

**The WHO 3 by 5 evaluation:
Is It *Really* Working?
– the Pressing Challenge of Evaluation**

Dr. Cyril Pervilhac

**WHO, HIV Department, Strategic Information and Research,
Geneva**

Center for Global Development, Washington D.C.

Monday January 23rd 2006





Strategic Context for "3 by 5"

Millennium Development Goals 2000 - 2015



UNGASS Declaration of Commitment 2001



Global Health Sector Strategy for HIV/AIDS 2003 - 2007



WHO HIV/AIDS Plan 2004 - 2005



December 2003: 5 pillars the WHO/UNAIDS "3 by 5" strategy



- 1. Developing global leadership, alliances and advocacy**
 - Advocacy to build political commitment
 - Stimulate partnerships
- 2. Responding to urgent, sustained country support**
 - Intensified technical support at country level
 - Build WHO capacity at country level
- 3. Developing simplified, standardized tools for delivering ART**
 - Treatment guidelines
 - Training (IMAI)
 - Patient tracking and data collection
- 4. Strengthening effective, reliable supply of medicines and diagnostics**
 - AIDS Medicines and Diagnostics Service
 - Prequalification program
 - WHO List of Essential Medicines
- 5. Identifying and reapplying new knowledge and successes**
 - Operational research
 - Country profiles, case studies
 - HIV drug resistance surveillance

Background and objectives to 3 by 5 evaluation



→ Background

- For CIDA and donors: to ensure an efficient use of funds provided to WHO
- For WHO: to improve strategic plans and activities implemented to facilitate scale up in countries

→ Objectives

- To review efficiency of WHO's contribution to realising the '3 by 5' target at global, regional and country level
- To assess WHO's ability to mobilize, sustain and contribute to global partnership
- To document lessons learnt from '3 by 5', especially in the area of health systems strengthening, and make recommendations for the way forward
- To identify potential opportunities for further collaboration between WHO, donors and partners



Scope of the evaluation (1)

- WHO core functions different than implementing agencies:
 - global leadership and advocacy efforts for 3 by 5
 - utilization and effectiveness of WHO normative guidance and tools technical support and capacity building
 - partnership and complementarity of WHO's efforts
 - strategic information
 - WHO's management and coordination between HQs, Regional and Country Offices

- Evaluation at global, regional and country levels, with special focus on 8 countries



Scope of the evaluation (2)

- 4 special focus evaluation themes (technical issues related to '3 by 5') agreed upon by the steering committee:
- Integrated Management of Adult and Adolescent Illness (IMAI)
 - WHO's Contribution and Role in the WHO/UN Prequalification Project
 - WHO's Contribution and Role in the HIV Drug Surveillance Resistance WHO/ HIVResNet
 - WHO's Contribution and Role in Assisting Countries to Increased Access to HIV/AIDS Drugs and Diagnostics



Design (1): Type of evaluation

- Based on the experience of evaluations of the Global Polio Eradication Initiative
- Formative evaluation (answering key questions)
- Not an impact evaluation
- Not an evaluation of the country's scale up program but WHO's contribution to reach the 3 by 5 target
- Participatory



Design (2): Selection of countries

- 8 countries selected among the forty nine 3 by 5 focus countries
 - Geographical diversity (with a focus on African countries)
 - Different types of epidemic
 - In country presence of key partners
 - Health care systems and delivery approaches



Design (3): Data collection

- Existing WHO and partners' documentation and data (Government and NAC and structures, NGOs and private, donors, bi-laterals, UN agencies)
- Review of specific studies and evaluation already undertaken (e.g. ART guidelines, Preparing for Treatment Programme, Operational research programs)
- Field visits, interviews with or surveys of relevant partners in 4 regional offices and 7 countries (2 wks/ country), and surveying all other countries
- Special studies in suggested focus evaluation themes



Design (4): Governance

- Evaluation Team: 7 members selected in a competitive bidding process
- Evaluation team meetings (4)
- Steering Committee meetings (3) representing key audiences
- Secretariat in HIV Department (Strategic Information and Research team)



Design (5): Budget

→ 1.5% of the CIDA contribution to WHO for 3 by 5:

- Consultation fees and support salaries
- Evaluation team visits in Regional offices and countries
- Special studies
- Publication, dissemination



Design (6): Calendar of activities

- Evaluation framework (Aug. 05)
- First meeting of the Steering Committee (Sept. 05)
- Second meeting of the SC (Nov. 05)
- Data collection (Sept.- Dec. 05)
- 1st draft of the evaluation report is expected (end Jan. 06)
- Final evaluation report (end March 06)



Overcoming challenges

- Time constraints
- Team building and mix: technical, geographical, gender, age, flexibility, commitment, experience, evaluation
- "Office Expected Results" framework at WHO (vs. better known logical framework)
- Countries' availability, constraints
- Guidance without interference
- Protecting independent conclusions

Evaluation as part of the program and measurement



- Bi-annual Progress Reports (2004-05)
- Using existing process and outcome indicators
- Measuring and assessing key questions (not impact)
- No direct attributions of funds
- During the peak of activities and implementation of 3 by 5 (last quarter 2005)



Lessons learned for future evaluations

Evaluation process in final stages but some lessons:

1. Formative and participatory
2. Team building process
3. Comprehensive methodologies and tools
4. Mix of countries' selection and participation
5. Guiding without interfering
6. Learning process: How will the evaluation be perceived?
7. Towards global partners' evaluation at country level?
8. Evaluative research: multicountry studies for evidence base effective package of interventions (PEPFAR, WHO, GF) in S. Bennett et al. "*Scaling up HIV/AIDS evaluation*", The Lancet, Jan. 2006

Beyond 2005... Universal Access (U. A.) by 2010



→ *"The core aims for education and health are stated in the UN Millennium Declaration. We will achieve these aims by....With the aim of an AIDS-free generation in Africa, significantly reducing HIV infections and working with WHO, UNAIDS and other international bodies **to develop and implement a package for HIV prevention, treatment and care**, with the aim of as close as possible to universal access to treatment for all those who need it by 2010".*

Communique from G8 Summit, Gleneagles, July 2005

→ WHO develops a framework for UA within the health sector: a public health approach that integrates HIV/AIDS prevention, care and treatment services in a manner that strengthens the broader health system