



Global Health Initiatives (GHIs): Institutional Innovation and the Challenge to Development Evaluation

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Abstract

This paper explores how GHIs as a form of institutional innovation are challenging the practice of development evaluation. It begins with a discussion of GHIs and criticisms or questions they have faced on accountability, sustainability and systems impact. It then outlines the short history of development evaluation and discusses how GHIs are pushing its practice towards a broader application of evaluation, performance evaluation. The paper discusses some of the strategic and political applications of evaluation and looks at systems impact, particularly vertical interventions and health systems strengthening, to illustrate the conceptual challenges that GHIs' interventions can raise with respect to evaluation and how evaluation practice lags behind GHIs' innovation. Finally, the paper looks at the Global Fund's Five-Year Evaluation as an example of performance evaluation and how this evaluation addressed or failed to address external commentaries on its accountability, sustainability and systems impact. The paper concludes with some observations about the relationship between institutional innovation and performance evaluation.

Keywords

Global Health Initiative (GHI), evaluation, development evaluation, performance evaluation, The Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund), multilateralism, accountability, sustainability, systems impact

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Introduction

Global Health Initiatives (GHIs) such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) are an institutional innovation in global health, challenging how we conceptualise multilateralism and how we understand the role of public and private actors in the provision and financing of global public goods. GHIs may be comprised of or engage in networks of multilateral international organisations, country governments, private foundations, multinational corporations (MNCs), and global and local non-governmental organisations (NGOs) and civil society organisations (CSOs) to address shared goals such as the Millennium Development Goals (MDGs) and in particular the MDG to combat HIV/AIDS, malaria and other diseases (United Nations 2001). They may work with country governments and local NGOs and CSOs to implement interventions in the context of country health systems. And as the Global Fund exemplifies, some GHIs are a new type of organisation: The Global Fund is a private, non-profit foundation with a Board of Directors which includes among its voting members donor countries, recipient countries, developing and developed country NGOs, the Bill and Melinda Gates Foundation (the Gates Foundation), representation from communities affected by disease and the private sector. Among its non-voting members are UNITAID (the International Drug Purchase Facility), UNAIDS (the Joint United Nations Programme on HIV/AIDS), the World Health Organization (WHO) and the World Bank. It is not a Bretton Woods Institution (BWI) governed by states, and it does not operate as a secretariat under the wing of a United Nations (UN) organisation such as the WHO. Nevertheless, the Global Fund has grown quickly since its inception in 2002, with total pledges of over US\$21 bn by the end of 2009, largely from donor governments (The Global Fund, ‘Pledges & Contributions’).

This paper explores how GHIs as a form of institutional innovation are challenging the practice of development evaluation. It begins with a discussion of GHIs and criticisms or questions they have faced on accountability, sustainability and systems impact. It then outlines the short history of development evaluation and discusses how GHIs are pushing its practice towards a broader application of evaluation, performance evaluation. The paper discusses some of the strategic and political applications of evaluation, such as the potential of performance evaluation to legitimise GHIs as an institutional form. The case of systems impact, particularly vertical interventions and health systems strengthening is discussed to illustrate the conceptual challenges that GHIs’ interventions can raise with respect to evaluation and how evaluation practice lags behind GHIs’ innovation. Finally, the paper

looks at the Global Fund's Five-Year Evaluation as an example of performance evaluation and how this evaluation addressed or failed to address external commentaries on its accountability, sustainability and systems impact. The paper concludes with some observations about the relationship between institutional innovation and performance evaluation. The Global Fund was chosen for this paper because it is the largest of the GHIs, there is a discourse on its performance and because at this juncture its Five-Year Evaluation is the most ambitious undertaken by a GHI of its size and influence.

The GHI Phenomenon

In June 2001, the Gates Foundation pledged US\$100 mm to the Global AIDS and Health Fund (later renamed the Global Fund to Fight AIDS, Tuberculosis and Malaria--The Global Fund), a new type of global health organisation proposed by the UN and the G8. Dr. Gro Harlem Brundtland, WHO Director-General said, "The fact that governments, companies and private foundations are joining together to back the Fund illustrates that this is not business as usual. There is a realization that global problems need global solutions and that we all are stakeholders - no matter where we live and whatever our business. By their contributions, the donors are making the forces of globalization work for the secure future of humanity (World Health Organization 2001)."

The Global Fund is one among a number of GHIs. They have emerged over the past decade due to a confluence of events and interests including the commitment of the multilateral system to the MDGs of which three focus on health, the mobilisation of new sources of funding such as that available through the Gates Foundation, the recognition of the linkages between health and economic development and health and security (Zacher and Keefe 2007, p. 19; Kirton and Cooper 2009, p. 326), the globalised nature of infectious disease and what some would characterise as disappointment with purely state led or purely market led mechanisms to effectively address it (Forman and Segar 2006, p. 216). The first decade of the millennium has been fertile ground seeding institutional innovation among a range of actors to address complex and pressing global health challenges including the prevention, control and eradication of infectious diseases such as HIV/AIDS, tuberculosis and malaria.

