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Development

Operational Plan 2011-2015
DFID Global Funds Department

Updated June 2013

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Introduction

The UK Government is determined to help end extreme poverty around the world. We believe that international development is not just the right thing to do, but the smart thing to do. Britain has never stood on the sidelines, and it is in all our interests for countries around the world to be stable and secure, to have educated and healthy populations and to have growing economies. DFID aims to end aid dependency through jobs – building the economies of developing countries so that they can stand on their own feet.

No country can develop with only half of the population involved, that is why DFID is scaling up its support for women and girls across all of our country programmes, including an increased emphasis on girls education and preventing violence against women and girls.

We are also focussing on what works, investing in research and taking advantage of new technology to ensure that UK development support has the greatest impact.

DFID is committed to being a global leader on transparency, and in 2012 was ranked the top aid organisation in the world for transparency. Transparency is fundamental to improving accountability both to UK citizens and to citizens in the countries where we work. Transparency also helps us achieve greater value for money and improves the effectiveness of aid. As part of our commitment to transparency we publish Operational Plans for each area of our work setting out what we will achieve and how we will achieve it. In June 2013 DFID launched a new online tool, Development Tracker, to provide an easy way to access information and data about DFID programmes.

With less than 1000 days to go, we will continue to focus our efforts on delivering the Millennium Development Goals, creating wealth in poor countries, strengthening their governance and security and tackling climate change. The prize, in doing so, is huge: a better life for millions of people, and a safer, more prosperous world.

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1) Context

The Global Funds Department (GFD) was created in January 2011 and is responsible for DFID's policies, programmes, financial management and shareholder relations with global funds and innovative finance mechanisms in health and education. GFD sits within DFID's International Finance Division and works closely with colleagues in Policy Division, with our International Relations Division and with country programmes to maximise the impact of our investments through the global funds.

The global funds and innovative financing mechanisms which GFD works with include: the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria; the GAVI Alliance, which delivers immunisation programmes across the developing world; the International Finance Facility for Immunisation and the Advance Market Commitment, which leverage private sector capital and resources to support the GAVI Alliance; UNITAID, a purchasing facility which works to impact on markets for essential medicines and commodities (in HIV/AIDs, tuberculosis and malaria), reduce their prices and improve availability; the Affordable Medicines Facility for Malaria, which subsidises high quality malaria treatments in order to increase access and displace less effective medicines; the Global Partnership for Education (GPE), which supports the delivery of education in developing countries; and the Health Results Innovation Trust Fund, which supports results-based financing initiatives in health. These instruments collectively spend around $4.6 billion every year in support of the Millennium Development Goals on health and education, playing a critical role in the global development architecture and delivering significant development results. Since its establishment in 2002, the Global Fund has supported more than 1,000 programs in 151 countries, and provided AIDS treatment for 4.2 million people, anti-tuberculosis treatment for 9.7 million people and 310 million insecticide-treated nets for the prevention of malaria. The Fund estimates it activities have saved the lives of 8.7 million people. By the end of 2011,the GAVI Alliance had immunised over 325 million children, saving an estimated 5.5 million lives. It is estimated that GAVI will contribute towards vaccinating over 250 million children and saving up to 4 million lives 2012-15. And GPE has 58 developing country partners and since 2003 GPE has helped enroll nearly 23 million more children into school, supported the construction of over 37,000 classrooms, and trained over 413,000 teachers.

However, it is critical that these organisations operate as effectively as possible. In 2010, there were about 219 million malaria cases and an estimated 660 000 malaria deaths, 90% of these malaria deaths occurred in the World Health Organization (WHO) African Region, mostly among children under five years of age. Globally, 34.0 million people were living with HIV at the end of 2011 and the number of people (adults and children) acquiring HIV infection in 2011 was 2.5 million. The international target is to reach 15 million people with antiretroviral (ARV) treatment by 2015. More than 1 million children die every year from vaccine preventable causes and 22 million children remain unvaccinated. In 2011, 57 million children remained out of school and the goal of universal primary education by 2015 will be missed by a large margin. GFD's role is to work with and influence the global funds working to address these issues, to help them to deliver as effectively as possible, to direct resources to the greatest needs, and to achieve the best value for money that they can. Working in partnership with the funds themselves and other donors and stakeholders, DFID focus on governance and organisational reforms, and financing issues which will help to boost the impact the funds have.

