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CGD Contributions to Enhancing the "Value for Money" of HIV/AIDS Financing

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Cordelia Kenney is an independent consultant. Kenney previously worked on CGD's institutional advancement team from 2015 to 2019. Kenney acknowledges the potential conflict of interest as a former CGD staff member, and has endeavored to present as fair, accurate, and balanced accounting as possible of the evidence included herein. All omissions and errors are the author's own.

The author thanks Benjamin Soskis for his guidance, support, and feedback throughout the project, all of which greatly enhanced the quality, clarity, and rigor of the resulting case study. The author also thanks CGD's Brin Datema for facilitating this project. To the 10 current and former CGD researchers and 11 external health economists, advocates, government officials, and other experts, the author holds immense gratitude—for their time, illuminating perspectives, and invaluable contributions, without which this case study would not have been possible.

About this Case Study

This case study is one of five that were produced as part of an external assessment undertaken between 2020-2022 to examine how the Center for Global Development contributed to influence and impact in some of its areas of work. The case studies detail five notable initiatives from the organization's first 20 years. On a broad level, the case studies also illustrate the complex ways in which policy change happens and is understood retrospectively, the variability of success, and the interdependency of a range of contextual factors in enabling (or hindering) progress.

This external assessment was led by Benjamin Soskis of the Urban Institute's Center on Nonprofits and Philanthropy and overseen by Amanda Glassman with coordination and support from Brin Datema in consultation with CGD's president Masood Ahmed. Each of the case studies were researched and authored by independent consultants to CGD. The full collection of case studies is available at www.cgdev.org/case-studies.

CGD is grateful for contributions from Open Philanthropy in support of this work.

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OVERVIEW

A core element of the Center for Global Development's (CGD's) global health policy program consists of analyzing the value for money (VfM) of global health investments, or the efficiency, effectiveness, and impact of global health funding agencies and their performance incentives. A significant share of CGD's work on VfM in global health has focused specifically on HIV/AIDS financing. Since 2006, CGD has generated a sizable portfolio of publications, events, presentations, and other activities related to VfM in HIV/AIDS financing. That work is the subject of this case study. This study, however, does not offer a comprehensive assessment of CGD's complete portfolio of work on VfM in global health. Given the centrality of VfM in CGD's global health work streams and the sheer volume of VfM-related recommendations CGD has produced over time, a complete analysis of this work is beyond the scope of this present study, though such an effort would likely yield valuable insights into how certain ideas become policies.[1] Where specific areas are ripe for further research within the context of this case study, they are indicated in the narrative.

Instead, more specifically, this study seeks to examine the extent to which CGD's work may have impacted the adoption of a VfM agenda at HIV donor agencies, and to analyze the evidentiary basis for claims regarding the specific mechanisms by which it did so. In particular, this case study focuses on the work carried out through CGD's HIV/AIDS Monitor, Value for Money Working Group, and Next Generation Financing Models in Global Health Working Group, and the impact of those initiatives on the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the President's Emergency Plan for AIDS Relief (PEPFAR). This case study is based on an extensive literature and document review, including both published and unpublished documents, and qualitative interviews with 21 individuals (10 current or former CGD researchers and 11 non-CGD stakeholders).

Among the individuals interviewed for this case study, there was consensus that CGD played a sizable role and helped shape the agenda around VfM in HIV/AIDS financing. Virtually all the individuals used language that described CGD researchers as "important contributors" and CGD as a "trusted interlocutor" in the VfM discussion. Participants also agreed that CGD was seen as a credible source of evidence and information on VfM in global health. In addition, CGD benefited from and effectively leveraged several important policy windows, such as the Global Fund's adoption of a new funding model following negative media attention in the early 2010s. Concurrently, according to those consulted, CGD acted as an efficient policy entrepreneur to coalesce the policy community around VfM and sustain attention on the VfM agenda in HIV/AIDS financing.[2]

There was also consensus, however, among those interviewed for this case study that it was either difficult to assign direct, singular causal attribution to CGD or that such an attribution was unlikely. Reasons for this thinking included the large number of other actors working in the HIV/AIDS space and the difficulty of tracing the uptake of ideas more generally. In the words of one individual, attribution in global health is "notoriously difficult," made "even harder when talking about an organization that convenes powerful people to talk [... who] might have or might not have spoken anyway."[3] As discussed below, the prioritization of HIV VfM on the global agenda was a result of, and further advanced by, a broad field of actors and array of forces. Although CGD was one player among many in the HIV/AIDS space, it nevertheless carved out an important niche.

At the same time, given the scale of donors' investments in the HIV/AIDS pandemic response, even modest changes in how donors such as the Global Fund and PEPFAR operate have the potential to yield significant results, as one individual pointed out. With that reality in mind and building on the findings from this analysis, it is fair to say that CGD did play an important role, albeit one that is difficult to precisely delineate, in building consensus around the value of VfM in global health. While more difficult to track relative to, say, specific policy changes, CGD's role in changing how people think about global health policy problems, such as the value for money of investments, and their respective solutions may actually be the most compelling example of its impact.

BACKGROUND

The year 2021 marked the 40th anniversary of the officially recognized start of the HIV/AIDS pandemic. Following initial case reports in 1981, the US government, led by then president Ronald Reagan, delayed any meaningful policy action for most of the 1980s. A well-organized AIDS activist movement emerged in response, which played a pivotal role in galvanizing support for research into possible treatments and addressing the needs of people living with HIV. Yet rising infection rates across the world throughout the 1980s and 1990s, combined with the lack of accessible treatment, resulted in AIDS becoming the leading cause of death in many countries by the turn of the millennium. Because of the advocacy of AIDS activists during these two decades, however, a lifesaving treatment, antiretroviral therapy (ART), was developed. The next challenge would become timely scale-up and implementation of treatment and eventually prevention programs.

By the early 2000s, addressing HIV/AIDS emerged as the top priority on the global health agenda.[4] Several bilateral and multilateral agencies and public-private partnerships were created specifically to address the crisis, including the Global Fund in 2002 and PEPFAR in 2003. An unparalleled mobilization of resources to address HIV/AIDS accompanied the creation of these new organizations. In 1990, funding for HIV/AIDS comprised just 5 percent of total development assistance for health (DAH); by 2000, that percentage rose to 11.4 percent, after which it steadily increased to a peak of 33 percent in 2007.[5] After a period of plateauing, HIV/AIDS funding declined to just 23.8 percent of DAH as of 2019.[6] In absolute terms, however, HIV/AIDS has received the largest share of DAH since 2005. Between 2010 and 2019, development assistance for HIV/AIDS declined 17 percent, while total DAH has hovered between $37 billion and $40 billion annually since 2011.[7] Given the proportion of DAH that HIV/AIDS financing represents and constraints related to COVID-19, these trends are likely to continue into the foreseeable future.

As AIDS emerged as a global crisis in the 1980s and 1990s, a separate shift was occurring within the international development community around the concept of cost-effectiveness.[8] Cost-effectiveness analysis involves prioritizing interventions after analyzing the costs of different interventions and comparing those costs relative to associated outcomes. The World Bank's *World Development Report 1993: Investing in Health* was among the most important publications in popularizing cost-effectiveness in the health sector.[9] The report states that its "findings are based in large part on innovative research, including estimation of the global burden of disease and the cost-effectiveness of interventions. These assessments can help in setting priorities for health spending." As an example of the 1993 report's influence, Bill Gates has indicated that it shaped his interest in global health (in 2019, the Bill & Melinda Gates Foundation contributed 10 percent of total global health spending).[10] Also in 1993, alongside the World Development Report, the World Bank published Disease Control Priorities in Developing Countries (DCP1), which "[attempted] to systematically assess value for money (cost-effectiveness) of interventions."[11] Subsequent volumes were published in 2006 and 2017, while the World Health Organization (WHO) also released a guide to cost-effectiveness analysis in 2003.[12]

Despite the above DCP1 quotation, "value for money" is not necessarily synonymous with cost-effectiveness, as VfM is a broad umbrella term that incorporates other dimensions beyond cost-effectiveness, such as efficiency and effectiveness. The OECD Development Assistance Committee published a policy brief in May 2012 entitled *Value for Money and International Development: Deconstructing Myths to Promote a More Constructive Discussion*,[13] which builds on the UK Department for International Development's (DFID's) 3Es framework. DFID's framework, published in July 2011, aims to "maximise the impact of each pound spent to improve poor people's lives."[14] While the OECD's and DFID's briefs provided some guidance on VfM, there was no widely accepted definition of VfM in global health by the early 2010s, and the concept itself was rather contentious. Global health institutions applied the term variably, with some focusing only on cost-effectiveness, for example, while others focused on efficiency and effectiveness.[15] Some may not have even used the term VfM but in practice applied related principles such as efficiency. Health and development researchers also debated what "value" meant in the first place.[16]

BOX 1. CGD'S DEFINITION OF VALUE FOR MONEY

Value for money in the health sector is defined as creating and complying with rules or procedures for allocating resources that elicit the production and use of the health-maximizing mix of services for the available donor, national, and private resources. In keeping with this definition, achieving value for money entails high levels of "technical efficiency" and "allocative efficiency," which can only be reached by ensuring "incentive compatibility." These terms are defined as follows:

Technical efficiency implies producing as much quality-adjusted output as possible with a given set of inputs, or, conversely, producing a given output with a minimum amount of inputs. For example, measures of technical efficiency would be expressed as "antiretroviral treatment person-years gained per $1,000."

Allocative efficiency implies the distribution of resources to maximize health or minimize selected diseases across countries, across subpopulations, across diseases, and across interventions. A measure of allocative efficiency would be expressed as "malaria cases averted per $1,000."

Incentive compatibility implies creating and complying with rules or procedures that align incentives to achieve technical and allocative efficiency based on the disease-prevention and -control goals set by the global health community.

Source: Value for Money Working Group, More Health for the Money: Putting Incentives to Work for the Global Fund and Its Partners (Washington, DC: CGD, 2013).

CGD framed the formation of its 2011–2013 Value for Money Working Group as a response to the need for a clearer conceptual "agenda" for VfM in global health.[17] CGD's resulting definition of VfM centers on the concepts of "technical efficiency," "allocative efficiency," and "incentive compatibility" (Box 1).[18] In the United States, a parallel movement was also building around improving health outcomes relative to cost.[19] Organizing principles such as "outcomes-based healthcare" and "values-based medicine" started to grow in popularity and were embedded in pushes for healthcare reform. And building on the critical reappraisals of health systems and service delivery in the context of the COVID-19 pandemic, yet another perspective on the nexus of value and healthcare has emerged, denoted as "value-based health services."[20]

Another trend in foreign aid financing relevant to this case study is the development and uptake of results-based financing (RBF) approaches in health.[21] Like VfM, RBF has taken on multiple forms, though it does have a widely agreed-upon definition. In essence, RBF links payments, generally from donors, to specific, agreed-upon outcomes or results. Because of this focus on results, RBF has a natural alignment with VfM. CGD has produced a large body of work related to RBF, including the Cash on Delivery (COD) Aid concept, explained in detail in the 2010 CGD book *Cash on Delivery: A New Approach to Foreign Aid*.[22] CGD's working group on performance-based incentives and the resulting 2009 book, Performance Incentives for Global Health: Potential and Pitfalls, explored early examples of RBF applications in global health.[23] The World Bank labels itself "an early adopter" of RBF in health as well, with the creation of its Health Results Innovation Trust Fund in 2007, and is seen by multiple individuals interviewed for this project as among the primary actors initially driving forward an RBF agenda more broadly.[24]

CGD INFLUENCE ON PEPFAR: DATA TRANSPARENCY AND THE "AIDS TRANSITION"

HIV/AIDS Monitor: 2006–2010[25]

During CGD's first decade of operation, the organization's HIV/AIDS Monitor (HAM) comprised a foundational component of its work on the health economics of HIV.[26] Directed by Nandini

Oomman, the HAM encompassed research, analysis, and policy recommendations related to the then three largest HIV/AIDS donor agencies: PEPFAR, the Global Fund, and the World Bank's Multi-Country AIDS Program (MAP). Principal investigators Caesar Cheelo (based in Zambia), Dirce Costa (based in Mozambique), and Freddie Ssengooba (based in Uganda) led in-country primary research activities, with support from field director William Okedi (based in Kenya); their work was instrumental in CGD's HAM. The primary policy impact claim considered below is CGD's role in informing PEPFAR's decision to publicly disclose data that had not previously been made available. Evidence for the HAM's role in helping to build the research base on HIV/AIDS donor funding and in coalescing a research and policy community around this topic is also considered.

According to multiple individuals interviewed for this case study, CGD work produced during this period generated a "drumbeat" around the issue of data transparency at PEPFAR and a broader interest in the funding practices of the three major HIV donors at the time. All three entities were created in the early 2000s, and publicly available information detailing their budgets and functions was generally limited in their initial years of operation. In the words of one AIDS journalist, "It was very, very hard to get this kind of granular information about where the money was going." In the context of this limited transparency, "the first set of [HAM] activities was to try and shed light even on the structuring and functioning of each of these mechanisms," according to a former CGD researcher familiar with the HAM. At the country level, at the interface between country governments and donors, a CGD research consultant involved in the HAM described implementing organizations and donor agencies like PEPFAR as, at the time, "hav[ing] their hierarchal structures where they would always point you to the global level for things that they did not want you to see." The individual further noted that "anytime you asked for detailed financials, for example, they would readily say, 'Well, this a contractual issue; we cannot divulge information that's in the contract, and if you want to get that cleared, you would have to go to our HQ to get that sort of data.'"

Based on a literature review and according to several individuals interviewed, CGD's October 2007 report *Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices of PEPFAR, the Global Fund and World Bank MAP in Mozambique, Uganda and Zambia*, was the first report to comparatively analyze how these three HIV funders allocated resources.[27] An AIDS journalist stated that this report was "unlike anything else that was out there" in its "rigorous" analysis of available evidence. The funders themselves took notice of this work; a joint DFID-PEPFAR report on Mozambique's human resources for health published in May 2008 and a five-year evaluation of the Global Fund published in March 2009 both cited the 2007 CGD report.[28] Staff from the Global Fund, the World Bank, USAID and other US government agencies, and numerous NGOs attended the 2007 report launch,[29] while senior officials from PEPFAR, the World Bank, and the Global Fund participated in the launch's panel discussion, indicating the sector's appetite for CGD's analysis and donors' willingness to engage with CGD.[30] Indeed, at the launch, the Global Fund's acting deputy director of operations, Elmar Vinh-Thomas, described the report as "something that we will use and we are looking very carefully at your recommendations."[31]

CGD's subsequent April 2008 report, *The Numbers Behind the Stories: PEPFAR Funding for Fiscal Years 2004 to 2006*, analyzed PEPFAR data that had recently become publicly available through another organization's efforts.[32] The Center for Public Integrity (CPI), an investigative nonprofit organization, initially acquired the 2004–2006 PEPFAR data that CGD would use in its 2008 report after suing several US government departments and agencies, including the State Department, for access.[33] According to a former CGD staff member, a CGD research assistant supporting the HAM read CPI's blogs on the previously undisclosed PEPFAR data and brought it to the HAM director's attention. The same former CGD researcher noted that "it wasn't something that was planned. It came our way and we jumped on it." Subsequently, this CGD researcher expressed interest to CPI in obtaining the data to "bring out some answers to other questions we have," which led to CPI agreeing to share the data with CGD.[34] Although the interaction with CPI was serendipitous, a CGD HAM research consultant

added that it complemented the HAM research team's concerted effort to trace donor flows:

> We had an organized way of confronting the institutions and saying, "We know this data is there somewhere because it's filtering through, and we can see the headline numbers and we'd like to trace it in terms of where [the funding] goes and how it filters through the different systems from the global level to the national level on to the subnational level." So I think there was a huge, huge impact in that respect in opening up the space for transparency.

Indeed, the 2008 CGD report further amplified CGD's drumbeat around PEPFAR's undisclosed data, which coincided with PEPFAR's reauthorization and creation of a new five-year strategy. Before the report was released, CGD published a note in November 2007 calling for the US Congress to mandate public disclosure of PEPFAR data in the upcoming reauthorization of PEPFAR, the Tom Lantos and Henry J. Hyde Reauthorization Act of 2008.[35] Around the same time, according to an internal CGD report, CGD had educational conversations with congressional staff members who were involved in writing the actual PEPFAR reauthorization legislation.[36] However, it is not clear whether, or the extent to which, these contacts helped shape the content of this legislation. Then in December 2008, CGD released a policy memo addressed to President Obama calling for public disclosure of PEPFAR's "funding and programmatic data."[37] This memo, according to a former CGD staff member, was sent to then special assistant to President Obama Gayle Smith, along with others on the transition team. This CGD staff member then coincidentally "met Gayle on the street; she said we're going to follow up, and someone from the transition team called" to discuss the memo and its recommendations. Additional interviews with US government officials involved in that conversation would be useful to clarify if and how this conversation shaped the Obama administration's thinking around PEPFAR's data transparency. A senior staff member of a peer organization interviewed for this case study, however, supported the idea that CGD played a definite role and stated, "[CGD] really pushed [the Office of the US Global AIDS Coordinator and Health Diplomacy (OGAC)] to say that this information is really important to the public." Following CGD's publication of *The Numbers Behind the Stories,* according to this individual,

> that then led to OGAC posting all the information… Now I wouldn't say CGD alone; there were other pressures for OGAC to be more transparent, but that was a really important moment because OGAC now is one of the more transparent parts of the US government. I do think that that early push helped a lot; it set a precedent, and then when Ambassador [Deborah] Birx came on [as US Global AIDS Coordinator] she was able to also push and say we should make our data available.[38]

By the time PEPFAR released its five-year strategy for the period of 2009 to 2014 (PEPFAR 2.0) in December 2009, PEPFAR committed to "working to expand publicly available data."[39] In January 2008, PEPFAR's website featured limited financial data; only funding data for FY2005 appear to have been available.[40] By the beginning of 2010, PEPFAR's website had a new link for "obligation and outlay reports" under "key funding information," which featured additional financial data.[41] A former congressional staffer involved with the 2008 reauthorization process stated that CGD was "a group that engaged on ideas, concepts, and understanding the state of work in the field in ways that were very useful." When asked if they thought CGD had a direct role in moving forward the data transparency discussion at PEPFAR, they responded, "Absolutely; we did not interact with them on bill language, for example—it was not their role to engage on that—but they were one of the groups that in terms of the framing of the Committee's approach to the bill in the months leading up to it, I'd say they were probably one of the two or three most influential groups." CGD helped push PEPFAR in the direction of expanding publicly available data by being one of the loudest, most persistent, and most authoritative voices calling attention to the need for greater transparency.

