
The Global Fund’s Technical Evaluation Reference Group (TERG) met in May 2012 to discuss a new approach to evaluation of HIV, TB and malaria programmes. The new approach that was agreed has four major components:

- Building on on-going country programme reviews and evaluations together with partners. Standardized guidance on programme reviews should be developed if this is not already available;
- Systematic assessments of routine surveillance and monitoring and evaluation (M&E) capacity linked to the development of M&E investment plans. Investments in high quality data from routine health information systems has been recommended by the High Level Panel of the Global Fund as well as TERG. The systematic assessments should be done prior to programme reviews wherever feasible, and will start with a simple checklist that covers all three diseases followed by more thorough disease-specific assessments. The M&E assessments should build on existing partner tools and assessments;
- Emphasis on priority countries; and
- Thematic reviews for strategic options.

The new strategy aims to ensure harmonized and concerted efforts to improve measurement of trends in disease burden through routine surveillance of morbidity and mortality supplemented by relevant surveys. Furthermore, the Global Fund will use the results of joint programme reviews and systematic assessments of routine surveillance to inform grant management decisions, including decisions about grant renewals and funding commitments. An “impact rating” based on evidence of trends in disease burden, outcomes and coverage is now a key input to decisions about grant renewals.

A total of 32 priority countries have been identified. These are:

- The 18 TERG-focus countries: Cambodia, Côte d’Ivoire, DR Congo, Ethiopia, Kenya, Haiti, India, Malawi, Mozambique, Myanmar, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Ukraine, Zambia, and Zimbabwe;
- Seven additional high impact countries: Bangladesh, China, Ghana, Indonesia, Pakistan, Philippines and Sudan;
- A further seven countries: Angola, Madagascar, Namibia, Papua New Guinea, Thailand, Swaziland and Viet Nam.

To help to implement this strategy, an agreement was signed between the Global Fund and the World Health Organization in 2012. The agreement covers the period up to July 2014, and is focused on the following outputs:

- Comprehensive reports of the findings and main recommendations of joint programme reviews/impact evaluations, including the results of the impact analysis and major actions needed to improve programme and grant management;
- Completed M&E assessments including recommendations for corrective actions when standards are not met; and
- M&E investment plans designed to strengthen surveillance to close surveillance gaps identified by application of the general and disease-specific M&E assessment checklists.

A joint WHO-Global Fund working group has been established to ensure regular review and discussion of progress. From WHO, the group includes representatives from the HIV department, the Stop TB Department, the Global Malaria Programme and the Health Informatics and Statistics Department. The Performance, Impact and Evaluation department in the Global Fund convenes the group.
Progress to date:  
TB Focal points in WHO-HQ: Katherine Floyd, Malgosia Grzemska

TB programme reviews

The schedule of TB programme reviews is regularly updated by the Technical Support and Coordination (TSC) team in the Stop TB Department, based on communications with WHO Regional and Country Offices. This information is shared with colleagues in the Global Fund on a regular basis, either as part of the joint Global Fund-WHO working group or via separate meetings and communications. By 29 April, five programme reviews had been completed:

- Cambodia (August 2012). The findings from the repeat 2011 prevalence survey were a key input to the review and the assessment of impact since the 2002 baseline survey;
- India (August 2012);
- Indonesia (February 2013);
- Ghana (March 2013);
- Nigeria (April 2013). This review was informed by the results of the 2012 prevalence survey.

Other countries where programme reviews are planned or under discussion in 2013 include Thailand (August/September), the Philippines (August/September) and Uganda.

M&E assessments using the WHO TB surveillance checklist

The WHO Global Task Force on TB Impact Measurement (convened by the TB Monitoring and Evaluation team, TME, in WHO) has developed a TB surveillance checklist of 13 standards and related benchmarks. This checklist can be used to a) assess the current ability of surveillance data to provide a direct measurement of trends in TB cases and TB mortality and b) to define actions required to close any surveillance gaps that are identified. On the basis of recommended actions, an M&E investment plan can be developed. The checklist has an accompanying user guide that explains the methods that should be used to assess whether the benchmarks (and hence the standards) are met. The version of the checklist at the end of 2012 follows pilot testing in 11 countries and discussions in two expert group meetings.

The end-2012 version of the TB surveillance checklist was used for the first time in Viet Nam in January 2013, following a request from the National TB programme. It was linked to discussions about the design of an inventory study to measure TB under-reporting and to discussions of how to improve measurement of TB mortality. Recommendations were discussed with the Minister of Health.

Countries where the TB surveillance checklist has already been used are:

- Indonesia - linked to the programme review described above;
- Uganda (February 2013);
- Ghana - linked to the programme review described above;
- Nigeria - linked to the programme review described above;
- Kenya (April 2013);
- Côte d’Ivoire (April 2013).

Preliminary discussions about the use of the checklist in 2013 have been held with the NTPs of Pakistan, the Philippines and Thailand.

The Global Fund Board has approved US$ 10 million of supplementary funding for strengthening of routine health information and surveys in priority countries, that is in addition to funding already available within country grants. These funds will be invested based on the results of the general and disease-specific assessments.