Despite the burgeoning trend, GHIs are not a new phenomenon. Tropical Disease Research (TDR) was established in 1975 by the United Nations Development Programme (UNDP), the WHO and the World Bank. Its goal was to strengthen research capacity in disease-endemic countries and support the development of new tools and strategies for neglected tropical

diseases (TDR, ‘Making a Difference’). For a period of time, GHIs were called Global Public Private Partnerships (GPPPs) which Buse and Walt (2000a, p 550) defined as “a collaborative relationship which transcends national boundaries and brings together at least three parties, among them a corporation (and/or industry association) and an intergovernmental organization, so as to achieve a shared health-creating goal on the basis of a mutually agreed division of labour.” While some GHIs meet Buse and Walt’s GPPP criteria many do not. GHIs vary in their missions and models and in the range and interests of partners—some advocate, some fund, some develop products, some conduct research and others address market weaknesses by creating supply chain and purchasing mechanisms. GHIs are also constituted in a variety of ways. The Diflucan Partnership Program for example is a drug donation programme operated by Pfizer, a publicly traded MNC. Pfizer works with two partners: IMA World Health which receives the drugs from Pfizer and approves applications for and distributes the medication, and Axios which processes the applications and monitors and oversees the medication supply (Diflucan Partnership Program). Other GHIs are embedded within the UN system. For example, The Roll Back Malaria Partnership was founded in 1998 by the WHO, UNICEF (The United Nations Children’s Fund), UNDP and the World Bank. It is a secretariat within the WHO with its own board charged with setting the partnership’s strategic direction, approving work plans and budgets and overseeing partner coordination and alignment (Roll Back Malaria Partnership, ‘What is the RBM Partnership?’). The Global Fund on the other hand is a GHI that became administratively autonomous from the WHO in 2009 (The Global Fund, ‘The Global Fund Becomes ...’). The World Bank acts as its financial trustee, but it is privately constituted as a non-profit foundation even though it raises 95% of its funds from donor governments. In this very small sample of GHIs, it is evident that the initial conception of GPPPs as partnerships between public and private actors is challenged by the many forms these initiatives take. Some arguably are not partnerships in the sense that risk and reward are not shared. Others extend the mandate and the nature of relationships traditionally held by multilateral institutions, and still others challenge the traditional notion that the provision of global public goods is largely the domain of public actors. Kirton and Cooper (2009, p. 309) describe the evolution in global health governance where institutional forms and extra-institutional relationships are in flux. “...the old formulas of Westphalian governance have failed and a new generation of innovation from many actors is emerging to take its place. But while the new vulnerability provides an increasingly powerful driver, a new world of institutionalised innovativeness and multi-centred sovereignty has yet to replace the

Westphalian order of old.” The term ‘Global Health Initiative’ then has flexible boundaries referring to a type of institutional innovation which extends traditional multilateral arrangements by involving a range of public and private actors, constituted through one of several public, private or hybrid models in order to fulfil a specific function usually related to the prevention, control or eradication of one or more infectious diseases.

GHIs and the Challenges of Accountability, Sustainability and Systems Impact

GHIs have in part come to prominence because of what Kirton and Cooper refer to as a failure in the traditional multilateral order and they have done so under close scrutiny. Much concern has been expressed over accountability (Buse and Walt 2000b, p. 705; Buse 2004, p. 235 and 236; Benner, Reinicke and Witte 2004, p. 197; Koenig-Archibugi 2004, p. 237; Forman and Segar 2006, p. 220; Zacher and Keefe 2008, p. 104): to whom are GHIs accountable and how are they held accountable? Broadly, the discussion on GHI accountability compares and debates the appropriateness of accountability models (or lack of accountability models) of GHI actors such as democratic states, multilateral institutions, publicly traded MNCs, private foundations, NGOs and CSOs. The tension in the accountability debate is described well by Grant and Keohane (Grant and Keohane 2005, p. 29) who distinguish between the participation model, in which the powerful are evaluated by those who are affected by their actions, and the delegation model in which the powerful are evaluated by those who have entrusted them with powers. They describe on the one hand the World Bank which sees NGOs as accountable to no one while the Bank must answer to its own hierarchy and the states which are part of its governance structure. The NGOs on the other hand see themselves as speaking for those affected by the Bank’s policies and the Bank as lacking accountability because it does not answer to those same people (Grant and Keohane 2005, p. 29). As a new institutional form GHIs are challenged to demonstrate accountability, to make a case for their legitimacy relative to traditional multilateral organisations in the UN system (Forman and Segar 2006, p. 220-1) and to demonstrate their effectiveness in terms of using resources to achieve intended health outcomes and impact (Zacher and Keefe 2008, p. 104). As a consequence GHIs tend to employ compensatory strategies to respond to accountability criticisms including engaging a broad range of stakeholders on their boards and exercising transparency with respect to governance decisions, oversight and reporting.