Coinciding with the release of PEPFAR 2.0, PEPFAR also underwent a leadership transition; Ambassador Eric Goosby assumed the role of US Global AIDS Coordinator in June 2009. Ambassador Goosby invited CGD, alongside several other think tanks and foundations such as the Kaiser Family

Foundation (KFF) and Clinton Health Access Initiative (CHAI), to "hear his vision for PEPFAR."[42] CGD's Oomman met with Ambassador Goosby several other times, including in September 2009, to "discuss specific ways in which CGD could provide input to PEPFAR under his leadership."[43] According to a former CGD researcher, a Senate Foreign Relations Committee staffer also reached out to CGD for technical assistance on legislative "language on gender" in PEPFAR 2.0, based on CGD's 2009 report *Moving Beyond Gender as Usual*.[44] While a former congressional staffer involved in the 2008 reauthorization did not credit specific language in PEPFAR 2.0 to CGD, they did think CGD played an active role in this broader shift: "One of the differences between the 2008 legislation and the original legislation creating PEPFAR was the shift in emphasis on gender, and there was a lot of that that came out of conversations with CGD and other partners about also better understanding the demographics of the pandemic and how women were affected." Additional interviews with contemporaneous PEPFAR officials responsible for the creation of PEPFAR 2.0 would facilitate a better understanding of how these private conversations between CGD and PEPFAR staff may have informed specific policy decisions at PEPFAR.

That said, the relationship building that resulted from CGD's HAM outreach in itself served a broader function in establishing CGD as a reliable interlocutor. As one former CGD staffer claimed, CGD "became the go-to place for other donors to understand mostly US mechanisms and the Global Fund" and played a leading "role in deconstructing and demystifying PEPFAR for other bilaterals." Although "it was tough to get people's heads around [the HAM and it] took a while before they understood the objectives clearly," CGD over time "slowly built confidence with" contacts at the World Bank, the Global Fund, and US government agencies. Officials at these institutions corroborated this claim. For example, a former senior leader at the Global Fund was quoted in an internal CGD report as describing the HAM as "'diligent and insightful' and that they ha[d] 'a strong sense that this will improve the way in which HIV/AIDS funding rolls out and make all of us more reflective and analytic funders.'"[45] The same CGD document also reported that a senior US Government Accountability Office official indicated that they "expect CGD's research, publications and updates will remain an important source of information on and insight into the successes and challenges of implementing PEPFAR."[46] At a satellite event at the International AIDS Conference in August 2008 in Mexico City, all three executive leaders of PEPFAR, the Global Fund, and the World Bank's MAP participated in a CGD-hosted panel discussion on national health systems.[47] After the US government created the Global Health Initiative (GHI) in 2009, moreover, CGD's Oomman was invited to a private dinner "to discuss the GHI going forward" with Ezekiel Emanuel, who was the special adviser for health policy to the director of the Office of Management and Budget from 2009 to 2011.[48] Taken together, these examples show that donor agency leaders welcomed engagement with CGD on its policy analysis of their programs.

There is also a strong case to be made that the in-country component of the HAM, including the relationship-building efforts of the HAM team, helped elevate country perspectives in donor financing considerations, the level of which has historically been insufficient. As mentioned previously, three principal investigators, Caesar Cheelo, Dirce Costa, and Freddie Ssengooba, based in Zambia, Mozambique, and Uganda, respectively, and with support from William Okedi in Kenya, led in-country research activities as fully supported CGD research consultants. By incorporating in-country research activities, CGD acted as "trailblazers" and "played an important catalytic role collecting experiences on what was actually happening on the ground," according to multiple CGD staffers involved in the HAM. Experts external to CGD have echoed this perspective. At the 2007 launch of the *Following the Funding* report, KFF's senior vice president and director of global health and HIV policy, Jennifer Kates, described the in-country research component as "unique" and valuable in that it connected donor financing to realities on the ground.[49]

This in-country research component, then, was an essential ingredient in the HAM's policy relevance and potential policy impact. In the context of how relatively new PEPFAR, the Global Fund, and the World Bank's MAP still were in the late 2000s, CGD's "use of country-level analysis helped shape and force a more nuanced discussion of the pros and cons of these mechanisms within the activist arena," according to

an AIDS activist. This "close eye on different aspects of program functioning," moreover, made possible through country representation in CGD's research process, "made it harder to make generalizations about programs and forced reckoning with what was right for different country contexts," the same individual explained. This reckoning was visible at the June 2010 HAM closing event, which focused on the theme of "country ownership" and featured US government officials, HAM research team members, and Tedros Adhanom Ghebreyesus, then Ethiopia's minister of health and Global Fund chair.[50] The HAM in general "brought to the surface some of the systemic issues about ownership and programming" and at the June 2010 event in particular featured a "very frank discussion" regarding the relationship between countries and donors.[51]

According to a CGD staffer involved in the HAM, the in-country "impact of the HAM can be felt today," as evidenced by greater systematization of data collection and sharing and more available programming information relative to before the HAM. The information generated through the HAM equipped country governments to "challenge and discuss" issues with PEPFAR and other development partners, and in turn served as a "wake-up call" for development partners themselves in addressing concerns raised by country governments. Another CGD national consultant involved in the HAM framed it this way:

> There was a lot of influence that came [from the HAM work] in rethinking how HIV/AIDS monies could be channeled to the country and looking at the issue of trying to lower the overhead [costs], because the overhead was really, really big. By the time [the money] goes to the health facilities, the beneficiary level, and community organizations, it was really small proportions of what had started off as a big global figure at the top. So that thinking changed.

Evidence that CGD's HAM analysis was used in country-level policymaking discussions further supports the claim that CGD's work through the HAM was rendered more policy relevant with the engagement of in-country researchers. A national research consultant involved in the HAM said, "It was probably one of the most listened-to projects in Zambia," adding that "policymakers in country started to see some of what we were finding, connecting the dots the way we were, and were suddenly very interested to understand a lot more." An internal CGD document, for example, reports that CGD's analysis influenced Zambia's "design and process of tracking the HIV/AIDS funds within the National Health Accounts in the Ministry of Health (MOH) and in the drafting of the International Health Partnership position paper of MOH" through CGD's *Following the Funding* report.[52] A CGD national consultant familiar with the MOH's change in methodology recalled being "consulted quite extensively to figure out how to incorporate HIV/AIDS funding flows into the national health accounts." This individual further noted that the Zambian MOH began "using the evidence that we had generated" to push PEPFAR to consider sector-wide pooled funding. This engagement, and the HAM work in general, led to "a lot of cross-pollination" with the MOH, national universities, and others in Zambia working on health expenditure tracking. In this regard, HAM analysis had a "huge, direct, and important contribution" in shaping national conversations around tracking HIV/AIDS resources.[53] Additional interviews with Zambian MOH officials responsible for tracking HIV/AIDS funding at the time might further corroborate this claim.

Evidence from Uganda supports a similar conclusion, that CGD, through the research and outreach activities of in-country research consultants, helped shape the terms of national debates around HIV/AIDS financing. One way this involvement manifested was subsequent direct involvement of HAM principal investigators in national policy decision-making processes. Principal investigator Freddie Ssengooba, for example, was appointed as an adviser to the MOH.[54] Building on the HAM work and following his January 2010 op-ed in the Ugandan publication *The New Vision* on Ugandan dependence on US foreign aid, moreover, Uganda-based PEPFAR officials "invited Dr. Ssengooba to advise them on Uganda's National AIDS policies."[55] According to a CGD HAM research consultant, Ambassador Goosby circulated this op-ed to all PEPFAR country program offices. An executive director of a health NGO in Uganda also shared with CGD that "HAM evidence is used to dialogue with government on how civil society organizations can be involved in policy debates and on

issues of accountability at [the] local level."[56] In the opinion of another former CGD researcher, in-country research partners "became expert interlocutors between their own country governments and civil society and the donors. For me, this was a huge win even if not a direct objective of the HIV/AIDS Monitor."[57] This policy engagement around HAM outputs and the subsequent relationships between principal investigators and country government indicates the policy relevance of the analysis emerging from the HAM.

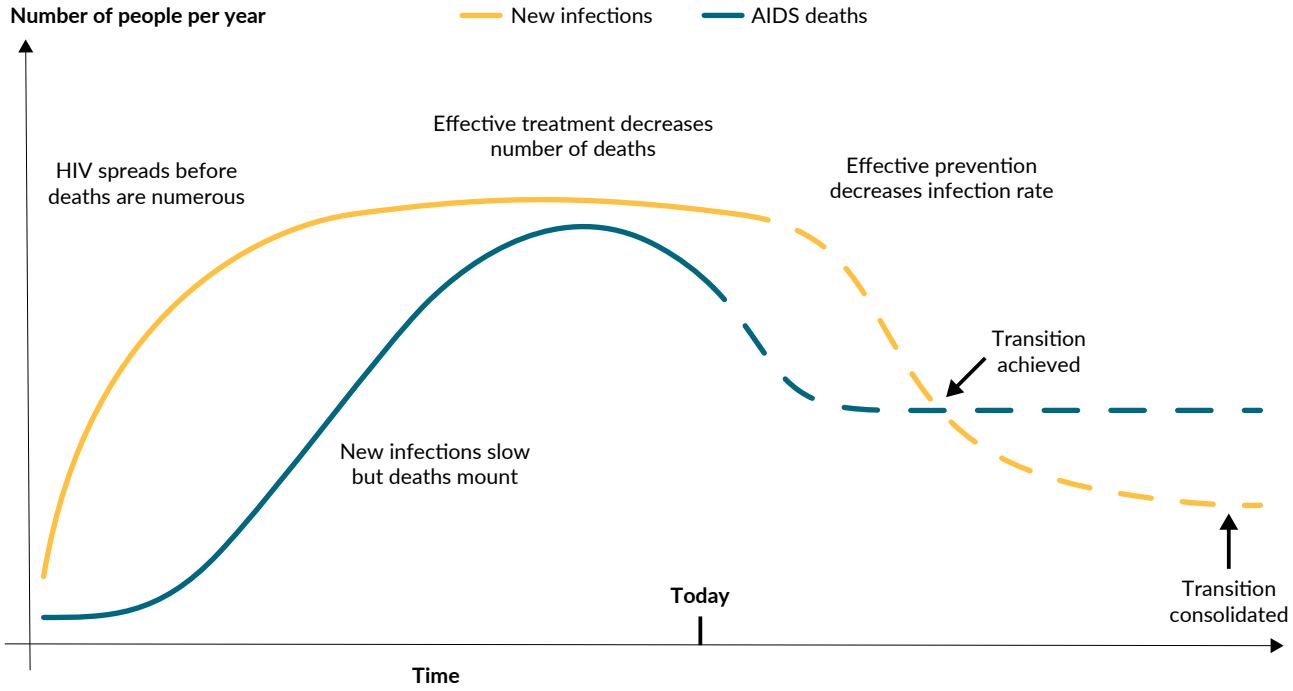
CGD, through its HAM, persistently called for PEPFAR to publicly disclose its data during the period from 2007 to 2010.[58] Senior US government officials engaged with CGD, both at CGD's public events and in private meetings, on HAM recommendations. And around the same time this engagement was occurring, PEPFAR's leadership did commit to start sharing more of PEPFAR's data on its website in PEPFAR 2.0, with additional data becoming publicly available after 2009. By 2015, PEPFAR had created comprehensive programmatic and financial data dashboards that were available to the public.[59] Taken together, these findings suggest a potential relationship between CGD's HAM and PEPFAR's policy change vis-à-vis public data disclosure. No conclusive evidence was found, however, demonstrating a direct causal link between CGD's HAM and PEPFAR's commitment to data transparency in PEPFAR 2.0. Although the exact nature and extent of CGD's impact remains indeterminate, a strong case can nevertheless be made for the HAM's importance in this policy shift. It is plausible that CGD's private and public convenings with senior US government officials involved in reauthorizing PEPFAR and developing PEPFAR 2.0 informed PEPFAR's policy changes related to data disclosure. Supporting evidence that would make a stronger case for CGD's direct, unequivocal role in OGAC's decision to disclose PEPFAR data could include confirmation from high-level PEPFAR or State Department officials who met with CGD research staff that they, and other US government staff, advocated for greater data transparency internally at PEPFAR following and in a direct response to interactions with CGD.

The "AIDS Transition," epidemic control, and data transparency 2.0: 2010–2014

In 2006, coinciding with the beginning of CGD's HAM, health economist Mead Over joined the organization to continue working on the idea of an "AIDS transition," the point at which the number of people living with HIV/AIDS begins to fall (Figure 1). Over discussed this idea in a 1997 book co-authored with Martha Ainsworth, *Confronting AIDS: Public Priorities for a Global Epidemic*[60] and in a 2004 book chapter.[61] Over published a CGD book on the AIDS transition idea in 2011 titled *Achieving an AIDS Transition: Preventing Infections to Sustain Treatment*.[62] This book presents evidence that HIV incidence, or the number of people newly diagnosed, was outpacing HIV-related mortality at the time. Over states that, to address this trend, donors and governments need to prioritize reaching an "AIDS transition," or the point at which HIV prevalence, the number of people living with HIV/AIDS, declines rather than continues increasing. In the book, Over recommends policies and incentives for achieving this transition, including increased investments in prevention efforts and tracking incidence.[63]

Several former and current CGD researchers suggested that PEPFAR's prioritization of "epidemic control" in its strategy and investments was modeled on CGD's AIDS transition concept; this claim is explored in the discussion that follows. PEPFAR's concept of epidemic control does have clear similarities to CGD's concept of an AIDS transition. PEPFAR defines epidemic control using essentially the same language as CGD does for AIDS transition, which is "the point at which new HIV infections have decreased and fall below the number of AIDS-related deaths," per PEPFAR's third strategy, PEPFAR 3.0.[64] In PEPFAR's latest Country and Regional Operational Plan guidance for PEPFAR countries, epidemic control is the defining aim of the entire document.[65] PEPFAR had incorporated prevention efforts from the very beginning of its activities, but the idea of epidemic control in PEPFAR 3.0 was a marked departure relative to PEPFAR 1.0 and PEPFAR 2.0 strategies. Published in December 2014 under the leadership of then

FIGURE 1. Annual infections and deaths from HIV



Source: Mead Over, Achieving an AIDS Transition: Preventing Infections to Sustain Treatment (Washington, DC: CGD, 2011).

newly appointed US Global AIDS Coordinator Deborah Birx, PEPFAR 3.0 built on previous language around "creating an AIDS-free generation," a prevention-focused goal introduced by Secretary of State Hillary Clinton in the 2011 *PEPFAR Blueprint: Creating an AIDS-Free Generation*.[66]

While a correlation clearly exists between CGD's work on achieving an AIDS transition and PEPFAR's subsequent prioritization of epidemic control, sufficient evidence was not found to make a definitive claim that CGD caused PEPFAR to adopt epidemic control as a priority. Even CGD research staff expressed doubt about the ability to demonstrate a clear, linear, causal relationship: "I can't prove in any way [our] work influenced Debbie [Birx], but I know she was aware of it." Early in her tenure, Ambassador Birx prioritized the creation of PEPFAR's data dashboards, comprehensive data repositories that include routinely updated programmatic and financial reporting. On multiple occasions in public forums, Ambassador Birx has emphasized her background in hard science and her affinity for data-driven and evidence-informed approaches. While CGD may have had a more receptive audience for its policy recommendations with her arrival in 2014 and, in a former CGD staff member's opinion, an opportunity for CGD to no longer be "pushing against the tide" at PEPFAR, Ambassador Birx may have already been inclined to pursue greater transparency during her tenure.

Although it is difficult to establish a direct causal link between CGD's work on the AIDS transition concept and PEPFAR's prioritization of epidemic control, there is compelling evidence that Ambassador Birx took seriously other recommendations CGD produced and welcomed engagement with CGD. While serving as US Global AIDS Coordinator, she regularly offered remarks at CGD convenings between 2014 and 2018 and participated in numerous private meetings with CGD research staff.[67] At such events, she also frequently commended CGD. For example, at a June 2015 CGD event on women's economic empowerment, Ambassador Birx included the following statement in her closing remarks:

> Before I took this job, the Center for Global Development and a group of other individuals wrote a very constructive document of how PEPFAR could be better. And we took that

> very seriously of how we could be better. And across all the analyses, the shared element was transparency and accountability and making that more evident for everyone. So that was… one of our first initiatives.[68]

The document Ambassador Birx referred to was a December 2013 report by CGD's Amanda Glassman and Jenny Ottenhoff that recommended four priorities for effectively implementing PEPFAR's strategy, including improving accountability and transparency.[69] At a later CGD event, the launch of the Next Generation Financing Models in Global Health Working Group report in February 2016, Ambassador Birx also stated:

> We were a lucky beneficiary of a Center for Global Development piece before I became the Coordinator… . We lined it up with 12 different other reports about how PEPFAR could be improved. And there were three areas where every single report said that we could do a better job. And that was on accountability, transparency, and working towards impact. And so PEPFAR 3.0 is totally built on those three principles, the three principles that outside groups taking a look at us of where we could do a better job really recommended us to do it. And… I'm grateful for the Center for Global Development for taking that time—they have very many smart people, but to take the time and to really look at how we could be better was really quite important.[70]

Ambassador Birx's remarks indicate that CGD's work clearly influenced her thinking and priorities while at PEPFAR. At the same time, she refers to 12 other reports as influential, all of which evidently contain the three themes highlighted: accountability, transparency, and impact. It's possible that Ambassador Birx was including among these reports the RAND Corporation's 2011 value for money in donor HIV funding report, for example (published two years prior to CGD's 2013 report), which also called for greater transparency and efficiency in HIV financing.[71] Given the number of other outside organizations examining PEPFAR's performance by this point in the initiative's history and the similarity in their conclusions, CGD cannot claim sole credit for PEPFAR's emphasis on accountability and transparency under Ambassador Birx. CGD can, however, claim to have been an important and influential voice within a broader chorus calling attention to these issues.

