Operational Policy Note

Oversee Implementation and Monitor Performance

Approved on: 28 April 2022; Updated 7 May 2024
Approved by: Executive Grant Management Committee
Process Owner: Grant Portfolio Solutions and Support Department

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Metrics for Oversee Implementation and Monitor Performance

Principal Recipients[1] (PR), Local Fund Agents[2] (LFAs) and Country Teams (CTs) are expected to meet the following deadlines (if applicable):

- PR submits Pulse Check (PC) within 35 days, Progress Update (PU) within 45 days[3] and Progress Update and Disbursement Request (PUDR) within 60 days from last reporting period end-date.
- LFA submits findings and recommendation(s) 20 days from the receipt of the PU and PUDR
- CT issues the Performance Letter and Performance Rating within 110 days from the PUDR reporting period end-date.

Overall Objective

1. Implementation of a Global Fund grant is led and owned by the recipient country. The Global Fund oversees implementation and monitors grant and Principal Recipient (PR) performance to drive maximum impact against the three diseases.

2. At the country level, the PR is responsible and accountable to the Country Coordinating Mechanism (CCM)[4] and the Global Fund for quality and timely grant delivery, including efficient and effective PR operations in line with its obligations under the Grant Agreement. While the PR may contract Sub-recipients (SRs) and other service providers to undertake defined services, the PR remains accountable for the performance of SRs and its contractors[5].

    i. 'Grant delivery' refers to the quality and timely execution of grant activities so agreed results are achieved;

    ii. 'PR operations' refers to the PR's effective planning of implementation and the execution of management functions to enable grant delivery. Management functions include monitoring & evaluation, finance, procurement and supply chain, and risk management.

3. The CCM creates an environment that supports PRs in implementing grant activities and oversees implementation focusing on key programmatic, financial and management aspects of grants and their contribution to the national health response. The CCM implementation oversight function corresponds to *CCM Eligibility Requirement 3: Oversee program implementation and implement an oversight plan.* Regular engagement between the CCM and the CT strengthens oversight through sharing of existing

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[1] Unless defined in this Operational Policy Note or the context otherwise requires, all capitalized terms used in this Operational Policy Note shall have the same meaning set out in the Global Fund Grant Regulations.
[2] Throughout this document, references to LFAs also include other assurance providers.
[3] In this OPN, 'days' refers to calendar days, unless otherwise stated.
[4] Reference to CCMs includes Regional Coordinating Mechanisms (RCMs) unless otherwise stated.
[5] Contracting an SR or a service provider does not release the PR from its obligations under the Grant Agreement.

and potential challenges and solutions. The [CCM Oversight Guidance Note and its annexes](#) provide detailed guidance on CCM oversight functions.

4. The Global Fund, oversees implementation via:

   i. The CT, with support from the LFA (if applicable) and supervision and oversight by GMD Senior Management, is primarily responsible for day-to-day implementation oversight;

   ii. The Risk Department and other second line oversight functions, [6] together with Global Fund Senior Management, provide guidance, advice, independent oversight and monitoring over CT risk management activities; and

   iii. The Office of the Inspector General (OIG) and external auditors, provide independent assurance regarding the management of risks and controls by the CT and Business Risk Owners and efficient use of Global Fund resources.

Operational Policy

5. This Operational Policy Note (OPN) defines the guiding principles and requirements on how the Global Fund Secretariat (in particular, the CT, second line oversight functions and Senior Management) oversees implementation and monitors performance. Specific best practice guidance is also captured in the document.

6. The OPN applies to country and multicountry portfolios and grants unless otherwise specified in the dedicated multicountry section.

7. While the principles and general requirements defined in this OPN apply across all portfolios, the specific grant deliverables do not apply to Focused portfolios, unless explicitly stated. Annex 1 provides a summary of the requirements and best practices and how they apply to each portfolio category.

Guiding Principles on Implementation Oversight by the Global Fund

8. The Global Fund oversees implementation focusing on grant delivery and PR operations. This requires regular engagement with the PR, CCM and in-country stakeholders to monitor implementation progress, to jointly define solutions to address implementation bottlenecks and to achieve agreed targets. In overseeing implementation, the Global Fund also identifies common issues, lessons and best practices across portfolios to define organization-wide solutions and learning. The Global Fund oversees implementation using a combination of the most appropriate information sources[7].

9. The Global Fund supports national disease programs and health systems. Grant Funds are additional resources to domestic and other donors' resources to achieve national disease priorities and targets and to strengthen health systems. Implementation oversight covers both implementation of grants as well as the overall implementation of the national disease programs where relevant. This requires engagement beyond the PR, implementers and CCM to include national disease coordination bodies, donors and technical partners supporting the programs.

10. Oversight activities must be planned in advance and adjusted throughout the process to ensure continued alignment with changes in grant and portfolio priorities and contexts.

11. A critical part of overseeing implementation is identifying and prioritizing grant and portfolio-level risks, defining together with the PR and CCM actions to mitigate these risks, and planning and monitoring assurance activities to ensure defined mitigating actions are implemented[8].

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[6] Refer to section C below.
[7] Refer to Annex 2.
[8] see OPN on Risk Management .

12. The approach for overseeing implementation must be tailored considering the portfolio category, grant and portfolio risk profile and defined priorities, among others. The areas of focus are communicated to the PR with the understanding that these may change to adapt to evolving risks and contexts.

Implementation Oversight by the Country Team

	PLAN	TAKE ACTION	MONITOR	ASSESS
Implementation Oversight by the Country Team	Define Implementation Oversight Priorities	Oversee Grant Delivery	Collect Information and Review Progress	Performance Rating: Assess Grant and PR Performance
				Communicate Assessment and Required Actions
		Oversee PR Operations		Support In-Country Program Review and Evaluation
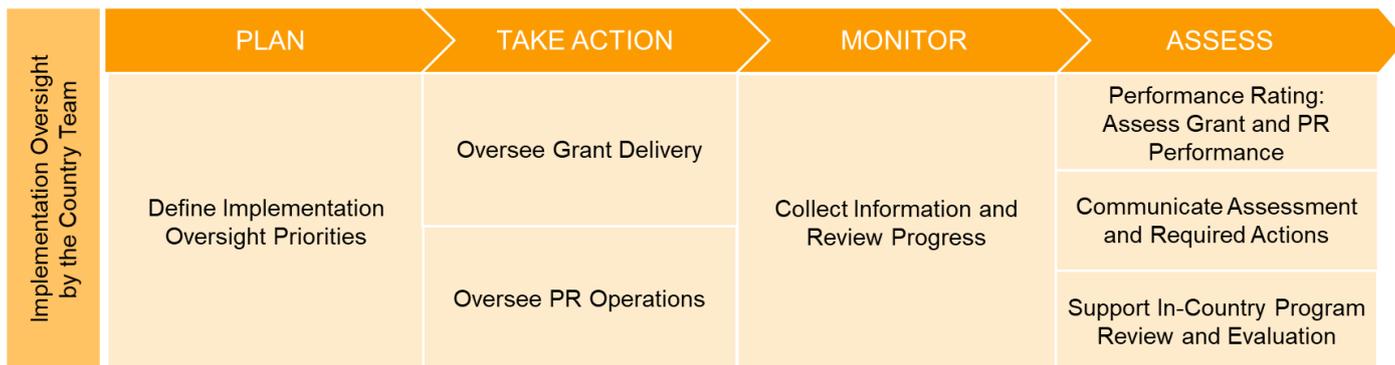
PLAN