GHIs have also come under criticism for failing to address sustainability, both in terms of securing predictable funding and the related challenge of creating programmes or initiatives

which can be sustained by their governments. There is a temporal tension between the intent of many GHIs to focus on the prevention, control or eradication of a single disease effectively, efficiently, and often within a specific time frame and the forces which make infectious disease a global challenge in the first place: endemic poverty, weak health systems, and the resilient and adaptable nature of the diseases themselves. As Forman and Segaar (2006, p. 208) observe, “Both ad hoc institutional arrangements and private sector initiatives tend to focus on particularistic issues and lack the permanent authority, ongoing financial commitments, and hence the continuity needed to address major global problems over the long term.” Arguably, multilateral institutions such as the WHO with a longer track record, embedded institutional capabilities and a state led governance model are better positioned than GHIs to address long-term, systemic health challenges. It may however be deceiving to interpret the WHO’s authority as validated by predictable financing. Lee (2009, p. 101) notes the WHO’s regular budget has been frozen in real terms since the early 1980s and in nominal terms since 1993. It is no surprise then that Lee observes (2009, p. 44) that in 2006-7, extra budgetary funds (EBFs) represented 72 percent of the WHO’s total budget. The WHO, like other multilateral institutions and GHIs, is reliant on programme-tied donor funds. For this reason, Forman and Segaar (2006, p. 218) suggest that rather than coexisting, the WHO and single disease focused GHIs actually compete for resources and GHIs may in fact “divert resources from overall World Health Organization (WHO) efforts to develop sustainable national primary health care systems.” Making a programme-based case to donors for resources is perhaps more straightforward when the focus is a single disease that is linked to a timeframe where progress can be expected to be made. It is less straightforward when the case relates to harder to track health system infrastructure development or cross-sectoral initiatives which address long-term challenges that underpin the social determinants of health.

The sustainability of GHI financing remains to be proven. The Global Fund as an example indicated in April 2009 that it faced a funding gap estimated at US\$4 bn (The Global Fund, ‘*Donors Assess...*’). When the deadline for the MDGs passes in 2015 despite the progress that will have been made the threat of infectious disease is unlikely to be diminished, and many of the world’s poor will continue to lack access to affordable public health services and medication. Under these conditions it is difficult to anticipate whether donors will rationalise their support of GHIs and traditional multilateral organisations as complementary or competitive.

A third area where GHIs have come under scrutiny is for their single disease focus which is often described as a ‘vertical’ intervention in a ‘horizontal’ country health system. The primary criticism is that vertical interventions take away the focus from health system investment and may have negative effects on the parts of the health system which lie outside of the vertical, disease-specific focus. Khoubesserian (2009, p. 287) suggests that the vertical focus of GHIs is “meant to contain one specific problem among a host of growing challenges...[and] If unaccompanied by a more comprehensive and coherent approach, this increased sensitivity to disease eradication would seem more akin to crisis management than to strategic agenda setting for preparing for and preventing global health problems.” From a country perspective it is easy to see how many disease focused initiatives could work against efforts to coordinate aid and reduce transaction costs associated with managing multiple donor relationships. Zacher and Keefe (2008, p. 104) describe a “proliferation of vertical, autonomous institutions that operate in isolation from one another as opposed to a coordinated, harmonized approach to improving a health system in general.” Sridhar and Batniji (2008, p. 1190) observe that funding single diseases or vertical interventions is attractive to donors precisely because donors can focus on “quick results and measurable returns.” They maintain that this results orientation discourages country ownership and priority setting. The International Health Partnership and Related Initiatives (IHP+) attempts to integrate global partners to focus on a “single country-led national health strategy, guided by the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action (IHP+, ‘Welcome’).” There are a number of efforts to improve donor coordination and support country-led health strategies and even though GHIs like the Global Fund are committed to country leadership and health systems strengthening, GHI initiatives largely remain a form of ‘vertical’ aid provision. Arguably accepting that GHIs have a role beyond vertical interventions lends legitimacy in the face of criticism of or debates about GHI accountability and sustainability. In the words of Reich, Takemi, Roberts and Hsiao (2008, p. 865) “a more balanced approach between specific-disease focus and system-based solutions [is desirable]; like weaving a piece of cloth, we need both the vertical and the horizontal threads to form strong fabric.” It remains to be seen whether GHIs as an institutional form are suited to fulfil a broader role related to country level strategic agenda setting, policy making and finance necessary to improve the response to infectious disease and the provision of and access to public health and medication supported by a functioning health systems infrastructure.

From Development Evaluation to Performance Evaluation

Development evaluation as a field is largely atheoretical, informed by methodology and approaches rather than underlying theoretical explanations for why or how evaluation exists and what there is to know about it. There are many ‘types’ of evaluation approaches and Pawson and Tilley (Pawson and Tilley 1997, p. 1) attribute some of this methodological abundance to the youthful state of the evaluation discipline comparing it to a “vast, lumbering, overgrown adolescent.” While relatively speaking the practice of development evaluation is a young discipline, it is also one that has faced a demanding evolutionary trajectory in order to keep pace with increasingly complex contexts and subjects including the emergence of the MDGs, global public goods, global public-private partnerships and global health initiatives, and the persistence and inter-relatedness of poverty, environmental degradation and infectious disease.