Some individuals interviewed for this case study also speculated that Ambassador Birx may have been responding to political incentives in adopting an incidence metric specifically. Since epidemic control means bringing incidence below the mortality rate, achieving epidemic control requires monitoring of incidence.[72] In the opinion of one individual interviewed for this case study, "Birx needed a way for Congress to say, 'We're succeeding'" and so may have had an "incentive to pick something like that up." This reasoning would suggest that PEPFAR might have prioritized epidemic control even absent CGD's and others' advocacy. Indeed, at the time, other actors in the HIV/AIDS space were also advocating for greater investments in prevention.[73]

If CGD had been influential in encouraging Ambassador Birx's prioritization of epidemic control in PEPFAR 3.0, one possible reason she may not have publicly acknowledged CGD's role is that a sizable and vocal group of AIDS advocates, researchers, and government officials took issue with the AIDS transition idea. Indeed, when asked about the AIDS transition, multiple people interviewed for this case study, including some staff of aid donor agencies, described the concept as problematic. According to one, the concept "caused misinterpretation and confusion." Since the premise of achieving the AIDS transition rests on bringing down the total number of people living with HIV/AIDS, "AIDS advocates interpreted epidemic control as letting AIDS patients die… or stopping treating people," in the words of one CGD researcher.[74] This individual noted that, technically, there was some validity to this concern, as "a minister of finance could reduce his fiscal burden by allowing AIDS patients to die." Over argued in his 2011 book for bringing down new HIV infections while maintaining treatment for people living with HIV. An individual interviewed for this project, however, pointed out that by conditioning aid on incidence, for which available data were paltry, the implications of the AIDS transition as outlined were such that low-income countries could potentially be disqualified from scaling up ART on the basis of their not reducing incidence (which, again, was a relatively indeterminate metric in the early 2010s, given

data constraints). Tying treatment scale-up to incidence within this context, in this individual's view, burdened countries with "an arbitrary constraint" with life-or-death implications.[75] These critiques of the AIDS transition concept may have limited health aid donors' interest in the concept or their willingness to adopt it.

Other pushback to CGD's AIDS transition work was rooted in the way the idea was communicated and framed, which reveals a deeper, core tension between the idea of health as a human right and prioritizing interventions that are optimally cost-effective. One self-identified "prevention advocate" indicated that they thought Over's work on prevention was important: "It's absolutely true you cannot treat your way out of a pandemic, and we shortchanged prevention for years—also totally true." But, they added, "it is the ways that you say that and the arguments that you make that change if you start to do that in collaboration with folks in country." In this individual's view, the language around the AIDS transition idea "felt more abstracted" relative to the work CGD had done through the HAM (which was carried out in large part through in-country collaborations) and "hurt prevention advocacy because it seemed so diametrically opposed to treatment." In addition to substantive critiques of the concept itself, critiques of the rhetoric used to communicate the concept of an AIDS transition may also have served as a disincentive for donor agencies to embrace it, publicly or otherwise.

No individual external to CGD, when asked, indicated that they had an impression of a clear causal link between CGD's AIDS transition work in 2011 and PEPFAR's shift to epidemic control by 2014; one individual stated that PEPFAR's adoption of epidemic control was "definitely not attributable" to Over or CGD. Instead, in this person's view, *opposition* to the AIDS transition concept may have helped fuel PEPFAR's shift in focus. In the context of flatlining budgets following the 2008 financial crisis, there was appetite among the AIDS activist community to find an avenue for resisting the potential resulting "retreat" from PEPFAR. This mobilization, taken together with the landmark HIV Prevention Trials Network (HPTN) 052 trial in 2011—which showed that early HIV treatment effectively prevents transmission—provides one compelling alternative explanation for PEPFAR's shift.[76]

Following the publication of the HTPN 052 results, PEPFAR's Scientific Advisory Board, of which both Over and Ambassador Birx were members, released recommendations directed at OGAC and Ambassador Goosby, then PEPFAR coordinator.[77] The number one recommendation in the report centered on scaling up treatment. According to an AIDS activist interviewed for this project, actors both within PEPFAR and outside the US government, including the Global AIDS Alliance, Keep a Child Alive, amfAR, the Infectious Diseases Society of America, and Health GAP (Global Access Project), were

> trading information back and forth about what was possible with HTPN 052 in terms of beginning to get basically double benefit for treatment—for clinical benefit and for individuals—and made a very concerted push to both USG [US government] and UNAIDS to mobilize around this idea of "let's get out of this rhetoric of a treatment mortgage" and into this moment of "we can achieve epidemic control without a vaccine using treatment as prevention."

Consequently, PEPFAR adopted "treatment as prevention." On World AIDS Day in December 2011, President Obama announced a new treatment goal of reaching 6 million people by 2013, 2 million additional people relative to the US government's previous treatment goal, noting that "treatment is also prevention."[78] In light of these other developments, it is implausible that CGD was wholly responsible for PEPFAR's adoption of epidemic control as a goal. Given Over's participation in PEPFAR's Scientific Advisory Board,[79] the similarities in language used to define "AIDS transition" and "epidemic control," and Ambassador Birx's acknowledgment of the general influence of CGD's research on her thinking, however, it is entirely possible that CGD contributed to PEPFAR's prioritization of epidemic control.[80]

More broadly, CGD succeeded in becoming a respected and authoritative voice on VfM considerations such as efficiency and effectiveness at PEPFAR. CGD's reputation within the US government as a valuable partner on these topics supports the idea that while CGD may not have had direct, causal policy

impact on HIV/AIDS financing, it nevertheless contributed to the *thinking* around such policy decisions. In September 2013, for example, staff of then Senator Bob Corker (R-TN) requested a meeting with CGD's Over and Glassman, which also included Senator Bob Menendez's (D-NJ) health staff, to discuss improved data collection at PEPFAR.[81] Another former US government official stated that CGD's "critiques are important because they're usually well-founded," suggesting that PEPFAR officials were receptive to CGD's analysis.[82] This individual, who was involved in PEPFAR's 2013 reauthorization process, also stated:

> I don't know what direct influence CGD had on congressional staffers, but I will say there was a milieu that was created around efficiency and effectiveness that CGD played a big role in… . They influenced me a lot and I in turn was influential in the program for those years and in that 2013 reauthorization process. I want to give CGD a lot of credit for helping to strengthen that milieu and putting ideas into the mix that were important. [CGD, particularly Over, Rachel Silverman, and Glassman] had a positive role in beginning to put some pressure on and examine [how PEPFAR was tracking VfM] further, as did CHAI.[83]

As was suggested with respect to Ambassador Birx's remarks, though it is clear that CGD was not the sole voice PEPFAR looked to on these issues, it is also clear that US government officials regarded CGD as a valuable source for analysis and research. As another example, a former senior US government official said, "I don't know if I can draw a straight line from CGD work and the [Finance and Economics Working Group, an interagency subcommittee], but it certainly was one of the influences. CGD helped promote a dialogue, creating kind of a drumbeat" around PEPFAR's priorities as they related to VfM. This individual spoke specifically about PEPFAR's adoption of expenditure analysis in 2010–2011, which linked expenditures to outputs, effectually shifting PEPFAR's focus from inputs to results. Again, this statement supports the claim that CGD had an important role in PEPFAR's adoption of VfM considerations, yet it is difficult to assign clear causal attribution to CGD's work for specific PEPFAR policy changes. The influence of CGD's work on PEPFAR, then, can be understood as multipronged and somewhat diffuse.

Further context and qualifications to claims

Additional contemporaneous shifts in the broader political and economic landscape also played to both CGD's advantage and disadvantage in advancing certain policy recommendations and building effective inroads at key US government agencies. The aftermath of the 2008 financial crisis, for example, threatened diminished funding for public agencies such as PEPFAR. During the Bush administration (2001–2009), PEPFAR had also been heavily criticized by AIDS advocates and the broader global health community for the initiative's "ABC" (abstinence, being faithful, using condoms) approach, which went against available evidence regarding HIV transmission. These existing criticisms might have undermined PEPFAR officials' receptivity to further critique. Consequently, at the start of the Obama administration in 2009, a policy window for greater engagement and receptivity around CGD's VfM-related recommendations emerged. In the words of one individual, "There was a lot of interest to reform the initial program as Bush laid out… it was clear that there were problems that needed to be fixed." From a country perspective, the HAM was also "quite timely," as the International Monetary Fund had recently launched the Multilateral Debt Relief Initiative in 2005, a complement to the Heavily Indebted Poor Countries Initiative.[84] With the enhanced "fiscal space" from debt cancellation came the risk that "donors might not provide as much financing," making it an opportune time to "mak[e] the case that HIV [was] a high priority" that also required a coordinated response.[85]

While CGD, through the HAM, established a track record of analyzing the performance of HIV donor agencies—including assessing donors' effectiveness and efficiency[86]—the HIV/AIDS research and advocacy community was a crowded field in the 2000s and 2010s. Individuals interviewed for this case study pointed to KFF, CHAI, Results for Development, amfAR, the Global Health Council and its members, UNAIDS, Friends of the Global Fight, and the Bill & Melinda Gates Foundation (which funded CGD and CHAI), as other important

organizations active in the HIV/AIDS space. What set CGD apart, however, according to individuals at and external to CGD, was its combined analytical rigor, credibility, and independence. A former CGD researcher stated that "there were lots of advocacy partners, but the advocacy partners may not necessarily have had the evidence, and I think we played that role of providing some of that evidence" (see also Box 2). KFF's Jennifer Kates echoed this sentiment at a 2007 HAM report launch, describing HAM as playing a "really critical" function in "trying to bring an objective look at donor responses," namely PEPFAR, the Global Fund, and MAP.[87]

CGD INFLUENCE ON THE GLOBAL FUND: INTERNAL STRATEGY SHIFTS AND RESULTS-BASED FINANCING

Although many of the analyses and policy recommendations of the HAM included the Global Fund,[88] the most relevant activities in terms of potential policy impact on the Global Fund occurred in the 2010s after the HAM wound down. With the addition of health economist Amanda Glassman as director of global health policy in 2010, CGD's portfolio of work on global health further coalesced around priority-setting and VfM. For example, CGD's Priority-Setting Institutions for Global Health Working Group[89] and its 2012 report[90] outlined the need for greater guidance around resource allocations for health using cost-effectiveness analyses and health technology assessments, which led to the creation of the International Decision Support Initiative (iDSI) in 2013. iDSI is "a global network working to increase the value and impact of health spending" and was, until 2020, led by Kalipso Chalkidou, now head of health finance at the Global Fund.[91]

Following the Priority-Setting Institutions for Global Health Working Group, the next major working group related to VfM in health that CGD convened focused specifically on the Global Fund and met during 2012–2013 in Washington, DC; Geneva, Switzerland; and Bellagio, Italy. CGD's motivation to focus on the Global Fund was related to organizational changes occurring at the Global Fund in 2011. In advance of its fourth replenishment, the Global Fund announced plans for a new funding model in late 2011 and subsequently launched the model in April 2013.[92] Glassman chaired this CGD working group, named the Value for Money: An Agenda for Global Health Funding Agencies Working Group,[93] which had the "ultimate goal… to develop a consensus on a clear, pragmatic, and implementable Value for Money agenda that is relevant for the major global health funders."[94] Other groups were interested in this topic as well and were actively doing related research. For example, the UK's DFID promoted a VfM approach in health financing and published official guidance in 2011.[95] RAND also published a report in December 2011 on VfM in PEPFAR and the Global Fund's funding of ART, which cites two of CGD's HAM reports.[96]

Value for Money Working Group members represented organizations such as UNAIDS, DFID, the Bill & Melinda Gates Foundation, Gavi, and the World Bank. Although no one from the Global Fund was a member of the working group, the first working group meeting in April 2012 included presentations on institutional initiatives on VfM from the Global Fund, PEPFAR, DFID, the Gates Foundation, and others.[97] The subsequent working group meeting in November 2012 was hosted at the Global Fund Secretariat offices in Geneva, and the Global Fund, along with other organizations, also participated in the third and final working group meeting in April 2013 in Bellagio.[98] The Global Fund's active involvement in the working

BOX 2. THE ROLE OF CGD'S HIV/AIDS MONITOR IN SHAPING HIV DONORS' POLICIES

"It was definitely collective action towards greater accountability. This is such a huge set of players that… I think it will be hubris to expect that we were the only ones that actually influenced [donors]. I think we were definitely early trailblazers in terms of using whatever data we could get to shed light substantively on how donors were dispersing funds and to what end."

– Former CGD Researcher

group suggests a cooperative relationship between the Global Fund and CGD over the course of this period.

The resulting September 2013 working group report, *More Health for the Money: Putting Incentives to Work for the Global Fund and Its Partners*, includes recommendations directed at the Global Fund to "get more health for its money" across the four phases of its funding cycle (allocation, contracts, cost and spending, and performance and verification).[99] CGD launched the report at a United Nations General Assembly side event in New York, which featured a keynote address by Christoph Benn, the Global Fund's director of external relations.[100] At the launch, Benn announced the Global Fund's plans to pilot a Cash on Delivery (COD) Aid model in Rwanda (which was launched in 2014), along with other changes related to grant management.[101] CGD developed the concept of COD Aid, a type of results-based financing (RBF), in 2010; as mentioned earlier, RBF, sometimes termed performance-based financing (PBF), aligns with a VfM approach but is not synonymous with VfM, as it has a narrower focus on results and outcomes (as opposed to other VfM considerations, such as efficiency and cost-effectiveness).[102] Benn also discussed a then ongoing COD Aid pilot in Mesoamerica targeting malaria elimination. Even though Benn did not explicitly credit CGD or the working group for the Global Fund's decision to pilot COD Aid approaches, and CGD did not claim credit for this decision, it is clear that CGD nevertheless had a direct impact on the Global Fund, given that COD Aid is a CGD-branded idea.

At the same time, it is difficult to locate a clear causal mechanism by which CGD informed the Global Fund's decision to move in the direction of RBF/PBF and VfM more generally. In reference to the Global Fund's COD Aid pilots, a senior staffer at the Global Fund thought that CGD "really ha[s] been instrumental in thinking more on the cash on delivery and we have gone on to do cash on delivery for malaria elimination, but to be honest it's slightly different than the traditional CGD approach, which is much more indicator-based and this is much more process-based."[103] Based on further comments from this person, it seems likely that CGD's main contribution in informing the Global Fund's decision to pursue RBF approaches was CGD's convening capacity and strong relationships with other key actors:

> I think that CGD was influential to some extent in galvanizing us to do more on the World Bank–style [PBF] where we entered together into that and we got together with the Health Results [Innovation] Trust Fund, and I do think that CGD helped us do that and played an important role because they're based in the US and they had good relations with the Bank.

Around the same time as CGD's Value for Money Working Group was active, the Global Fund made several other changes that reflect a greater prioritization of VfM relative to its first decade of operation, though again, CGD's specific role, if any, in facilitating this shift is unclear. Among the 12 guiding principles in the strategic framework of the Global Fund's 2012–2016 strategy was "good value for money."[104] By contrast, the Global Fund's preceding strategy mentioned VfM only briefly, and not as part of a guiding principle: "A process has been established to monitor the portfolio on a regular basis, including the quality and value for money of Global Fund-financed interventions, the balance of interventions within each disease, the integration of relevant scientific innovations, and gender."[105] Up to the early 2010s, according to a Global Fund staff member, the Global Fund did not have a formal definition for VfM; it "was more haphazard." Another Global Fund staff member shared that 2011 marked a turning point: the Global Fund introduced a "value for money checklist" that year. According to the Global Fund's May 2011 *Report of the Executive Director* to the board, the checklist would "help teams negotiating Round 10 grants ensure that different aspects of value for money—including effectiveness, efficiency and additionality—are considered in the negotiation process."[106] Then in 2014, the Global Fund launched a three-year Special Initiative of Optimizing Value for Money and Financial Sustainability, which encompassed country-level technical support across three dimensions.[107] Another Global Fund staff member explained that a direct causal link between CGD's activities and changes to the Global Fund's policies vis-à-vis VfM would be hard to find because changes have been more piecemeal:

> If we look back at, say, for example, the work on value for money and the recommendations there on allocations, on contracts, on performance management, etc., it's possible to see elements of that incorporated into Global Fund thinking and certainly the language of value for money being used more. But in terms of going all the way in terms of shifting and changing allocation methodologies, the kind of contracts we have for grant agreements, I think it's more kind of smaller, incremental changes.

As another example of how CGD's influence may have played out further upstream, the Global Fund also appointed a new head of the Strategic Investment and Partnerships Department in March 2013, who had the additional role of chief economist, a new position at the Global Fund. The Global Fund's press release announcing the appointment stated: "Dr [Michael] Borowitz will also serve as the Global Fund's Chief Economist, overseeing broad efforts to implement a value-for-money perspective as the Global Fund moves forward with a new funding model."[108] Several individuals interviewed for this case study perceived this appointment as a response to CGD's VfM working group. A Global Fund staff member familiar with the decision to establish the chief economist position said that the role "shifted to [a] more technical role due to pressure from CGD and DFID."

