

Terms of Reference for the '3 by 5' Evaluation 2004-2006

The report of the evaluation is a requirement of the grant arrangement between the Canadian International Development Agency (CIDA) and the World Health Organization (WHO)

1. Introduction

'3 by 5' refers to the programme of work being undertaken by WHO in collaboration with UNAIDS and numerous other partners to support the expansion of access to antiretroviral treatment to three million people with HIV/AIDS in developing countries by the end of 2005, and to simultaneously accelerate HIV prevention efforts, pursuant to the WHO HIV/AIDS Plan, January 2004 to December 2005.

Under a grant arrangement between WHO and CIDA concluded in December 2004, CIDA agreed to contribute \$100 million Canadian dollars to support the '3 by 5' programme of work from 2004 to 2006. The grant arrangement specifies that monitoring and evaluation activities shall be undertaken periodically and at the end of the grant period to measure progress in implementation of the programme of work and its impact on scaling up access to antiretroviral treatment and accelerating HIV prevention at global and country levels.

The WHO/UNAIDS '3 by 5' Monitoring Task Force is responsible for monitoring progress towards achieving the milestones set out in the WHO/UNAIDS '3 by 5' strategy document (*'3 by 5': Making it Happen*, December 2003) and produces the 6-monthly '3 by 5' Progress Report. The WHO/CIDA grant arrangement specifies that, in addition to these internal monitoring activities, an independent, formative evaluation will be conducted during the final quarter of 2005 or the first quarter of 2006 in order to provide an overview of accomplishments and the lessons learnt in the implementation of '3 by 5' in developing countries. This document describes the framework and process for that evaluation.

2. Objectives of the Evaluation

The overall objective of this independent evaluation is to review the accomplishments and lessons learnt by WHO during implementation of '3 by 5' in developing countries. While this will out of necessity involve a broader assessment of progress towards the '3 by 5' target, the formal scope of the evaluation shall be limited to those components of '3 by 5' which touch on specific areas of WHO's programme activity.

The specific objectives of the evaluation are to:

- review how effectively WHO has contributed to the realization of the '3 by 5' targets and milestones, including technical, managerial and administrative guidance and support provided by programmes undertaken across WHO at global, regional and country levels;
- document lessons learnt from '3 by 5', including its role in health systems strengthening, and develop recommendations for future plans and the way forward for WHO and its partners;

- assess WHO's ability to effectively, mobilize, sustain and contribute to a major global partnership, including improved harmonization between UN agencies and other stakeholders and partners; and
- identify potential opportunities for further collaboration between WHO, CIDA and other donors and partners.

3. Scope of the Evaluation

3.1 Attribution

The evaluation will encompass the '3 by 5' programme of work overall and will not attribute direct financial support from CIDA or any other funding source to specific activities. However, where possible the evaluation will allocate programme costs against inputs and outcomes.

3.2 Areas to be Covered

The Evaluation Team (refer to Section 7.2) is expected to operationalize and fine-tune the evaluation areas and themes outlined in Section 3.2.1 and 3.2.2. However, the outputs of the Evaluation Team must be fully consistent with the objectives of these Terms of Reference.

3.2.1 Core WHO Evaluation Areas

In addition to the '3 by 5' milestones and other areas already being monitored in periodic WHO progress reports, the evaluation should at a minimum incorporate an assessment of lessons learnt in the **Core WHO Evaluation Areas** shown in Table 1. These relate to the inputs, processes, outputs and outcomes of WHO's activities at global, regional and country levels, including an in-depth analyses of up to eight '3 by 5' focus countries. The evaluation overall should clearly distinguish WHO's role from that of other key actors in the field.