In international development, multilateral international organisations have significant influence on the development and application of evaluation methods and practices. The Development Assistance Committee (DAC) Network of the Organisation for Economic Cooperation and Development (OECD) develops, tests and encourages adoption of methods and standards in development evaluation. The DAC Network is comprised of aid and development agencies of 23 countries and eight multilateral organisations including four development banks, the UN and the World Bank, the International Finance Corporation (IFC) and the International Monetary Fund (IMF) (OECD, ‘Members of the DAC Network on Development Evaluation’). The 1998 Review of the DAC Principles for the Evaluation of Development Assistance (OECD 1998, p. 58) tends towards methodological agnosticism, in favour of an adaptive approach which it describes as increasingly related to “the overarching objectives of poverty reduction, governance issues...the cross-cutting themes of gender equity, the environment, major collaborative evaluations of international emergencies and multi-donor programmes and agencies, the expanded roles of NGOs, internal management and operating systems, and new instruments of assistance such as sector support...programmes (OECD 1998, p 7).” Development evaluation then is no one method or approach, but an evolving practice tasked with drawing out what can be known or has been learned about diverse interventions undertaken in complex and challenging contexts.

Despite the increasing complexity of ‘what’ is to be evaluated, there is a remarkably consistent underlying causal logic. The Logical Framework Approach (LFA) was first used at the United States Agency for International Development (USAID) in the 1970s and has been

adopted by many multilateral international agencies (World Bank, no date). The LFA assumes a linear cause and effect relationship between inputs at one end of a chain, through to activities, outputs, outcomes and impact at the other. Conlin and Stirrat (2008, p. 194) describe the environment in which LFA-informed approaches evolved.

“...until the 1990s, the ‘project model’ dominated development thinking and practice Aid was generally delivered in the form of projects, a tightly bounded set of activities that typically took three years to complete...How ... deliverables were to be delivered was set out in a ‘logical framework’ which defined the presumed links between the inputs, outputs and overall outcomes, as well as the assumptions underlying these links. Evaluation tended to focus on whether or not these ‘deliverables’ had been delivered and whether the assumptions had held.”

The demands of and expectations for development evaluation have changed significantly since this scenario but the LFA approach remains a central tenet in practice (OECD 1991, 1998; DAC Network 2006, World Bank no date).

The diverse and complex “cross cutting themes” listed by the OECD make it clear that development evaluation has had to evolve—both in approach and application--beyond Conlin and Stirrat’s characterisation of its early days. An evaluation may have technical objectives analysing a particular intervention, its effectiveness and efficiency and the learning that arises from its outcomes whether intended or not. Evaluation can also fulfill strategic and political interests. Evaluations are often characterised as sources of credible, objective evidence based on methodological ‘science’. They are used to persuade, to prove or disprove a case, communicate a message or validate a point of view. Evaluations can also lend credence to or refute external critics, thereby providing governors or senior managers with a remit to stay the course or initiate change. Evaluations can aid transparency by sharing information and insights on internal processes and operations or revealing alignment or misalignment among internal and or external groups on specific issues. Evaluation has evolved in its technical capacity because of the range and complexity of what it must assess. Evaluation’s uses have also become more sophisticated. In addition to revealing something about an intervention, evaluations can also be used for strategic and political ends.

The subjects and uses of development evaluation move it towards performance evaluation. The term performance evaluation reflects instances where the assessment encompasses more than an intervention and considers context including the ‘performance’ of the organisation or

partnerships that are accountable for the intervention's design, management or implementation. Performance evaluation has the potential to inform the discourse on GHI accountability, sustainability and systems impact. It can do so through evaluation's traditional function of providing evidence relative to specific questions on these issues. It can also do so through its planning, design, conduct and reporting--who is involved, what questions are asked, what principles provide guidance and how findings and recommendations are communicated and to whom. This management of the performance evaluation process helps to defend the evaluation's objectivity and demonstrate its transparency which enhances the evaluation's potential to be a legitimising resource.

Methodologically, performance evaluation can rely on deduction, assembling evidence and drawing conclusions often through qualitative research. It may measure indicators but for context or systems related questions measurable indicators are often difficult to define and may not lend the insight offered by qualitative methods. Since qualitative research includes some component of the evaluators' interpretation and judgment, managing the performance evaluation so that it is defensibly objective is important, protecting against those who may wish to discredit the evaluation or poke holes in its authority by arguing a lack of 'scientifically' rigorous methodology or some sort of bias in the evaluation's design or conduct. The Global Fund's Technical Evaluation Reference Group (TERG), an advisory body which provides independent technical advice to the Board of the Global Fund (Technical Evaluation Reference Group 2008, p. 2), managed the evaluation process and provided its own, independent assessment of each of the evaluation's studies to the Board. Objectivity is also important because performance evaluations are likely to have strategic or political uses far beyond improving a particular intervention. One subject of the Global Fund's Five-Year Evaluation was the Global Fund as an organisation and its partnerships. This focus helped to provide a critical, evolutionary narrative of the organisation as form of institutional innovation in the traditional multilateral order. An objective performance evaluation was a vehicle for this legitimising narrative.