Other available evidence, however, suggests that CGD's impact on the Global Fund in the short term through this working group and its associated activities was limited. VfM may have seemed conceptually contentious, abstract, or irrelevant in the context of global health, where the goal of many organizations is saving lives and maximizing resources for health (see Theme 4 below for further details). As one individual at a peer institution stated, "The value for money frame doesn't always connect to the mission of an organization easily," and it's possible that CGD did not do enough to address that gap. In a related vein, CGD may have failed to consider how its recommendations would actually be operationalized. One individual at the Global Fund thought that the 2013 report was "not influential at all" at the Global Fund because it "wasn't embedded in the machinery of the Global Fund" or "responsive" to how the Global Fund worked, rendering it less practical.[109] It's also worth reiterating that CGD did not claim any credit or involvement in the Global Fund's initial RBF pilots.[110]

Shortly after the VfM working group's conclusion, CGD launched another working group focused on the Global Fund, this time co-chaired by CGD's Glassman and the Global Fund's Maria Kirova. The Global Fund's willingness to co-convene the working group suggests a deeper level of mutual trust and interest on the Global Fund's part in CGD's recommendations relative to the previous working group. The Next Generation Financing Models in Global Health Working Group convened twice in Geneva and once in California over the course of 2015, and Global Fund staff members comprised 40 percent of the working group.[111] The working group produced five background papers and hosted two additional technical workshops.[112] CGD's Silverman and Over also regularly visited the Global Fund headquarters to "provide feedback on proposed grant designs, and share lessons learned from the Working Group process," again suggesting a higher level of engagement between CGD and the Global Fund relative to the previous working group.[113] This shift in approach was intentional. A Global Fund staff member involved in the working group commented that "it was decided to do a more technocratic thing, which was something more applied [relative to the 2012–2013 VfM working group] about how we could actually use these principles" in the Global Fund's grantmaking. This shift, in this individual's view, reflects the need to "pick the right people" to participate in the working group who "are interested" in the goals of the group, understand the Global Fund's operational constraints, and can implement recommendations. The shift in approach was also linked to a shift in the orientation of the working group toward doing something more "from our perspective," according to this individual.

The working group's 2015 four-part report, *Aligning Incentives, Accelerating Impact*, includes conceptual and implementation frameworks for operationalizing a transition from expenses to results as the basis of payments at the Global Fund.[114] The report was launched at an event in February 2016 that featured a keynote address from Ambassador Birx.[115] CGD also presented the report to about 80 members of the Global Fund Secretariat at an internal Global Fund event in November

2015.[116] In reference to the report, a Global Fund staff member involved in the working group stated that Global Fund reviewers found it "very helpful in moving our thinking along in this area."[117] Global Fund staff provided extensive review of and input on the final report; among points of feedback on CGD's draft report, Global Fund staff recommended greater nuance and detail on how to actually implement the proposed next-generation financing models.[118] At the working group's conclusion, a Global Fund staff member expressed desire for ongoing "technical support" from and "access to" CGD, indicating that the Global Fund viewed CGD as a valuable partner.[119] In particular, the Global Fund was in the process of developing a Payment for Results (PfR) Policy (it was never operationalized, though). The Global Fund's 2020–2022 allocation funding request instructions include a brief description of PfR approaches,[120] and its newest strategy for the period 2023–2028 includes a commitment to "enhance the use of PfR modalities to strengthen efficiency and impact… [O]perations will be streamlined to support use of PfR modalities."[121]

At the country level, taking a more applied approach resulted in greater value and applicability of working group activities, according to an individual interviewed for this case study. They credited CGD with helping to shift the thinking around and incorporation of VfM, sustainability, and cost-effectiveness at the national level. They further characterized engagement with CGD as having a "multiplier effect" whereby engagement with CGD on these topics led to further engagements nationally and regionally: "[I was] called on to the [CGD] meetings to give perspectives from a country; [it] gave me an opportunity to learn what the thinking is globally, to also share my experiences from a country perspective, and through that interaction I was then able to come back home and be able to bring in the new thinking, bring in the new ideas that were smart, were prescriptive to some extent, that were easily welcomed."

In the years following the 2015 working group report, the Global Fund made further changes that reflect an even greater focus on VfM relative to pre-2015. By 2019, the Global Fund had published technical guidance on VfM, and VfM had become "a key principle that guides the Global Fund's investments throughout the Global Fund grant life cycle."[122] According to a current Global Fund staff member, funding requests now include an "explicit question on value for money and then the entire request will be assessed" against VfM considerations. Perhaps feeding into this focus, DFID's 2016 performance agreement with the Global Fund requires the Global Fund to prioritize VfM and "develop a Value for Money framework" (Box 3). The Global Fund's 2017–2022 strategy, presented at the organization's April 2016 board meeting, states that the Global Fund will "support grant implementation success based on impact, effectiveness, risk analysis and value-for-money," including, potentially, "a pay for performance scheme in some contexts" as an operational objective under "Strategic Objective 1: Maximize impact against HIV, TB and malaria."[123] When asked about CGD's role in shaping this language, a Global Fund staff member thought that it was directly related to the Next

BOX 3. DFID–GLOBAL FUND PERFORMANCE AGREEMENT EXCERPT (2016)

Maximising lives saved

Given the wide variation in the cost effectiveness and impact of different interventions, utilising the most cost-effective interventions and products can significantly increase the effectiveness and Value for Money of our efforts. The Global Fund must implement rigorous processes to ensure that the specific interventions and products used in preventing and tackling the three diseases are the most cost-effective possible. The Global Fund will set clear expectations to countries that they will use the highest value interventions, evaluated **using internationally accepted standards for economic evaluation**, develop a Value for Money framework for countries to guide the design and implementation of Global Fund grants in the most cost effective manner, and report on the framework's progress and impact.

Source: DFID, Performance Agreement: United Kingdom and The Global Fund to Fight Aids, Tuberculosis and Malaria (London: DFID, 2016). The excerpt (with emphasis added) is the first of 10 "areas […] for further improvement."

Generation Financing Models in Global Health Working Group and was "due to pressure from CGD and DFID."

While DFID evidently directly influenced the Global Fund's adoption of VfM via the performance agreement, CGD played a less direct but still definite role in the Global Fund's application of VfM principles through CGD researchers' relationships with DFID staff. More specifically, CGD had a direct role in shaping the language used in DFID's 2016 performance agreement with the Global Fund. The 2016 agreement stated that the UK "expect[s] to see at least 15% of Global Fund investments in developing countries only being released in proportion to concrete, proven results."[124] After CGD's Glassman spoke with a DFID staff member in August 2016 about the performance agreement (which was in draft stage at the time), Glassman provided input on the draft language, some of which was reflected in DFID's finalized performance agreement (for example, the bolded text in Box 3).[125] In addition to CGD's indirect influence on the Global Fund via CGD's input on DFID's performance agreement with the Global Fund, CGD had further indirect influence by providing technical input to the Global Fund's November 2015 board meeting. In advance of the meeting, at which the Global Fund approved a new strategic framework,[126] Glassman sent talking points on the Global Fund's performance verification to Ambassador Birx (the US government representative to the Global Fund).[127] In June 2015, CGD hosted a small private roundtable with staff from civil society organizations, US government agencies, and international organizations to provide input on the upcoming board meeting as well, the summary of which was shared with Ambassador Birx.[128]

In the case of RBF/PfR specifically, there is also compelling evidence that CGD had a demonstrable direct impact at the Global Fund. An individual interviewed for this case study who participated in the Next Generation Financing Models in Global Health Working Group credited one of the working group's meetings with being the birthing place for a "successful" performance-based pilot in Ukraine.[129] The pilot comprised paying healthcare workers involved in an opiate substitute therapy (OST) program to incentivize uptake of OST, which was seen as "definitely successful" by this individual and their Ukraine-based colleagues.[130] Ukraine's funding request to the Global Fund for the period of 2020–2022 states that "the OST RBF pilot has proven its effectiveness in increasing number of clients, retention rate and linkage to ART [for OST clients living with HIV and on ART…] This model needs to be brought to additional scale to make implementation locally accepted and the model can then be brought to scale by state funding."[131] And in September 2022, the Global Fund's senior fund portfolio manager for India, Richard Cunliffe, directly attributed the Global Fund's adoption of a PfR modality in India to CGD. He further stated that the India portfolio is "achieving excellent results on the strength of recommendations from [CGD]. Thanks to [CGD's Over, Glassman, and Nancy Birdsall]."[132]

At the same time, the Global Fund does not have stand-alone guidance in place for RBF/PfR, as it does for VfM, despite plans for creating a policy in 2016. One Global Fund staff member interviewed framed RBF/PfR as "certainly [an] interest and a trend," while another Global Fund staff member stated that "there's lots of discussion about it" that is "never-ending." Indeed, in the Global Fund's Technical Evaluation Reference Group's (TERG's) 2020 strategic review, the TERG recommends further exploration and use of PfR mechanisms.[133] In terms of actually adopting and implementing a formal PfR policy, however, a Global Fund staff member cited "high transaction costs" associated with changing the Global Fund's funding model or approach as the main barrier. A third Global Fund staff member indicated that "our department will be coordinating a working group on this very soon, so there will be a big wave coming for us to think about how to design this properly." In reference to an unpublished internal Global Fund document produced in June 2019 entitled "Payment for Results Modality: Working Paper," which lays out the case for and logistics of a PfR modality, this individual stated, "I think CGD work was directly linked to this document."

Multiple people interviewed also thought of the World Bank as one of the main drivers of the PBF and RBF agenda in the development sector generally, along with DFID; the Global Fund also pursued RBF partnerships with the World Bank during this time.[134] While the Global Fund's engagement with other actors suggests that it may have considered RBF approaches

absent CGD (though not COD Aid specifically, as CGD developed the COD Aid model), there is evidence that CGD played an important role in the Global Fund's thinking around RBF.

Despite these indications of influence, a few people interviewed for this case study observed that CGD's work on VfM in the context of the Global Fund during the 2010s may have been a bit disconnected from the actual feasibility of operationalizing CGD's recommendations. A current Global Fund staff member stated that while CGD's work on RBF and VfM "has been cited quite extensively, including in the Global Fund," such as in internal meetings and documents, "the tricky bit in the middle," or the actual operationalization of recommendations, can be challenging. Put another way, the same individual stated, "There's a bulk of good work that can be referenced and cited and serve as a sort of inspiration, and then there's a big gap." An external actor stated in reference to CGD's 2013 and 2015 working groups, "My impression is that things weren't picked up" on account of the complexity of the Global Fund. "The board has a lot of political actors with different agendas… the [Global Fund] Secretariat is very complex." Another individual who advises the Global Fund described the overall orientation of the Global Fund as "quite conservative," "risk averse," and "sensitive" to critique, particularly in the context of the Global Fund's replenishment cycles and fundraising efforts.

In perhaps the most telling example of this kind of constraint, CGD more recently critiqued the Global Fund on its accountability and performance monitoring processes, with apparently limited traction. In May 2019, CGD's Glassman, Chalkidou (who was CGD's director of global health policy at the time), and Silverman, along with academic researcher Rocco Friebel,[135] published the commentary "On Results Reporting and Evidentiary Standards: Spotlight on the Global Fund," which outlined several critiques of the Global Fund's approach to results reporting.[136] A Global Fund staff member stated that this article "generated a lot of internal discussion." CGD continued to work on this performance verification, measurement, and evaluation agenda; at the request of a Global Fund staffer, Glassman and Silverman produced a private memo in October 2019 entitled "Results, Accountability and Performance Monitoring at the Global Fund," which they shared with the Global Fund board chair, Donald Kaberuka,[137] and vice chair, Roslyn Morauta. The memo critiques the Global Fund's practice of using national results rather than tracking its own metrics, stating that this approach evades accountability and that "to claim credit for the entirety of the response in this context both overstates the Global Fund's impact and makes it impossible to understand the specific role the Global Fund is playing within the broader ecosystem." Among the recommendations outlined, CGD states that the board "should therefore call upon the Secretariat to clearly and empirically link financed activities to intermediate and national results."

Nevertheless, CGD's work on VfM seems to have played an important educational role at the Global Fund in "translating" the concepts of VfM, RBF, and related principles such as cost-effectiveness. A former CGD staff member involved in the 2013 working group perceived "the value for money agenda [as] more changing how [the Global Fund] thinks about it, how they think about investing, how they think about allocations, which takes time."[138] Another individual external to CGD expressed a similar sentiment: CGD's 2013 and 2015 working group reports "made very explicit and very clear where the Global Fund was spending money in a way that wasn't going to get as much health for the money as it could have done on behalf of countries." They added that CGD "played a really important role in shining a light on those inconsistencies and discrepancies in VfM" in terms of how the Global Fund spent funds. A Global Fund staff member expressed a similar sentiment, stating that "CGD's work has been very instrumental to challenge our thinking. At the individual level, we follow very closely the webinars organized by CGD, the blogs, the papers. That kind of influence is not quantifiable, but it's very there for us to think through 'How do we take that into the Global Fund settings?'" These comments suggest that CGD's impact on shaping the VfM agenda at global health institutions like the Global Fund may not be evident so much in tangible policy shifts at these institutions but rather in more subtle and longer-term shifts in attitude and thinking.

In October 2020, Chalkidou was appointed head of health finance at the Global Fund, alongside the creation of a

department dedicated to health finance. The Global Fund's press release announcing her new role states that "Chalkidou's appointment, along with the creation of a new Health Finance Department, represents a step-change in the Global Fund's focus and capabilities in health finance."[139] A Global Fund staff member interviewed for this case study stated that the Global Fund created this new department to "[consolidate] the internal expertise and mandate around health finance in one place and then the department is tasked to incorporate [VfM] throughout the Global Fund's grant cycle." They added: "We work together trying to really take the [VfM] as a core principle and then link everybody's work with similar vision and measurable indicators to make it more systematic. We're working on it, but we don't have a coherent framework to push this from every part of the organization. So that's what we're doing right now." Another Global Fund staff member characterized the impetus to create the department in terms of addressing what was an unsystematized way of thinking about VfM, and recognition of the need to think more strategically about other financing streams for HIV, TB, and malaria (e.g., domestic financing).

It is possible to interpret Chalkidou's appointment and the creation of the Health Finance Department as signaling that the Global Fund has become more receptive to VfM principles and more willing to engage with CGD on its recommendations for improved performance (two former CGD staff members interpreted Chalkidou's appointment as such). Four teams comprise the new Health Finance Department, one of which is specifically dedicated to bolstering VfM considerations at the Global Fund.[140] Among the department's stated aims is to "spend better to help countries achieve more for health, by using money more efficiently"—language that aligns closely with the recommendations in CGD's 2013 Value for Money Working Group final report entitled *More Health for the Money: Putting Incentives to Work for the Global Fund and Its Partners*.[141] A Global Fund staff member cited use of the phrase "more health for the money" in the Global Fund's 2023–2028 strategy as further evidence that the Global Fund's uptake of CGD's ideas has been broad and incremental: "You'll be able to identify elements of where there's been some influence from CGD, but not complete adoption of recommendations and more… incremental sort of additions to the core business model rather than fundamental changes to the core business model."[142]

BOX 4. GLOBAL FUND STRATEGY (2023–2028) CONTRIBUTORY OBJECTIVE D, SUB-OBJECTIVE 3

Global Fund Strategy (2023–2028), Mutually Reinforcing Contributory Objective D. Mobilizing Increased Resources, Sub-Objective 3. Strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity and sustainability of Global Fund–supported country programs and systems for health.

- Further embed VfM approaches throughout the grant lifecycle and support countries as they implement VfM reforms at national and regional levels…
- Build upon existing costing efforts to enhance efficiency, effectiveness, equity and sustainability of Global Fund and national investments…
- Enhance the use of PfR modalities to strengthen efficiency and impact…

Source: Global Fund, *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023–2028)* (Geneva, Switzerland: Global Fund, 2021).

The 2023–2028 strategy, approved in late 2021,[143] does indeed reflect some of CGD's ideas around VfM. For example, the fourth "mutually reinforcing contributory objective" in the new strategy, "Mobilizing Increased Resources," invokes CGD's VfM language: "Just as important as more money for health is *more health for money*. More efficient, effective and equitable use of existing resources and a renewed focus on VfM will be critical for achieving the Strategy's aims and for the sustainability of investments" (emphasis added).[144] Among five sub-objectives within this contributory objective is to "strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity and sustainability of Global Fund–supported country programs and systems for health" via three priority areas (Box 4). Relative to the Global Fund's previous

strategy, VfM considerations in the 2023–2028 strategy are more explicitly asserted.

Other external factors may have also encouraged the Global Fund's increasing receptivity to VfM and to engaging with CGD's work on VfM. A 2011 Associated Press article levied partially inaccurate accusations of corruption and drug theft against the Global Fund.[145] Together with other organizational changes, the early 2010s were a period of "crisis at the Global Fund," accompanied by public interest in the manner in which the Global Fund spent its funds.[146] In response, and while CGD's Value for Money Working Group was active, the Global Fund experienced several consecutive leadership shifts. Michel Kazatchkine stepped down as executive director in early 2012, despite having been reelected in 2011 for a three-year term.[147] Around the same time, the Global Fund announced the creation of a new position tasked with carrying out the Global Fund's Consolidated Transformation Plan.[148] Then, in 2013, former US Global AIDS Coordinator Mark Dybul assumed the role of executive director. A former CGD staff member thought in this context that "there was a political moment for sure that there was a sense that something in the Global Fund needed to change." A former DFID staff member also thought that within this context, there was pressure from the Global Fund's donors more generally to consider VfM. Given this perception, it becomes more challenging to disentangle CGD's distinct role; how much of the Global Fund's adoption of VfM language, for example, reflected a broader trend toward VfM and cost-effectiveness? Further complicating the story are yet more changes in Global Fund leadership that occurred in 2018, when former Standard Chartered CEO Peter Sands became the executive director. Contrasting his background with Dybul's (who led the Global Fund from 2013 to 2017), it is possible that this leadership shift also indicated a greater focus on financial management in the latter half of the 2010s relative to the Global Fund's initial years of operation.

KEY THEMES AND LESSONS LEARNED: MAKING SENSE OF AVAILABLE AND MISSING EVIDENCE REGARDING CGD'S IMPACT AND INFLUENCE ON VFM IN HIV/AIDS FINANCING

There is some compelling evidence of instances in which CGD's research and analysis had direct influence on key leaders and key policy decisions at PEPFAR and the Global Fund. Most individuals interviewed for this case study, however, thought that CGD could not claim sole credit for, or could not say definitively what the precise nature of CGD's role was, in shaping the VfM agenda at these two institutions. Multiple people attributed challenges in pinpointing precise examples of CGD's impact to the time elapsed (most activities covered in this case study took place 5 to 15 years ago). At the same time, most individuals also emphasized that they *did* think CGD played an important role in moving the VfM agenda forward in HIV/AIDS financing, even if other actors also deserved credit. For example, one individual stated that in relation to VfM in global health, "CGD is at the top of the pyramid of who do people listen to, who do people respect, whose blessing would make the most difference. But that doesn't mean the world stops without [CGD]." Another individual external to CGD stated that "CGD has really staked out territory in [VfM] as a main focus and throughline in its work such that I think it's probably one of the only organizations that's calling attention to and focusing on that as a theme."

