

UNITAID EVALUATION FRAMEWORK:

GUIDANCE



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1. PURPOSE AND SCOPE

This document provides an overview of the Unitaid evaluation framework and approach to external evaluation applicable to Unitaid-funded grants. This guidance is intended to: i) inform current and prospective implementers of Unitaid-funded grants of Unitaid’s evaluation requirements and processes and ii) guide potential evaluators in planning and conducting evaluations commissioned by Unitaid.

2. BACKGROUND AND APPROACH TO GRANT EVALUATIONS AT UNITAID

External evaluations are an essential component of Unitaid’s approach to grant management and monitoring, transparency and accountability, and communicating impact and learning. They form a key element of Unitaid’s operating model, as outlined in the 2011 constitution¹ (Section 3, items 3.11-3.12), which mandated external evaluations of Unitaid grants, to be aligned with international evaluation standards.

With the advent of a new strategy in 2017-2021, Unitaid refined its operating model, transforming its approach to performance measurement and management to be more strategic, agile, tailored to grant type and underpinned by strong quality assurance. External evaluations are one of many approaches within the performance management system that Unitaid applies to ensure effective grant performance to deliver global health impact. Other approaches include ongoing internal monitoring by project teams, annual external audits, partner engagement and consultation, and external verification by contracted agents (EVAs) (**Figure 1**). The external verification mechanism was introduced in 2017 to strengthen quality assurance. EVAs are conducted by pre-selected third-party suppliers and applied at two different stages: 1) during the Grant Agreement Development (GAD) to assess prospective implementer capacity and 2) during implementation, as needed, to assess a prioritized set of programmatic, financial, procurement and supply management or risk issues.

Unitaid’s grant portfolio generates evidence in different ways (e.g. through clinical research, feasibility studies, cost effectiveness analysis, and other processes), with each grant dedicating a significant amount of resources to routine grant monitoring. As such, external evaluations are meant to complement the full range of performance management functions within Unitaid and not duplicate what is already captured through the grants themselves.

1. <https://unitaid.org/assets/EB14-R08-Unitaid-constitution.pdf>

FIGURE 1 Overview of Unitaid approaches to quality assurance and performance management



Evaluation requirements and processes:

Unitaid typically conducts external end-of-project grant evaluation within 12 months before or after grant closure. Mid-term evaluations are optional and may be substituted with other assurance mechanisms available at Unitaid (e.g. EVAs). Unitaid may, in some cases, decide to group evaluations of grants focused on a specific Area of Intervention (Afi).

External evaluations are commissioned, funded and managed by Unitaid with the Results team overseeing the entire process. **Figure 2** outlines the steps in the process. Evaluators are selected through an open, competitive procurement process that follows best practice, with clear terms of reference outlining required experience and expertise. To promote efficient use of resources, Unitaid prioritizes selection of evaluators with a presence in the region/countries of implementation and ensures evaluators make use of existing data, research and findings of previously completed evaluations where they exist. Selection of countries in which to conduct field visits to assess implementation progress is done jointly by the Unitaid Secretariat and implementer. The extent of country level inputs, size of intervention, representativeness, and other specific country-related issues are all considered when choosing countries for visits. Evaluation reports are made publicly available on Unitaid’s website. Key findings and recommendations are discussed with the implementer and followed through where relevant by Unitaid project teams.