Evaluation strategies which are inclusive in terms of who is engaged in the scope of the inquiry demonstrate transparency and lend legitimacy to their subject. As an illustration, in planning its Five-Year Evaluation, the Global Fund consulted extensively with a range of stakeholders to inform the questions that the evaluation posed (Technical Evaluation Reference Group 2006, p. 2):

There has subsequently been extensive technical and stakeholder consultation in the development of the Five-Year Evaluation Plan. In addition to the deliberations of the TERG [Technical Evaluation Reference Group], the Global Fund has consulted widely on priority questions and issues to guide the Five-Year Evaluation of the Global Fund. Stakeholder consultations included facilitated sessions at the Board member retreats prior to the Twelfth and Thirteenth Board Meetings, a High-Level Stakeholder Consultation conducted in March and April 2006, and an Online Stakeholder Survey of a broader range of 900 individual stakeholders conducted in May and June 2006. In addition, during the Partnership Forum in July 2006 a facilitated discussion was held; outcomes of these discussions provided further validation to the overarching questions and priorities for the Five-Year Evaluation.

Those managing the the Five-Year Evaluation were careful to take an inclusive approach from the beginning informing the evaluation's design and identifying what was important to know or learn at this early juncture in the organisation's history. This strategy could arguably result in better questions at the heart of the performance evluation. It also guards against critics who could suggest that the evaluation shied away from contentsious or challenging subjects by engaging them. Inclusivity and transparency are strategic decisions in the design and management of the evaluation process which also lend a legitimising voice to the performance evaluation.

GHIs are helping to evolve the practice of development evaluation towards that of performance evaluation where both what is evaluated and how it is done can inform or influence debates in the broader discourse which in the case of GHIs debates aspects of their legitimacy as an institutional form in the first place. As the Global Fund's Five-Year Evaluation demonstrates, how the evaluation is managed, particularly with regard to objectivity, inclusiveness and transparency contributes to the evaluation's defensibility as a legitimising source as much as the subject of the evaluation and its methods. Performance evaluation must contend with a universe well beyond a 'tightly bounded set of activities' described by Conlin and Stirrat to investigate forms of institutional innovation, and the effectiveness and efficiency of these new mechanisms relative to their mandates and the context in which they operate.

The Evaluation Lag: The Case of Vertical Interventions and Health Systems Strengthening

Impact evaluations undertaken in 18 countries as part of the Global Fund's Five-Year Evaluation did not find strong evidence of the unintended effects of vertical interventions on the overall health system in which they operate (Macro International 2009a, p. 8-20). Biesma et al. (2009, p. 248) claim that there is little empirical evidence on GHIs' impacts on health systems, particularly at the district, facility and community levels. Despite the lack of empirical evidence, vertical interventions are often characterised as creating pockets of relative wealth in underfunded systems causing further weakening in areas of the system outside of the single disease focus. The example often cited is that of healthcare professionals leaving the publicly funded healthcare system to work in better funded (and better paying) disease areas (Khubesserian 2009, p. 293; Hsiao 2007, p. 255). The criticisms of vertical interventions are largely anecdotal and deductive and there are good practical reasons why this may be the case. There are challenges associated with undertaking a methodologically sophisticated, system wide study in environments where evaluation capacity may be hampered and data may not exist or be difficult to extract.

Evaluating the outcome or impact of an intervention on or within a health system elicits the 'classic' evaluation challenge: that of attribution. The attribution challenge refers to the difficulty of demonstrating a causal link between a change or intervention and an outcome (Uusikylä and Valovirta 1997; Picciotto 2007; Conlin and Stirrat 2008). Conceptually, attribution is difficult in a health system context because it's difficult to define the system, its parameters and the interaction among many system components. Practically attribution is difficult in a health system context because indicators are not easily defined, isolated or measurable. Some authors (Barnes, Matka and Sullivan 2003; Uusikylä and Valovirta 2007; Sanderson 2000; Marchal, Cavalli and Kegels 2009) have tried to grapple with these challenges by acknowledging the complex systems or networks within which programmes and interventions take place. Uusikylä and Valovirta (2007, p. 409) make a case for complex systems transforming evaluation to what they call performance governance. "The increasing societal complexity and interconnectedness set new challenges... New strategic challenges have to do with managing complex inter-organizational networks, coping with complex and interconnected policies and creating proactive strategies..." Recognising the attribution challenge reveals an uneasy relationship between the 'science' of evaluation and what is in reality its imperfect practice.

It is not surprising then that when considering how to evaluate the impact of a vertical intervention on a health system, one of the first challenges is to understand how the two might be related: whether or not the vertical intervention negatively affects the health system or whether a health system requires investment and strengthening in order for the vertical intervention to be successful. Among multilateral international institutions ‘health systems strengthening’ is receiving attention because it is seen as an important strategy if the MDGs are to be met by 2015. Despite the importance attributed to health system strengthening, there remains a lack of clarity on what a health system is and how to go about strengthening it. The WHO (2007, p. 2) defines as health system as “...all organizations, people and actions whose primary intent is to promote, restore or maintain health.” On the one hand a broad conception of a health system is adaptable and flexible but it also leaves its definition open to interpretation and this ambiguity is reflected in what is understood to be health systems strengthening. Marchal, Cavalli and Kegels (2009, p. 1) claim that health systems strengthening “remains a vague concept, with varying definitions and strategies for HSS [Health Systems Strengthening], and varying ideas about the role attributed to the health system in improving public health...most current HSS strategies are selective (i.e., they target a specific disease), and their effects may undermine progress towards the long-term goal of effective, high-quality, and inclusive health systems.” Despite problems of defining what health systems are and how to go about strengthening them, commitments to the cause are being made. The CEO of the GAVI Alliance and the Executive Director of The Global Fund (Lob-Levyt and Kazatchkine, 2009) made a commitment to begin jointly planning their health systems strengthening efforts.