CGD's policy impact on the VfM agenda in global health, then, can best be understood as somewhat upstream from specific policy changes in that CGD's core contribution centered around building momentum, and shaping the dialogue, around VfM, which in turn may have impacted subsequent policy decisions at key institutions. The following five themes emerged during the course of completing this case study regarding CGD's strengths and limitations in influencing the VfM agenda in HIV/AIDS financing.

Theme 1. CGD was an important actor in advancing the VfM agenda in HIV/AIDS financing and did so most significantly through its convening power and by leveraging its relationships

The most powerful vehicle for CGD's broadly defined impact, according to multiple individuals interviewed for this case study, was the organization's ability to convene key players, including through its working groups.[149] One person interviewed for this study in a senior position at a peer institution stated that "in general, CGD does a really good job of bringing together diverse stakeholders to talk about these issues and to highlight where the problems are and what changes can be made." Another external actor thought that at their institution, CGD staff members were "seen as highly effective conveners and people who produced good technical work on those specific things." A Global Fund staff member thought that it was "great" that CGD is able "to bring partners together, to bring evidence to challenge our thinking." A former CGD staff member framed CGD's approach as one of "collective action" achieved through the organization's convening role.

In relation to CGD's working group reports, another external actor thought that while the resulting report was branded as a CGD product, "all the other players had a stake in it." They added that CGD's model was "collaborative," "consultative," and "in-depth," which facilitated "more ownership" over the report's recommendations and "more impetus" to enact policy changes based on the recommendations, or to enhance policymaker and other key stakeholder buy-in. However, CGD's engagement around donor transitions, sustainability, and VfM was perceived to have effectively ceased; an individual interviewed for this project thought that the "momentum was not maintained" and indicated that they "would like to see it reinvigorated." Another external actor pointed to staff turnover at places like the Global Fund as reason to find additional ways to "foster those technical linkages" and maintain momentum.

CGD was also broadly effective at being attuned to and leveraging policy windows while also building relationships to advance approaches informed by its analysis (see, for example, Box 5). In the context of leadership shifts at the Global Fund, PEPFAR, and other global health institutions, CGD sought to inform incoming leaders' thinking and priorities through publications, convenings, and other activities.[150] A core determinant of CGD's ability to do so was the organization's relationships with key external partners. For example, one former CGD staff member who had a policy outreach role said that at CGD, "policy impact relies on the researcher to have the connections, to have the capacity, to have the time to take it all the way from the research to the boardroom." In this person's opinion, CGD did not have—nor need to have—a "full advocacy apparatus" but rather leaned on partnerships with organizations equipped with advocacy capabilities.

CGD's staff itself was central to the organization's strong relationships and ability to act as an effective convener. One individual external to CGD, for example, said of the HAM that it "seems like [CGD] had some very smart people who were really able to pursue and play out investigations of key issues... it was a very potent team; there was no other team quite like it."

BOX 5. AN ILLUSTRATIVE EXAMPLE OF CGD'S TENDENCY TO CAPITALIZE ON POLICY WINDOWS

"I think CGD has done something very strategic a number of times, and that is prepare a white paper for a new leader of an international organization. So, capitalizing on this idea that directions are set at the beginning of someone's tenure, and CGD unprompted has slid a white paper in front of new leaders on a number of occasions. I'd like to believe that it has been very useful to those leaders coming in and saying, 'Here's an outside party that knows me well and is giving me some advice as a new leader. What are some of the things I should consider?' It would be difficult to go back and say how many things actually happened as a result of that. But I've always thought that that was something that was very innovative and very smart."

– Non-CGD Health Policy Expert

They added that CGD ought to "think about what the program structure was that allowed CGD and Nandini [Oomman] and her colleagues to be so innovative and responsive." Indeed, CGD staff and consultants involved in the HAM acknowledge "a lot of prior planning done before the project" to ensure the "right mix of rigor as academic researchers and policy knowledge" among recruited personnel. In particular, in the view of one CGD national consultant involved in the HAM, the project had a "strong comparative advantage" not only in researchers' understanding of donor flows but also in its applied approach; the HAM was "not just about generating research knowledge, but also thinking through how you place it into the right hands."[151] Another CGD national consultant involved in the HAM commended the HAM project design in demonstrating "how to bring local leadership and scholarship to continue beyond its own funding arrangement," contrasting the HAM model with shorter-term consultancies in which personnel may not be based in or from the country under study.

Theme 2. Persistence and consistency in CGD's approach facilitated policy community cohesion and a strong internal and external frame around VfM[152]

CGD seems to have adapted to the typically long gestation period of socializing and implementing new ideas through its persistence in working on VfM, achieving impact through incremental change over time. While more difficult to track relative to, say, specific policy changes, CGD's role in changing how people think about global health policy problems may actually be the most compelling example of its impact. CGD has been able to achieve this influence, in the words of one current CGD staff member, through a "process of osmosis," whereby CGD has consistently produced and disseminated work focused on VfM in HIV/AIDS financing. A former DFID staffer framed this persistence in relation to CGD's work on the Global Fund as a "sustained and quite tenacious desire to find ways to influence the Global Fund's decision making about interventions to fund with countries." Another external actor said that CGD "create[s] a drumbeat around an issue that can then heighten attention to it." Yet another external actor thought that "CGD has been consistently interested [in the health economics of HIV]; other actors have waxed and waned."

Although cost-effectiveness and other VfM principles had been circulating in the health sector since at least the 1990s, these concepts received pushback during that time and continue to be challenged (see Theme 4 below). CGD's consistent messaging and persistence in advancing dialogue around VfM generally as well as priority setting in health and cost-effectiveness of health products specifically helped disrupt the status quo. A health researcher suggested that an important role of CGD "isn't always charting a new direction, but it can be providing reinforcement for a choice that the organization [such as the Global Fund or PEPFAR] is interested in making but that is potentially a change to the status quo that requires some activation energy to overcome." Similarly, a Global Fund staff member thought that "a lot of consultants will churn out reports that propose small incremental changes but don't really challenge the status quo of the way people think. Certainly CGD doesn't take that softly cautious approach; they put forward bold, well-thought-out ideas." A former CGD staffer linked CGD's persistence to helping to make these concepts more routine considerations: "Being equipped with good analysis, like the ones that CGD had put out, have enabled those conversations [about VfM in global health] to happen over and over and over again to the point where they're no longer taboo and they're just part of the mainstream dialogue."[153]

Theme 3. CGD's "insider/outsider" approach, which includes a "watchdog" function of publicly funded institutions and challenging the status quo at times, was not always popular or well received; intraorganizational politics further limited the possibility of operationalizing CGD ideas

A general perception shared among some individuals interviewed was that CGD seemed to attempt an unenviable task of balancing the roles of constructive critic and trusted "insider."

While many viewed this function as important in spotlighting areas for improvement at major institutions, it was also seen as a somewhat fraught position that was also constrained by CGD's operating model (that is, research- rather than advocacy-focused). CGD's constructive orientation was generally viewed by individuals interviewed as helpful in the long term for advancing the VfM agenda at global health institutions. An AIDS journalist, for example, described CGD as a "valuable" and "fairly unique" resource in terms of acting as a "fairly neutral entity pressing on the issue" in relation to PEPFAR's data transparency and providing "evenhanded recommendations" that were "very useful."

A few other individuals, however, saw CGD's approach as suboptimal, while still others pointed to the need for astute awareness of the political environment. For example, a current Global Fund adviser stated:

> What I like about the CGD analysis is the conceptual clarity and integrity in that analysis. It's not trying to produce something that tells an audience what they want to hear. And I think one of the risks that think tanks can go down is producing stuff that gets traction in an organization by telling them what they want to hear—which may not be the right set of policies and reforms that that organization needs, and that can be counterproductive in terms of improving the impact and results. I think a challenge for CGD is there's always going to be people who want to protect and preserve the status quo, both in terms of ways of doing things and in terms of the raw political power and control over who gets to decide what gets done.

Through the HAM, CGD working groups, and other activities, CGD has produced a significant volume of work analyzing the Global Fund[154] and other global health institutions, oftentimes critically appraising their actions. This relationship requires a "delicate" balance between being a constructive, independent critic and concurrently "understand[ing] how an organization works and its chemistry and… what its barriers are in terms of how you provide information to it or about it," according to a senior staff member at a peer institution. To achieve the intended outcomes, then, CGD must understand the organizational structures and political environments at the institutions it seeks to have an impact on and also have strong relationships with individuals embedded within those institutions.

While CGD generally seemed to excel at the latter, two individuals interviewed critiqued CGD's ability to do the former. One suggested that "sometimes CGD can be slightly impractical because there's the theoretical idea of paying [based] on indicators and then how you have to do things practically given the politics and the institutions and the way things work." Another thought that "some of their models are very theoretical and not engaging with the reality and ways things work on the ground." In reference to the long-term impact of CGD efforts and work left to be done, an external actor framed this challenge in terms of considering "how do we then get all

BOX 6. LIMITATIONS TO CGD'S OPERATING MODEL IN TERMS OF OPERATIONALIZING POLICY RECOMMENDATIONS

"Rarely does [CGD] go all the way to an operational plan like it did with 3ie. The first step is 'we need something' and the second step is 'let's design the thing that we need and launch it.' Because when it's making recommendations on new financial models for the Global Fund, CGD has not been then doing step 2, which is 'okay, let's design the new financing model and create the blueprint so it can be implemented.' I think it very rarely goes [to] that second step, which means then it's BCG or McKinsey or somebody else who's going to draw that up, and frankly I have much less confidence in their ability to do that and even less confidence in their ability to do that in a disinterested way. But at the same time, I totally get that CGD may not want to be perceived as self-interested because they're creating gravy trains that they would then feed at. I think that's a really difficult thing. And it makes the attribution problem all that much harder."

– External Stakeholder

this nice technical work that we have done to be understood by the political powers so that whatever outcome that comes out of it is impactful and for the good of the people?" Even then, however, organizations may be unable to operationalize or act on CGD recommendations because of bureaucratic entrenchment, high transaction costs, or other organizational constraints that are beyond CGD's abilities to directly address (see, for example, Box 6).

With regard to specific legislation, a former congressional staffer commented that "any organization that's trying to make clinical recommendations, they're going to run into the reality of politics, and what emerges is [a] sort of melding of member priorities and issues. So the final draft of a bill rarely looks like the first thing somebody put on paper, and that's the way the process works. CGD tries to stay out of that fray, but that's where you run into issues like that" (i.e., competing political priorities). Here again, factors largely out of CGD's control ultimately mediate the policy outcome, while CGD's mandate as a nonpartisan, independent nonprofit necessitates distance from the legislative process. In this context, CGD can best position itself to achieve policy impact through attentiveness to the political realities surrounding particular policy recommendations and priorities.

Theme 4. Political dynamics and conflicting philosophies in the global health sector limited traction of VfM principles[155]

Political dynamics and differing philosophical orientations in the global health sector created a challenging environment at times for CGD's recommendations related to VfM. A former CGD staff member described the shifting global health funding landscape as a contributor to a general wariness of critique across the sector, which created an impetus to "preserve gains" in health outcomes and financial support achieved since the early 2000s. This dynamic led to CGD "running into fears in the sector that pointing out the fact that we may need to do more with less is admitting that we can do more with less, and nobody wants to do more with less." Several other individuals mentioned what they perceived as a broader resistance to the concept of VfM in health on the basis that VfM requires putting a dollar value on human life (Table 1). The dominant imperative in the global health sector has been increasing available resources, which VfM could be viewed as undermining by shifting attention away from the need for more resources. Another former CGD researcher involved in the Value for Money Working Group stated that "the priority-setting report made clear this way of thinking is still very underutilized by the health sector in general."

For some, the VfM lens was, and to some extent remains, perceived as antithetical to the goals of global health. In the context of the HIV/AIDS response, AIDS activists in the 1980s and 1990s advocated for access to care for all, viewing health primarily through a human rights lens; this orientation drives much of the health sector today. Proponents of a "health for all" approach have expressed concern that using cost-effectiveness or VfM approaches contradicts or at the very least undermines efforts to realize the vision of health as a human

TABLE 1 Comments from individuals interviewed on the fraught perception of VfM in global health

"Funding has been getting tighter and so there's this kind of existential threat between making changes, reforming areas that need tweaks, and that being evidence that it's not working and maybe funding needs to be pulled back." (former CGD staffer)
"You still see this view that it's somehow distasteful to be talking about being careful how you spend money when people are dying, but that's what makes it all the more important." (former DFID staffer)
"[The VfM agenda has a] slightly conservative tinge; not very cheerful but perhaps the world that we're living in now with COVID, fewer and fewer resources, so we have to make some hard choices, but nobody likes to make the hard choice—everyone wants to say yes." (former CGD staffer)
"[VfM is] less salient in terms of how it sounds from the perspective of 'Am I saving lives?' It sounds very technical and I think that sometimes may make it a little bit more esoteric, a little bit removed from the real power it has." (peer institution senior staffer)

right. One dimension of the pushback to CGD's "AIDS transition" concept was the perception that the idea implicitly suggests letting people with HIV die, either directly through domestic disinvestment in treatment or indirectly by conditioning treatment scale-up on potentially difficult-to-show declines in incidence (Figure 1).

Another dimension of resistance to the idea was this deeper, more foundational schism around the goals of global health. Some health advocates, researchers, and experts perceived the framing of resources for HIV/AIDS in Achieving an AIDS Transition as deeply harmful to health and development because more resources are needed, "full stop," and the lines of reasoning in Over's book were perceived as undercutting efforts to increase resources for HIV/AIDS to a level sufficient to actually control the pandemic (Box 7).[156] Several individuals interviewed, both internal and external to CGD, commented on this resistance to the AIDS transition idea, underscoring the tension between the "health for all" and "value for money" vantage points. For example, an AIDS activist critiqued CGD's rhetorical choices around "the unsustainability of treatment" in its AIDS transition work, which in their view, although explicitly prevention-focused, "was really iterations of 'how do we get out of being on the hook for treatment?'" They added:

> To go down that road is to accept it's a bad thing to be treating a lot of people with a chronic disease… Anytime somebody approaches, paraphrases, or just flat out says we can't treat our way out of the AIDS epidemic, they're saying something that is both true and morally reprehensible… sometimes we don't do things because they're sustainable; we do them because of justice and mercy and human rights.

This dynamic also points to historic inequities between aid donor and aid recipient governments, which have shaped imbalanced and unjust distributions in power and resources, including lifesaving health interventions such as ART.

BOX 7. EXAMPLE OF CRITICAL RESPONSES TO CGD'S WORK ON THE AIDS TRANSITION

"There are trade-offs to be made in policy decision-making: there is no denying that in the context of limited resources. However, AIDS activists challenged the notion that the sum of resources on the table in the late 1990s was fixed: we boosted funding for AIDS, TB, and I would contend for things like immunization (via Gavi), which came along with the wave that AIDS activists created at the end of the last century… .

"We need more money for global health and development—full stop. I am not going to fight for crumbs from the table of Congress or European parliaments: I will always make the case that we need more because Congress will always give less than you ask for… .

"AIDS activism can be an engine for greater achievements in health and development overall… . The worst part of this whole two-year jihad against AIDS activists by the 'experts' like Mead [Over], Bill Easterly, Roger England, and others is that their biggest success will be killing the social movement that brought us such successes, however modest, over the past decade. The powerful only need to hear once or twice from the 'experts' that the powerless (e.g., people with HIV, gay men, drug users, poor women) are 'rent-seekers' [or] are 'the problem' and they have the excuse they need to go back to doing business as usual."

– Gregg Gonsalves, Yale University

Source: Comment on June 2010 CGD blog post, "Yet Another Inconvenient Truth: AIDS Treatment Is a Costly Way to Save Lives."

Theme 5. The HIV/AIDS research and advocacy space is crowded, making definitive impact claims difficult; yet CGD nevertheless established itself as an authoritative and trusted analytical voice on VfM in the work of global health institutions like PEPFAR and the Global Fund

Perhaps the greatest challenge to assessing any CGD claims of impact in moving the VfM agenda forward at global health institutions is the sheer number of other actors working on HIV/AIDS. As alluded to earlier, HIV/AIDS became the top global health priority by the early 2000s; its prioritization in turn spawned numerous organizations and agencies created for the sole purpose of addressing the HIV/AIDS crisis. Consequently, CGD is "one small actor in a big field with multiple actors," in the words of an external actor interviewed, which makes adjudicating impact claims especially challenging. CGD did seem to carve out a unique position, though. For one, substantial unrestricted support from one of CGD's founders, Ed Scott, enabled the organization to maintain an independent stance largely unmediated by funders' interests or priorities (a relative rarity in the nonprofit sector, given funding challenges).[157] This context in turn facilitated CGD's ability to "push the envelope" with its ideas and recommendations and to take critical positions on major institutions.

CGD's applied economic lens on health broadly and HIV/AIDS specifically was also a differentiating factor, though other entities such as the World Bank also focused on health economics. That said, individuals interviewed agreed that CGD's analytical rigor was a definite strength. A global health researcher familiar with CGD's work, for example, described CGD as "the preeminent think tank in this space" that was "definitely a positive facilitator" of greater incorporation of economic modeling in health. An adviser to the Global Fund echoed an appreciation of the quality of CGD's work and its application in their role: "When you look at things like the value for money work, I think the quality of the analysis is absolutely exceptional… from my reading of the CGD reports and analysis, I certainly found it really, really helpful when I was getting up to speed on the issues and challenges facing the Global Fund." A former congressional staffer differentiated CGD from other organizations in similar terms:

> CGD's voice is often the sort of practical but grounded in science perspective, grounded in evidence. That's a space that's not too common in Washington—not that others are not grounded in evidence, but they may not have as much work going into particular reports. The fact that I remember as much about CGD as I do is a sign of their influence, because there were a lot of players and actors; there were lots of thoughtful people in Washington wanting to have an opinion, and some of them kind of blend into the background.