Table 1 - Core WHO Evaluation Areas

<i>Core Evaluation Area</i>	<i>Components</i>
WHO's global leadership, alliances and advocacy for '3 by 5'	<ul style="list-style-type: none"> ▪ <i>Assess WHO's leadership, alliances and advocacy efforts for '3 by 5'</i>
Programme implementation, management and coordination at HQ, regional and country levels and across technical areas	<ul style="list-style-type: none"> ▪ <i>Assess "the way WHO did its business" for '3 by 5':</i> <ul style="list-style-type: none"> - <i>Shift in working modalities between HQ/RO/CO (strengthened CO/RO, staffing, resource issues)</i> - <i>Effective harmonized planning process</i>
Utilization and effectiveness of WHO normative guidance and tools	<ul style="list-style-type: none"> ▪ <i>Assess uptake of and satisfaction with normative guidance in areas related to clinical management and planning of treatment and prevention scale-up, AIDS medicine and diagnostic services and strategic information.</i> ▪ <i>Assess, the acceptability, use and, when possible, the effectiveness of this normative guidance (e.g. ART guide, IMAI training).</i> ▪ <i>Assess uptake of tools (operational research, monitoring and evaluation, etc.) and its contribution to '3 by 5' goals (public health approach, health systems strengthening)</i> ▪ <i>Assess uptake of WHO policy guidance in countries as well as among the international development community (e.g. guidance on equitable access, universal and free access)</i>
Strategic information	<ul style="list-style-type: none"> ▪ <i>Monitor progress at global and country levels (with reference to different segments of the population where possible)</i> ▪ <i>Document lessons learned and the way forward for treatment and prevention scale-up (knowledge creation, sharing and success stories)</i>
Technical support and capacity building	<ul style="list-style-type: none"> ▪ <i>Review whether WHO technical support responds to country needs:</i> <ul style="list-style-type: none"> - <i>Provision of timely technical support adapted to country needs</i>
Complementarity of WHO's activities with partner efforts	<ul style="list-style-type: none"> ▪ <i>Depict how WHO is working with partners at the international level and in countries, including the execution of the "Three Ones" - advocacy to the one coordinating body, involvement in joint planning, defining roles in monitoring and evaluation; draw lessons learned from this experience.</i>
Equity of access to ART programme sustainability	<ul style="list-style-type: none"> ▪ <i>Review the extent to which WHO's programme of '3 by 5' work as a whole contributes in a cross-cutting manner to these broader policy goals</i>

3.2.2 Possible Special Focus Evaluation Themes

A number of the suggested Special Focus Evaluation Themes shown below may also be addressed. Although WHO undertakes work in many of these areas, it is not the only stakeholder contributing to these global policy objectives, and evaluating them comprehensively may require special studies or assessments with timeframes which extend beyond the evaluation of WHO activities alone. The exact scope of this aspect of the evaluation will need to be prioritized and finalized by WHO, the Steering Committee and the Evaluation Team.

Special focus evaluation themes could include:

- Treatment adherence and survival of people on ART
- Logistics Management Information System
- Commodity costs over time
- Cost, affordability and outcome of HIV service provision
- Sustainable financing of ART
- Accelerated prevention alongside expanded treatment
- Human resource capacity
- Integration of ART services with other services, such as reproductive and maternal health and TB
- HIV/AIDS and reproductive health
- Delivery of ART services at the primary health care level
- Experiences related to the HIV/AIDS and Health Systems Platform
- Community involvement and treatment preparedness
- Equity of access to treatment and prevention (e.g. by gender, socioeconomic status, age, vulnerable groups, urban/ rural)
- Stigma and discrimination
- HIV drug resistance

3.3 Levels to be Evaluated

The evaluation will cover global, regional and national levels. While country-specific conclusions will be made as part of the individual country studies, general lessons and conclusions that are of value to the '3 by 5' programme of work as a whole will also be drawn where possible.

3.4 Selection of Countries

An in-depth evaluation will be carried out in up to eight of the '3 by 5' focus countries. Criteria for the selection of these countries should include the following :

- Geographic diversity, with a focus on Africa
- Different epidemic types (general, concentrated, mixed)
- In-country presence of main partners (PEPFAR, Global Fund to Fight AIDS, TB and Malaria [GFATM], other donors)
- A variety of health care systems and service delivery approaches

3.5 Audience

The audience for the evaluation includes WHO Member States, its main multi- and bilateral partners and donors, NGOs and civil society groups, and WHO offices at headquarters, regional and country levels.

3.6 Consistency with Good Practice and Ethical Standards

The evaluation is expected to be consistent with good development evaluation practice, using a broad range of techniques such as triangulation, literature review, desk studies, interviews, surveys, focus groups and field investigations. It should also pay attention to factors such as relevance, effectiveness, efficiency, impact and sustainability and be consistent with relevant international ethical guidelines concerning the conduct of independent evaluations.¹

Evaluation Team members will be expected to disclose conflicts of interest in relation to work to be performed during the evaluation and to sign the standard Declaration of Interest used for all WHO experts. Team members selected should not have concurrent assignments with the WHO HIV/AIDS Department.