Together GAVI and the GFATM [The Global Fund] have now become leading investors in health systems. We believe that combining our respective funding streams for health systems, in collaboration with the World Bank and others, is the practical next step required to make the health architecture more effective globally and at the country level...[and] would accelerate progress towards meeting the Millennium Development Goals.

Strategically, the commitment to investing in health systems addresses criticisms of vertical interventions and provides a long term role for GHIs more akin to traditional aid than programmatic disease focused interventions. While this type of investment arguably requires sustained donor support, from an evaluation perspective it remains to be seen how the Global Fund and GAVI will demonstrate the effectiveness of their investments over the long term.

The practice of evaluating GHI interventions in a health system context is formative although evaluation theorists have considered it for some time. Sanderson (2000, pp. 442-3) notes:

“...assumptions of stability and equilibrium, of linearity in the relationship between variables, and of proportionality of change in response to causal influence ...are not appropriate in seeking to understand social systems that exhibit complexity. The implications of complexity are highly problematical for positivist social science because empirical regularities based upon observable social phenomena are likely to be highly misleading representations of the way in which complex systems actually work.”

To Sanderson’s point, the concept of an intervention as part of a complex system suggests that evaluation design needs to account for assumptions of what the system is and how it works in order to then analyse the intervention in a systemic context. The Sourcebook for Evaluating Global and Regional Partnership Programs (GRPPs) developed by the World Bank’s Internal Evaluation Group (IEG) and the OECD’s DAC Network (2007, p. 13) does not discuss the concept of interventions relative to complex systems. Their guidance acknowledges the challenges of linking cause and effect particularly in the case of impact evaluations, but their concept is that of an evaluation of an intervention which is assumed to be defined independently of the context in which it operates (The World Bank (IEG) and OECD (DAC Network) 2007, p. 95). In a review of the effects of GHIs on country health systems Biesma et al. (2009, p. 250) concluded that “what is now needed are coordinated evaluations using multiple methods in order to assess and understand the combined effects of GHIs and how they work alongside longer-standing disease-control financing mechanisms...Early evaluations have been generally descriptive, necessary because of the rapid evolution in the GHI arena. Now, more analytical health policy and health systems evaluations are needed.” The conceptual clarity, capacity and know-how to evaluate GHIs’ vertical interventions and relationship to health systems strengthening is new territory and so far, evaluation practice has not caught up with GHI innovation. While this lag exists, GHIs will continue to face criticism on the effects of their vertical interventions on the health systems in which they operate. GHIs will also have blind spots both in terms of how best to model vertical interventions to support health systems and on effective health systems strengthening strategies. To use Sanderson’s term, these are complex system questions and the evolution of evaluation will be pushed by GHI innovation in order to develop the capacity and capability to effectively address them.

The Global Fund's Five-Year Evaluation—A Performance Evaluation?

The Global Fund describes itself as a “partnership between governments, civil society, the private sector and affected communities [which] represents a new approach to international health financing (The Global Fund, ‘About the Global Fund’).” It is comprised of a range of public and private actors through its global and country governance mechanisms. In its relatively short history the Global Fund has been the subject of a number of commentaries and studies perhaps because it publishes a significant amount of information on its governance, policies and operations through its website and because of its magnitude and scope of influence, both among global partners and country recipients. Reviews of GHIs (McKinsey 2005) and the Global Fund in particular (Brugha et al. 2004; Stillman and Bennett 2005, Bartsch 2007) discuss themes of accountability, sustainability and systems impact. Stillman and Bennett summarise their findings of Global Fund interventions from studies of Benin, Ethiopia and Malawi (2005, pp. xxi-xxii):

...The GF [Global Fund] is under much pressure to move speedily but an excessive focus upon fast implementation and rapid results may undermine health system strengthening and ultimately sustainability, as well as inhibit participation and inclusiveness.

...Health system strengthening is often needed in order for targets specified under GF programs to be met.

...While the GF itself has visibly embraced the principles of mutual accountability and transparency, there is still scope for greater progress in this area at the country level, in terms of how GF grants are managed.

...The country case studies revealed several instances where country policymakers hesitated to undertake major reforms of existing systems, or adopt new treatment regimes, primarily because they were uncertain that they could depend upon the GF as a reliable source of finance into the future.

...The diversity of approaches adopted by countries to make use of GF resources (enabled by the GF’s very country-driven approach), together with the GF’s unique ability to learn from past experience and adapt its procedures and policies accordingly, raises the importance of timely evaluation and cross-country transfer of knowledge.

The commentary on and studies of the Global Fund coalesce around themes which echo the broader discourse and debate on accountability, sustainability and systems impact surrounding the emergence of GHIs.