Define Implementation Oversight Priorities

13. CTs prioritize implementation oversight and assurance activities on an ongoing basis. As a best practice for High Impact and Core portfolios, these activities are captured into existing CT work plans. The strategic deliverables from these work plans flow into CT annual performance objectives.

14. **Implementation Oversight Priorities.** The CT prioritizes the portfolio and grant-level activities based on organizational and national priorities, key grant and portfolio risks, changes in country context, among others.

15. **Assurance Activities.** The CT leverages LFA services, external auditors, other assurance providers and fiscal/fiduciary agents, as needed, for insights and to provide the necessary assurance on whether identified risks are properly mitigated. Assurance planning is initiated during grant-making and continued during implementation. The OPN on Country Risk Management provides guidance on assurance planning[9]. Assurance plans inform the annual LFA work plan and budgeting exercise. The CT defines the scope, timing of assurance activities and associated resources, and ensures the required services are implemented.

16. **Engagement with Countries.** As a best practice, CTs regularly engage, through virtual and in-person communication platforms, with PR, CCM, LFA, partners and other key stakeholders to gain insights, discuss progress and address implementation issues. CTs plan these regular engagements with country stakeholders.

TAKE ACTION

Oversee Grant Delivery

17. The CT undertakes planned oversight activities through formal or informal channels and ensures planned assurance activities are implemented. This allows the CT to have an overview of implementation progress and existing and potential bottlenecks and risks to proactively discuss with the PR and CCM on solutions.

18. Examples of CT actions include but are not limited to:

   i.   **Make disbursements.** Process disbursements in line with the disbursement schedule established as part of the Annual Funding Decision and the terms of the Grant Agreement to ensure funds are disbursed to the PR and/or third parties in a timely manner for the continuation of grant activities[10].

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[10] For more information, refer to the OPN and Operational Procedures on Annual Funding Decisions and Disbursements.

ii. **Create synergies and avoid duplication.** Engage with partners supporting national disease programs to ensure synergies and collaboration and avoid duplication of support[11].

iii. **Facilitate technical and implementation support.** Facilitate technical assistance (TA) and capacity building support to ensure effective delivery of the grant and overall national strategies and programs.

iv. **Revise grants.** Discuss and work with the PR to drive implementation and adapt to changes in context, including through timely revisions[12].

v. **Request additional funds through portfolio optimization.** If the grant is positioned to accelerate implementation, request additional funding through the portfolio optimization process[13] to maximize impact by financing items on the register of Unfunded Quality Demand[14].

vi. **Monitor Co-Financing:** Monitor implementation of co-financing commitments, engaging with the PR, CCM, and relevant national stakeholders as required.

19. The CT also monitors the progress of grant requirements, implementation and mitigating actions[15] When these are not fulfilled within the agreed timelines, the CT determines required follow-up. To address critical risks that may arise during implementation the CT (with FPM[16] approval) can also define new grant requirements[17], implementation and mitigating actions for the PR to undertake. CTs in High Impact and Core portfolios update IRM focusing on Key Mitigating Actions (KMAs) as information becomes available to CTs throughout the grant lifecycle.[18]

20. In addition, the CT also monitors progress and follow-up of Technical Review Panel (TRP) issues that are due during grant implementation. When these are not fulfilled within the agreed timelines, the CT, with support from Access to Funding, will raise TRP issues to the Grant Approvals Committee (GAC) for steer.

Oversee PR Operations

21. PR Operations refers to the PR's execution of key management functions to enable grant delivery and is linked to the four elements that underpin implementation readiness as part of grant-making as shown in the figure below.

Implementation Readiness   **PR Operations**

Plan Implementation	→	Plan and Adjust Implementation
Contract Human Resources	→	Manage Human Resources
Contract Sub-Recipients	→	Manage Sub-recipients
Contract Suppliers	→	Manage Procurement & Supply Chain
		Manage Finances
		Monitor & Evaluate

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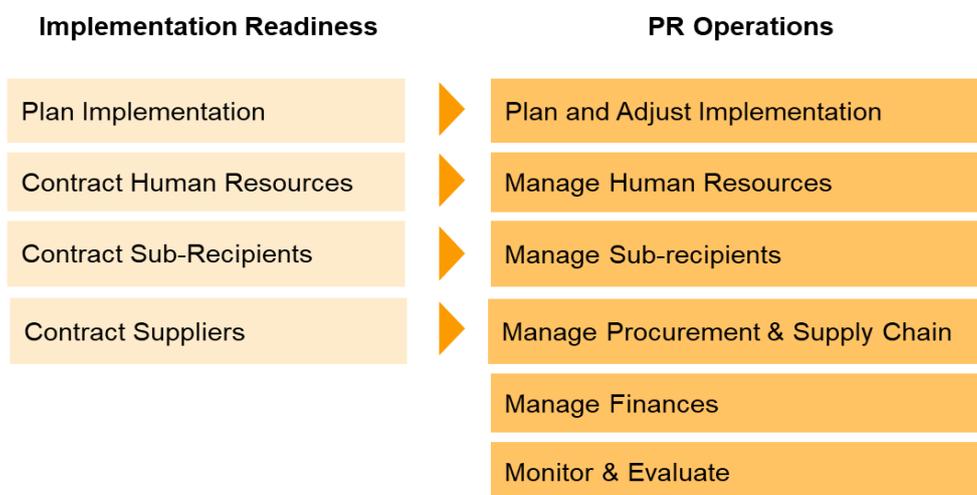
[11] In acute and protracted emergencies, the CT also reaches out to relevant humanitarian partners and coordination mechanisms to ensure complementarity and integration of humanitarian and development efforts.