*Disbursements in 2012 were: $3.3 billion by GFATM, $952million by GAVI, $354 mn by GPE, $164.7million by UNITAID.

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2) Vision

Overview: Over the SR10 period GFD will be responsible for the management of over £2.6 billion in development spending through the global funds and innovative financing mechanisms. By 2015 we will use this to help save 2 million lives per year, contribute significantly to the delivery of education in some of the poorest countries in the world, drive down prices of key health commodities such as vaccines, and support 4.4 million people on ARV treatments. Our vision is to ensure that this spending is directed in the most efficient and effective way, to maximise development results achieved and to support the funds to work effectively as part of global efforts on health and education. Building on the outcomes of the Multilateral Aid Review (MAR), our key priorities for the agencies are better: Value for Money and improved operational efficiency; stronger and more streamlined country level delivery which minimises costs to partner countries and demonstrates results; improved support for fragile states; and clearer and better systems for assessing and delivering on issues which impact on girls and women. GFD's specialisation in working with global institutions will enable us to become a hub of expertise on key issues: good corporate governance, strong financial management, ability to influence and build effective networks for reform, and use of our own resources to leverage action and resources from others.

Alignment to DFID and wider UK Government priorities: GFD's work is directly targeted at support of the Millennium Development Goals on health, education, and global partnership for development. It is closely aligned to DFID's Structural Reform Plan priorities, and specifically takes forward work on the following:

- Honour international commitments: increasing access to healthcare and education, reducing maternal and infant mortality, restricting the spread of major diseases, and contributing to results achieved through the Malaria Business Plan;
- Lead international action to improve the lives of women: increasing the number of girls completing secondary and primary school and contributing to results achieved through the Reproductive and Maternal Health Business Plan;
- Wealth creation, fragile and conflict affected countries, and climate change: contributing to each of these pillars through our support to education, which has been shown to have positive relationships with economic growth, reducing the likelihood of conflict, and adapting to climate change.

The global funds make a significant contribution to the four pillars of DFID's Strategic Vision for Girls and Women as they have a direct impact on their health. Investments strengthen health and community systems, as well as provide strategic interventions which promote gender equity, increase participation in decision making and protect women against gender based violence. GFD's work also contributes directly to the wider UK Government priority of global health security, which includes combating global poverty and health inequalities, and reducing the threat from infectious disease. These objectives form a well-aligned set which reinforce each other. There is clear evidence that educating girls has a substantial impact on maternal and child mortality, helping women to delay and space pregnancies, and to protect the health of their children more effectively. Over 90% of the world's disease burden occurs in developing countries, largely due to communicable diseases such as HIV, TB and malaria. TB is the leading cause of death among people living with HIV. The need for integrated action is made more urgent by the steep rise in drug resistant TB. HIV and malaria co-infection also leads to higher morbidity and mortality rates in areas where they overlap.

What we will stop doing: GFD will only drive organisational reforms that lead to improved development results and not where we judge that the prospects for success based on the support of other Governing Board members are poor. We have identified focused reform priorities for agencies based on the MAR assessments, and will pursue these where we can show a clear impact. GFD will maximise our own operational efficiencies through effective information sharing (eg development and use of stock briefing wherever possible), team working and strong communication with partners.

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3) Results

Headline results

Pillar/ Strategic Priority	Indicator	Baseline (including year)	Expected Results (including year)
Direct Delivery of MDGs: Health	**Health impact** • Aggregate lives saved/future deaths prevented by GAVI and GFATM	• 11.9 million cumulative to date (2000-2010)	• 2 million lives saved in 2015
	Malaria • Number of insecticide treated bed nets distributed annually by the Global Fund to Fight AIDS, TB and Malaria.	• 34 million (2009)	• 110 million by 2015
	• Percentage change in median price paid for Insecticide Treated Nets in Global Fund supported national malaria programs.	• US$4.60 (2009)	• 5% annual improvement
	Other Health • Additional children vaccinated in GAVI eligible countries through GAVI supported vaccines.	•257 million (cumulative 2000-2010)	• Additional 243mn by 2015
	• No of additional future deaths averted through vaccinations	• 5 million (cumulative 2000-2010)	•4 million additional lives (2011-2015)
	• Change in Weighted price paid by GAVI to fully vaccinate a child with pentavalent, pneumococcal and rotavirus vaccines	• US$35.19 (2010)	• US$24.89 (2015)
	• Number of people receiving antiretroviral therapy	• 2.5 million (2009)	• 4.4 million by 2015
	• DOTS treatments provided annually	• 1.4 million (2009)	• 3.9 million by 2015
	• Proportion of UNITAID funded products in each disease area showing same or lower price than previous 12 months	•8 out of 9 2nd line ARVs decreased in price; 15 out of 16 TB medicines reduced or maintained price (2010)	•75% of all UNITAID funded products showing same or lower price than previous year
	•Total births where care provided was directly supported by results-based financing (RBF) [1]	•225,771 (2010)	•Expected results TBC
Education	**Education** • Primary completion rate % in GPE endorsed countries [2]	• 65.4% (2010)	• 76% (2014)
	• Number of children supported by GPE in primary education [3]	• 2.7m (2010)	• 5 million children per year by 2015