FIGURE 2 Overview of Process for External Evaluation at Unitaid



	Planning & Design	Procurement & Selection	Launch & Implementation	Analysis & Reporting	Dissemination & Use
Activities	<ol style="list-style-type: none"> 1. External evaluations planned during GAD. 2. Terms of Reference (ToR) developed based on evaluation framework 3-4 months prior to evaluation start 3. Evaluation ToR shared with implementer 	<ol style="list-style-type: none"> 1. Request for Proposal (RFP) developed to solicit applications 2. RFP & ToR posted online with applications due in 4-6 weeks 3. Panel convened to review and select evaluators 4. Contract finalized with selected evaluation team 	<ol style="list-style-type: none"> 1. Kick-off meeting held between evaluation team and Unitaid to finalize scope of work 2. Evaluation team introduced to implementer 3. Evaluation team gathers evidence using mixed methods (document review, country site visits and key informant interviews, etc) 	<ol style="list-style-type: none"> 1. Initial findings and recommendations shared with implementer and Unitaid for review and feedback 2. Draft report revised based on feedback 3. Final report submitted to Unitaid and shared with implementer 	<ol style="list-style-type: none"> 1. Final findings presented and discussed with Unitaid and implementer 2. Management response to key recommendations prepared by Unitaid and implementer 3. Final evaluation report posted on Unitaid website
Contributors	<ul style="list-style-type: none"> • 1-3: Unitaid 	<ul style="list-style-type: none"> • 1-4: Unitaid 	<ul style="list-style-type: none"> • 1-2: Unitaid leads, with input from evaluation team • 3: Evaluation team leads with support from Unitaid & implementer 	<ul style="list-style-type: none"> • 1-3: Evaluation team leads with inputs from Unitaid & implementer 	<ul style="list-style-type: none"> • 1: Evaluation team leads with input from Unitaid • 2-3: Unitaid

Expectations of evaluation stakeholders:

Figure 3 outlines a set of expectations for each key stakeholder to ensure a sound evaluation that upholds international principles and norms such as independence, impartiality, credibility, transparency, utility, timeliness, and inclusiveness.

FIGURE 3 Expectations of evaluation stakeholders

STAKEHOLDER	EXPECTATIONS FOR EVALUATION
<p>Implementer</p>	<ul style="list-style-type: none"> • Embrace external evaluation as an opportunity to independently assess grant implementation and contribution to public health impact • Exercise openness and transparency in sharing of relevant information and available data/reports with evaluators • Support evaluators to connect with implementing partners, government agencies and other relevant stakeholders as appropriate • Commit to act upon findings and recommendations
<p>Evaluator</p>	<ul style="list-style-type: none"> • Adhere to international ethical guidance and evaluation norms and standards throughout the evaluation, including design, data collection, analysis, reporting and dissemination • Use evaluation methods that meet international quality standards to generate credible and reliable evidence • Optimize use of existing data and ensure any additional data collection adds value and outweighs any costs • Ensure evaluative conclusions and recommendations are evidence-based and balanced
<p>Unitaid</p>	<ul style="list-style-type: none"> • Exercise transparency and fairness in commissioning and selection of evaluators • Commit to dedicating necessary financial and human resources • Actively guide the evaluation and provide quality assurance • Maximize the utility and value for money of evaluations • Disseminate findings and recommendations as widely as possible • Act on findings and recommendations that relate to Unitaid • Draw lessons learned across evaluations for continual improvement

3. UNITAID EVALUATION FRAMEWORK

The terms of reference (ToR) for external evaluations are guided by Unitaid’s evaluation framework (**Figure 4**). This framework is based on the internationally accepted evaluation framework of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC), including its principles² and criteria for grant evaluations³.

In 2020, Unitaid updated its evaluation framework to:

- Align with the latest OECD DAC evaluation criteria, which include a new criterion on coherence to capture internal coherence (the compatibility and synergies of the intervention within the institution) and external coherence (the relevance of the intervention within the public health landscape).
- Explicitly demonstrate the linkages between the OECD DAC evaluation criteria and Unitaid’s Strategic Objectives and Key Performance Indicators (KPIs)⁴; and

2. DAC evaluation principles: independence, impartiality, credibility, transparency, utility, timeliness, and inclusiveness

3. <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

4. https://unitaid.org/assets/Unitaid-strategy-2017-2021_Dec-2017.pdf

- Reflect recent evolutions within Unitaid, including:
 - i. Unitaid’s scalability framework (**Annex 1**), outlining the global and country-level conditions needed to facilitate scale-up of health interventions and ensure equitable access, which was finalized in 2019;
 - ii. Unitaid’s revamped approach to risk identification and management that includes standardized project risk registers to classify, rate and manage strategic, implementation and sustainability/scalability risks; and
 - iii. Unitaid’s greater emphasis on Implementer engagement with communities and civil society organizations to increase demand and adoption.