[12] For more information, please refer to the OPN on Grant Revisions and the Grant Budgeting Guidelines.

[13] See *Prioritization Framework for funds that become available for Portfolio Optimization and Financing Unfunded Quality Demand* and Operational Procedures on Portfolio Optimization - forthcoming).

[14] For more information, please visit the Global Fund page on Unfunded Quality Demand.

[15] In this document, mitigating actions is a general term used to refer to risk mitigating actions (KMAs), other prioritized mitigating actions. See Guidance on Mitigating Actions.

[16] For High Impact portfolios with Disease Fund Managers (DFM), the Senior FPM approves based on the recommendations of the DFM.

[17] Additional Grant requirements are set by amendment to the Grant Confirmation through an Implementation Letter (see OPN on Grant Revisions).

[18] See OPN on Country Risk Management

22. The CT, with LFA support as necessary, monitors the efficiency and effectiveness of PRs in executing these management functions. Prior to the start of a specified 12-month period (execution period), the PR in High Impact and Core portfolios develops the annual Implementation Work Plan and discusses this with the CCM and CT. The Implementation Work Plan is updated as needed to reflect implementation realities.

23. The CT ensures planned assurance activities[19] are undertaken to confirm adequacy of PR capacities and systems and the implementation arrangements. Based on the outcomes of these assessments, capacity strengthening measures or changes to implementation arrangements can be discussed and agreed with the PR and/or CCM.

24. Measures are differentiated depending on the type of PR (i.e., local or international organizations) with examples described in the following paragraphs. In exceptional cases, when international organizations are approved as PRs, they are expected to have the capacities and systems to manage the grant and deliver results.

25. **Strengthen PR and implementers capacities.** The CT facilitates technical and implementation support to strengthen national PR, SR and implementer capacities and systems. For PRs who are part of international organization, the CT, in collaboration with teams across the Secretariat, notifies the PR's headquarters of the PR's performance issues and any capacity gaps, and agree on expected performance improvements with clear milestones and outcomes, as well as a follow-up plan to assess improvements.

26. **Adjust Implementation Arrangements.** The CT discusses with the PR and/or CCM to introduce required changes to implementation arrangements. Examples include:

- **Outsourcing part of the PR's responsibilities[20].** When critical management weaknesses are identified related to local PRs and/or SRs, an assurance service provider (e.g., fiduciary agent, fiscal agent, procurement agent) can be contracted as a temporary measure. The assurance service provider is financed from Grant Funds. For health products for which the Global Fund determines that the PR's procurement and supply management capacity is insufficient, the Global Fund can require a PR to use the Pooled Procurement Mechanism[21] or other established procurement and supply management agents or services acceptable to the Global Fund.[22].

- **Change PR/SR.** As a last resort, a PR and/or one or more SRs may be replaced or added during implementation when the PR or a given SR is not able to perform its role and carry out its responsibilities under the grant, in accordance with the terms of the Grant Agreement. The process to replace or add a PR is planned well in advance, when possible, to facilitate the transfer of responsibilities and avoid interruption of service delivery. A change in PR requires a grant closure[23] for the outgoing PR, and negotiation and signature[24] of a new grant for the incoming PR. Changes to the implementation arrangements are captured in the Implementation Arrangements Map[25].

- **Additional Safeguard Policy.** When implementers consistently demonstrate a lack of capacity or failure to effectively safeguard Global Fund investments, the CT may recommend invoking the Additional Safeguard Policy (ASP)[26]. The ASP allows the Global Fund to lead the selection of implementers for the grant and/or replace an existing PR when significant risks arise during implementation. The details of the responsibilities and procedures for invoking/revoking the ASP are defined in the OPN on ASP.

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[19] A description of assurance activities is given in the Assurance Activity Guidance.
[20] For detailed guidance, refer to the Global Fund Guidelines on Financial Risk Management.
[21] Refer to the OPN and Operational Procedures on the Pooled Procurement Mechanism.
[22] Refer to the Guide to Global Fund Policies on Procurement and Supply Management of Health Products.
[23] When there is a decision to replace a PR, the Grant Agreement with the outgoing PR must be closed out following the OPN on Implementation Period Reconciliation and Grant Closure and a new agreement is signed with the new PR.
[24] Per guidance defined in the OPN and Operational Procedures on Make, Approve and Sign Grants.
[25] See Annex 1 of the OPN on Make, Approve and Sign Grants for the Implementation Arrangements Map requirements levels by portfolio category.
[26] See OPN on Additional Safeguards Policy.

27. **Manage Recoveries.** In overseeing implementation, the CT also follows-up with the PR on potential or confirmed recoverable amounts following guidance defined in the Guidelines for Grant Budgeting and the OPN on Recovery of Grant Funds.

MONITOR

Collect Information and Review Progress

28. The CT uses informal and formal sources[27] to gain insights on progress of grant delivery and PR operations. The LFA provides critical support to the CT in gathering country-level information and providing analysis and recommendations. The reporting period is ideally aligned with the national reporting cycle.

29. **PR Reporting Requirements.** The PR reports information collected on grant delivery and PR operations to the Global Fund Secretariat and CCM to enable assessment of progress and drive decision-making. The PR reporting requirements apply per grant and per implementation period (i.e., PR reports for multiple grants or multiple implementation periods cannot be combined). The quality and timeliness of PR reporting is a critical part of evaluating PR performance.

30. Table 1 and Figure 1 present the standard reporting requirements. . The Global Fund may change the content and scope of PR reporting requirements and related assurance to meet organizational needs, in accordance with the Grant Agreement. Portfolios categorized as Challenging Operating Environments[28] can request for flexibilities in PU/DR[29] submission timelines.