[1] This indicator underestimates the Health Results Innovation Trust Fund's impact because it does not count deliveries indirectly supported by RBF through the programme's investment in facility quality.
[2] This indicator is calculated for 38 GPE-endorsed countries. The same group of countries will be used for future reporting, to allow for comparison against a stable baseline.
[3] This is a proxy figure which uses GPE implementation funding provided to countries in each year, along with average costs per child, to calculate the number of children which GPE funding could support in portfolio countries.

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3) Results (continued)

Evidence supporting results: The global funds have been leaders among multilaterals in measuring and reporting their results. They have a strong track record of delivering results as evidenced by the MAR and have capacity to scale up their delivery. We will use the global funds' own reporting systems to monitor performance and will strengthen our networks within DFID to increase oversight through our own in-country checking and monitoring systems and ensure a more cohesive evidence base both at the country and global level.
The evidence base is much more limited on the effectiveness of results based payments delivered through the Health Results Innovation Trust Fund. This is an innovative programme that has been designed specifically to include significant monitoring and evaluation to build and disseminate the evidence base. The first two impact evaluations of country pilot grants funded by this programme are due in December 2013.

VfM rationale: There is considerable evidence to demonstrate the Value for Money delivered by the global funds:

GAVI: Vaccines are one of the most cost effective health interventions available. For example, in Kenya the World Health Organization (WHO) estimated that using pentavalent vaccine it costs $38 to save a year of life lost to disability or death (or disability adjusted life year averted, (DALY)) and US$1,197 to prevent a future death. To demonstrate just how cost effective these interventions are it is necessary to compare against international benchmarks. The WHO suggests that an intervention may be considered very cost-effective if the costs per DALY averted are less than the country's per-capita GDP, at the time of the study Kenya's per capita GDP was US$ 481. Even where GAVI vaccines are cost-effective, as one of GAVI's founding principles is to be country-driven, we will also continue to ensure that it effectively monitors and encourages countries to make the right choice for them in relation to the wider health and vaccine options available. **The Global Fund:** The Global Fund delivers a wider range of interventions, but still delivers significant cost effectiveness. Taking core interventions for the three diseases, the WHO provides estimates of the average cost per DALY averted in the East Africa region: for insecticide treated bednets the cost is $28; DOTS treatment for tuberculosis between $6 and $15; and antiretroviral therapy at between US$64 and US$217.

The global funds also offer a contribution to global public goods, including resisting the spread of diseases and reducing commodity prices. For example, by aggregating demand for vaccines, GAVI is able to create economies of scale and enable the vaccine industry to scale up production capacity, and to attract new suppliers to the market. The increased competition reduces prices of vaccines, making them more affordable to developing countries. Moreover, following their 2011 Supply and Procurement Strategy, GAVI have successfully achieved price reductions across a range of vaccines through pro-active outreach and negotiations with manufacturers. The weighted average price to fully immunise a child with pentavalent, pneumococcal and rotavirus vaccine, has dropped from US$35.19 in 2010 to US$22.63 in 2012. Similarly **UNITAID**, in partnership with the Clinton Health Access Initiative has reduced treatment prices for antiretrovirals by over 80% across all paediatric formulations, and reduced the costs of the leading second-line adult regimen to about US$ 527 per patient per year (from US$ 1500 per year in 2006).

In education **GPE** focuses on the highest return areas of education (i.e. primary education in low-income countries); Psacharopoulos (2002) reviews the literature on returns to investment in education and concludes the social rate of return is 21.3% for primary education in low-income countries. Additionally, in line with macro-economic evidence, GPE focuses on both equity in coverage and the quality of education.