4. Data Collection and Analysis

The evaluation should be linked to the overall monitoring of WHO's work to realize '3 by 5', including the work of the WHO/UNAIDS '3 by 5' Monitoring Taskforce. Data collection for the evaluation may encompass the following:

- Review and team discussion of existing WHO data and documentation, including semi-annual '3 by 5' progress reports, country mission reports, strategic plans and workplans, reports of the WHO HIV/AIDS STAC;
- Review and discussion of existing documentation from other partners and stakeholders e.g. governments, GFATM, bilateral donors, UNAIDS secretariat and cosponsors, research institutions, NGOs and civil society groups;
- Review of specific studies and evaluations already undertaken to measure the outcomes of WHO guidance and support at country level. These could include evaluations of the utilization and effectiveness of selected WHO guidance (e.g. ART guidelines, equitable access to ART), the independent evaluation of the WHO Preparing for Treatment Programme and findings from operational research supported by WHO and other agencies;
- Field visits, interviews with or surveys of relevant partners, including countries (e.g. ministries of health, ministries of finance), GFATM, bilateral donors, UNAIDS secretariat and cosponsors, other multilateral agencies, service providers, NGOs and civil society groups in up to eight countries. In order to have high quality reviews, and for feasibility purposes, some countries will benefit from country visits and in-depth analysis,

¹ Guidance in this respect may be sought from various sources including the CIDA Evaluation Guide (http://www.acdi-cida.gc.ca/cida_ind.nsf/vLUallDocByIDEn/061A4E025FC6FE2785256C6B00155E2D?OpenDocument); evaluation guidelines produced by the Organization for Economic Cooperation and Development / Development Advisory Committee (http://www.oecd.org/document/22/0,2340,en_2649_34435_2086550_1_1_1_1,00.html); the Canadian Evaluation Society's Guidelines for Ethical Conduct <http://www.evaluationcanada.ca/site.cgi?s=5&ss=4&lang=en> and the American Evaluation Association Guiding Principles for Evaluators <http://www.eval.org/Guiding%20Principles.htm>

while other countries will be evaluated through long-distance reviews (e.g. country profiles, phone interviews, video conferences);

- Depending on available resources, the evaluation team may wish to commission special studies or analyses in suggested evaluation themes where these have not been otherwise addressed (see Section 3.2.2).

Effort should be made to coordinate and harmonize the evaluation framework and tools in order to ensure maximum consistency among the eight in-depth focus countries for the interpretation of data.

5. Stakeholder Consultation and Analysis

Stakeholders are agencies, organizations, groups or individuals who have a direct or indirect interest in the development intervention or its evaluation. Stakeholder consultation is to be an integral component of the evaluation, including on such matters as the evaluation methodology and design; information collection processes; key findings; reporting mechanisms; and dissemination of results.

The Evaluation Team is expected to conduct a stakeholder analysis including a description of key stakeholders and partners, an analysis of their interests and an assessment of the ways in which these interests may affect the evaluation of '3 by 5'. This analysis is to be completed during the inception phase and will form part of the Inception Report.

The Inception Report should also include a description of the process of consultation with stakeholders and partners to be followed in the evaluation process, including consultation with the WHO HIV/AIDS Strategic and Technical Advisory Committee (STAC), GFATM, the US President's Emergency Plan for AIDS Relief and other partners.

6. Evaluation Phases, Deliverables and Timelines

The evaluation of '3 by 5' is conceived as a number of phases involving tasks to be undertaken by the Evaluation Team, together with corresponding deliverables. The following outline plan is proposed, subject to finalization by the Evaluation Team, WHO and the Steering Committee:

- **Phase 1 (Inception)** involves interaction between the Evaluation Team, WHO and the Steering Committee to finalize the evaluation framework and develop an evaluation workplan.
- **Deliverable 1:** An Inception Report and Workplan. This should include a draft table of contents or outline of the final evaluation report, a stakeholder analysis and a description of the proposed process for consulting broadly with stakeholders and major partners at key stages of the evaluation. It should also identify the focus areas of the evaluation and methodologies to be used, as well as the eight countries chosen for in-depth analysis. The Steering Committee will advise on the development of this report.