Figure 1. Reporting requirements frequency and deadline for submission

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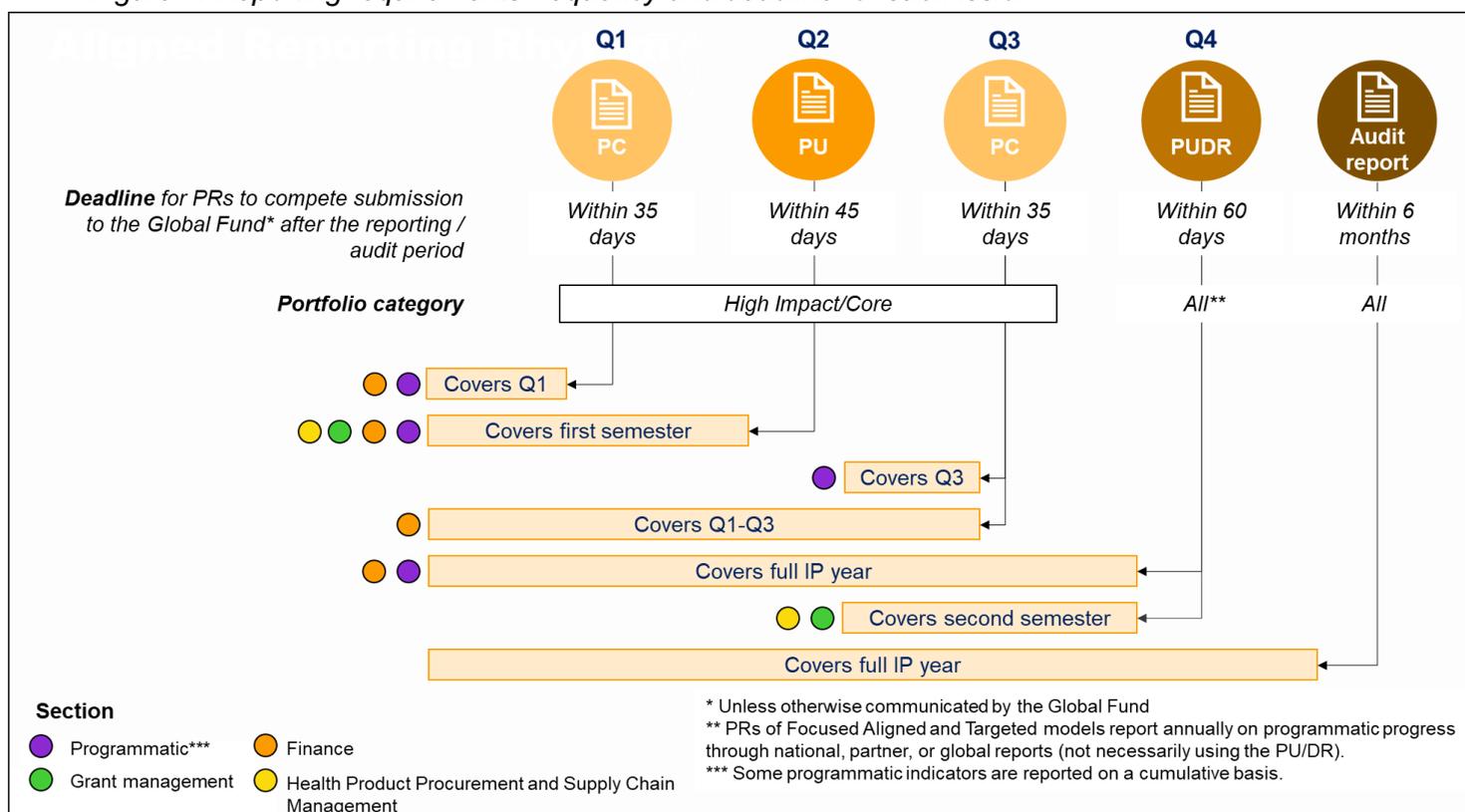
[27] See Annex 2 for a non-exhaustive list of sources and examples of information that can be used for oversight.
[28] For more information, please refer to the OPN on Challenging Operating Environments and the Global Fund Guidelines on Financial Risk Management.
[29] PU/DR refers to both Progress Updates (PU) and Progress Updates and Disbursement Requests (PUDR).

Table 1. Reporting frequency and deadlines for submission.

Type of report	Reporting / audit Period Covered	Deadline for PRs to complete submission to the Global Fund[30] after the reporting / audit period	Portfolio category		
			High Impact	Core	Focused
Pulse Checks (PC)	First and third quarters of each IP year.	Within 35 days	✓	✓	
PU	First semester of each IP year	Within 45 days	✓	✓	
PUDR	Each IP year	Within 60 days	✓	✓	✓[31]
Audit Report	Each IP year	Within 6 months	✓	✓	✓

i.   **Pulse Check:** The Pulse Check collects information twice a year, which enable swift and fact-based decision-making and action as needed, increasing the agility of implementation.[32]

ii. **Progress Update/Disbursement Request (PU/DR)**: The PU and PUDR (collectively referred to as PU/DR) are comprehensive reports on implementation progress, including programmatic, financial, health product procurement and supply chain management, risk, governance as well as management issues[33]. The PUDR also include a forecast of cash needs for the next IP year and buffer period.

iii. **Audit Report:** Audits provide the Global Fund with assurance that (i) disbursed funds were used for the intended purposes in accordance with the relevant Grant Agreement, including the approved budget and the Performance Framework, and (ii) the financial statements fairly represent the financial transactions and balances of the grant[34].

31. There may be cases where the Global Fund Secretariat gains insights into concerns or allegations of actual or attempted misconduct. In such cases, the CT members are guided by the Code of Conduct for Global Fund Employees and must proactively report these issues to the OIG or to the Ethics Office to ensure they are appropriately addressed early on.

ASSESS

Performance Rating: Assess Grant and PR Performance

32. Information formally reported through the annual PUDR allows the Global Fund Secretariat to undertake a comprehensive assessment of performance resulting in a Performance Rating[35], which comprises Grant Performance and an assessment of PR Performance.

i.   **Grant Performance** measures progress against the expected results (programmatic rating) and budget utilization and in-country absorption (financial rating), as shown in the figure below. [36]

ii. **Frequency.** Grants are rated annually. Focused Aligned and Targeted model grants are rated as defined in the Grant Agreement.

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[30] Unless otherwise communicated by the Global Fund.
[31] PRs of Focused Aligned and Targeted models report annually on programmatic progress through national, partner, or global reports (not necessarily using the PU/DR).
[32] Refer to the Guide for PRs on Completing and Submitting Pulse Checks for more information.
[33] Refer to PU/DR Form Instructions.
[34] Refer to the Guidelines for Annual Audit of Global Fund Grants for more information.
[35] Refer to Annex 2 of the Operational Procedures for the Performance Rating Methodology.
[36] The performance rating approach for Payment for Results grants and other grants with non-standard reporting requirements is forthcoming.

	Programmatic Rating		&		Financial Rating	
	To what extent is the Program delivering the expected results?				**To what extent is the budget utilized as agreed?**	
	A B C D E				1 2 3 4 5	

Programmatic Rating Level Ranges

A	Excellent	≥ 100%
B	Good	90% - 99%
C	Moderate	60%-89%
D	Poor	30%-59%
E	Very Poor	< 30 %

Financial Rating Level Ranges

1	Excellent	≥ 95%
2	Good	85% - 94%
3	Moderate	75% - 84%
4	Poor	65% - 74%
5	Very Poor	< 65 %

iii. **PR Performance (forthcoming[37])** reviews how well the PR has managed the grant over the course of the previous reporting period. The Global Fund looks specifically at: (i) implementer capacity, in areas such as monitoring and evaluation, financial management, procurement and supply chain management and governance and implementation management; and (ii) the quality, timeliness and compliance with Global Fund requirements as they pertain to PR operations.

iv. The PR rating is determined on an annual basis for High Impact and Core portfolios.

