



Department
for International
Development

Operational Plan 2011-2016

Global Funds Department

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Introduction

In 2013 the UK became the first G7 country to meet the United Nations target of spending 0.7% of gross national income on international development. The Department for International Development (DFID) uses that investment to help countries to lift themselves out of poverty and leave poverty behind. Operational plans set out to the public how we plan to deliver results across policy areas and for every country we work in. These plans clearly explain why, and how, DFID is targeting its resources and what we expect to achieve; covering the period up until March 2016.

DFID is focused on spending in the right ways, on the right things, in the right places. The portfolio of our projects is already shifting to deliver a more coherent, focused and ambitious approach to economic development. We are helping to build strong and investable business environments in developing countries and improving access to finance for entrepreneurs.

Improving the prospects for girls and women in developing countries is a priority. Investing in girls and women is the smart thing to do, as well as the right thing to do. By unleashing their potential, we see returns for girls and women themselves, their families and communities, and for their economies and countries. No country can successfully develop if it leaves half its population behind.

Life-saving humanitarian assistance remains one of DFID's most fundamental responsibilities. When disaster strikes or conflict erupts we are first on the ground to support the most vulnerable people. We are also increasing our efforts to help those countries that are at higher risk of natural disasters to become more resilient in the first place.

DFID continues to drive value for money in everything we do on behalf of the British taxpayer. We have improved our procurement and programme management, increased our internal audit oversight and we are ensuring that staff have the skills to deliver the Department's priorities.

On the international stage we are working hard to agree a new set of global development goals to replace the Millennium Development Goals when they expire next year. We are determined to secure a clear and inspiring set of goals for the post 2015 development framework that leave no one behind.

Increasingly we will take new and innovative approaches and we will work with new partners. This will include businesses who are increasingly major development players. During the Secretary of State's time as co-chair of the Global Partnership for Effective Development Cooperation, DFID played a key role in encouraging different development actors to work together and use internationally agreed principles for aid and development effectiveness.

As our operational plans set out, our approach to international development is ambitious and innovative. We are determined to ensure that every pound DFID spends has the biggest possible impact on the ground. Ultimately by investing in developing countries, we can end aid dependency for good and build a better, more prosperous world for us all.

Context

The **Policy and Global Programmes Directorate;**

- delivers development results at scale,
- influences change in the international system,
- manages international partnerships,
- develops new solutions, policy products, knowledge and instruments in support of Ministerial priorities and development outcomes.

It is made up of the **Policy, International Relations** and **Research and Evidence** divisions and the **Global Funds Department**. The **Policy Division** delivers development results at scale through multi-country projects to tackle specific development problems where this approach offers better value for money than working through individual country offices. The division influences change on matters such as anti-corruption work, international tax reform, supporting girls and women and climate change. It does this across the UK Government, internationally, with civil society and academia. The Division supports new policy development and provides technical knowledge to overseas programmes. The Division manages major partnerships and funding to a wide variety of Civil Society organisations, and ensures DFID learns from their insights. **International Relations Division** delivers development results at scale by providing funding through the European Union, The United Nations and Commonwealth. It influences change by leading UK work on the post-2015 development agenda, financing for development and working closely with other governments, the G7, the G20, philanthropic foundations and others to help improve the effectiveness and efficiency of our collective development efforts. The Division manages partnerships with the United Nations, European Union and Commonwealth development institutions, working with them to improve the development effectiveness of our contributions. **Research and Evidence Division** concentrates on longer term research to produce new knowledge, both to support UK action and inform development work more generally. The Research and Evidence Division also helps to ensure quality evaluations of DFID projects and that the technical knowledge of DFID staff stays current. The **Global Funds Department** delivers results at scale as the department responsible for managing the UK's contribution to international funds on health and education. It manages our partnerships with the funds and uses our involvement to influence the work of the funds and influence change in the international system.

