time.
APPENDIX

Appendix 1

Area 1: Health workforce
- Pay for performance and other incentive-based schemes
- Basic and in-service training
- Quality assurance initiatives

Area 2: Organization and management of health services
- Performance-based contracting with NGOs, CSOs or private health sector providers at district level and below
- Overcoming administrative hurdles that impede flow of funds from national to peripheral levels
- Improving the Health Management Information Systems (HMIS): for example, by developing the capacity of the system to generate immunization data disaggregated by sex, age group, income level and other relevant characteristics.
- Strengthen routine monitoring and evaluation of health sector performance
- Improved use of facility based and survey data at district level and below
- Strengthening the management performance and supervision practices at all levels
- Identifying and improving service provision and utilization for ‘hard to reach’ populations
- Supporting implementation of more coordinated and integrated delivery of services, including immunization and other child health services

Area 3: Supply, distribution and maintenance systems (at various administrative levels)
- Supplies management, including vaccines and related supplies
- Equipment management, including cold chain equipment
- Transport management
- Infrastructure development

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Source: Prepared by the H.E.G. Country Proposals referenced individually on April 15, 2009
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