Description of the framework and intended use:

The evaluation framework consists of two interlinked tables (Table 1 – main table; Table 2 – supplemental table). The first table presents a set of 15 illustrative evaluation questions organized according to the OECD DAC evaluation criteria. This table includes a column that maps how the Unitaid strategic objectives and KPIs fit within the DAC criteria:

- The ‘*Effectiveness*’ criterion reflects Unitaid’s strategic focus on catalyzing innovation and overcoming access barriers and refers users to the second table, which describes the five market access barriers that Unitaid projects are designed to address one or more of. This supplementary table outlines illustrative questions for each access barrier that can be explored as applicable, depending on the focus of the area for intervention or individual grant.
- The “*Impact*” criterion aligns Unitaid’s four dimensions of impact (public health impact, economic impact, equity and strategic benefits and positive externalities).
- The “*Sustainability*” criterion links to Unitaid’s scalability framework, including evaluation questions that cover global and country-level readiness and transition.

The framework serves as the basis upon which to develop the ToR that outline the purpose and scope of work for a specific evaluation. Evaluation questions are prioritized and tailored according to the focus of the project or group of projects under evaluation and the information needs. Appropriate data sources and methods are then defined to respond to each evaluation question. The final set of questions and methodology are agreed between the evaluators and Unitaid during the launch of the evaluation.

TABLE I Unitaid Evaluation Framework

OECD DAC CRITERIA ⁵	UNITAID STRATEGIC OBJECTIVES AND KPIS	EVALUATION QUESTIONS <i>(Illustrative – to be tailored to each evaluation)</i>
<p>Relevance: is the intervention doing the right things?</p>	N/A	<ol style="list-style-type: none"> 1. To what extent did the objectives and design of the area for intervention (Afl)/grant respond to the needs of targeted beneficiaries (individuals, community and civil society organizations, government/national health systems, scale-up partners)? 2. Have design and implementation approaches been appropriately adapted/course-corrected to respond to any changes in context (for example, at the policy level – globally or within a national context, emerging and competing technologies/products/approaches)? 3. To what extent has the Afl/grant design and implementation identified and addressed issues related to gender, social inclusion and equity in line with Unitaid’s overall mission to reach the most disadvantaged populations in developing countries using innovative global market-based approaches?
<p>Coherence: how well does the intervention fit?</p>	N/A	<ol style="list-style-type: none"> 4. To what degree does the Afl/grant fit with other interventions within targeted countries, sectors or institutions (e.g. creating synergies between relevant interventions and consistent with other initiatives/international norms and standards within the same space)? How well does the intervention align with priorities/needs identified by partners/the global disease response? 5. To what extent is the Afl/grant adding value (and not duplicating efforts or establishing parallel systems)?
<p>Efficiency: how well are resources being used?</p>	N/A	<ol style="list-style-type: none"> 6. How timely, cost-efficient and cost-effective was implementation (consider both allocative efficiency and technical efficiency)⁽¹⁾? What factors have been considered to ensure that value for money has been achieved from an efficiency standpoint? 7. How well did the implementers collaborate with national authorities in project planning, implementation and assessment to promote integration into existing health systems?
<p>Effectiveness: is the intervention achieving its objectives?</p>	<p>Strategic Objective 1: Innovation KPI 1: <i>Catalysing innovation</i></p> <p>Strategic Objective 2: Access KPI 2: <i>Overcoming market barriers</i></p>	<ol style="list-style-type: none"> 8. To what extent did the Afl/grant achieve its objectives and expected outcomes in addressing targeted access barriers within the specified timeframe and budget? **Refer to Table 2 for description of the access barriers and illustrative questions 9. What were the main factors influencing the achievement or non-achievement of the intended outputs or overall outcomes?