The **Global Funds Department (GFD)** moved to Policy and Global Programmes Directorate in August 2013, and manages DFID's policies, programmes, financial and shareholder relations with the global funds and innovative finance mechanisms in health and education. These funds are:

- The Global Fund (GF) to fight AIDS, Tuberculosis and Malaria (afterward the GF), which aims to significantly reduce global deaths and illness from these 3 diseases
 - The Affordable Medicines Facility for Malaria (AMFm), which subsidises high quality malaria treatments to increase access and displace less effective medicines, to support the Global Fund
- Global Alliance for Vaccines and Immunisations (GAVI), which delivers immunisation programmes across developing countries
 - The International Finance Facility for Immunisation (IFFIm) and the Advance Market Commitment (AMC), which leverage private sector capital and resources to support GAVI
- UNITAID, which impacts on markets for essential medicines and commodities (for HIV/AIDs, tuberculosis and malaria), reduces their prices and improves availability
- Health Results Innovation Trust Fund (HRITF), which supports results-based financing for Reproductive, Maternal, Newborn and Child Health (RMNCH)
- Global Polio Eradication Initiative (GPEI), which aims to eradicate polio worldwide by 2019
- Global Partnership for Education (GPE), which supports delivery of education in developing countries

These global funds collectively spend around \$6.6 billion every year in support of the Millennium Development Goals (MDG) on health and education. We are nearing 2015, and the global funds have played a critical role in the achievement of significant development results over the past decade. However, there is still more to do. 1.5 million children die every year from vaccine-preventable diseases. Failure to eradicate polio could result in 10 million paralysed children in the next 40 years. 31 million girls of primary age have never been to school. The global funds will play a key role in supporting the post-2015 sustainable development goals. GFD works with the global funds and their partners to help them deliver as effectively as possible, direct resources to the greatest needs, and achieve value for money. GFD develops knowledge and policy on governance, organisational reform and financing issues to boost the impact the funds will have.

Vision

Overview

Over the SR10 period GFD will invest over £2.7 billion¹ in development spending through the global funds and innovative financing mechanisms. By 2015 we will use this to help save around 4 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 6.6 million people on HIV/AIDS treatments. Our vision is to ensure this spending is directed in the most efficient and effective way, to maximise development results and support the funds to work effectively as part of global efforts on health and education. In 15/16, GFD will be responsible for an additional £575.7 million², which will contribute to additional health and education results. Building on the outcomes of the Multilateral Aid Review (MAR) 2011 and the MAR update 2013, our key priorities for the agencies are: better value for money and operational efficiency; stronger and more streamlined country-level delivery, minimising costs to partner countries and demonstrating results; improved support for fragile states; and better systems for delivering on issues which impact girls and women.

Alignment to DFID and wider UK Government priorities

GFD's work is targeted at support of the Millennium Development Goals and post-2015 sustainable development goals on health and education. It is closely aligned to DFID's Structural Reform Plan priorities, and supports DFID's work to:

- Honour international commitments: increasing access to healthcare and education; reducing maternal and infant mortality; restricting the spread of major diseases; contributing to results achieved through the Malaria Business Plan including the UK malaria target.
- Lead international action to improve the lives of girls and women: increasing the number of girls completing secondary and primary school; contributing to results achieved through the Reproductive and Maternal Health Business Plan; rolling-out the HPV vaccine for cervical cancer; developing the evidence base around reproductive, child and maternal health.
- Increasing the number of children in education to contribute to economic growth, and improve adaption to climate change, including in fragile states;
- Mobilise domestic resources and support partner countries to transition from aid

The global funds make a significant contribution to the four pillars of DFID's Strategic Vision for Women and Girls. Investments strengthen health, education and community systems, and provide strategic interventions which promote gender equity, increase participation in decision-making and protect women against gender-based violence. Educating girls has a substantial impact on maternal and child mortality, helping women delay and space pregnancies, and protect the health of their children more effectively. GFD's work 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.