The Global Fund concluded an evaluation of its first five years of operations with the publication of the last of three studies comprising its Five-Year Evaluation in 2009. The third study and the largest part of the evaluation effort focused on the impact of the Global Fund and its partners on the three diseases. The evaluation also considered the Global Fund as an organisation: the first study focused on the Global Fund's organisational efficiency and effectiveness and the second examined its partnerships. The Five-Year Evaluation posed the following questions (Technical Evaluation Reference Group 2007, p. 7.):

Study Area 1 – Organizational efficiency and effectiveness of the Global Fund:

Does the Global Fund, through both its policies and operations, reflect its critical core principles, including acting as a financial instrument (rather than as an implementation agency) and furthering country ownership? In fulfilling these principles, does it perform in an efficient and effective manner?

Study Area 2 – Effectiveness of the Global Fund partner environment:

How effective and efficient is the Global Fund's partnership system in supporting HIV, TB, and malaria programs at the country and global level? What are the wider effects of the Global Fund partnership on country systems?

Study Area 3 – Impact of the Global Fund on the three diseases:

What is the overall reduction of the burden of AIDS, TB, and malaria, and what is the Global Fund's contribution to that reduction?

What is immediately notable about the scope of and approach to this study is its intent to examine the organisation and its interactions with partners beyond the more traditional question of whether Global Fund interventions have resulted in intended or unintended outcomes, placing its intent at least in the realm of performance evaluation.

Study Area 1 asked whether or not the Global Fund reflects its core principles and the effectiveness and efficiency with which it does so. It did not take the inquiry a step further as to whether the principles themselves provide adequate guidance related to issues such as accountability, sustainability and systems impact as raised and described by a succession of external commentators (Brugha et al. 2004; McKinsey 2005; Stillman and Bennett 2005,

Bartsch 2007). The evaluation begins with the assumption that the Global Fund's principles remain legitimate and serve as the touchstone to which the Global Fund holds itself accountable, even though Study 1 notes that there is an inconsistent interpretation of these principles among key stakeholders (MACRO International 2007, p. xii). If the principles serve as the 'what' to which the Global Fund is held accountable, then the next questions that arise could be to whom is it accountable and how is it held accountable? Although the evaluation recommends that the Global Fund continues to develop its strategy (MACRO International 2007, p. xiii) including "Revising the performance and results targets to which the organization will be held accountable", it does not wade into broader questions of how this might occur. Instead, the report acknowledges among the Global Fund's accomplishments are its promotion of accountability from its grantees through performance-based funding and its high standards for transparency in its operations (MACRO International 2007, p. vii). These sentiments are echoed by the authors of Study 2 who praise the Global Fund for its commitment to country-led national strategies, its promotion of an inclusive stakeholder model at both the global and national level and its commitment to transparency (MACRO International 2008, p. vii). The questions of to whom the Global Fund is accountable and how it is held accountable are displaced by its operational strategies of grant recipient accountability and transparency with respect to decision making and information sharing. The performance evaluation addresses some questions related to accountability drawing a clear marker around the Global Fund's operational strategies. The Global Fund's inclusiveness and transparency help it to 'self-regulate' how it is held accountable and it is these strategies that were the focus of the evaluation rather than the overarching questions of accountability itself.

The Five-Year Evaluation considers sustainability including the Global Fund's resource mobilisation activities and the readiness of countries to assume funding for initiatives, particularly long-term initiatives such as the provision of anti-retroviral (ARV) medication. In the first instance, Study Area 1 examines the supply and demand of resource mobilisation, the relationship between raising funds and disbursing them. It notes the tension between the Global Fund's intention to increase its size and therefore increase and sustain its resources and the risk that the demand or disbursement side of the equation could weaken (MACRO International 2007, p. 36). "Within this context of growth, the Global Fund continues to face, as it has since its inception, two competing concerns: that donor contributions would not be sufficient to meet the needs of recipients, which would constitute "donor failure;" and that

recipient commitments to implement disbursements would lag behind donor contributions, which would represent “recipient failure.”” Resource mobilisation in this case is focused on raising funds from donor governments through a cycle commitments and replenishments and the evaluation notes that the Global Fund has not been able to attract sustainable public funding streams (MACRO International 2007, p. xviii). The evaluation does not question the sustainability of the Global Fund itself but does provide the rather stern warning that “A failure to seriously address the issues identified in this report regarding overall strategic focus; governance systems; resource mobilization; and organizational culture/climate will lead to serious risks for the institution in terms of corporate reputation, donor confidence, employee morale, and ultimately, risk to the Global Fund’s beneficiaries (MACRO International 2007, p. viii).” From a Global Fund strategic and operational perspective sustainability is addressed. The evaluation did not study sustainability from a donor system perspective for example by comparing the Global Fund’s resource mobilisation to that of its partners or to similar initiatives in other sectors or to assess the risks and probabilities associated with donor commitments related to health and MDG 6 in particular.