5. Updated in December 2019, available here: <http://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

<p>OECD DAC CRITERIA⁵</p>	<p>UNITAID STRATEGIC OBJECTIVES AND KPIS</p>	<p>EVALUATION QUESTIONS <i>(Illustrative – to be tailored to each evaluation)</i></p>
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<p>Impact: what difference does the intervention make?</p>	<p>KPI 4.1 <i>Increasing public health impact</i></p> <p>KPI 4.2 <i>Generating efficiencies and savings</i></p> <p>KPI 4.3 <i>Delivering positive returns</i></p> <p>Equity:</p> <p>KPI 5.1 <i>Investing for the poorest</i></p> <p>KPI 5.2 <i>Investing for the underserved</i></p>	<p>10. To what extent has the Afl/ grant generated, or is expected to generate, global/national-level effects across Unitaids four dimensions of impact⁽²⁾:</p> <ul style="list-style-type: none"> ii. Public health impact iii. Economic impact iv. Equity v. Strategic benefits and positive externalities
<p>Sustainability: will the benefits last?</p>	<p>Strategic Objective 3: Scalability⁽³⁾</p> <p>KPI 3.1: <i>Securing funding</i></p> <p>KPI 3.2: <i>Scaling up coverage</i></p>	<p>11. How has the Afl/grant contributed to an enabling global environment for scale-up, including generating evidence, normative guidance, affordable pricing, tools to support country adaptation and uptake and advocacy, and stronger partnerships among global actors?</p> <p>12. To what extent has the Afl/grant helped established country readiness for scale-up, including securing ongoing political and financial commitments by national governments and other partners, supportive policies and enhanced health system capacity for delivery, and partnering with communities and civil society to mobilize ongoing community demand and engagement?</p> <p>13. To what extent have core elements of the intervention been transitioned to ensure that the benefits of the intervention will continue beyond the life of the investment?</p>
<p>-</p>	<p>Learning & Risk Mitigation⁽⁴⁾</p>	<p>14. What have been the lessons learned and how have they been incorporated in the lifetime of the grant or across other interventions? Have lessons learnt been widely disseminated by implementers and Unitaids?</p> <p>15. How effectively have strategic, implementation and sustainability/ scalability risks been identified and managed over the course of implementation⁽⁵⁾?</p>

Notes:

- (1). Allocative efficiency refers to optimizing allocation of resource across interventions, geographies and population groups to maximize impact. Technical efficiency refers to minimizing the costs of service delivery along the care continuum while achieving the desired health outcomes. Source: Global Fund Value for Money report
- (2). This includes the quantitative calculations for public health and economic impact and qualitative descriptions for equity and strategic benefits and positive externalities
- (3). Refer to the Unitaids scalability framework (Annex 1)
- (4). Not an official strategic objective of Unitaids, but a core principle of how Unitaids works
- (5). Refer to Unitaids Project Risk Map and Risk Register

TABLE 2 Illustrative Evaluation Questions by Unitaid Access Barrier

[Note: not all barriers will be applicable for each Afl/grant]

ACCESS BARRIER	DESCRIPTION OF DESIRED OUTCOME	KEY QUESTION (where relevant)	ILLUSTRATIVE SUB-QUESTIONS (where relevant and to be tailored/expanded)
Innovation & Availability	<i>Products that are better (new, adapted, superior); are commercially available for rapid introduction in LMICs</i>	→ To what extent has the Afl/grant contributed to increased availability of better diagnostic and treatment products that are commercially available for rapid introduction in LMICs?	<ul style="list-style-type: none"> + To what extent has the Afl/grant contributed to development or access to innovative products (better, new, adapted, superior) in resource-limited settings? + To what extent has the availability of better products increased for the most marginalized groups/regions? + Have the products supported through the Afl/grant been registered for commercial use in relevant project countries or are plans in place for their registration after project closure? + Has the Afl/grant contributed to eliminating intellectual property barriers, or ensuring that such barriers are not created, which may prevent equitable access to a product?
Quality	<i>The medicine/technology is quality-assured e.g. WHO-listed authority</i>	→ How successful was the Afl/grant in bringing quality-assured medicines/ technologies for adoption in LMICs?	<ul style="list-style-type: none"> + To what extent has the Afl/grant contributed to the evidence base facilitating regulatory approvals/market authorization? + Has the Afl/grant resulted in the approval (by WHO PQ or another appropriate regulatory authority) or submission for approval of the Unitaid supported medicine/technology?
Affordability	<i>Products available at lowest price, sustainable for suppliers, and not unreasonable for governments, donors and patients, with a view to increasing access for the underserved.</i>	→ To what degree has the Afl/grant contributed to making products (medicines, diagnostics) available at prices that are affordable for governments and other donors?	<ul style="list-style-type: none"> + To what extent has the Afl/grant secured appropriate equitable access commitments (including affordable pricing commitments) from developers/ manufacturers and/or suppliers benefiting from Unitaid support (directly or indirectly)?⁽¹⁾ + How has the Afl/grant supported improved access to affordable products for the most vulnerable?
Demand & Adoption	<i>Countries, programs, and end users introduce and adopt the most cost-effective products within their local context. Proven service delivery models for LMIC settings exist.</i>	→ What progress did the Afl/grant make in facilitating increased demand and uptake for scale-up of cost-effective products within target countries and beyond?	<ul style="list-style-type: none"> + How effectively have implementers partnered with/engaged and supported communities and civil society organizations to increase demand, political support and financial commitments? + How has the Afl/grant contributed to the development and testing of effective service delivery models in LMIC settings? To what extent do these systems reach underserved/ vulnerable populations?