Development Effectiveness Principles

GFD's work aligns closely with the four Development Effectiveness Principles. The global funds bring together a range of actors, deliver support through a range of instruments, and aim to work in line with country government strategies for education and health. The GF and GPE are leveraging domestic financing for education and health, and providing technical assistance to strengthen national sector plans and implementation. The global funds work with developing country ministries for health, education and finance to strengthen their systems. The global funds channel their work through a range of instruments including budget support, technical assistance, sector-wide approaches and projects, depending on the country context. MAR reports assess the effectiveness and impact of the global funds, which we use to drive improvement. The global funds deliver programmes in partnership with other donors, developing country governments, the private sector, foundations, CSOs, NGOs and Gulf States on their Boards. GFD publishes information on the global funds on the UK's Development Tracker, and has successfully encouraged the global funds to join the International Aid Transparency Initiative (IATI), and work with developing country governments to develop their data capability.

¹ Not including spend on GPEI.

² Including spend on GPEI.

Results 2011/12-2015/16

Headline results (those with a * directly attributable to DFID. In all other cases, DFID is contributing to the results)

Pillar / Strategic Priority	Indicator	Baseline	Progress towards results (including year)	Expected Results (end year included)
MDG Education	Primary completion rate %in GPE endorsed countries	70.5% in 2010 (67.4% girls)	73.95% (69.7% girls) in 2011 74.98% (70.7% girls) in 2012	74.5% in 2015 (72.3% girls) (2015) (2016 – tbc)
MDG Education	Equivalent children supported in primary school per year ³	4.5 million (2.2 million girls) (2012)	4.5 mn (2.2 million girls) (2013)	5 million children (2.5 million girls) per year by 2015 (2016 – tbc)
MDG Health	Aggregate lives saved/future deaths prevented by GAVI and the GF	11.9 million cumulative (2000-2010)	1.7 million (2012) 900,000 GAVI (2013) ⁴	2 million annually in 2015 Over 2 million lives in 2016 ⁵
MDG Health	Number of insecticide-treated bed-nets distributed annually by the GF	34 million (2009)	80 million (2012) 50 million (2013) 55 million (2014)	110 million LLINs in 2015 390 million distributed from 2012-16
MDG Health	Percentage annual improvement in median price paid for insecticide-treated bed-nets in the GF-supported national malaria programs ⁶	\$4.41 (2009)	3.9% increase to \$4.58 (2010) 21.2% reduction to \$3.61 (2011) 13.6% reduction to \$3.12 (2012) 1.6% reduction to \$3.07 (2013)	5% annual improvement
MDG Health	Additional children vaccinated in GAVI eligible countries through GAVI-supported vaccines	257 million (cumulative 2000-2010)	140 mn cumulative (2011-2013)	Additional 243 million during 2011-2015 (2016 – 64 million annual target)

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.

⁴ The methodology for the lives saved calculation will be revised by the GF in 2016. No official estimate was presented at the end of 2013.

⁵ The GF is exceeding service delivery target and GAVI is saving 0.6-1 million future lives annually

⁶ The GF is currently reviewing this methodology.