Provisional Due Date: 30 June 2005

- **Phase 2 (Evaluation)** involves independent validation through original studies in the sample of countries and projects selected through the completion of Phase 1. This phase includes consultations and interviews with relevant stakeholders including government representatives, civil society groups, the private sector, development agencies, existing in-country coordination groups and beneficiaries and their organizations. The Evaluation Team will gain the support of additional national facilitators (see Section 7.3).

Deliverable 2: A complete report on the evaluation process.

Provisional Due Date: 21 November 2005

- **Phase 3 (Drafting)** involves preparation of the first draft of the evaluation report.

Deliverable 3: First draft of the evaluation report

Provisional Due Date: 21 December 2005

- **Phase 4 (Final Consultation and Review)** involves consultation with stakeholders on the draft evaluation report and preparing the final evaluation report, reflecting comments received on the draft report. A presentation of the draft report to a stakeholders' meeting (e.g. the STAC) should be part of the consultative process undertaken during this phase.

Deliverable 4: Final evaluation report

Provisional Completion Date: 31 March 2006

Brief monthly progress reports should also be submitted during the course of the evaluation on matters such as the deployment of consultants, the completion status of the above-mentioned phases and deliverables, steps taken to solve any management problems and financial reports.

All deliverables will be submitted to the Director of the Department of HIV/AIDS at WHO headquarters and will be shared with the Steering Committee and other relevant stakeholders.

7. Governance and Organization

7.1 Evaluation Steering Committee

The Steering Committee will serve as an advisory body to the Evaluation Team and WHO at essential phases of the evaluation. Specifically, it is expected that the Steering Committee will:

- Review and endorse these draft Terms of Reference;
- Endorse the selection of the Evaluation Team, as recommended by the Director of the Department of HIV/AIDS, including the participation of WHO staff members;
- Review and endorse the evaluation methodology and process to be followed, and
- Review and endorse the various reports described in Section 6.

Steering Committee members should to the extent possible have experience in the evaluation of major international development and/or public health initiatives. The Steering Committee will consist of up to 14 members, one of whom shall be the Chair, and comprising the following:

- One (1) representative to be nominated by each of the major bilateral donors to '3 by 5' (CIDA, SIDA and DfID, for a total of three representatives)
- One (1) representative to be nominated by the UNAIDS Secretariat
- Two (2) representatives of WHO, including from regional and/or country level, to be nominated by the Director of HIV/AIDS
- Two (2) members of the WHO STAC, to be nominated by the Chair of the STAC
- One (1) representative of the HIV/AIDS NGO sector, to be nominated by CIDA
- One (1) person living with HIV/AIDS, to be nominated by WHO in consultation with the Chair of the Steering Committee;
- Three (3) representatives of WHO Member States, to be nominated by WHO in consultation with the Chair of the Steering Committee; and
- One (1) expert in the field of international public health, HIV/AIDS and/or development evaluation, to be nominated by CIDA.

7.2 Evaluation Team

7.2.1 Composition

The evaluation will be undertaken by a small, external team of five (5) consultants (including a Team Leader) and, in addition, two (2) WHO staff members (one from headquarters and one from a regional office) whose role it is to facilitate and assist the evaluation process.

The participation of WHO staff members is intended to support and contribute to the evaluation process, enable quicker understanding of the internal organization of WHO, facilitate access to stakeholders and countries for the Evaluation Team, foster learning and enhance WHO capacity for self-evaluation. Selection and participation of WHO staff members will be reviewed by the Steering Committee, and a recommendation will be made before approval by the Director of the Department of HIV/AIDS. Evaluation Team members will formulate the final conclusions of the evaluation independently of WHO staff members.

The Evaluation Team should comprise internationally-recognized experts in the evaluation of international public health and development initiatives. It should include representation from the NGO sector and an appropriate balance of gender, cultural and geographic diversity. The Team Leader should have leadership and communication abilities and experience with complex institutional evaluations. Other team members should have an appropriate mix of technical skills and expertise, including in the relevant thematic areas described in Section 3.2.2, evaluation, HIV/AIDS, public health, health systems, gender and women's health, reproductive health and community development.

The Evaluation Team Leader will have the responsibility of drafting the final report to submit to WHO and CIDA, and will receive the necessary secretarial support.

