

Annex 1:

Terms of reference for the “3 by 5” Evaluation

Terms of reference for the “3 by 5” Evaluation

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 therapy to 3 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 CDN\$ 100 million 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 therapy 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 to provide an overview of accomplishments and the lessons learnt in implementing “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 will be limited to those components of “3 by 5” that 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 United Nations 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 least, 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 analysis of up to eight “3 by 5” focus countries. The evaluation should clearly distinguish WHO's role from that of other key actors in the field.

Table 1
Core WHO evaluation areas

Core evaluation area	Components
WHO's global leadership, alliances and advocacy for "3 by 5"	<ul style="list-style-type: none"> • Assess WHO's leadership, alliances and advocacy efforts for "3 by 5".
Programme implementation, management and coordination at HQ, regional and country levels and across technical areas	<ul style="list-style-type: none"> • Assess "the way WHO did its business" for "3 by 5": <ul style="list-style-type: none"> - shift in working modalities between HQ/RO/CO (strengthened CO/RO, staffing, resource issues) - effective harmonized planning process.
Utilization and effectiveness of WHO normative guidance and tools	<ul style="list-style-type: none"> • 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. • Assess, the acceptability, use and, when possible, the effectiveness of this normative guidance (e.g. ART guide, IMAI training). • Assess uptake of tools (operational research, monitoring and evaluation, etc.) and their contribution to "3 by 5" goals (public health approach, health systems strengthening). • 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).
Strategic information	<ul style="list-style-type: none"> • Monitor progress at global and country levels (with reference to different segments of the population, where possible). • Document lessons learnt and the way forward for treatment and prevention scale-up (knowledge-creation, -sharing and success stories).
Technical support and capacity-building	<ul style="list-style-type: none"> • Review whether WHO technical support responds to country needs: <ul style="list-style-type: none"> - provision of timely technical support adapted to country needs.
Complementarity of WHO's activities with partner efforts	<ul style="list-style-type: none"> • 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 learnt from this experience.
Equity of access to ART programme sustainability	<ul style="list-style-type: none"> • 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.

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 that 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; and
- 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

A thorough evaluation will be carried out in up to eight of the “3 by 5” focus countries (see Annex 1 for a complete list). Criteria for the selection of these countries should include the following:

- geographical 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); and
- 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, nongovernmental organizations (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 achieve "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. To have high-quality reviews, and for feasibility purposes, some countries will benefit from country visits and detailed analysis, while other countries will be evaluated through long-distance reviews (e.g. country profiles, phone interviews, video conferences); and

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>.

- 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 comprehensive 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” (refer to Annex 2 for a list of “3 by 5” partners). 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 United States President's Emergency Plan for AIDS Relief and other partners.

6. Evaluation phases, deliverables and timelines (dates are subject to change)

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 comprehensive 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 comprise 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 a 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 encompass 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 geographical diversity. The team leader should have leadership and communication abilities as well as 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 be responsible for 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 in making 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 in identifying a suitable national facilitator counterpart in each country who will organize access to selected “3 by 5” projects, relevant officials and other stakeholders.

Table 2 in Annex 3 provides an illustration of the estimated consultant and staff time and level of effort required to undertake the evaluation.

ANNEX 1 TO THE TOR - “3 BY 5” FOCUS COUNTRIES

High-burden countries

1. Angola
2. Botswana
3. Burkina Faso
4. Burundi
5. Cambodia
6. Cameroon
7. Central African Republic
8. China
9. Côte d’Ivoire
10. Democratic Republic of the Congo
11. Ethiopia
12. Ghana
13. Guatemala
14. Guinea
15. Haiti
16. India
17. Kenya
18. Lesotho
19. Malawi
20. Mozambique
21. Myanmar
22. Namibia
23. Nigeria
24. Russian Federation
25. Rwanda
26. South Africa
27. Sudan
28. Swaziland
29. Uganda
30. Ukraine
31. United Republic of Tanzania
32. Viet Nam
33. Zambia
34. Zimbabwe

Regionally strategic countries

35. Belize
36. Costa Rica
37. Djibouti
38. El Salvador
39. Guyana
40. Honduras
41. Indonesia
42. Kazakhstan
43. Kyrgyzstan
44. Nicaragua
45. Panama
46. Somalia
47. Tajikistan
48. Uzbekistan
49. Yemen

ANNEX 2 TO THE TOR - WHO PARTNERS PARTICIPATING IN “3 BY 5” (MID-2005)

Donors

Member States

1. Aus AID
2. CIDA Canada
3. Denmark
4. *Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)*
5. European Commission (EC)
6. Italy- *Instituto Superiore di Sanità*
7. Japan
8. Luxembourg
9. Netherlands
10. Norway
11. Swedish International Development Corporation
12. United Kingdom Department for International Development (DfID)
13. USAID

Foundations

14. Bill and Melinda Gates Foundation
15. OPEC
16. Rockefeller Foundation
17. William J Clinton Foundation

FBO

Implementation

18. 7th Day Adventist Health Association
19. Anglican Communion
20. Christian Hospital Association of Africa (CHAA)
21. Lutheran World Federation
22. The Holy See - Pontifical Council of Pastoral Care
23. World Vision International