Pillar / Strategic Priority	Indicator	Baseline	Progress towards results (including year)	Expected Results (end year included)
MDG Health	Number of Polio Cases	223 (2012)	416 (2013) 139 (2014)	0 cases in Africa by end-2015 Endemic transmission stopped in Pakistan by end-2016
MDG Health	Number of additional future deaths averted through vaccinations	5 mn (cumulative 2000-2010)	2 million (2011-2013 cumulative)	Additional 3.9 mn cumulative during 2011-2015 4.9 mn cumulative by end-2016
MDG 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) \$22.00 (2013)	\$24.89 in 2015 Under \$22 in 2016
MDG Health	Number of people receiving antiretroviral therapy (ART)	2.5 mn (by 2009)	4.2 mn by 2012 6.1 mn by 2013 6.6 mn (2014)	7.3 mn by 2016
MDG Health	Directly Observed Therapy (DOTs) provided annually ⁷	1.4 mn (2009)	1.7 mn (2010) 0.9 mn (2011) 1.1 mn (2012) 1.5 mn (2013) 0.7 mn (mid-2014)	3.9 mn in 2015 4.6 mn in 2016
MDG Health	Number of products entering the market with UNITAID support	1 point of care CD4 test (PIMA) on the market (2013)	In 2013, UNITAID started supporting market entry of new point of care HIV diagnostic tests for CD4, viral load and early infant diagnosis	New UNITAID-supported paediatric anti-retroviral and anti-tuberculosis medicines enter the market by 2016
MDG Health; Women & girls	Number of women delivering their babies with a skilled birth attendant with support from results-based financing (RBF) country pilot grants (CPGs)	0 (2010)	2,251,879 (2013) 2,398,096 (2014)	3,216,060 by 2015 3,808,760 by 2016

⁷ Discussions with the GF are on-going to clarify this indicator

Headline Results

Over the past 4 years, GFD has achieved almost all of its results targets. In some cases these have been exceeded e.g. GAVI has reduced the cost of vaccinating children with pentavalent pneumo and rota vaccines from \$35 in 2010 to \$22 in 2013. One target is off track: the GF is off track with its target to provide 3.9 million TB treatments (DOTs) by 2015. Despite the GF replenishing less than expected, GFD is on track to maintain good progress with the results expected from all the major global funds in 2015/16 (with the possible exception of TB results). The results expected in 2016 from GPE and GAVI will be identified once the results frameworks have been finalised. Nonetheless, we expect them to maintain their rate of progress. HRITF is on track to achieve significant increases in the numbers of women delivering babies with a skilled birth attendant.

The global health funds are 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 use the global funds' own reporting systems to monitor performance and are strengthening 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. All funds are being monitored and evaluated on a regular basis (see Monitoring and Evaluation section).

Portfolio shifts for 2015/16

GPE: In June 2014, the UK pledged up to £300 million to GPE for 2015-18 conditional on a 15% burden share and reform to GPE, which will contribute to additional education results around increasing the number of children supported in primary and secondary school, completing primary education and demonstrating core learning outcomes. GFD will develop a new results framework and Logical Framework to measure results for 2016-18 before the next Operational Plan refresh. However, it will include indicators to measure completion rates, learning outcomes, progress for girls and children in fragile states, GPE reforms, data capability and international and domestic funding for education.

GAVI: GAVI will have a replenishment conference in January 2015, and will contribute to additional health results around vaccines and immunisations from 2016-20. This will be captured in the next operational plan. GFD is developing a new results framework and Logical Framework to measure results for 2016-20. In the next strategic period 2016 – 2020, an additional 300 million children are expected to be vaccinated through GAVI-supported vaccines, and 5-6 million additional future deaths are expected to be averted through vaccinations.

GPEI: GFD took over management of DFID's contribution to GPEI from Human Development Department (HDD) in July 2014, and has taken on the headline results for the 'Number of polio cases'.

Evidence supporting results

Health: Vaccines (the focus of GAVI's work) are one of the most cost effective health interventions available. For example, the Kenya Medical Research Institute estimated the cost-effectiveness of delivering the pentavalent Hib vaccine (financed by GAVI) in Kenya, and found that following introduction of the vaccine, the cost of averting one year of life lost due to disability was \$38 (less than per capita gross domestic product) while the cost of saving a life was \$1,197 (Akumu et al. WHO 2007). The WHO estimates that the average cost per Disabled Adjusted Living Year (DALY) averted in the East Africa region for the three diseases that the GF works on are: \$28 for insecticide treated bed nets (Morel C et al. 2005); DOTs for tuberculosis between \$6 and \$15 (Dye C et al, 2006); and ART at between US\$64 and US\$217 (Eaton J W et al, 2014).