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4) Delivery and Resources

GFD is a small, de-layered, split-site and focused department responsible for DFID's policies, programmes, financial management and shareholder relations with global funds and innovative finance in health and education. The team are mobile and flexible, spending more time closer to the global funds, deepening relationships, developing a better understanding of the organisations' operations and reforms, taking more of a leading role in Committee work and further increasing our influence with other Governing Board members. The Department continues to develop expertise in corporate governance, financial management and organisational development.

The team is structured around institutional leads for each organisation, with a lead on GFATM and UNITAID; GAVI; and Innovative Financing, GPE and HRITF. With such a small team, members look to support one another, substituting and covering for one another when necessary, but with clear divisions of responsibility to maximise efficiencies and prevent duplication.

An Economic Adviser leads on specific market interventions (AMFm and AMC) and also provides wider support to the team on economics/financing instruments. A cross cutting health advisor supports the team on technical health issues and leads on outreach to in-country health advisors and health policy colleagues. The Department relies heavily on effective relationships across DFID, working closely with Policy, Research and Evaluation, International Relations and geographic divisions to maximise our impact. The team is increasing efforts on outreach to our country network, working with regional cabinets and in-country health and education advisers to inform, troubleshoot and use country realities to drive forward organisational change and performance improvements.

GFD uses a range of instruments to deliver its operational objectives. DFID will continue to condition our financial support on the achievement of results, using the organisations' own determinants of success as a measure of this progress. DFID will continue to use the findings of the MAR to inform its reform priorities and have agency specific engagement and handling strategies to deliver on these priorities. DFID will use its constituency engagement (with Australia on GFATM, with Canada and Ireland on GAVI, with Canada on GPE) and board and committee participation to deepen our influence and reach out to others to have informed and quality dialogue to maximise our collective focus on results and value. In addition, we will target certain constituencies for deeper engagement (USA on GFATM, Gates on GAVI for example) to help inform and deliver our priorities.

For some organisations, the voices of implementing countries is particularly weak. We will look to work with a select number of advisers across our country network to strengthen these voices. We will also look to develop instruments to strengthen in-country engagement with the global funds. GFATM scored poorly on partnership behaviour in the MAR but recently agree organisational reforms are intended to improve partnership behaviour, reduce the burdens on applicant countries, and speed up access to finance, through strategically targeted national strategies. We are working with CSOs and the Secretariat to ensure systematic monitoring of the roll-out of this New Funding Model.

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4) Delivery and Resources (continued)

Programme Spend

Pillar/Strategic priority	2010/11		2011/12		2012/13		2013/14		2014/15		TOTAL	
	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000
Wealth Creation	0	0	0	0	0	0	0	0	0	0	0	0
Climate Change	0	0	0	0	0	0	0	0	0	0	0	0
Governance and Security	0	0	0	0	0	0	0	0	0	0	0	0
Education	87,000	0	100,000	0	40,000	0	110,000	0	100,000	0	437,000	0
Reproductive, Maternal and Newborn Health	15,200	0	10,000	0	25,800	0	50,600	0	49,600	0	151,200	0
Malaria	63,030	0	41,050	0	174,700	0	367,500	0	363,300	0	1,009,580	0
HIV/Aids	65,300	0	42,580	0	103,500	0	160,800	0	174,600	0	546,780	0
Other Health	238,470	0	155,270	0	110,700	0	190,300	0	233,500	0	928,240	0
Water and Sanitation	0	0	0	0	0	0	0	0	0	0	0	0
Poverty, Hunger and Vulnerability	0	0	0	0	0	0	0	0	0	0	0	0
Humanitarian	0	0	0	0	0	0	0	0	0	0	0	0
Other MDG's	0	0	0	0	0	0	0	0	0	0		0
Global Partnerships	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	469,000	0	348,900	0	454700	0	879,200	0	921,000	0	3,072,800	0

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4) Delivery and Resources (continued)

Operating costs

	2011/12		2012/13		2013/14		2014/15		Total	
	FTE	£'000	FTE	£'000	FTE	£'000	FTE	£'000	FTE	£'000
Frontline staff costs - Pay	0	0	0	0	0	0	0	0	0	0
Frontline staff costs - Non Pay	0	0	0	0	0	0	0	0	0	0
Administrative Costs - Pay	7	438	9	538	9	607	9	592	0	2175
Administrative Costs - Non Pay		203		170		197		196	0	766
Total	7	641	9	708	9	804	9	788	0	2941

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4) Delivery and Resources (continued)