Advocacy

24. Caritas Internationalis
25. Islamic Medical Association of Uganda
26. Ecumenical Advocacy Alliance
27. Africa Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (ANeReLA)
28. Positive Muslims South Africa
29. The Interfaith Centre on Corporate Responsibility
30. World Conference on Religion and Peace
31. World Council of Churches
32. World Young Women's Christian Association

Pharmaceutical associations

33. International Federation of Pharmaceutical Manufacturers (IFPMA)
34. Commonwealth Pharmaceutical Association
35. Ecumenical Pharmaceutical Network
36. Fédération Internationale Pharmaceutique (FIP)
37. Foundation for Innovative New Diagnostics (FIND)
38. Inter-church Medical Assistance (IMA) Programme

39. Pharmaccess International (Netherlands)

R&D pharma

40. Abbott Labs
41. Bristol-Myers Squibb
42. Gilead
43. GlaxoSmithKline
44. Merck
45. Pfizer

Generics pharma

46. Biogenics
47. CIPLA Pharmaceutical Co.
48. Ranbaxy

Academic institutions

49. *Agence Nationale de Recherches sur le Sida* (ANRS)
50. Columbia University
51. London School of Hygiene and Tropical Medicine (LSHTM)
52. Partners AIDS Research Centre
53. University of Witwatersrand
54. WHO Collaborating Centre for TB& Lung Diseases; Brescia, Italy

Technical partnerships

55. AFL-CIO
56. Centre for Disease Control (CDC)
57. Consortium for Communication for Social Change
58. Cooperation Française
59. Crown Agents Health
60. Elizabeth Glaser Paediatric AIDS Foundation (EGPAF)
61. *Ensemble pour une Solidarité Thérapeutique Hospitalière en Réseau* (ESTHER)
62. Family Health International (FHI)
63. Global AIDS Alliance
64. HIVResNet
65. International Association of Physicians in AIDS Care (IAPAC)
66. International Council of AIDS Service Organizations (ICASO)
67. International Dispensary Association (IDA)
68. International Federation of Planned Parenthood
69. International Federation of the Red Cross/ Red Crescent
70. John Snow, Inc (JSI)
71. Joint Commission Resources, Inc.
72. *Koninklijke Nederlandse Centrale Vereniging TB* (KNVC TB)
73. Management Sciences for Health (MSH)
74. Mission for essential drugs and supplies (MEDS)
75. Oxfam
76. Panos Institute
77. South Africa Medical Research Council
78. SPREAD
79. TREAT-Asia
80. UNITE-MORE

Business partnerships

81. Global Business Coalition on HIV/AIDS (GBC)
82. Orasure Technologies

Labour

83. Global Unions HIV/AIDS Campaign
84. Public Services International (PSI)
85. The World Confederation of Free Trade and Labour Unions (WCFTU)
86. The World Federation of Labour Unions

PLWHA/ Treatment advocacy

87. Gay Men's Health Crisis (GMHC)
88. Global Network of People Living with AIDS (GNP+)
89. International Community of Women Living with AIDS (ICW)
90. International Treatment Preparedness Coalition (ITPC)
91. Sidaction
92. Tides Foundation - Collaborative Fund for HIV/ Treatment Preparedness
93. Treatment Action Campaign (TAC)
94. Treatment Action Group (TAG)

UNAIDS cosponsors

95. UNAIDS Secretariat
96. ILO
97. UNDP
98. UNESCO
99. UNFPA
100. UNICEF
101. UNODC
102. WFP
103. World Bank

IGOs

104. GFATM
105. International AIDS Society
106. Office of International Migration (OIM)
107. UNHCR
108. World AIDS Campaign
109. World Economic Forum

Communication

110. AIDS Media Centre
111. Southern African Editors Forum (SAEF) on HIV/AIDS

**ANNEX 3 TO THE TOR - ALLOCATION OF LEVEL OF EFFORT (LOE)
FOR “3 BY 5” EVALUATION**

Table 2
Estimated consultant and staff time and LOE required to undertake “3 by 5” Evaluation

Deliverable and calendar time	Consultants and LOE	Distribution of time	
		Home base up to:	Field as little as:
1. Inception phase (8 weeks)	Up to 5 consultants and 1 short-term professional:		
- Inception report and workplan	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. Short-term professional (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)		
	ii. Senior consultant No. 1 (12–19 weeks)		
	iii. Senior consultant No. 2 (12–15 weeks)	30% on average	70% on average
	iv. Senior consultant No. 3 (12–15 weeks)		
	v. Senior consultant No. 4 (10–12 weeks)		
- Report on evaluation process	vi. Short-term professional (19 weeks)		
	Plus	90%	10%
	• 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 (3 weeks)	100%	0%
	iv. Senior consultant No. 3 (2 weeks)	100%	0%
	v. Senior consultant No. 4 (1 week)	100%	0%
	vi. Short-term professional (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)		
	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 (2 weeks)	100%	0%
	v. Short-term professional (13 weeks)	100%	0%
	Plus 2 WHO staff members of evaluation team (6 weeks each)	100%	0%