Communicate Assessment and Required Actions

33. Based on its analysis of results and performance, the CT defines specific and actionable recommendations to improve the programmatic and financial results and PR operations. A Performance Letter is issued to the PR within defined timelines[38]. This letter includes:

    a. CT findings,

    b. Performance Rating (which comprises the programmatic and financial ratings and a qualitative assessment of PR performance[39] where applicable),

    c. prioritized risks and required implementation and mitigating actions as well as relevant timelines to address identified implementation challenges. The CT monitors the progress of these actions (see Section B.2 Take Action).

34. A Performance Letter is required for all portfolio categories following the PUDR. The CT can decide to issue additional Performance Letters at any point in time throughout implementation.

Support In-Country Program Review and Evaluation

35. In-country program reviews and evaluations constitute periodic reviews of program design, implementation and achievements against national strategic objectives and targets. They play an important role in learning from past implementation, facilitating timely course correction and ensuring investments are based on evidence-informed program design to maximize impact, efficiency and equity[40].

36. These in-country program review and evaluations cover the national disease programs including the Global Fund contribution through its grants. Where relevant, the CT is expected to engage in these in-country reviews and engage with the PRs and CCM so that results of such reviews are used to ensure that the Global Fund continues to fund the most important interventions to achieve national strategic objectives and targets and introduce improvements to the way the grant is implemented. As applicable, required actions from the PR resulting from these in-country program review and evaluations are communicated to the PR through the Performance Letter.

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[37] The PR rating approach is not yet implemented by the Global Fund. PRs and CTs will be notified in advance when this will take effect.
[38] Within 110 days from the PUDR reporting period end-date.
[39] Until the PR rating is rolled-out and implemented.
[40] Within the Secretariat, the process of In-Country Program Reviews & Evaluations is coordinated by MECA under the strategic guidance of the Secretariat M&E Working Group.

37. These in-country program review and evaluations are tracked through the country M&E Profile updated by the CT for High Impact and Core portfolios. Annex 3 provides further details.

Table 2. In-country Program Reviews and Evaluations

Program Reviews	• Systematic review of program design, inputs, implementation and results against national strategic objectives and targets, as well as regional/global benchmarks. • Required for High Impact and Core portfolios[41], and a best practice for Focused portfolios, particularly those with Tailored for National Strategic Plan (NSP) funding applications. Reviews conducted every three years. • Managed by the Ministry of Health or its national disease programs and carried out by a joint national and international team of experts at mid-point and end of the NSP. • Budgeted and supported through Grant Funds, if needed.

Periodic Performance Reviews	• National or sub-national review of program implementation and results.
	• Required for High Impact and Core portfolios, conducted at regular intervals between program reviews, at a minimum:
	  - annually at national level[42]; and
	  - semi-annually at sub-national level[43].
	• Led by respective disease programs at national and intermediate sub-national levels. The CT engages with national stakeholders to strengthen the approach, especially in cases where no plans and/or guidance exist for such reviews; technical support may be facilitated through the MECA M&E TA Pool.
	• Budgeted and supported through Grant Funds, if needed.

Enhanced Portfolio Review	• In-depth assessment of the entire grant portfolio or specific areas of a national disease program, against a predefined program design and defined, verifiable results. • Best practice for Focused portfolios, once per 3-year grant cycle, particularly when a program review has occurred and the quality is deemed inadequate[44] or when no program review has occurred. It can also be triggered by a specific programmatic need. • Commissioned by the Global Fund Secretariat. • Budgeted and supported through Grant Funds.
Program Evaluation	• Rigorous assessment of the entire program or specific areas of a national disease program, against a predefined program design (or theory of change) and defined, verifiable results. • Best practice for High Impact and Core portfolios when the quality of a program review is deemed inadequate[45] or when no review has occurred. It can also be triggered by a specific programmatic need.

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[41] Not required when a program evaluation was conducted within the last three years and can serve the purpose of assessing the design and implementation of the NSP.
[42] Not required when a program review was conducted in the same fiscal year.
[43] Sub-national reviews occur at the provincial/regional and district levels. The frequency of periodic reviews at sub-national levels are planned and budgeted for during grant-making and set as targets in the Performance Framework.
[44] Refer to the high-level criteria on program review quality.
[45] Refer to the high-level criteria on program review quality.

	• Usually commissioned by the Ministry of Health and/or other in-country partners and may be supported or independently commissioned by the Global Fund Secretariat.

Global Portfolio[46] Oversight by Second Line Functions and Senior Management

38. The Global Fund Secretariat has dedicated mechanisms to provide strategic guidance and support to CTs in overseeing implementation and monitoring grant and PR performance. Through these mechanisms the Global Fund Secretariat maintains a global view on performance and risks for all portfolios and can identify common issues and challenges which require organizational-level solutions and facilitate organizational learning.

39. **Second Line Oversight Functions.** Second line oversight is led and coordinated by the Risk Department which works in close collaboration with other second line functions to provide guidance, advice, independent oversight and monitoring over CT risk management activities. Second line oversight functions are also responsible for providing policy and technical guidance to CTs in their functional areas regarding risk identification and prioritization, and best practices for mitigating actions and assurance activities based on country context. The list of second line oversight functions is captured in the OPN on Country Risk Management.

Global Fund Senior Management

40. **Grant Management Division (GMD) Management** includes the Regional Managers, Regional Department Heads, and the Division Head, who supervise CTs on the management of country/multicountry portfolios. They are the first point of escalation for CTs on grant and portfolio implementation issues requiring management guidance and decision. GMD Management also oversees portfolio performance through regular monitoring and assessment of regional and global portfolio performance against key organizational metrics and providing strategic guidance to CTs on required actions. GMD Management also participate in the PPC.

41. The **PPC**, a Global Fund Senior Management body oversees implementation of the global portfolio and hosts the Country Portfolio Review, PPC Executive Session, PPC Thematic Executive Session, and Enterprise Performance Review, see OPN on Country Risk Management. The PPC provides strategic steer and identifies areas where additional support, flexibilities and adaptations may be needed to maximise impact[47].