The 2014 HRITF Annual Review highlights evidence that RBF can improve health outcomes by increasing access to better quality and more equitable services, and promoting greater efficiency in even the poorest countries. In Zimbabwe, pregnant women in RBF districts were 13.6 percentage points more likely to deliver in a facility and were 11.6 percentage points more likely to receive post-natal care within two-months of delivery as compared to those in non-RBF districts. In Nigeria the modern contraceptive prevalence rate in RBF areas was approximately twice the rate of non-RBF areas at 21.5 and 10% respectively.

Education: Global evidence demonstrates a quality education is a good investment; an extra year of schooling is correlated with a 1% increase in GDP, and girls' education is linked to reductions in fertility, maternal and infant mortality. The social rate of return to primary education in low-income countries is 21.3% (Psacharopoulos, 2002). In line with macro-economic evidence, GPE focuses on both equity in coverage and the quality of education.

Delivery and Resources

GFD is responsible for DFID's policies, programmes, financial management and shareholder relations with global funds and innovative financing mechanisms in health and education. GFD manages a large proportion of DFID's programme resource budget (almost 10% in 2013) and strengthening GFD's programme management capacity has been a priority.

Instruments and Partners: How GFD works with the Global Funds

GFD has close working relationships with the global funds' Secretariats. GFD uses a range of Contribution Agreements to support its portfolio of multilateral global health and education funds. DFID will continue to make our financial support conditional on the global funds' achievement of results, using the organisations' own determinants of success as a measure of this progress. The outcomes of the 2013 MAR update and further specific assurance reviews have informed decisions on the structure of DFID's contributions to these funds. GFD is using these findings to develop Programme Delivery Plans for GPE, GAVI, the GF and UNITAID that are consistent with DFID's Smart Rules. Following their replenishments in 2013 and 2014, DFID's contributions to the GF for 2014-16 and GPE for 2015-2018 are subject to a 10% and 15% (respectively) 'burden share cap' that limits DFID's contributions to these funds to a percentage of the total amounts that they raise from other donors. DFID will continue to use its constituency arrangements (with Australia on the GF, with Canada and Ireland on GAVI, and with Canada on GPE) and Board and Committee participation to influence other board members and maximise our collective focus on results and value for money.

Planned Programme Spend

Pillar/Strategic	2011/12		2012/13		2013/14		2014/15		2015/16 (provisional*)
	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Total Resource and Capital £000
Education ⁸	119,791		40,062		60,000		50,000		
Health ⁹	276,701		157,754		1,061,837		163,100		
Global Partnerships ¹⁰			256,909				560,500		
Total	396,493		454,725		1,121,837		773,600		575,676¹¹

*Expenditure figures for 2015/16 are indicative. DFID works in a variety of challenging environments, including fragile and conflict affected areas. Humanitarian work is often reactive and can be scaled up or down. An element of flexibility within funding allocations is necessary to ensure that we can balance the need for long term planning alongside the ability to respond where necessary to changing requirements.

⁸ The planned programme spend under the Education pillar for 2011-15 is for GPE

⁹ The planned programme spend under the Health pillar for 2011-15 is for AMFm, AMC, UNITAID, part of IFFIm and HRITF

¹⁰ The planned programme spend under the Global Partnerships pillar for 2011-15 is for GFATM, part of IFFIm and GAVI

¹¹ The provisional 2015/16 planned programme spend is for all the global funds and innovative financing mechanisms: GPE, GF, UNITAID, GAVI, IFFIm, AMFm, AMC, HRITF, and including GPEI

Planned Operating Costs

	2011/12	2012/13	2013/14	2014/15	2015/16 (provisional*)
	£'000	£'000	£'000	£'000	£'000
Frontline Delivery Costs – Pay			91	135	
Frontline Delivery Costs – Non Pay			18	15	
Administrative costs - Pay	516	598	573	779	
Administrative costs – Non Pay	112	110	101	163	
	629	708	783	1,092	1,092