Indeed, a core distinguishing feature of CGD's work during this period was its combination of timeliness, practicality, and rigor in its pursuit of filling information gaps in the field of HIV/AIDS financing. In reference to their own subsequent work on HIV/AIDS, an AIDS journalist described CGD's HAM as "again and again the thing I have gone to as a record of what was happening at the time." They added:

> [It] definitely felt like I'll either find out what I should be thinking about or I'll find out more about something I am thinking about from this publication… At some pivotal moments where the conversation around PEPFAR, around global AIDS spending, was circling around a theme without a lot of granularity or specificity, the Monitor and those reports provided the granularity and specificity that was sorely needed and that really wasn't duplicated that much right at that moment. CGD was early in some of these issues and grounded in countries… That kind of work is hard to ascribe impact to but is really, really crucial because it informs a lot of other actors… to be that trusted source, to create those resources that people use to make arguments and to cite and take thinking one step further… it can be a little intangible, but it's knowledge production that's really valuable.

At the same time, individuals interviewed for this case study pointed to numerous other organizations as influential in

helping to improve transparency around HIV/AIDS financing practices and to advance a VfM agenda in global health. Put another way, "a lot of groups were doing this together for many different reasons." DFID was among those most frequently mentioned, while other bilateral agencies, including those in Canada, Norway, the Netherlands, Sweden, and Germany, were all also referenced. With regard to influence on PEPFAR, CHAI was cited as playing a technical supporting role in helping PEPFAR to think through operationalizing VfM considerations, while activist groups such as the Global AIDS Alliance and Health GAP were also cited as influential. The Gates Foundation also played a critical role by funding CGD, CHAI, and other organizations working on the intersection of health economics and HIV. Given the Gates Foundation's budget and programmatic footprint, several individuals interviewed credited it with helping to shape the VfM agenda. Other actors listed as important contributors or having a significant impact were KFF, Results for Development, the World Bank (specifically for its work on RBF), consulting firms, and implementing groups.

One other important, unique legacy of CGD's work in this space, according to an individual interviewed, was the precedent it set in "showing what was possible" in terms of impacting policy decisions at global health institutions. While, again, CGD cannot be given sole credit for PEPFAR's public disclosures of previously unreleased data, for example, CGD was a persistent, authoritative voice within the group of actors calling for greater transparency at PEPFAR. CGD's approach to making the case for greater transparency was also somewhat unique. In the words of one individual external to CGD interviewed for this project,

> CGD is part of a very successful intervention in changing transparency and changing what the [US government] provides in term of information on how it's spending some of its global health money. And [CGD's] contribution was, first, to show that it was possible to some extent and, secondly, whenever you're doing your own reporting, you create a situation where the entity that's being reported on might want to control that itself. So I think it created pressure in a couple of affirmative ways that were again neutral, which was also important.

CONCLUSION

There is sufficient evidence to conclude that CGD played an important, catalytic role in helping to advance VfM principles at global health institutions, namely the Global Fund and PEPFAR. Virtually all individuals interviewed for this case study used language that highlighted CGD researchers' role as "important contributors" in moving the VfM agenda forward. Individuals also agreed that CGD was seen as a credible source of evidence and information on VfM in global health and that CGD was effective at creating a "drumbeat" around VfM. At the same time, the community of actors working on HIV/AIDS was large relative to other health areas, while a much smaller but still significant community of health economists was working on VfM in health. Trends in the broader political and economic environment in which ideas were situated also mediated the receptivity of donors to act on specific CGD recommendations. Further research that can more finely trace the uptake of specific recommendations outlined in CGD working group or HAM reports would help clarify CGD's unique role in this space and its direct causal impact on policy changes.

The indirect policy impact CGD achieved through its impartial, rigorous analysis may have been "hard to pin down empirically" and less quantifiable relative to other policy impact claims considered in this case study series. The kind of "ground-truthing" CGD did through its work on HIV/AIDS financing during the 2000s and early 2010s, however, was nevertheless demonstrably of value to, and used by, decision makers at global health institutions. Looking forward, multiple individuals interviewed lamented that CGD has seemed to move back from this space and would like to see the organization reengage. In the context of "flatlined budgets and missed targets," a former CGD staff member recommended that the organization work to revitalize conversations around VfM and take advantage of the current policy window created by the COVID-19 pandemic.

Notes

1 It would also be valuable to trace the evolution of idea to policy and then to implementation, as the space between policy and implementation is often rife with challenges that curtail potential policy impact.

2 The term "policy entrepreneurs" refers to individual policy actors who leverage policy windows to advance a particular policy. See John W. Kingdon, *Agendas, Alternatives, and Public Policies* (Boston: Little, Brown, 1984). Note: This case study is not a formal, structured policy analysis, though it does draw from analytical frameworks and models where indicated.

3 Put another way by an individual interviewed for this project: "People would rather meet in Bellagio but that doesn't mean they wouldn't have met." The Rockefeller Foundation's Bellagio Center in Bellagio, Italy, is a convening center for policymakers, academic researchers, practitioners, and other leaders. It has frequently been the meeting location for global health leaders. See www.rockefellerfoundation.org/bellagio-center.

4 For a discussion of how HIV/AIDS transformed global health, see Allan Brandt, "How AIDS Invented Global Health," *New England Journal of Medicine 368* (2013): 2149–2152.

5 Institute for Health Metrics and Evaluation, *Financing Global Health Viz Hub* ("Flows of Development Assistance for Health"), http://vizhub.healthdata.org/fgh.

6 Ibid.

7 Ibid.

8 This case study does not include an in-depth analysis of the origins, applications, or history of the concept of cost-effectiveness, as that is beyond the scope of this project.

9 World Bank, *World Development Report 1993: Investing in Health* (New York: Oxford University Press, 1993), https://openknowledge.worldbank.org/handle/10986/5976.

10 See Daphna Berman, "An Accidental Health Economist Talks Education, Bill Gates, and Why Impact Evaluation Isn't Enough," *World Bank Blogs*, May 15, 2018, https://blogs.worldbank.org/education/accidental-health-economist-talks-education-bill-gates-and-why-impact-evaluation-isn-t-enough. For the Gates Foundation figure, see https://vizhub.healthdata.org/fgh.

11 Dean T. Jamison, W. Henry Mosley, Anthony R. Measham, and Jose Luis Bobadilla, eds., *Disease Control Priorities in Developing Countries* (New York: Oxford University Press, 1993), http://dcp-3.org/dcp2.

12 T. Tan-Torres Edejer, R. Baltussen, T. Adam, R. Hutubessy, A. Acharya, D.B. Evans, and C.J.L. Murray, eds., *Making Choices in Health: WHO Guide to Cost-Effectiveness Analysis* (Geneva, Switzerland: World Health Organization, 2003), https://apps.who.int/iris/handle/10665/42699.

13 The brief outlines five core components of VfM—economy, efficiency, effectiveness, equity, and cost-effectiveness—and underscores the importance of gaining conceptual clarity around VfM. Penny Jackson, *Value for Money and International Development: Deconstructing Myths to Promote a More Constructive Discussion* (Paris: OECD, 2012), www.oecd.org/development/effectiveness/49652541.pdf.

14 Department for International Development (DFID), *DFID's Approach to Value for Money* (London: DFID, 2011), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49551/DFID-approach-value-money.pdf.

15 See Chapter 2 of CGD's 2013 Value for Money Working Group report, *More Health for the Money: Putting Incentives to Work for the Global Fund and Its Partners*, www.cgdev.org/sites/default/files/More-Health-for-the-Money.pdf.

16 The internal writeup of the first meeting of CGD's Value for Money Working Group, convened in May 2012, features a lengthy discussion of this issue.

17 CGD's 2011 proposal to the Gates Foundation for a grant to support this working group lists the following as the project's primary goal: "[To] develop a consensus on a clear, pragmatic and implementable value for money agenda that is relevant for the major [global health] funders."

18 As noted by CGD in its grant proposal to the Gates Foundation, this definition draws from Bautista-Arredondo and colleagues' 2008 analytical framework for optimized resource allocation in HIV prevention programming. See Sergio Bautista-Arredondo, Paola Gadsden, Jeffrey E. Harris, and Stefano M. Bertozzi, "Optimizing Resource Allocation for HIV/AIDS Prevention Programmes: An Analytical Framework." AIDS 22, suppl. 1 (2008): S67–S74.

19 For instance, see Atul Gawande, "The Cost Conundrum," *New Yorker*, May 25, 2009, www.newyorker.com/magazine/2009/06/01/the-cost-conundrum.

20 See World Health Organization (WHO), "From Value for Money to Value-Based Health Services: A Twenty-First Century Shift" (Geneva, Switzerland: WHO, 2021), www.who.int/publications/i/item/9789240020344. This approach attempts to "[look] at how to value health more holistically by working through [three] levers which act at the system level—setting a health benefits package, strategic purchasing and integrated people-centered health services—to advance [universal health coverage objectives]." This policy brief also cites an article coauthored by CGD researchers: Kalipso Chalkidou, Amanda Glassman, Robert Marten, Jeanette Vega, Yot Teerawattananon, Nattha Tritasavit, Martha Gyansa-Lutterodt, Andreas Seiter, Marie Paule Kieny, Karen Hofman, and Anthony J. Culyer, "Priority-Setting for Achieving Universal Health Coverage," *Bulletin of the World Health Organization* 94, no. 6 (2016): 462–467, https://doi.org/10.2471/BLT.15.155721.

21 This case study does not include an in-depth analysis of the origins, applications, or history of results-based financing, as that is beyond the scope of this project.

22 Nancy Birdsall and William D. Savedoff, *Cash on Delivery: A New Approach to Foreign Aid* (Washington, DC: CGD, 2010), www.cgdev.org/publication/9781933286600-cash-delivery-new-approach-foreign-aid. CGD's Amanda Glassman, prior to joining CGD, led operationalization of the COD Aid approach while with the Inter-American Development Bank on the Salud Mesoamerica Initiative. See www.cgdev.org/blog/results-based-funding-health-progress-poorest-communities-mesoamerica.

23 Rena Eichler, Ruth Levine, and the Performance-Based Incentives Working Group, *Performance Incentives for Global Health: Potential and Pitfalls* (Washington, DC: CGD, 2009). As one indication of CGD's lasting impact on RBF, the Urban Institute's November 2016 policy brief on RBF extensively cites CGD work and thanks CGD's Amanda Glassman and Bill Savedoff for "expert opinions" and comments. See Matthew Eldridge and Rebecca TeKolste, *Results-Based Financing Approaches: Observations for Pay for Success from International Experiences* (Washington, DC: Urban Institute, 2016), www.urban.org/sites/default/files/publication/85601/results-based-financing-approaches_1.pdf.

24 "Banking on Impact: What You Need to Know about Results-Based Financing," World Bank, June 28, 2019, www.worldbank.org/en/news/feature/2019/06/28/banking-on-impact-what-you-need-to-know-about-results-based-financing.

25 Analysis of the HIV/AIDS Monitor's policy impact included in this case study is not exhaustive but rather limited to its influence on PEPFAR. CGD's HIV/AIDS Monitor was initially supported by a $1.8 million grant from the Gates Foundation (2005–2010). CGD secured additional funding from the Packard Foundation to focus on reproductive health, Canada's International Development Research Centre for in-country activities, the Rockefeller Foundation to support a Bellagio conference with research staff, and the Swedish International Development Cooperation Agency.

26 According to a former CGD staff member, the impetus to create the HAM came from the rapid deployment and scale of investments from PEPFAR, the World Bank, and the Global Fund: they were "pouring billions of dollars into one health issue; it presented a kind of natural study." For all published HAM work, see www.cgdev.org/initiative/hivaids-monitor.

27 Nandini Oomman, Michael Bernstein, and Steven Rosenzweig, *Following the Funding for HIV/AIDS: A Comparative Analysis of the Funding Practices of PEPFAR, the Global Fund and World Bank MAP in Mozambique, Uganda and Zambia* (Washington, DC: CGD, 2007), www.cgdev.org/publication/following-funding-hivaids-comparative-analysis-funding-practices-pepfar-global-fund-and.

28 See Jim Campbell and Barbara Stilwell, *Mozambique: Taking Forward Action on Human Resources for Health (HRH) with DFID/OGAC and Other Partners* (Washington, DC: USAID, 2008), https://pdf.usaid.gov/pdf_docs/pnadw703.pdf, and James Sherry, Sangeeta Mookherji, and Leo Ryan, *The Five-Year Evaluation of the Global Fund to Fight AIDS, Tuberculosis, and Malaria: Synthesis of Study Areas 1, 2 and 3* (Geneva, Switzerland: Global Fund, 2009), www.theglobalfund.org/media/3020/terg_fiveyearevaluationsynthesisofsas_report_en.pdf.

29 2007 CGD report launch attendee list.

30 The Global Fund's acting deputy director of operations, Elmar Vinh-Thomas; the World Bank's lead operations officer for human development in East and Southern Africa, Jean-Jacques de St. Antoine; and PEPFAR's principal deputy coordinator and chief medical officer, Thomas Kenyon, participated in the 2007 report launch event. See www.cgdev.org/event/what-are-donors-doing-aids-money-comparative-analysis-pepfar-global-fund-and-world-bank.

31 Transcript of CGD *Following the Funding* report launch event, October 10, 2007.

32 Nandini Oomman, Michael Bernstein, Steven Rosenzweig, and Jonathan Pearson, *The Numbers behind the Stories: PEPFAR Funding for Fiscal Years 2004 to 2006* (Washington, DC: CGD, 2008), www.cgdev.org/publication/new-pepfar-data-numbers-behind-stories.

33 See two November 2006 blog posts for further details on CPI's pursuit of these PEPFAR data: https://publicintegrity.org/health/behind-the-scenes-questions-lawsuits-and-eventually-some-answers and https://publicintegrity.org/health/bushs-aids-initiative-too-little-choice-too-much-ideology.

34 The Numbers behind the Stories report found that only 29 percent of PEPFAR funding went to in-country partners, while the rest went to predominantly US-based organizations. According to an August 2018 CGD blog post authored by Sarah Rose and Rachel Silverman, less than 40 percent of PEPFAR's funding went directly to in-country partners in 2018 (see www.cgdev.org/blog/pepfars-new-targets-local-implementation-commendable-theory-complicated-practice). This figure suggests that a decade after the report's publication in 2008, PEPFAR had made modest progress in directing a larger share of its funding to in-country partners.

35 See Tom Lantos and Henry J. Hyde United States Global Leadership against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, Pub. L. No. 110–293, 122 Stat. 2919 (2008), www.congress.gov/110/plaws/publ293/PLAW-110publ293.pdf. See also Michael Bernstein and Sarah Jane Staats, *PEPFAR Reauthorization: Improving Transparency in US Funding for HIV/AIDS* (Washington, DC: CGD, 2007. www.cgdev.org/publication/pepfar-reauthorization-improving-transparency-us-funding-hivaids.

36 CGD final grant report for a grant supporting the HIV/AIDS Monitor, August 2010. As a 501(c)(3) organization, CGD does not engage in direct lobbying regarding specific legislation.

37 Nandini Oomman and Steve Rosenzweig, "Memo to President-Elect Obama: Make US HIV/AIDS Money More Effective by Releasing Data," *CGD Blog*, December 1, 2008, www.cgdev.org/blog/memo-president-elect-obama-make-us-hivaids-money-more-effective-releasing-data.

38 Another individual external to CGD stated that "it was not tolerable to have that money coming into countries with no information on what that money was being spent on," suggesting that absent CGD, PEPFAR would have still moved in the direction of greater transparency.

39 Office of the US Global AIDS Coordinator, *The U.S. President's Emergency Plan for AIDS Relief Five-Year Strategy* (Washington, DC: PEPFAR, 2009), https://webarchive.loc.gov/all/20151105061426/http://www.pepfar.gov/documents/organization/133035.pdf. See also the accompanying PEPFAR Office of the Spokesperson December 2009 media note: https://2009-2017.state.gov/r/pa/prs/ps/2009/dec/132837.htm. Country ownership was also a prominent theme of PEPFAR's 2009–2014 strategy; CGD has claimed a role in informing this emphasis, though this case study does not investigate this particular claim in depth. For example, in a 2010 grant report, CGD stated: "The HIV/AIDS Monitor recommended that PEPFAR make governments a true partner in programs. PEPFAR's new strategy highlights the transition to country ownership, with the key concept of supporting 'true partnerships with governments in order to assist them as they lead and guide the response to their epidemics.'" Further investigation of this claim could yield additional insights into the nature and extent of CGD's policy impact on PEPFAR.

40 "FY 2005 Data – Planned Funding Amount and Percentage by Program Area," Library of Congress Web Archive, https://webarchive.loc.gov/all/20080112002749/http://www.state.gov/s/gac/progress/other/data/program.

41 Library of Congress Web Archive, https://webarchive.loc.gov/all/20100131164202/http://www.pepfar.gov. The review of PEPFAR's archived webpages was not exhaustive; further review would help clarify exactly how much, and what, additional PEPFAR financial and programmatic data become publicly available between 2007 and 2010.

42 CGD staff activity report to CGD's board, November 2009 and April 2010.

43 Ibid.

44 See Kim Ashburn, Nandini Oomman, David Wendt, and Steven Rosenzweig, *Moving Beyond Gender as Usual* (Washington, DC: CGD, 2009), www.cgdev.org/publication/moving-beyond-gender-usual. The report was launched in July 2009 and featured remarks from PEPFAR's senior technical adviser, Nomi Fuchs-Montgomery. For a recording of the event, see www.cgdev.org/event/beyond-gender-usual-how-hivaids-donors-can-do-more-women-and-girls. In PEPFAR 2.0, PEPFAR commits to "expanding PEPFAR's commitment to cross-cutting integration of gender equity in its programs and policies, with a new focus on addressing and reducing gender-based violence."

45 CGD final grant report, August 2010.

46 This individual was further quoted as saying, "The HIV/AIDS Monitor publications helped us understand the issues surrounding PEPFAR implementation... which in turn helped us define the scope of our research." While it is not entirely clear what "scope of our research" refers to, it could be inferred that the Government Accountability Office, in its "watchdog" capacity, used HAM outputs to help identify areas for improvement within PEPFAR operations.