In terms of sustainability from a country perspective, Study Area 3 (MACRO International 2009, pp. ES-26 and ES-33) makes recommendations to provide “predictable funding” for ARV drug supply and tuberculosis treatment. The study (MACRO International 2009, p. 4-24) notes that “As it is not expected that in the short term developing countries will be able to take over donor funding, especially if these funds are large amounts, it is also important for the donors, including the Global Fund, to determine the funding they are “expected” to continue to provide in the future, in particular with respect to antiretroviral therapy funding. The issues of predictability and, thereof, sustainability—or lack thereof—are important.” The evaluation makes the point that the Global Fund should give more consideration to its country sustainability strategy (MACRO International 2007, p. 12-14), but it does not address the tension between the discretionary nature of the resources it attracts and the long-term nature of the engagement it will need if it is to “make a sustainable and significant contribution to the reduction of infections, illness, and death.” Although the evaluation notes that “sustainability has become a key concern (MACRO International 2007, p. 40)”, its focus is normative—improving strategy. The gap between the start up organisation that the Global Fund once was and the dominant force it has become at global and country level is made clear in the critical external discourse on sustainability. The evaluation engages with this

narrative to the extent it identifies the risk but the larger implications for the Global Fund as it matures organisationally are perhaps more speculative than is acceptable for evaluative work.

Study Area 3 is a health impact study on the national disease control programs for HIV/AIDS, tuberculosis and malaria in 18 countries. It sought to assess overall progress toward the MDGs by all partners, international and national, not just the Global Fund. “The Health Impact Evaluation is not an evaluation specifically of Global Fund grants, but is instead an effort to assess the overall impact of all partners in scaling up the fight against AIDS, TB and malaria (The Technical Evaluation Reference Group 2009a, p. 16).” The study points to the need for partners including the Global Fund to coordinate support and monitor health system strengthening activities (MACRO International 2009, p. ES-51) and notes that “Currently, aspects of HIV, TB, and malaria grants are considered to contribute to HSS [health system strengthening], but the evaluation study provides sufficient evidence that this is leading to imbalances in efforts to effectively deliver interventions... (MACRO International 2009, p. ES-51).” Despite the significant complexity and scope of Study Area 3, the evaluation suggests that the ability to assess system impact remains nascent, confirming the observation by Biesma et al.(2009, p. 248) that little empirical evidence exists about deductive assertions that vertical interventions may affect the performance of weak health systems and how this may occur. A WHO collaboration group’s assessment (World Health Organization Maximizing Positive Synergies Collaborative Group 2009, p. 261) of GHIs and country health systems observed “...GHIs and country health systems are not independent but are inextricably linked...[and] the two are dynamic, complex entities such that examination of their interaction cannot be a simplistic, single variable, linear analysis.” While there is much agreement that assessing vertical interventions and the relationship to health systems and health systems strengthening is a challenge, there has yet to be a breakthrough evaluation that shows the way to how this might be done.

This brief overview of the Global Fund’s Five-Year Evaluation relative to the external discourse on and the Global Fund’s strategic and operational challenges related to accountability, sustainability and systems impact does not do the comprehensiveness of the evaluation justice. It is evident that the ambitious scope of the Global Fund’s Five-Year Evaluation including its global context sets it apart from the intervention focus of traditional development evaluation. While it is not possible at this juncture to presume how this performance oriented evaluation will contribute to the Global Fund’s learning and evolution or how it may be used to support the Global Fund’s strategic and political aims, it does shed

some light on the Global Fund's strategic and operational performance relative to accountability, sustainability and systems impact. Addressing the fullness of the external discourse on GHIs relative to these issues may be outside of a purely evaluative exercise; nevertheless, the studies did consider the performance of the Global Fund as a form of institutional innovation as much as they tackled the impact of the Global Fund's interventions.

Conclusion

GHIs are a form of institutional innovation which contribute to what Kirton and Cooper describe as 'flux' in the Westphalian order (Kirton and Cooper 2009, p. 309). As such GHIs have engendered a discourse on their accountability, sustainability and systems impact. Despite being a relatively nascent practice, development evaluation is challenged to keep pace with the complex contexts, challenges and interventions it is asked to address including the institutional innovation and the related debates that GHIs bring to the traditional multilateral arena. Development evaluation is no longer constrained to a 'tightly bounded set of activities' (Conlin and Stirrat 2008, p. 194) related to a particular programme or intervention but as the Global Fund's Five-Year Evaluation demonstrates it is becoming a broader practice of performance evaluation which in the case of the Global Fund provided an assessment of it as an organisation, its global and country partnerships and the impact of all partners, not just the Global Fund, on combating HIV/AIDS, tuberculosis and malaria. Performance evaluation with its capacity to address contextual questions can have both strategic and political applications and play a role in legitimising GHIs as an institutional form. As evaluation capabilities catch up to the demands that GHIs present, evaluation has the potential to clarify what about GHIs and their diverse models of intervention works and what does not. Until this gap between practice and needs narrows, questions like the systems impact implications of vertical programmes and the relationship to health systems strengthening will remain. GHIs will continue to venture into new terrain precisely because they are an adaptable and responsive institutional form designed to find effective ways and means of preventing, controlling and eradicating infectious disease. The criticisms and debates on their accountability, sustainability and systems impact are unlikely to be resolved at least not in the short term. As evaluation capacity evolves, performance evaluation will play a role both in understanding the effects of GHIs, lending them legitimacy as a form of institutional innovation and will inform both the discourse on them and the course they take.

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