*Expenditure figures for 2015/16 are indicative. DFID works in a variety of challenging environments, including fragile and conflict affected areas. Humanitarian work is often reactive and can be scaled up or down. An element of flexibility within funding allocations is necessary to ensure that we can balance the need for long term planning alongside the ability to respond where necessary to changing requirements

Initiatives to reduce operating costs and provide efficiency savings:

The ratio of total operating costs to programme is less than two tenths of one percent (against DFID average of about 2%). This efficiency depends on excellent networking and relations with partners within and outside DFID. GFD manages a big chunk of money with few staff, meaning operating costs have gone up because capacity has increased to improve oversight of funds. GFD ensures that it always travels economy class, and that when we make visits to global funds or countries the funds are working in we ensure that meetings are piggybacked onto each other for the other funds.

Delivering Value for Money

VfM in GFD – Context and Practice:

GFD accounts for a significant proportion of DFID's programme resource budget – approximately 10% in 2013/14. Value for Money (VfM) is at the core of GFD's policy, programme, and financial management and shareholder relations with the global funds. The four "E's" of DFID VfM strategic framework – Economy, Efficiency, Effectiveness and Equity – are critical to the funds performing well.

The core building block of GFD's delivering of VfM is through proactive and collaborative participation in the global funds' governance structures. DFID is on the Board of each fund, and has representation on Committees: the GAVI Programme and Policy Committee (PPC) and Investment Committee (IC); the GF Strategy, Investment and Impact Committee (SIIC); the GPE Coordinating Committee and Country Grants & Performance Committee (CGPC). The UK also chairs the UNITAID Finance and Accountability Committee (FAC). Through these structures, GFD monitors fund performance and promotes UK policy objectives (e.g. organisational and programmatic reforms), which are underpinned by sound VfM principles, including better allocative efficiency across the funds.

VfM delivered by the Global Funds – Performance:

The global funds have had a number of impressive examples of delivering VfM. GAVI, through its market shaping activities, has sustainably driven vaccine prices down through rebalancing and reducing risk for procurers and suppliers – such as pooling demand to procure higher volumes of vaccines at lower prices. This has led to the total cost of immunising a child with pentavalent, pneumococcal and rotavirus vaccines falling from \$35 in 2010 to \$22 in 2013; a strong indicator of performance around measures of Economy.

As measures of Efficiency, the GF supported 6.6 million people with HIV/AIDS treatment as of June 2014, achieving an 8% increase in access since the end of 2013. Almost 12 million positive cases of TB were detected and treated by mid-2014, a 6% increase since the end of 2013. There has also been a 15 % increase in mosquito nets distributed from the end of 2013 to mid- 2014 to 410 million mosquito nets distributed.

An example of Effectiveness is that GAVI is on target to support averting almost 4 million future deaths across a range of diseases from its direct investment and support to immunisation programmes in 73 countries.

An example of good VfM which also impacts on Equity is that UNITAID has created a market for HIV/AIDS treatment that is easier for children to take, at a significantly reduced price. GFD has worked closely with the global funds to increase equitable access to health treatments and basic education, focussing on girls and women and fragile environments. With GPE support, significant improvements have been made in the proportion of girls finishing primary school, with an increase of 17 percentage points from 2002-2011 (from 55% to 72%). GPE also supports gender parity in primary enrolment in 20 countries. GAVI is also rolling-out the HPV vaccine to avert cervical cancer, and have allocated significant budget for scaling up access to HPV in 2016-2020.