Efficiency savings

	2011/12			2012/13			2013/14			2014/15		
Administrative Cost Savings Initiative	FTE	PAY £'000	Non Pay £'000	FTE	PAY £'000	Non Pay £'000	FTE	PAY £'000	Non Pay £'000	FTE	PAY £'000	Non Pay £'000
Reduction in Consultancy Payments	0	0	0	0	0	20	0	0	0	0	0	0
Reduction in Travel	0	0	0	0	0	0	0	0	0	0	0	0
Reduction in Training	0	0	0	0	0	12	0	0	0	0	0	0
Reduction in Estates & Property Costs	0	0	0	0	0	0	0	0	0	0	0	0
Reduction in costs as a result of Office Restructuring	0	0	0	0	0	0	0	0	0	0	0	0
Other Reductions	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	32	0	0	0	0	0	0

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5) Delivering Value for Money

GFD is a highly streamlined and focused department, managing around £2.6 billion of spend over the SR10 period. The administration to programme ratio is less than one tenth of one percent It relies on driving reforms and efficiencies within the partner agencies, depends on effective engagement of partner governments and stakeholders, as well as effective cross-DFID and cross-Whitehall working. GFD will focus on using its limited resources to leverage improvements in the results delivered by our partner agencies, thereby increasing the value for money our investment represents. We anticipate the following challenges: limited staff time will mean GFD needs to prioritise ruthlessly, divide our labour effectively, delayer operations and avoid any duplication; ensuring adequate time is devoted to internal learning and development needs and opportunities; DFID is one voice among multiple stakeholders in the agencies we work with, we will need to prioritise and build alliances with others carefully to deliver our objectives; demand for specialist expertise in some areas, for example we will need support from Procurement Group in assessing the procurement capability of our partners; articulating clear trade-offs when assessing value for money and balancing our objectives against these – for example delivering in fragile states will always be more costly than delivering in stable governance environments

The outcome of the MAR assessments sets a clear direction for GFD in pursuing value for money improvements in the agencies we work with. Of the four agencies assessed, two were found to be very good value for money (GAVI and GFATM) and two were assessed as good value for money (GPE and UNITAID). However all assessments identified potential improvements in Value for Money and set reform priorities to improve delivery. Some common themes emerged. **Results:** whilst some of our agencies are strong in articulating results (GAVI, GFATM), others were weaker (GPE, UNITAID). GFD will support GPE to implement its results framework and improve its measurement, use and communication of results information and support UNITAID to improve communications. **Commodity pricing:** GAVI, GFATM and UNITAID are major purchasers of health commodities. GFD will focus on influencing and supporting these agencies to drive down prices further. **Prioritisation of resources**: GAVI has applied a rigorous prioritisation process to the choice of investments in vaccinations including cost effectiveness and health impact. DFID will also encourage GAVI to develop its results based programming to increase equity of access to immunisation coverage and target the hardest to reach within countries. GFD will continue to monitor progress against the Gender Action Plan and GAVI's ability to provide gender disaggregated results. The Global Fund is tackling issues of eligibility and prioritisation through the New Funding Model, which focusses support to countries with the highest needs and the least ability to pay (through metrics focussed on disease burden and GNI). Equity is ensured by grouping countries into 'Bands' so that, for example, the needs of Small Island States are addressed. UNITAID is now implementing its new prioritisation policy and we will monitor how robustly it is applied. GFD will continue to support efforts to agree effective strategies to maximise the impact of our investments. **Strategic resource planning**: successful replenishments with multi-year commitments from donors enable agencies to plan to make the best use of their resources and improve VfM
Two agencies (GAVI and GPE) had successful replenishments in 2011. GFD supported both agencies in their replenishment efforts, using our contributions to leverage resources from other donors. We will similarly support the GFATM in its 2013 replenishment efforts.

An important tool GFD will use to incentivise better VfM in the agencies we work with is performance-based financing. Programmes of support to GPE and GFATM will include a performance-based element which will reward reforms and/or achievement of results. Steps will also be taken to better-embed basic VfM skills in the department. GFD will undertake a light touch approach, for example VfM relevant training, and will continue to push each Multilateral Organisation to drive forward their own VfM plans. We will ensure the best possible VfM in use of our administration resources, keep a close eye on the travel budget, continue to review our ways of working and managing corporate returns to ensure most efficient processes.