42. Further information on the PPC can be found in the PPC ToRs and the OPN on Country Risk Management.

43. The **Grant Approvals Committee[48] (GAC)** includes executive management members who provide oversight and governance mechanisms on investment proposals and recommends grants for Board approval. The GAC also oversees portfolio-wide implementation of TRP issues.

Specific Multicountry Considerations

44. Multicountry grants generally follow the same requirements set out in this OPN, with the following specific considerations:

   i. For multicountry grants, reference to CCM includes engagement of the Regional Organization (as applicable), Regional Coordinating Mechanism (RCM) and CCM representatives of all countries included within the grant (as applicable).

   ii. The legal and political considerations and logistics of cross-border implementation are considered when tailoring LFA-services.

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[46] Global portfolio refers to all country and multicountry portfolios supported by the Global Fund.
[47] See PPC ToRs available here.
[48] GAC ToRs are available here.

Annex 1. Overview of Requirements and Best Practices

Approach & Grant Deliverables		Required (R)/ Best Practice (BP)				
		High Impact & Core	Focused			
			Aligned	Targeted	Light	Legacy
Implementation Oversight by the Country Team						
PLAN	**Define Implementation Oversight Priorities**					
	• Oversight and assurance activities identified	R	R[49]			
	• Regular engagements with country planned	BP	BP			
	• Oversight and country engagements captured in existing CT work plans	BP	-			
TAKE ACTION	**Oversee Grant Delivery**					
	• Oversight and assurance activities implemented and adjusted (as applicable)	R	R			
	• Required CT actions to address implementation challenges identified and delivered (as applicable)	R	-		R	
	• Status of Grant Requirements and Key Mitigating Actions tracked as part of Integrated Risk Management module	R	-			
	• TRP issues due during grant implementation and delegated to the Secretariat addressed and tracked	R	R			
	Oversee PR Operations					
	• PR Annual Implementation Work Plan	BP	-			
	• CT Inputs to PR implementation work plan	BP	-			
	• Oversight and assurance activities implemented and adjusted (as applicable)	R	R			
	• Required capacity strengthening measures identified and agreed with PR and/or CCM (as applicable)	R	-		R	
	• Recoveries managed (as applicable)	R	R			
MONITOR	**Collect Information and Review Progress**					
	• Pulse Check submitted and reviewed	R	-			
	• PU submitted and reviewed	R	-			
	• PUDR submitted and reviewed	R	R[50]		R	
	• Audit Report submitted and reviewed	R	R			
	Performance Rating: Assess Grant and PR Performance					

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[49] LFA work planning and budgeting only

[50] PRs to report annually on programmatic progress through national, partner, or global reports. CT directly captures results in GOS (equally for financial reporting) and submits assessment and rating once per grant cycle (for Aligned models) and according to the frequency defined in the grant agreement (for Targeted models).

	Approach & Grant Deliverables	Required (R)/ Best Practice (BP)				
		High Impact & Core	Focused			
			Aligned	Targeted	Light	Legacy
A S S E S S	• Grant Performance rated (programmatic and financial ratings)[51]	R	R			
	• PR Performance qualitative assessment done	R	-			
	• Assessment and required actions communicated through Performance Letter	R	R			
	Support In-country Program Review and Evaluation (as applicable)					
	• Support in-country program review	R	BP			
	• Support periodic performance reviews	R	-			
	• Commissioned enhanced portfolio review (as applicable)	-	BP			
	• Support program evaluation	BP	-			
Global Portfolio Oversight by Second line oversight functions **and Senior Management**						
	• Second line oversight functions: Policy and technical guidance to CTs in respective functional areas	Refer to OPN on Country Risk Management				
	• **GMD Management:** Supervision and strategic guidance to CTs and regular monitoring of regional and global portfolio	R	R			
	• **PPC:** Undertake CPR, PPC Executive Session, PPC thematic session, and/or EPR	As per selection criteria				
	• **GAC:** Oversight of portfolio-wide implementation of TRP issues.	R	R			

R = Required

BP = Best Practice

- = Not Required

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[51] The performance rating approach for Payment for Results grants and other grants with non-standard reporting requirements is forthcoming.

Annex 2. Collection of Information for Oversight

Below is a non-exhaustive list of sources and examples of information that can be used to provide effective oversight of grant delivery and PR operations.

Source of information	Examples of information[52]
PU/DRs and Pulse Checks[53]	• Programmatic and financial progress, as well as operational elements of the grant. • Important source for tracking Key Mitigating Actions for major risks, including co-financing commitments, and identify any new issues.
Audit Report	• PR compliance of the use of Grant Funds and the adequacy of internal controls[54].
IRM module	• Important source for tracking mitigating actions for identified risks, key mitigating actions and assurance activities.
Follow up on the implementation of TRP issues	• Subject to the specific TRP issue.
National annual expenditure on health and the three diseases	• Important source for tracking co-financing commitments.
Available dashboards and/or oversight tools and reports	• Period-specific financial, programmatic and procurement information.
Performance Letters and other assessment communication from the Global Fund	• Highlights grant and PR performance with specific areas for action.
National disease program epidemiologic reports/databases	• The evolution of the epidemic in the country, which can help identify vulnerable populations at increased risk.
Site visits	• Additional information on specific issues that may have emerged from Global Fund assessments, and/or verify information reported by the PR.
Feedback from people living with diseases or community-based monitoring initiatives present in-country	• Insight into the effectiveness of grant activities among the communities affected and identify bottlenecks to service delivery.
Spot Checks	• Periodic Program and/or data quality. • Health Facility Assessments • Supply Chain spot checks
Health Management Information System (HMIS), (e.g., DHIS2[55])	• System whereby health program data are recorded, analyzed, and used for program planning and patient care.
Logistic Management Information system (LMIS)	• Essential information on quantification processes and for planning distribution along the supply chain, avoiding overstocks and stock-outs.

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[52] Information will vary by grant and country.
[53] As the principal sources of information, the PU/DR and Pulse Checks are always shared with the CCM.
[54] Refer to the Guidelines for Annual Audit of Global Fund Grants for more information.
[55] An open source, web-based platform most commonly used as a health management information system (HMIS).

Annex 3. In-Country Program Reviews and Evaluations

1. In-country program reviews and evaluations are part of the Global Fund Monitoring and Evaluation Framework[56] and are made up of program reviews, periodic performance/routine data reviews, enhanced portfolio reviews and country-led program evaluations.

2. In the current global context where resources are very limited as compared with the overall need, well-designed in-country program reviews and evaluations guide programs to the most optimal path to achieve sustainable impact, system resilience, equity and efficiency.