7.2.2 Selection Procedure

A wide consultation will be launched to identify a preliminary pool of candidates willing to serve on the Evaluation Team. In consultation with the Chair of the Steering Committee, the Director of the WHO Department of HIV/AIDS will manage the process of selecting the Evaluation Team from among the available candidates, in accordance with the rules and regulations employed by WHO for this purpose. The Evaluation Team should be selected by 30 April 2005.

7.3 WHO Focal Point and Secretariat

The Director of the Department of HIV/AIDS will be the primary focal point for the Steering Committee and the Evaluation Team and will help facilitate their work as outlined in these Terms of Reference. If the Evaluation Team deviates materially from the requirements of the Terms of Reference, the Director may consult the Steering Committee and request that corrective measures be taken.

A full-time professional staff member will work in the Strategic Information, Research and Policy (SIR) unit of the Department of HIV/AIDS to act as secretariat for the evaluation process. The secretariat will assist the Evaluation Team to make arrangements from the approved budget for travel, accommodation, long-distance communication and in-country visits and work. WHO will provide adequate office space, photocopying, computer and telephone connections to the Evaluation Team while it is based in Geneva.

WHO will also assist the Evaluation Team to identify a suitable national facilitator counterpart in each country who will organize access to selected '3 by 5' projects, relevant officials and other stakeholders.

The table shown in Annex A provides an illustration of the estimated consultant and staff time and level of effort required to undertake the evaluation.

ANNEX A - ILLUSTRATIVE ALLOCATION OF LEVEL OF EFFORT (LOE) FOR '3 BY 5' EVALUATION

Deliverable and Calendar Time	Consultants and LOE	Distribution of Time	
		Home Base <u>Up to:</u>	Field As little <u>as:</u>
1. Inception Phase (8 weeks)	Up to 5 consultants and 1 Short Term Professional:		
- Inception Report and Work Plan	i. Team Leader (8 weeks)	80%	20%
	ii. Senior consultant No. 1 (8 weeks)	80%	20%
	iii. Senior consultant No. 2 (6 weeks)	90%	10%
	iv. Senior consultant No. 3 (4 weeks)	90%	10%
	v. Senior consultant No. 4 (2 weeks)	90%	90%
	vi. STP (8 weeks)	100%	0%
	Plus 2 WHO staff members of evaluation team (3 weeks each)	100%	100%
2. Evaluation Phase (19 weeks)	Up to 5 consultants and 1 Short Term Professional:		
- Desk review and field visits (up to 8 countries in 2-3 regions)	i. Team Leader (12-19 weeks)	30% on average	70% on average
	ii. Senior consultant No. 1 (12-19 weeks)		
	iii. Senior consultant No. 2 (12-15 weeks)		
	iv. Senior consultant No. 3 (12-15 weeks)		
	v. Senior consultant No. 4 (10-12 weeks)		
	vi. STP (19 weeks)	90%	10%
	Plus		
	• 2 WHO staff members of evaluation team (10-12 weeks each)	50%	50%
	• Up to 8 WHO national facilitators (2-3 weeks each)	100%	0%
3. Drafting Phase (4 weeks)	Up to 5 consultants and 1 Short Term Professional:		
- First draft of evaluation report	i. Team Leader (4 weeks)	100%	0%
	ii. Senior consultant No. 1 (4 weeks)	100%	0%
	iii. Senior consultant No. 2 (3weeks)	100%	0%
	iv. Senior consultant No. 3 (2 weeks)	100%	0%
	v. Senior consultant No. 4 (1weeks)	100%	0%
	vi. STP (4 weeks)	100%	0%
	Plus 2 WHO staff members of evaluation team (2 weeks each)	100%	0%
4. Consultation and Review Phase (13 weeks)	Up to 5 consultants and 1 Short Term Professional:		
- Final evaluation report	Team Leader (13 weeks)	100%	0%
	i. Senior consultant No. 1 (13 weeks)	100%	0%
	ii. Senior consultant No. 2 (8 weeks)	100%	0%
	iii. Senior consultant No. 3 (5 weeks)	100%	0%
	iv. Senior consultant No. 4 (2weeks)	100%	0%
	v. STP (13 weeks)	100%	0%
	Plus 2 WHO staff members of evaluation team (6 weeks each)	100%	0%