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6) Monitoring and Evaluation

Monitoring: The Global Funds all have agreed results frameworks which GFD will use to monitor and measure progress on both development impact and internal reforms. The GFD Operational Plan and results framework will have a light touch review at six months and a full review annually. The reviews of the Operational Plan and the results framework will be led by the programme and policy officer and approved by the Head of Department. Business cases for agency funding and the Key Performance Indicators of our partner agencies will provide further detail of results achieved through GFD spending. The results and reporting of results in the operational plan will rely on and draw from the detailed monitoring of business cases for each institution, using a sample of these results to assess performance. Data sources to monitor the business cases, and through them the operational plan, will include annual reporting by agencies to their boards and committees, mid-term reviews of strategic plans, reporting against any specific agreements and reform plans, MOPAN and other public reviews, and external evaluations of agencies where these are available. Reform priorities identified in the MAR will be negotiated and taken forward through regular committee and Board processes and monitored through the business cases developed for those agencies and the 2013 MAR update process.

Evaluation: The evaluation capacity and commitment to evaluation of the global funds collectively is strong. GAVI and the Global Fund in particular undertake frequent rigorous independent evaluations on policy and programmes. Both have a monitoring and evaluation policy. GFD will work with the global funds to ensure that they maintain their focus and commitment to strong independent evaluation and that they act on the findings. All GFD partner institutions either have evaluations planned or underway, or have recently been through an external evaluation. GAVI: Two independent evaluations since inception in 2000 (the first looking at GAVI's achievements in Phase I 2000-2005, and the second looking at Phase II 2007-2010); independent evaluation of IFFIm 2011; MOPAN review 2012. GFATM: A major 5-Year Evaluation was completed in 2009; an evaluation Strategy has been developed to accompany the Fund's Strategy 2012-2016, which will include a series of country specific evaluations plus a synthesis report both at mid and end-term; other evaluations have included the report of the High Level Panel looking at the Fund's processes and systems, and the evaluation of the AMFm, both of which have been highly significant and fully adopted by the Board. HRITF: supports independent evaluations of RBF interventions in health; and in addition, the HRITF programme was itself independently evaluated in 2012 and donors are working with the World Bank to follow up on recommendations made, and the UK will lead a subsequent evaluation in 2014. GPE: Independent Mid-Term Evaluation in 2009, which reported in 2010, the findings of which informed GPE's extensive reform programme over the last two years; and GPE is planning a further independent evaluation in 2015. UNITAID: the planned Five Year Evaluation reported in November 2012, and UNITAID is finalising its new Strategy which will take forward some of the recommendations, as well as a management response to the full set of recommendations. Looking forward, GFD will work with the International Directors' Office and Evaluation Dept to build an appropriate level of skills and understanding among policy leads in the Department, to enable them to engage with the global funds on evaluation. GFD will draw on the proposed divisional-level evaluation resource to support our team in taking forward this issue as needed.

Building capacity of partners: GFD will continue to build close supportive relationships with our institutions (Secretariats); and will seek opportunities to use our country office network to strengthen policy advice and support efforts of coherence across institutions (eg. Global Fund/ GAVI Health Systems Funding Platform; GAVI and WHO Immunisation efforts; Global Fund and UNDP).

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7) Transparency

Transparency is one of the top priorities for the UK Government. We will meet our commitments under the UK Aid Transparency Guarantee: we will publish detailed information about DFID projects, including programme documents, and we will also provide opportunities for those directly affected by our projects to provide feedback.

Managing transparency internally, GFD will meet the commitments made by DFID in the UK Aid Transparency Guarantee, publishing comprehensive details of all new projects and programmes on our website. We will welcome feedback. We have published summaries of the Multilateral Aid Reviews (MARs) for GFATM, GAVI, UNITAID and GPE . Future funding decisions will continue to be informed by updates of these reviews. We will “reach out more” to our network in country offices, travelling more extensively to hear lessons from the ground and to explain the multilateral organisations we work with. As members of governing Boards we will uphold principles of transparency.

GFD will also support our institutions to increase their transparency. In the MAR assessments, the global funds generally came out well on transparency- for example GFATM publishes details on all grants and money committed and disbursed. The Fund’s decision to publish/require recipients to publish procurement data has been a major driver for a range of innovations in transparency. GAVI is already a signatory to the IATI. GAVI has a disclosure policy and is transparent in publishing its governance, financial and programme details on its website.