47 August 2008 CGD satellite event flyer.

48 CGD final grant report, August 2010.

49 Transcript of CGD *Following the Funding* report launch event, October 10, 2007.

50 "What Is Country Ownership Anyway? Rethinking Global Health Partnerships," CGD event, June 21, 2010, www.cgdev.org/event/what-country-ownership-anyway-rethinking-global-health-partnerships.

51 Nandini Oomman, "Country Ownership and Rethinking Global Health Partnerships: From Dependence to Symbiosis," *CGD Blog*, June 25, 2010, www.cgdev.org/blog/country-ownership-and-rethinking-global-health-partnerships-dependence-symbiosis.

52 A work summary prepared by a CGD staff member used for internal review purposes.

53 CGD's 2010 final grant report includes further discussion regarding country-level impacts and lessons learned from CGD's research activities in Zambia, Uganda, Mozambique, and Kenya. Country-level case studies would further clarify the precise mechanisms by which CGD work directly informed country-level policies and practices.

54 CGD final grant report, August 2010.

55 Ibid. Dr. Ssengooba's 2010 op-ed, "How long will we depend on the U.S. for HIV money?" is available at www.newvision.co.ug/news/1298400/depend-us-hiv-money. Quoted material is taken from the grant report.

56 CGD final grant report, August 2010. Quoted material is taken from the grant report.

57 According to a former CGD staff member involved with the HAM, "It was the only initiative at that time [at CGD] that actually had primary evidence from countries to inform policy changes at this level."

58 According to CGD's 2010 final report, between 150 and 200 people on average attended HAM events; subscribers to the HAM newsletter also "included key AIDS and [global health] donor officials and country government officials in Africa and Asia." A former CGD staff member interviewed for this case study also indicated that HAM research staff were frequently "asked to join many different fora to have input," including universities, media requests, and international conferences such as the 17th International AIDS Conference in Mexico City in 2008 (see www.cgdev.org/media/video-xvii-international-aids-conference).

59 See https://data.pepfar.gov/library.

60 Martha Ainsworth and Mead Over, *Confronting AIDS: Public Priorities for a Global Epidemic* (Washington, DC: World Bank, 1997), https://documents.worldbank.org/en/publication/documents-reports/documentdetail/211211468779168446/confronting-aids-public-priorities-in-a-global-epidemic.

61 Markus Haaker, ed., *The Macroeconomics of HIV/AIDS* (Washington, DC: International Monetary Fund, 2004), www.imf.org/external/pubs/ft/AIDS/eng/index.htm.

62 Mead Over, *Achieving an AIDS Transition: Preventing Infections to Sustain Treatment* (Washington, DC: CGD, 2011), www.cgdev.org/publication/9781933286389-achieving-aids-transition-preventing-infections-sustain-treatment.

63 This section does not represent a comprehensive nor exhaustive investigation of the extent to which specific policy recommendations put forward in *Achieving an AIDS Transition* were taken up.

64 Office of the US Global AIDS Coordinator, *PEPFAR 3.0: Controlling the Epidemic: Delivering on the Promise of an AIDS-Free Generation* (Washington, DC: PEPFAR, 2014), www.state.gov/wp-content/uploads/2019/08/PEPFAR-3.0-%E2%80%93-Controlling-the-Epidemic-Delivering-on-the-Promise-of-an-AIDS-free-Generation.pdf. Together with The PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control (2017–2020), PEPFAR 3.0 is PEPFAR's current strategy. See Office of the US Global AIDS Coordinator, *The PEPFAR Strategy for Accelerating HIV/AIDS Epidemic Control* (2017–2020) (Washington, DC: PEPFAR, 2017), www.state.gov/wp-content/uploads/2019/08/PEPFAR-Strategy-for-Accelerating-HIVAIDS-Epidemic-Control-2017-2020.pdf.

65 PEPFAR, PEPFAR 2021 *Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR Countries* (Washington, DC: PEPFAR, 2021), www.state.gov/wp-content/uploads/2020/12/PEPFAR-COP21-Guidance-Final.pdf.

66 "PEPFAR Blueprint: Creating an AIDS-free Generation," PEPFAR Office of the Spokesperson, November 2012, https://2009-2017.state.gov/r/pa/prs/ps/2012/11/201195.htm.

67 For example, Ambassador Birx participated in a panel at Publish What You Fund's 2014 Aid Transparency Index launch (recording available at www.cgdev.org/event/publish-what-you-fund%E2%80%99s-2014-aid-transparency-index-launch), gave a keynote address at a 2016 event on the role of finance ministries in the HIV response (recording available at www.cgdev.org/event/how-can-finance-ministries-support-sustainable-hiv-response), and spoke at a 2018 event on PEPFAR's DREAMS program (recording available at www.cgdev.org/event/fighting-hiv-empowering-adolescent-girls-and-young-women-learning-event-pepfar%E2%80%99s-dreams).

68 Lauren Post and Allison Grossman, "Making Measurement and Evaluation Relevant to Women's Economic Empowerment," CGD Blog, June 2015, www.cgdev.org/blog/making-measuring-and-evaluation-relevant-womens-economic-empowerment.

69 Amanda Glassman and Jenny Ottenhoff, *Clear Direction for a New Decade: Priorities for PEPFAR and the Next US Global AIDS Coordinator* (Washington, DC: CGD, 2013), www.cgdev.org/publication/clear-direction-new-decade-priorities-pepfar-and-next-us-global-aids-coordinator. A private stakeholder meeting CGD convened in July 2013 shaped this December 2013 report's content.

70 For the recording of Ambassador Birx's remarks, see www.cgdev.org/event/defeating-aids-tb-and-malaria-designing-next-generation-financing-models.

71 Sebastian Linnemayr, Gery W. Ryan, Jenny Liu, and Kartika Palar, *Value for Money in Donor HIV Funding* (Santa Monica, CA: RAND Corporation, 2011), www.rand.org/pubs/technical_reports/TR1158.html.

72 With lifesaving ART, people with AIDS are able to live longer and the mortality rate has plateaued. Incidence is also falling in most countries, though rates vary considerably. See "Trends," IHME HIV Atlas, https://hiv.ihme.services/trends?age_group_id=22&cause_id=298&gender_id=1%2C2&location_id=1&measure_id=6&metric_id=1.

73 See Emily Bass, *To End a Plague: America's Fight to Defeat AIDS in Africa* (New York: PublicAffairs, 2021).

74 This individual also stated that Ambassador Birx received "backlash from AIDS advocates" for epidemic control and that this backlash corroborates the conceptual similarity between the AIDS transition and epidemic control.

75 This individual noted that given how few people were accessing ART at the time (relative to the total number of people living with HIV, as an estimated 75 percent of people living with HIV globally in 2010 were not receiving ART), maintaining rather than scaling up treatment would have been "devastating." See "Data" tab, "Estimated Antiretroviral Therapy Coverage among People Living with HIV (%)," WHO, www.who.int/data/gho/data/indicators/indicator-details/GHO/estimated-antiretroviral-therapy-coverage-among-people-living-with-hiv-(-).

76 For further details, see "Study Summary," HIV Prevention Trials Network, www.hptn.org/research/studies/hptn052.

77 PEPFAR Scientific Advisory Board, *PEPFAR Scientific Advisory Board Recommendations for the Office of the US Global AIDS Coordinator: Implications of HPTN 052 for PEPFAR's Treatment Programs* (Washington, DC: PEPFAR, 2011), https://webarchive.loc.gov/all/20160213015610/http://www.pepfar.gov/documents/organization/177126.pdf.

78 See "President Obama on World AIDS Day," White House, December 1, 2011, https://obamawhitehouse.archives.gov/photos-and-video/video/2011/12/01/president-obama-world-aids-day#transcript.

79 Over also participated in the Scientific Advisory Board's Data Working Group, where he and CGD's Rachel Silverman contributed to the development of four interrelated recommendations in 2012 focused on data transparency. Among the recommended actions were to "strengthen, streamline, and publicly disclose PEPFAR's collection and management of key program indicators" and to "establish and maintain a PEPFAR public access knowledge portal." (See the October 2012 Data Working Group presentation entitled "Recommendations by the Data Working Group [DWG] to the PEPFAR Scientific Advisory Board [SAB]," https://studylib.net/doc/13043017/recommendations-by-the-data-working-group--dwg--to-the. See also Mead Over, "Improving PEPFAR's Data Management and Disclosure," CGD Blog, November 13, 2012, www.cgdev.org/blog/improving-pepfar%E2%80%99s-data-management-and-disclosure, and Mead Over and Rachel Silverman, "Institute of Medicine Pushes PEPFAR on Data Collection, Disclosure," CGD Blog, February 25, 2013, www.cgdev.org/blog/institute-medicine-pushes-pepfar-data-collection-disclosure). These recommendations were then formalized in early 2013, shared with Ambassador Goosby, and presented at a Scientific Advisory Board meeting in June 2013; subsequently, they were posted for public comment on PEPFAR's website. (March and June 2013 emails to Scientific Advisory Board members. It is unclear whether these four recommendations were formally implemented following this engagement.)

80 The concept of "epidemic control" did seem to gain traction with time; CGD's continued involvement in contemporaneous discussions around epidemic control indicate that CGD was viewed as an authoritative voice on the topic. For example, the UNAIDS Science Panel convened a meeting in October 2017, to which Over was invited. The resulting "consensus document," "Making the End of AIDS Real: Consensus Building around What We Mean by 'Epidemic Control,'" highlights four metrics for capturing epidemic control, noting that "advantages and limitations of each measure were explored, leading to greater shared understanding of both the added value a measure of 'epidemic control' could bring to the HIV response and the unintended consequences such a measure could have if it is not carefully presented and explained." Of note, the concept of an "AIDS transition" is not referenced. See www.unaids.org/sites/default/files/media_asset/glion_oct2017_meeting_report_en.pdf. See also P.D. Ghys, B.G. Williams, M. Over, T.B. Hallett, and P. Godfrey-Faussett, "Epidemiological Metrics and Benchmarks for a Transition in the HIV Epidemic," *PLOS Medicine* 15, no. 10 (2018): e1002678.

81 CGD Policy Pitch Tracker (internal document).

82 This remark was made specifically in reference to a 2012 CGD blog post on PEPFAR's pilot in Mozambique (Victoria Fan, "Expenditure Analysis: Unlocking PEPFAR's Value for Money Potential?" *CGD Blog*, August 1, 2012, www.cgdev.org/blog/expenditure-analysis-unlocking-pepfar%E2%80%99s-value-money-potential), which was cited as exemplary of these kinds of critiques.

83 This individual also underscored references in the 2013 reauthorization to engagement with local partners and efforts to build local capacity, which aligned with CGD's recommendations related to country ownership. This alignment, absent other corroborating evidence, does not confirm a causal relationship, though it is suggestive of CGD's possible role in informing.

84 See "Multilateral Debt Relief Initiative—Questions and Answers," International Monetary Fund, last updated July 28, 2017, www.imf.org/external/np/exr/mdri/eng/index.htm, for more details on these two initiatives.

85 CGD HAM researchers pointed to other compounding factors at the country level as well, such as a contemporaneous corruption scandal in the Zambian health sector that fueled an argument against commingling funds.

86 CGD may have been among the first to systematically analyze HIV donors' funding practices. Additional research on other major HIV/AIDS organizations active in the 1990s–2000s would shed light on this claim of priority.

87 Transcript of CGD *Following the Funding report launch event*, October 10, 2007.

88 HAM activities focused on the Global Fund were not analyzed in depth in this case study. According to a former CGD staff member who worked on the HAM, impact on the Global Fund through HAM activities was "less clear" and involved "more process-related changes that are still important." For example, CGD has claimed that its 2010 report HIV/AIDS Monitor: Are Funding Decisions Based on Performance? influenced the Global Fund to adjust its required reporting frequency from three to six months. According to a final grant report CGD submitted in August 2010, "the Global Fund's Director of Strategy, Performance and Evaluation requested Nandini [Oomman] and other CGD staff to discuss the process and preliminary results of their Five-Year Impact Evaluation."

89 See "Priority-Setting Institutions for Global Health," CGD, September 10, 2014, www.cgdev.org/working-group/priority-setting-institutions-global-health.

90 Amanda Glassman and Kalipso Chalkidou, Priority-Setting in Health: Building Institutions for Smarter Public Spending (Washington, DC: CGD, 2012), www.cgdev.org/publication/priority-setting-health-building-institutions-smarter-public-spending.

91 See https://idsihealth.org. iDSI was initially funded by the Gates Foundation and DFID; iDSI is now housed in the London-based CGD Europe office.

92 Global Fund, *The Global Fund's New Funding Model* (Geneva, Switzerland: Global Fund, 2013), www.theglobalfund.org/media/1467/replenishment_2013newfundingmodel_report_en.pdf.

93 See "Value for Money: An Agenda for Global Health Funding Agencies," CGD, August 25, 2014, www.cgdev.org/working-group/value-money-agenda-global-health-funding-agencies.

94 This working group and associated activities were funded by a $1.25 million, two-year grant from the Gates Foundation and a small grant from the Rockefeller Foundation for an April 2013 consultation meeting in Bellagio, Italy. Quoted material is taken from CGD's November 2013 final grant report. According to the report, "CGD researchers examined the array of past and current uses of the term 'Value for Money' and articulated a vision of 'Value for Money' as achieving the maximum impact on health per dollar spent."

95 DFID, *DFID's Approach to Value for Money* (London: DFID, 2011), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49551/DFID-approach-value-money.pdf.

96 Sebastian Linnemayr, Gery W. Ryan, Jenny Liu, and Kartika Palar, *Value for Money in Donor HIV Funding* (Santa Monica, CA: RAND Corporation, 2011), www.rand.org/pubs/technical_reports/TR1158.html. This report cites CGD HAM reports *Following the Funding and Are Funding Decisions Based on Performance?* RAND "prepared [the report] for the AIDS Healthcare Foundation;" further details regarding the motivation behind creating this report would help shed light on which other HIV researchers and advocates pursued a VfM agenda in HIV financing and why.

97 CGD final grant report, November 2013.

98 CGD also hosted private meetings and events, including a private July 2013 event cohosted with the vice chair of the Global Fund's board, Mireille Guigaz, with other Global Fund board members also present.

99 Value for Money Working Group, *More Health for the Money: Putting Incentives to Work for the Global Fund and Its Partners* (Washington, DC: CGD, 2013), www.cgdev.org/publication/more-health-money-putting-incentives-work-global-fund-and-its-partners.

100 See "More Health for the Money: Progress and Potential at the Global Fund," CGD event, September 25, 2013, www.cgdev.org/event/more-health-money-progress-and-potential-global-fund.

101 For a summary of the event, see "More Health for the Money: Highlights from the Launch Event," CGD Blog, October 7, 2013, www.cgdev.org/blog/more-health-money-highlights-launch-event. For further details regarding the pilot in Rwanda, which linked payments to HIV outcome indicators, see Global Fund, "Rwanda Pilots Innovative Financing Mechanism," press release, February 10, 2014, /www.theglobalfund.org/en/news/2014-02-10-rwanda-pilots-innovative-financing-mechanism. See also Nicolas Bidault, Matias Gomez, and Filippo Iarrera, "Introduction to Results Based Financing at the Global Fund" (presentation, Inter-agency Working Group, London, June 2014), www.rbfhealth.org/sites/rbf/files/Event/Cash%20Upon%20Delivery%20at%20the%20Global%20Fund.pdf, and Rachel Silverman, "Major Progress at the Global Fund: A One-Year 'More Health for the Money' Update for World AIDS Day," CGD Blog, December 1, 2014, www.cgdev.org/blog/major-progress-global-fund-one-year-more-health-money-update-world-aids-day.

102 Nancy Birdsall and William D. Savedoff, *Cash on Delivery: A New Approach to Foreign Aid* (Washington, DC: CGD, 2010), www.cgdev.org/publication/9781933286600-cash-delivery-new-approach-foreign-aid.

103 This individual further noted that this approach was in alignment with the WHO's malaria-elimination certification process.

104 Global Fund, *The Global Fund's New Funding Model* (Geneva, Switzerland: Global Fund, 2013), www.theglobalfund.org/media/1467/replenishment_2013newfundingmodel_report_en.pdf. The document further states: "The Global Fund will invest strategically in areas with high potential for impact and strong value for money."

105 Global Fund, *A Strategy for the Global Fund: Accelerating the Effort to Save Lives* (Geneva, Switzerland: Global Fund, 2007), www.theglobalfund.org/media/2525/core_globalfundstrategy2006_strategy_en.pdf.

106 Global Fund, "Report of the Executive Director" (presented at Global Fund Twenty-Third Board Meeting, Geneva, May 2011), www.theglobalfund.org/media/3935/bm23_03executivedirector_report_en.pdf.

107 Global Fund Technical Evaluation Reference Group, *Strategic Review 2017* (Geneva, Switzerland: Global Fund, 2017), www.theglobalfund.org/media/8343/terg_2017strategicreview_report_en.pdf. The Global Fund's follow-on strategic initiative is entitled Sustainability, Transition, and Efficiency. See "The Global Fund 2020–2022 Strategic Initiatives," www.theglobalfund.org/media/9228/fundingmodel_2020-2022strategicinitiatives_list_en.pdf.

108 Global Fund, "Global Fund Appoints Michael Borowitz as Head of Strategic Investment and Partnerships," press release, March 12, 2013, www.theglobalfund.org/en/news/2013-03-12-global-fund-appoints-michael-borowitz-as-head-of-strategic-investment-and-partnerships.

109 Several people interviewed noted possible risk intolerance at the Global Fund around further pilots of RBF approaches. For example, one individual stated that they "got a lot of pushback" from audit functions "when [they] tried to move that model to other countries."