3. This annex provides guidance to CTs and other supporting structures[57] within the Secretariat for planning, coordination, implementation and quality assurance of in-country program reviews and evaluations, as well as the use of their findings. It also ensures the consistency and quality of the process and products of in-country program reviews and evaluations. The planning and implementation status of the reviews and evaluations is tracked through country M&E Profiles for High Impact and Core portfolios and using work plan tracking measures in the performance frameworks.

Principles

4. The Secretariat takes the following principles into account in all stages of in-country program reviews and evaluations process:

- **Alignment:** In-country program reviews are aligned with country systems, processes, and program cycle.

- **Ownership and Inclusiveness**: In-country program reviews are owned and managed by the country, usually by the Ministry of Health and/or its national disease programs, technically supported by WHO, with participation of relevant global and national stakeholders.

- **Quality**: In-country program reviews and evaluations are of quality necessary to inform program design and implementation.

- **Tailored**: The design and implementation of program reviews are tailored to the epidemiological and financial contexts, portfolio category and level of investment in country[58]. Generic Terms of References (ToRs) can be adapted to each country[59].

- **Learning**: The use of the findings is the primary purpose of in-country program reviews and evaluations[60]. Final reports are made available within three months after completion of program review field work to ensure findings can be used in a timely manner. Findings are used for learning and to inform program design implementation and revisions, and not to penalize grants or programs.

- **Accountability**: All national disease programs are subject to demonstrating their results against the targets defined in NSPs or in grant agreements with donors. In-country program reviews and evaluations are among the primary means to ensure the national disease programs' accountability to the governments, donors, civil societies, and program beneficiaries.

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[56] Refer to the Global Fund Strategic Framework for Data Use for Action and Improvement at Country Level.
[57] Within the Secretariat, the process of In-Country Program Reviews & Evaluations is coordinated by MECA under the strategic guidance of the Secretariat M&E Working Group.
[58] For example, reviews in COE and Focused portfolios may have a more targeted scope than reviews in High Impact and Core portfolios.
[59] Generic terms of references for reviews and evaluations
[60] Learning refers to a process of translating findings and recommendations from a program review or evaluation into programmatic actions as well as informing program design and implementation.

Operational Policy Note

- **Transparency**: All final reports from in-country program reviews and evaluations are accessible to all stakeholders. This permits the tracking of progress over time and ensures mutual accountability.

Objectives

5. This Annex provides guidance to help CTs, PRs and lead implementers to:

- **Institutionalize** in-country program reviews, evaluations and enhanced portfolio reviews including the frequency and timing of program reviews and criteria for program evaluations/ enhanced portfolio reviews by ; a) ensuring that program reviews are planned, budgeted and conducted at least once in a 3-year grant implementation cycle, which are required in High Impact and Core countries, and best practice for Focused countries, particularly those countries submitting Tailored for NSP funding applications; b) ensuring program reviews are supported in Focused countries as deemed appropriate through a prioritization process against a set of defined criteria; c) defining criteria for when evaluations or enhanced portfolio reviews shall be conducted in addition to and/or in lieu of program reviews.

- **Operationalize** in-country program reviews, evaluations, and enhanced portfolio reviews through, a) defining the roles and responsibilities of different teams at the Global Fund Secretariat, as well as in-country and global partners in the planning, design, and implementation of in-country program reviews, evaluations, and enhanced portfolio reviews, and in subsequent use of the results; b) outlining processes to ensure program reviews are planned well in advance, including scope, timeline, budget and technical assistance (TA) needed—ideally considering the timelines for funding request and grant-making.

- **Ensure the quality** of in-country program reviews, evaluations, and enhanced portfolio reviews, by institutionalizing quality assurance at planning, implementation, and report preparation stages, as well as a quality assessment of the process and reports. This also includes provision of updated guidance, tools, and generic ToRs jointly developed with WHO and partners, as well as facilitation of technical support tailored to country-specific needs.

- **Ensure the dissemination and learning** of findings from in-country program reviews, evaluations, and enhanced portfolio reviews - that the findings and recommendations are appropriately referred to and used at various stages of program management cycle, i.e., during NSP revision, while preparing funding requests, during the grant making or reprogramming processes, and when deciding on the annual disbursements. This also includes biannual synthesis reports of key findings, recurring themes, and recommendations, to be shared with the Senior management and various teams within the Secretariat, relevant board committees and partners.

Program Reviews

6. A program review is a systematic review of program design, inputs, implementation and results against national strategic objectives and targets as well as regional and global benchmarks. National program reviews are conducted every two to three years following the national strategic planning cycle. It is owned and managed by the Ministry of Health or its national disease programs and usually carried out by a joint national and international team of experts. Program reviews are required in High Impact and Core portfolios, and a best practice for Focused portfolios, especially those with Tailored for NSP funding applications. CTs negotiate a budget and an appropriate timeline for program reviews with national programs that serve both the national need and grant-specific aspects. The main objectives of program reviews are to:

    i. examine progress and impact of national disease programs, including all contributions (government, civil society, private sector) towards the objectives and targets of the

National Strategic Plan (NSP) and regional/global coverage, outcomes, and impact targets;

ii. examine progress in strengthening key programmatic/thematic health system areas, including cross-cutting aspects such as human rights, equity, human resources, laboratory, supply chain management, information systems, domestic financing and domestic resource mobilization, etc.;

iii. review the structure, organization, financing, and management of the program, partnerships and funding landscape, including engagement of civil society and private sector, where relevant; and

iv. inform a revision of NSP, the Global Fund Funding Request and/or grant implementation[61].

7. During funding applications, CTs/PHME Specialists ensure that program reviews are planned and budgeted for in the respective disease program funding request, specifying all funding sources that may contribute to the review. During implementation, PHME Specialists engage with national disease programs to ensure that: a) the planned timelines are respected and TORs are shared for secretariat review and input; b) funding and technical support for the review has been fully mobilized; c) the program reviews are accompanied by an appropriate epidemiological and impact analysis; d) additional technical support is accessed through the MECA M&E TA pool (if required); e) draft program views reports are reviewed by the CTs/PHME Specialists and relevant technical teams, as appropriate, before final versions are validated by the countries; and f) final reports are shared with MECA for synthesis, quality review and feedback. MECA tracks required program review planning and supports CTs through facilitation of technical support and access to generic TORs, which countries can adapt to their respective local contexts.