VfM across the Global Funds – Next Steps:

Despite these strong examples, there is scope to deliver even better VfM as the development environment evolves. The global funds face increasing demands as they seek to increase access to health and education services in the hardest to reach places and sustaining these services as countries transition away from donor support is a key challenge. GFD will work with the global funds to address these issues, help them to deliver as effectively as possible, direct resources to the greatest need, and achieve the best value for money. For example, DFID has worked jointly with the GF, UNICEF and other partners to establish a new framework for organising the purchase of high volumes of insecticide-treated bed nets, HIV/AIDS drugs and other products. This has improved delivery and led to significant cost savings. When fully implemented, the programme will provide an estimated 190 million bed nets and cost savings of over \$140 million. This collaboration won a Chartered Institute of Purchasing and Supply (CIPS) annual award for 'best contribution to the reputation of the procurement profession' in September 2014.

Monitoring and Evaluation

Global Fund level

- The global funds all have agreed results frameworks which GFD use to monitor and measure progress on both development impact and internal reforms.
- GFD has worked with the funds to improve their reporting methodology and has worked with GPE and HRITF to revise and improve their results frameworks.
- GFD receives annual reports and audit statements and mid-term reviews of strategic plans from the global funds.
- Meetings between DFID Senior Management and Senior Management teams for the funds are held, and GFD is in regular correspondence with fund Secretariats
- GFD also monitors the global funds through Multilateral Organisation Performance Assessment Network (MOPAN), Independent Monitoring Board (IMB) and other public reviews.
- We have monitored our MAR reform priorities through the 2013 MAR and annual reviews, and progressed them through Boards and Committees. We negotiate and take forward reforms to the global funds through regular Secretariat, committee and Board processes, and monitor these reforms through Logframes and Annual Reviews.
- The evaluation capacity and commitment to evaluation of the global funds collectively is strong. The global funds frequently undertake rigorous independent evaluations on policy and programmes. All the global funds either have evaluations planned or underway, or have recently been through an external evaluation. 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.
- The global funds are subject to standard periodic DFID internal audit procedures.

DFID level

- The GFD Operational Plan and results framework is fully reviewed annually.
- GFD monitors overall management, performance and risks of the global funds on a quarterly basis.
- GFD works with an Evaluation Adviser from the Multilateral Effectiveness Department, and aims to build our capacity to assure DFID that the evaluation undertaken by the global funds are high quality.
- GFD is also subject to standard periodic DFID internal audit procedures
- Elements of GFD's work or the global funds may be subject to formal evaluations or reviews, either by DFID's Evaluation Department, or by the Independent Commissions for Aid Impact (ICAI) reporting to Parliament. ICAI is currently reviewing multilateral funds, including the GF and GAVI.

Transparency

Transparency is one of the top priorities for the UK Government. It helps people see where money is going and for what purpose. It helps improve value for money and makes governments everywhere more accountable to their citizens. DFID is a world leader in aid transparency and has an ambitious vision for both DFID and its partners. We will ensure that we play our part in continuing to work towards that vision – set out in a suite of commitments the Aid Transparency Guarantee (ATG), Aid Transparency Challenge (ATC) and DFID's Open Data Strategy.

Actions to ensure DFID meets its commitments in the UK Aid Transparency Guarantee

Publication of information

- GFD will support the commitments made by DFID in the UK Aid Transparency Guarantee, by ensuring that all project documentation is published on DFID's [Development Tracker](#) and the DFID website under the names of each global fund.
- We will ensure that all information in the public domain is comprehensive, accessible, accurate, timely and written in plain English. We will publish a summary of this Operational Plan and all project summaries in English. Each global fund publishes key documents in English and French.
- Due to the multilateral nature of our funds, we cannot map specific areas of their work exclusively to DFID investments. The global funds' websites provide comprehensive information on their programmes across the world.
- GFD has published summaries of the Multilateral Aid Review (MAR) 2011 and MAR Update 2013 for the GF, GAVI, UNITAID and GPE, which have been used to inform funding decisions, and will also publish a summary of the 2015 MAR.