ACCESS BARRIER	DESCRIPTION OF DESIRED OUTCOME	KEY QUESTION (where relevant)	ILLUSTRATIVE SUB-QUESTIONS (where relevant and to be tailored/expanded)
Supply & Delivery	Supply chain systems, including quantification, procurement, storage, and distribution, function effectively to ensure that products reach end users in a reliable and timely way. Adequate and sustainable supply exists to meet global needs.	→ To what extent did the Afl/grant improve supply and delivery systems to ensure that products reach those in need in a reliable and timely way?	<ul style="list-style-type: none"> + To what extent did the Afl/grant contribute to establishment (or integration) of functional and sustainable supply chain processes, including forecasting, planning, procurement, storage, and distribution? + To what degree has the Afl/grant ensured availability and sustainability of adequate supply channels to deliver the products to the vulnerable/underserved populations? + How effectively has the Afl/grant leveraged procurement and supply chain to overcome other access barriers such as quality or affordability (with examples)? + To what degree has the grant ensured that systems are put in place to mitigate diversion, wastages and other forms of losses due to supply and delivery inefficiencies? + To what extent has the Afl/grant secured appropriate commitments from developers/manufacturers and/or suppliers benefiting from Unitaid support in order to ensure security of supply of the product (this could include minimum annual volume targets and protection of volumes for LMICs)?

Notes:

(1). Unitaid considers equitable access to mean that a product is affordable, available, sufficiently supplied, and quality-assured for LMIC settings; as such, this question is cross-cutting. Whenever Unitaid (through its implementers) provides funding support (including through incentives, technical support, or other means) to developers, manufacturers or suppliers of medical products, Unitaid requires that such developer, manufacturer or supplier makes appropriate and legally binding commitments in order to ensure equitable access to the product by people in need in LMICs. The nature and scope of the commitments will depend on the product, the developer/ manufacturer, and the amount of the support provided. However, such commitments should usually ensure that the product is made available at an affordable price, in sufficient quantities, is quality-assured and registered in relevant LMICs.

4. DISSEMINATION AND USE OF EVALUATION FINDINGS

Evaluation findings, lessons learnt, and preliminary recommendations are shared directly by evaluators with implementers and the Unitaid Secretariat. Recommendations and management actions for the grant/implementer are refined and finalized through discussion between implementers and Unitaid and those for Unitaid internally within project teams and Unitaid’s senior management. Evaluation recommendations are used to support the ongoing performance management of the active portfolio and to inform the design of future investments.

Results of end-of-grant evaluations are used by Unitaid to inform annual reporting on Unitaid’s Strategic KPIs that are shared with the Executive Board. In addition, Unitaid disseminates evaluation findings widely within the Secretariat and periodically reviews completed evaluations to identify common themes and lessons learned to inform improvements in grant design and evaluation to maximize potential public health impact.

Final reports for evaluations are published on the Unitaid website at www.unitaid.org