Periodic Performance Reviews

8. Periodic performance reviews, also called "routine data reviews" in some settings, refer to national or sub-national review of program implementation and results, conducted at regular intervals (quarterly, semi-annually, annually). They are informed by the analysis of routine programmatic data and serve as a platform for programmatic and operational discussions and decisions, based on progress against annual and semi-annual targets. Such platforms are led by respective disease programs and used to assess achievements in program implementation, gaps, challenges, and opportunities for course correction, as needed. Sub-national health authorities (provincial/regional and district levels) usually organize monthly, quarterly, or semi-annual performance reviews, whereas those at national level typically hold semi-annual or annual reviews.

9. Periodic performance reviews are required in High Impact and Core countries. During funding applications and grant-making, the PHME Specialist ensures that CCMs have included plans and budget for periodic performance reviews. The PHME Specialist explores with the MOH and disease programs if sound guidance and tools for such reviews exist. Standard WHO health facility data analysis packages for national and subnational levels are available[62]. When no quality guidance exists or it has been applied insufficiently, the PHME Specialist engages with national stakeholders to strengthen the approach using grant funds, as required. Technical support to strengthen this component can be accessed through the MECA M&E TA pool. MECA will track routine review planning where required and discuss M&E investments to ensure data analysis and use are integrated in routine review methodology at all levels.

Enhanced Portfolio Reviews

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[61] Emergency program review maybe triggered by country crises or emergency, to inform grant revision to this effect.
[62] For DHIS2 data standards and analysis packages: https://www.who.int/data/data-collection-tools/health-service-data/toolkit-for-routine-health-information-system-data/modules; additional information is also available under: https://docs.dhis2.org/en/topics/metadata/dhis2-who-digital-health-data-toolkit/about-the-who-digital-health-data-toolkit.html.

10. An enhanced portfolio review refers to an in-depth assessment of the entire grant portfolio or specific program areas of a national disease program, against a predefined program design and defined, verifiable results, commissioned by the Global Fund Secretariat and implemented by an external provider or jointly with partners. Enhanced portfolio reviews are particularly suited for Focused portfolios, and are planned, budgeted for, and implemented once per 3-year grant cycle as a best practice. The results can serve as an important assurance mechanism regarding whether Global Fund investments in the portfolio represented a good value for money. The evidence generated through enhanced portfolio reviews guide decisions on what is to continue and what is to change.

11. The need for an enhanced portfolio review is determined by the CT, in consultation with MECA and other technical teams. If the need is jointly determined, the cost of the review including TA costs, is budgeted using grant funds. Depending on the scope of the review, technical support could be accessed through the MECA M&E TA Pool. MECA is consulted during the development of TORs and review of reports before they are validated by countries. Please refer to para. 14 below which outlines other scenarios when the Secretariat may consider commissioning such a review.

Program Evaluations

12. A program evaluation is a rigorous assessment of the entire program or specific areas of a national disease control program against a predefined program design (or theory of change) and defined, verifiable results, implemented by an expert service provider or jointly with partners. Country-led evaluations are commissioned by the Ministry of Health and/or other in-country partners and may be supported by the Secretariat. The need for a program evaluation is determined based on the assessment of the quality of the program review process and resulting reports, with considerations to the recommendations from previous evaluations, specific program needs, and/or donor requirements.

13. If a country intends to undertake a program evaluation with Global Fund resources, the scope is discussed and agreed with the CT during grant-making. The CT, in consultation with MECA and other relevant technical teams, will support the country in the planning and execution of the evaluation.

14. In addition, the Secretariat may consider commissioning an evaluation or enhanced portfolio review when:

    i. there have been no program reviews, or any other forms of program evaluations conducted in the last three years and there are no plans nor secured funding for program reviews or evaluations in the current grant cycle;

    ii. the process and/or product of most recent program review is deemed to be inadequate[63];

    iii. a program review or previous evaluation recommends the entire or part of the national program be independently evaluated;

    iv. The CT, Technical Advice and Partnership (TAP) Department, Community Rights and Gender (CRG) Department, Health Financing Department or other department recommends an evaluation of specific programmatic or cross-cutting needs; or

    v. an agreement is reached for a joint evaluation based on recommendations from partners or donors.

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[63] Refer to the high-level criteria on program review quality.

15. The Secretariat participates in the planning and implementation of program reviews, support program evaluations, and actively engages in periodic performance reviews. When such reviews are not available, the Secretariat actively coordinates with the CCM and relevant health authorities to help institutionalize the platforms. The Secretariat avails the grant and other resources to build up the in-country capacity for program reviews, evaluations and periodic performance reviews.

Quality assurance of in-country program reviews and evaluations

16. MECA, in coordination with TAP teams and technical partners, facilitates the provision of latest guidelines and generic ToRs for program reviews and evaluations (including key aspects of RSSH, CRG, private sector engagement, etc.) for countries to adapt to local contexts.

17. The CT and/or focal points from other technical teams (e.g., Disease teams, MECA, RSSH and CRG) may participate in the program review and evaluation process, based on their availability and identified need by the country or CT.

18. MECA conducts a six-monthly synthesis of program review and evaluation reports to provide ongoing feedback on key recurring recommendations, as well as on the quality of the conduct and content of the reviews.

Dissemination and use of evidence from in-country program reviews and evaluations

19. Dissemination and the use of findings are critical steps to ensuring in-country reviews and evaluations provide learnings for program improvement.

20. At country level, the national program disseminates program review and evaluation reports, together with in-country stakeholders, to relevant audiences in different forms including, sharing the report, organizing in-country dissemination sessions, and making the report available through official websites. With support from in-country stakeholders, the national program creates *aide memoires* for the official adoption of findings and recommendations by the Ministry of Health.

21. At the Secretariat level, MECA coordinates bi-annual synthesis of the main findings and recommendations of program reviews and evaluations conducted each year. The synthesis report is shared with CTs, senior management, technical teams, relevant partners, and Board Committees. The CTs may use the synthesis of findings and recommendations to inform discussions during country dialogue, grant-making, and implementation. The information can also guide discussions with global level technical partners if guidelines or tools need to be updated/developed or if existing ones need wider dissemination at country level, as well as to identify technical areas where countries may need further support.

22. MECA tracks the use of program review and evaluations in funding request, NSP revisions and other critical programmatic decisions. All program reviews or evaluations, as part of their scope, must revisit the status of implementation of recommendations from the previous program reviews or evaluations.

Reference links

- [Guide to conducting programme reviews for the health sector response to HIV](#)
- [Framework for conducting reviews of tuberculosis programmes](#)
- [Malaria program review manual](#)
- [Practical manual for malaria programme review and malaria strategic plan midterm review](#)
- [WHO guidelines for analysis and use of health facility data](#)