Supporting Transparency in our work

- We use the DFID network of country offices to share country specific information about the global funds and learn lessons from the ground. DFID country office staff provides feedback on global fund performance which contributes to the Annual Reviews and Project Completion Reviews of the global funds.
- GFD supports the global funds to increase their transparency. In the MAR assessments, the global funds scored well on transparency. The GF's decision to publish/require recipients to publish procurement data has been a major driver for a range of innovations in transparency. The global funds publish all papers from their Board and Committee meetings (with the exception of any closed/sensitive information), and data on donor contributions, disbursements and spend in each country on their websites.
- GFD will encourage the global funds to promote transparency with partner governments in developing countries, making it easier for people to see how aid is being spent. For example, GAVI works with country governments to encourage its health system strengthening grants to be transparently recorded on budget.
- As members of the global funds' Boards, Committees and working groups, we will uphold principles of transparency, encouraging them to share all materials, outputs and potential conflicts of interest with the Board. GFD is also working with the global funds to improve their monitoring, evaluation, results and financial reporting systems.
- GFD will meet the standards set out in the IATI, and encourage all multilateral organisations to do the same. The GF, GAVI, GPE and UNITAID are IATI signatories. GFD will aim for GPEI and HRITF to become IATI-compliant by 2016.

Annex A: Changes to Operational Plan

Page Number	Change made to operational Plan	Reason for change
3	GPEI added to the global funds GFD manages. GFD finalised the Logframe and delivered the 2014 Annual Review in September and changes are consistent with this assessment.	GFD took over management of DFID's contribution to GPEI from HDD in July 2014. As the UK immunisation response was to be driven through investment in GAVI, it was decided GFD could have the same team also managing the UK's polio investment. IPV was also introduced under an objective of GPEI.
4	Development Effectiveness Principles section added and 'What we will stop' cut	GFD compliance with Development Effectiveness Principles updated, and how GFD works streamlined.
4	GFD's provisional resource budget for 15/16 included	Resource allocation round decisions
5	<ul style="list-style-type: none"> Baseline and target for 'primary completions rate %' education indicator changed Indicator description changed to "Equivalent children supported in primary" Baseline changed for "percentage annual improvement in median price" Indicator for "Proportion of UNITAID funded products in each disease area showing same or lower price" replaced by "Number of products entering the market with UNITAID support" Number of Polio cases results added 	<ul style="list-style-type: none"> The baseline has gone up from the 65.4% in the original Operational Plan as this indicator is now calculated for 46 GPEI-endorsed countries instead of the previous 38 (GPEI provided new figures based on more countries when we revised the GPEI Logframe in 2014). Indicator description altered to more accurately measure the no. children supported through GPEI funding as a calculation of disbursements, projections and unit cost of schooling a child. The GF now focuses on one of the largest volumes of bed nets and looks at the pricing based on Purchase Order dates, then uses a weighted median calculation accounting for volumes purchased. The previous \$4.60 figure was slightly higher in previous calculations due to a volume of larger nets. The GF are reviewing this methodology. UNITAID introduced new Key Performance Indicators (KPIs) for 2013-16, and are not actively measuring the previous indicator any more. The UNITAID Logframe is currently being revised to reflect the new KPIs. The replacement indicator measures UNITAID market-shaping. GFD took over management of GPEI in July 2014, and inherited polio results.
6	Indicator, baseline and target changed for "Number of women delivering babies"	To reflect revised HRITF Logframe which was entirely revised to make it more ambitious (approved Sept 2014)
6	Information on expected results for the next phase of funding to GPEI (2015-18) and GAVI (2016-2020) and GPEI added	In July 2014, the UK committed up to £300 million to GPEI for 2015-18 contingent on a 15% burden share. GAVI will have a replenishment in January 2015, which will lead to additional vaccines/immunisations in 2016-20
8	Delivery & Resources section revised	GFD has grown significantly since the last Op Plan.
11	VfM section revised	VfM information updated.
12	M & E section revised	Several results frameworks have been revised, and GFD has brought in quarterly monitoring.
13	Transparency section updated	Progress with transparency and IATI updated.

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