Against this general assessment , there are some exceptions: GPE publishes a wide range of information including Board decisions and minutes, but could do more to collate and structure meaningful information, especially on portfolio performance; UNITAID’s publication of documentation is patchy and often very slow, and knowledge and information sharing and management must improve.

We will meet the standards set out in the International Aid Transparency Initiative (IATI), and push all multilateral organisations to do the same. GFATM, GAVI are already IATI signatories. We will encourage all of the funds to promote transparency with partner governments in developing countries, making it easier for people to see how aid comes from donors, and how this is being spent. At an organisational level, we will press the funds to continually improve their reporting, their information sharing, and their communication of results, particularly GPE and UNITAID, where the MAR assessment indicated this could be improved.

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Annex A: Revisions to Operational Plan 2012/13

The following revisions have been made in the 2012/13 update of the operational plan:

1) The “context” has been updated to include latest available data, including 2011 figures for the number of children out of school and people living with HIV and the latest cumulative results for each of the global funds.

2) The “headline results” have been updated, including the addition of indicators where baselines had not previously been available (for the Health Results Innovation Trust Fund and for price reductions for UNITAID-funded products) and the updating of baselines to reflect improved methodology (for primary completion rates in GPE endorsed countries).

3) The “value for money rationale” has been updated to include the latest price reductions achieved by GAVI and UNITAID.

4) The “Delivering VfM” section has been updated to reflect key issues that the Global Funds Department is currently working on, including the implementation of the Global Fund new funding model.

5) The “Monitoring and Evaluation” section now includes details of the most recent evaluations undertaken by the global funds.

6) A “results progress” section has been added to reflect progress towards results to-date.

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Annex B: Results Progress

Pillar/Strategic Priority	Indicator	Baseline *(include year)*	Progress towards results *(include year)*	Expected Results *(include year)*
Health (impact)	*Aggregate lives saved/future deaths prevented by GAVI and GFATM*	**11.9 million cumulative (2000-2010)**	GAVI estimate to have averted 0.538 million future deaths in 2012. GFATM estimate that programmes they support are saving 100,000 lives per month (2012)	**2 million lives saved in 2015**
Health (Malaria)	*Number of insecticide treated bed-nets distributed annually by GFATM*	**34 million (2009)**	80 million (2012)	**110 million by 2015**
Health (Malaria)	*Percentage change in median price paid for Insecticide Treated Nets in Global Fund supported national malaria programs.*	**$4.60 (2009)**	$ 4.50 (2010, 2% reduction on 2009)	**5% annual improvement**
Health	*Additional children vaccinated in GAVI eligible countries through GAVI supported vaccines*	**257 million (cumulative 2000-2010)**	Estimated results to date: 37million (2011); 46 million (2012). 2011-2012 cumulative: 83 million.	**Additional 243mn by 2015**
Health	*No of additional future deaths averted through vaccinations*	**5 million (cumulative 2000-2010)**	Estimated results to date: 0.461 million (2011); 0.538 million (2012). 2011-2012 cumulative: 1 million.	**4 million additional lives (2011-2015)**
Health	*Change in Weighted price paid by GAVI to fully vaccinate a child with pentavalent, pneumo and rota vaccines*	**$35.19 (2010)**	$32.97 (2011); $22.63 (2012)	**$24.89 (2015)**
Health	*Number of people receiving antiretroviral therapy*	**2.5 million (by 2009)**	4.2 million (by 2012)	**4.4 million by 2015** Updated to 7.3m by 2016
Health	*DOTS treatments provided annually*	**1.4 million (2009)**	1.7mn (2010); 0.9mn (2011) ; 1.1mn (2012)	**3.9 million in 2015**
Health	*Proportion of UNITAID funded products in each disease area showing same or lower price than previous 12 months*	**8/9 2nd line ARVs decreased in price; 15/ 16 TB medicines reduced or maintained price (2010)**	All ARVs procured by CHAI maintained or lowered price (2011); multi-drug resistant TB medicine prices remained constant (2011)	**75% of all UNITAID funded products showing same or lower price than previous year**
Health	*Total births where care provided was directly supported by results-based financing (RBF)*	**225,771 (2010)**	512,178 (2012)	**Expected results TBC**
Education	*Primary completion rate % in 38 GPE endorsed countries*	**65.4% (2010)**	67.8% (2011)	**76% (2014)**
Education	*Number of children supported by GPE in primary education*	**2.7m (2010)**	4.3m (2011); 3.9 million (2012)	**5 million children per year by 2015**