110 CGD final grant report, August 2016.

111 Seventeen of 43 working group members, excluding co-chairs, were affiliated with the Global Fund at the time of the working group meetings. See "Next Generation Financing Models in Global Health," CGD, August 19, 2015, www.cgdev.org/working-group/next-generation-financing-models-global-health. This working group and associated activities were funded by a $914,025, 20-month grant from the Gates Foundation

112 Two of these background papers are available online. See Liam Wren-Lewis, "Designing Contracts for the Global Fund: Lessons from the Theory of Incentives" (Working Paper 425, CGD, Washington, DC, 2016), www.cgdev.org/sites/default/files/CGD-Working-Paper-425-Wren-Lewis-Contracts-Global-Fund_0.pdf, and Han Ye, "Global Health Donors Viewed as Regulators of Monopolistic Service Providers: Lessons from Regulatory Literature" (Working Paper 424, CGD, Washington, DC, 2016), www.cgdev.org/sites/default/files/CGD-Working-Paper-424-Han-Ye-Health-Donors.pdf.

113 CGD final grant report, August 2016.

114 Rachel Silverman, Mead Over, and Sebastian Bauhoff, *Aligning Incentives, Accelerating Impact: Next Generation Financing Models for Global Health* (Washington, DC: CGD, 2015), www.cgdev.org/publication/aligning-incentive-accelerating-impact-next-generation-financing-models-global-health.

115 For a recording of the event, see www.cgdev.org/event/defeating-aids-tb-and-malaria-designing-next-generation-financing-models.

116 CGD final grant report, August 2016. CGD's Silverman presented the working group report at the Global Fund.

117 October 9, 2015, email exchange between the Global Fund and CGD, shared by CGD.

118 October 9, 2015, feedback document from the Global Fund to CGD on a draft of the Next Generation Financing Models Working Group final report, shared by CGD.

119 November 2015 email exchanges between the Global Fund, the Gates Foundation, and CGD, shared by CGD.

120 See Global Fund, *Funding Request Instructions: Allocation Period 2020–2022* (Geneva, Switzerland: Global Fund, 2020), www.theglobalfund.org/media/5731/fundingrequest_transition_instructions_en.pdf, and Global Fund, Funding Request Instructions: Program Continuation (Geneva, Switzerland: Global Fund, 2020), www.theglobalfund.org/media/7356/fundingrequest_programcontinuation_instructions_en.pdf.

121 Global Fund, *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy* (2023–2028) (Geneva, Switzerland: Global Fund, 2021), 51, www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf.

122 Global Fund, *Value for Money Technical Brief* (Geneva, Switzerland: Global Fund, 2019), www.theglobalfund.org/media/8596/core_valueformoney_technicalbrief_en.pdf. The Global Fund's brief references and aligns with DFID's definition of VfM, which encompasses economy, effectiveness, efficiency, equity, and sustainability. See DFID, *DFID's Approach to Value for Money* (London: DFID, 2017), https://govshop.com/media/opportunities/documents/7154857ce96d90fce51c5a49e3d8617eattachment-j.pdf. (As of October 2022, the Global Fund's Technical Brief was replaced with a Placeholder Document stating, "Document Unavailable.") CGD's definition of VfM differs slightly: "Value for money in the health sector is defined as creating and complying with rules or procedures for allocating resources that elicit the production and use of the health maximizing mix of services for the available donor, national, and private resources [...] which entails high levels of 'technical efficiency' and 'allocative efficiency,' which can only be reached by ensuring 'incentive compatibility.'" Source: CGD working group report More Health for the Money. See also Box 1.

123 Global Fund, *The Global Fund Strategy 2017–2022: Investing to End Epidemics* (Geneva, Switzerland: Global Fund, 2016), www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf.

124 DFID, *Performance Agreement: United Kingdom and The Global Fund to Fight Aids, Tuberculosis and Malaria* (London: DFID, 2016), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/552983/perf-agreement-global-fund.pdf. The 2019 performance agreement, by contrast, does not mention payment by results: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/813633/GF_Performance_Agreement_.pdf, though it maintains an emphasis on VfM.

125 August 2016 email exchange between CGD and DFID staff.

126 Global Fund, "Global Fund Board Approves New Strategic Framework," press release, November 17, 2015, https://www.theglobalfund.org/en/news/2015-11-17-Global-Fund-Board-Approves-New-Strategic-Framework/.

127 November 16, 2015, email exchange between CGD and US government representatives.

128 CGD, "Recommendations for USG Input and Engagement around the 5-Year Strategy Development Process of the Global Fund to Fight AIDS, Tuberculosis and Malaria" (joint memo to US government staff and roundtable participants following roundtable discussion on US government input on the Global Fund), June 10, 2015. According to a CGD researcher, CGD met with Ambassador Birx on two other instances at her request in 2015 to discuss the Global Fund's strategy development process, which resulted in the creation of the talking points referenced in the text.

129 Global Fund, *Single TB and HIV Concept Note Ukraine 2015–2017* (Geneva, Switzerland: Global Fund, 2014), https://ecuo.org/mvdev/wp-content/uploads/sites/4/2016/10/UKR-C_ConceptNote_0_en.pdf.

130 Alliance for Public Health, *Annual Report 2018* (Kyiv, Ukraine: Alliance for Public Health, 2018), https://aph.org.ua/wp-content/uploads/2016/07/ar2018en.pdf.

131 Global Fund, *Ukraine Funding Request Full Review* (Geneva, Switzerland: Global Fund, 2019, https://moz.gov.ua/uploads/ckeditor/документи/Національна%20рада%20з%20питань%20протидії%20туберкульозу%20та%20ВІЛ-СНІД/Матеріали%20засідань/Матеріал%20від%2026-30.06.2020/UKR_fundingrequest_fullreview_v05_26June20_Eng.pdf.

132 Richard Cunliffe. Twitter, September 19, 2022. The full tweet reads: "The India portfolio has moved to a Payment for Results modality with @MoHFW_INDIA and achieving excellent results on the strength of recommendations from @CGDev. Thanks to @MeadOver @glassmanamanda @nancymbirdsall."

133 Euro Health Group, *The Global Fund: Strategic Review 2020 Final Report, vol. 1* (Søborg, Denmark: Euro Health Group, 2020), www.theglobalfund.org/media/10498/terg_strategicreview2020_report_en.pdf.

134 For examples of the World Bank's engagement with the Global Fund on RBF/PfR, see World Bank, "World Bank and Global Fund Deepen Partnership with Co-Financing Agreement," press release, October 22, 2019, www.worldbank.org/en/news/press-release/2019/10/22/world-bank-and-global-fund-deepen-partnership-with-co-financing-agreement.

135 Dr. Friebel is also a nonresident fellow at CGD.

136 R. Friebel, R. Silverman, A. Glassman , and K. Chalkidou, "On Results Reporting and Evidentiary Standards: Spotlight on the Global Fund," *Lancet* 393, no. 10184 (May 11, 2019): 2006–2008, https://doi.org/10.1016/S0140-6736(18)33055-1. See also William Savedoff, Amanda Glassman, and Janeen Madan, *Global Health, Aid and Corruption: Can We Escape the Scandal Cycle?* CGD Policy Paper 086 (Washington, DC: CGD, 2016), www.cgdev.org/publication/global-health-aid-and-corruption-can-we-escape-scandal-cycle, and Aneta Wierzynska, Sarah Steingrüber, Roxanne Oroxom, and Sebastian Bauhoff, "Recalibrating the Anti-corruption, Transparency, and Accountability Formula to Advance Public Health," *Global Health Action* 13, suppl. 1 (2020): 1701327.

137 Donald Kaberuka is also a member of CGD's board of directors.

138 To more rigorously assess the extent to which the Global Fund has adopted a VfM approach, a former CGD staff member suggested tracking proposals submitted by countries to the Global Fund over time to assess if and how proposal content changed with time. While beyond the scope of the present case study, this activity would provide a very helpful complement to the evidence presented here.

139 "Global Fund Appoints Head of Health Finance," Global Fund, October 2, 2020, www.theglobalfund.org/en/updates/other-updates/2020-10-02-global-fund-appoints-head-of-health-finance.

140 "Mobilizing Scarce Resources for Global Health—the Global Fund Rolls Up Its Sleeves," Aidspan, October 12, 2021, www.aidspan.org/en/c/article/5758.

141 See "Mobilizing Scarce Resources for Global Health—the Global Fund Rolls Up Its Sleeves," Aidspan, October 12, 2021, https://www.aidspan.org/en/c/article/5758, and Value for Money Working Group, *More Health for the Money: Putting Incentives to Work for the Global Fund and Its Partners* (Washington, DC: CGD, 2013), www.cgdev.org/sites/default/files/More-Health-for-the-Money.pdf.

142 The Global Fund's 2023–2028 strategy was approved at the November 2021 Global Fund board meeting. See Global Fund, *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023–2028)* (Geneva, Switzerland: Global Fund, 2021), www.theglobalfund.org/en/strategy-development/global-fund-strategy-2023-2028.

143 Global Fund, "Global Fund Board Approves New Strategy Placing People and Communities at Center to Lead Fight Against HIV, TB, Malaria, to Build Systems for Health, Equity and Strengthen Pandemic Preparedness," press release, November 10, 2021, www.theglobalfund.org/en/news/2021-11-10-global-fund-board-approves-new-strategy.

144 Global Fund, *Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy (2023–2028)* (Geneva, Switzerland: Global Fund, 2021), www.theglobalfund.org/media/11612/strategy_globalfund2023-2028_narrative_en.pdf.

145 For a summary of the AP article and its subsequent correction, see "AP Reports on Global Fund Malaria Drug Thefts, Issues Correction," *KFF Daily Global Health Policy Report*, April 21, 2011, www.kff.org/news-summary/ap-reports-on-global-fund-malaria-drug-thefts-issues-correction. For the Global Fund's response to the article, see Global Fund, "Global Fund Refutes Misleading Associated Press Article on Drug Theft," press release, April 20, 2011, www.theglobalfund.org/en/news/2011-04-20-global-fund-refutes-misleading-associated-press-article-on-drug-theft.

146 Andrew Jack, "Global Fund: Reforms Offer Chance of More Support for Regions in Need," *Financial Times*, November 29, 2012, https://amp.ft.com/content/a9544060-3322-11e2-aa83-00144feabdc0.

147 Eliza Villarino, "Michel Kazatchkine Wins Second Term as Global Fund Chief," *Devex*, January 12, 2011, www.devex.com/news/michel-kazatchkine-wins-second-term-as-global-fund-chief-72053.

148 Global Fund, "The Global Fund Appoints Gabriel Jaramillo as General Manager," press release, January 24, 2012, www.theglobalfund.org/en/news/2012-01-24-the-global-fund-appoints-gabriel-jaramillo-as-general-manager.

149 CGD's blogs were also mentioned by multiple non-CGD stakeholders interviewed as a "really accessible and important" tool for "get[ting] their information out." These individuals also noted that they use CGD blogs and other shorter-form CGD publications frequently in their work at their respective organizations.

150 See, for example, CGD's 2006 report by the Global Fund Working Group, convened in advance of the then impending leadership transition at the Global Fund: Global Fund Working Group, *Challenges and Opportunities for the New Executive Director of the Global Fund: Seven Essential Tasks* (Washington, DC: CGD, 2006), www.cgdev.org/publication/challenges-and-opportunities-new-executive-director-global-fund-seven-essential-tasks. See also CGD's report to the then incoming US Global AIDS Coordinator: Amanda Glassman and Jenny Ottenhoff, *Clear Direction for a New Decade: Priorities for PEPFAR and the Next US Global AIDS Coordinator* (Washington, DC: CGD, 2013), www.cgdev.org/publication/clear-direction-new-decade-priorities-pepfar-and-next-us-global-aids-coordinator.

151 This individual also noted that, given the 10-plus years since the HAM concluded, the "long-term memory" of HAM researchers was a "very strong testament to the power of the project in the way that it was designed and executed." This sentiment was echoed by external actors as well (see Theme 5).

152 Within the Shiffman and Smith framework for policy change, "internal frame" refers to consensus around the definition of a problem, while "policy community cohesion" refers to global "coalescence" of key actors. See Jeremy Shiffman and Stephanie Smith, "Generation of Political Priority for Global Health Initiatives: A Framework and Case Study of Maternal Mortality," *Lancet* 370, no. 9595 (October 13, 2007): 1370–1379, https://doi.org/10.1016/S0140-6736(07)61579-7.

153 While beyond the scope of this present study, two related working groups that bear mentioning include the Working Group on the Future of Global Health Procurement (www.cgdev.org/working-group/working-group-future-global-health-procurement; see final report here: www.cgdev.org/better-health-procurement), which focused on the "efficiency, quality, affordability, and security of global health procurement" in the context of donor, disease, and health system transitions; and the Working Group on Incorporating Economics and Modelling in Global Health Goals and Guidelines (www.cgdev.org/working-group/incorporating-economics-and-modelling-global-health-goals-and-guidelines; see final report here: www.cgdev.org/sites/default/files/understanding-opportunity-cost-seizing-opportunity-report-working-group.pdf). Both groups included participation by and engagement of Global Fund staff. CGD's Peter Baker and Y-Ling Chi, both of whom work with iDSI, led a proposal for priority setting at the Global Fund, including "strategic collaboration with the Global Fund on a country-led 'Value for Money Leadership Platform'" (October 2020 iDSI/CGD presentation prepared for DFID). According to CGD, this proposal was anticipated to be funded prior to the UK government's significant reduction to its aid budget (see William Worley, "Tracking the UK's Controversial Aid Cuts," Devex, last updated August 5, 2022, www.devex.com/news/tracking-the-uk-s-controversial-aid-cuts-99883).

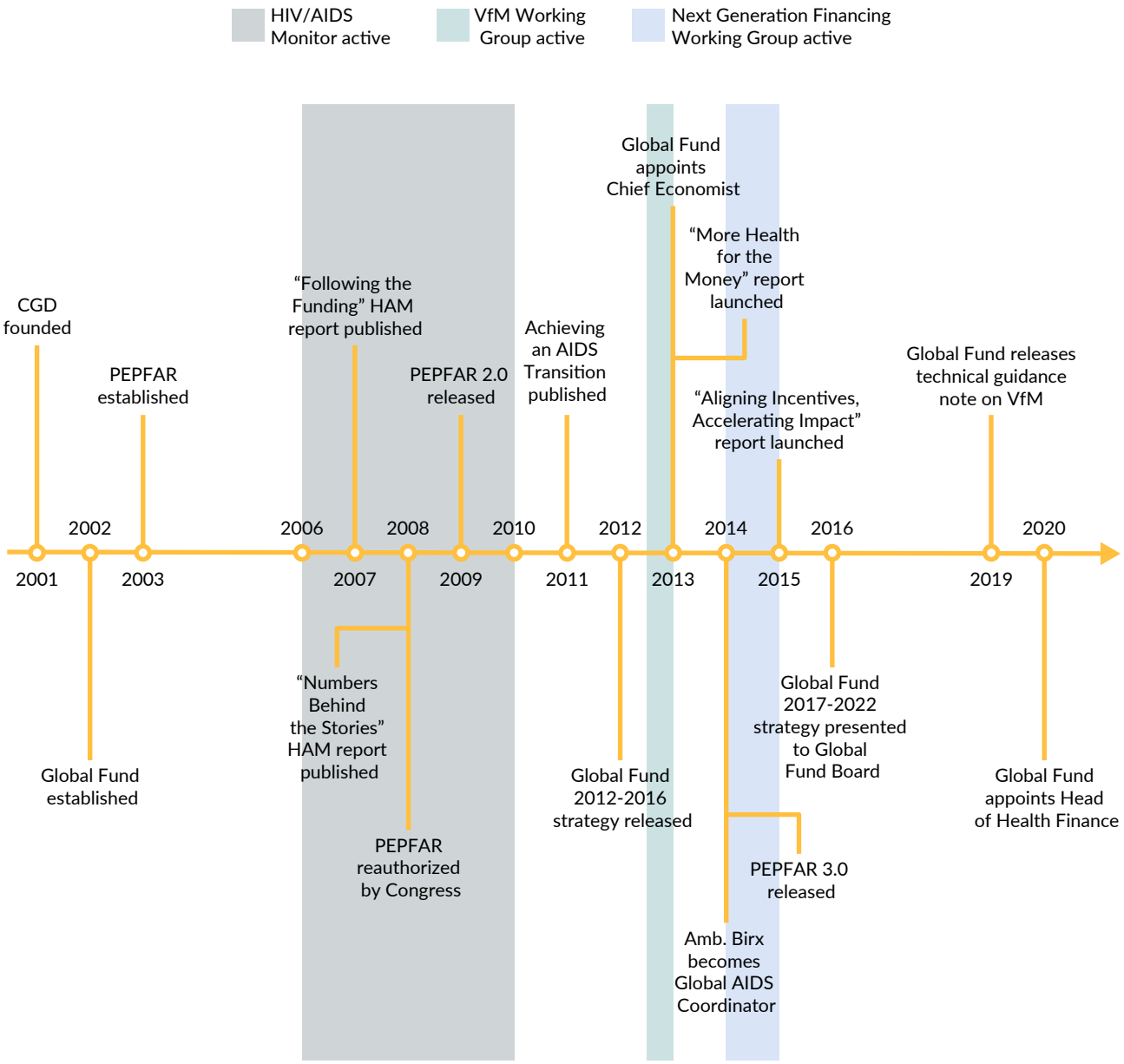
154 For a list of CGD publications focusing on the Global Fund, see www.cgdev.org/tags/global-fund.

155 This case study examines the evidence for CGD's mechanistic impact on the VfM agenda at global health institutions. It does not analyze, and does not attempt to make a judgment on, the humanitarian consequences and/or relative merits of CGD ideas or recommendations.

156 In 2010, a year before *Achieving an AIDS Transition* was published, only an estimated 25 percent of people living with HIV were receiving ART (see "Data" tab, "Estimated Antiretroviral Therapy Coverage among People Living with HIV (%)," WHO, www.who.int/data/gho/data/indicators/indicator-details/GHO/estimated-antiretroviral-therapy-coverage-among-people-living-with-hiv-(-).

157 This project did not involve an analysis of CGD's funding portfolio, though such an analysis would likely yield further insights into how CGD pursued policy impact. It should also be noted that CGD received restricted funding for the HIV/AIDS Monitor, Value for Money Working Group, and Next Generation Financing Models for Global Health Working Group.

Appendix 1. Timeline of Major Events



Note: Not an exhaustive timeline of all potentially relevant events.

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