THE ACCESS TO DELIVERY PARTNERSHIP

Final Project Evaluation

ACCELERATING ACCESS TO AND DELIVERY OF NEW HEALTH TECHNOLOGIES FOR TUBERCULOSIS, MALARIA AND NEGLECTED TROPICAL DISEASES: SUPPORTING COUNTRIES TO ACHIEVE UNIVERSAL HEALTH COVERAGE

Final Draft Report

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16th January 2023

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Acronyms

ADP	Access and Delivery Partnership
AU	African Union
AU Model Law	AU Model Law on Medical Products Regulation
BPPS	UNDP Bureau of Policy and Programme Support
COVID-19	Coronavirus Disease
FDA	Ghana Food and Drugs Authority
FGDs	Focus Group Discussions
GHIT Fund	Global Health Innovative Technology Fund
GBT	Global Benchmarking Tools
HHD	UNDP HIV, Health and Development Group
HITAP	Health Intervention and Technology Assessment Programme (Thailand)
HTA	Health Technology Assessment
IDP	Institutional Development Plan
IR	Implementation Research
LMIC	Low Middle-Income Countries
MOH	Ministry of Health
NRA	National Regulatory Authority
NTD	Neglected Tropical Disease
SAVINGS	Sustainable Access and Delivery of New Vaccines in Ghana
SDGs	Sustainable Development Goals
SMILE	Digital System for Vaccine Inventory Tracking
SOP	Standard Operating Procedures
TB	Tuberculosis
TDR	Special Programme for Research and Training in Tropical Diseases
TMDA	Tanzania Medicines and Medical Devices Authority
TOC	Theory of Change
UHC	Universal Health Coverage
UNDP	United Nations Development Programme
VBP	Value Based Procurement
WHO	World Health Organisation

EXECUTIVE SUMMARY

Introduction

The Access to Delivery Partnership (ADP) is a unique collaboration between the Government of Japan and the United Nations Development Programme (UNDP), in which UNDP together with the core ADP partners, the6 WHO, the Special Programme for Research and Training in Tropical Diseases at WHO (TDR) and PATH work to leverage expertise within each organization to implement a range of interventions in Low Middle-Income Countries (LMICs) to promote equitable, sustainable and timely access to cost-effective and quality-assured new health technologies for tuberculosis (TB), malaria and neglected tropical diseases (NTDs) and advancing universal health coverage (UHC). The ADP project aims at strengthening the relevant human and institutional capacities in Low Middle-Income Countries (LMICs) to ensure the effective, introduction and access to new health technologies ensuring no one is left behind.

This evaluation on the activities and outcomes of the ADP project covers the start of the scale up phase (April 2018) until the present (November 2022). The overall purpose of the evaluation is to assess the impact of the ADP project, in relation to the project's stated objectives and approaches. Specifically, the evaluation objectives are to:

1. Assess the ADP Project's outcomes and impact
2. Identify and analyse critical success factors
3. Document challenges and lessons learned
4. Provide recommendations for future planning and programming for a proposed new ADP phase.

The evaluation framework is organised along the four dimensions of relevance and coherence, effectiveness, efficiency and sustainability of results, considering these across the ADP's three strategic pillars and underlining bolstering country capacity for decision making as stated in the Theory of Change (TOC). Equity and gender related dimensions were also reflected though limited data was available.

Methodology

The evaluation adopted a concurrent design mixed-methods approach, incorporating both quantitative and qualitative data collection methods developed specifically for this evaluation. Document review, key informant interviews (KIIs), Focus Group discussions (FGDs) and an online survey were used to evaluate ADP's project performance.

A total of 25 Key Informant Interviews (KIIs) and 12 respondents interviewed in focus group discussions (FGDs) were conducted, along with 54 survey responses (out of 93 that were sent out). A total of 46 responses from beneficiaries and 45 from technical partners were gathered, a total of 91 responses. Project documentation was used to triangulate and validate ADP initiative information up to the latest annual report available for 2020-2021.

Findings

a. Relevance and Coherence

Overwhelmingly for any evaluation criteria, most respondents were positive of how ADP engaged with the focus countries. The strength of the in-country relationships with governments, and the engagement in providing capacity building and tools, methods and policy development were viewed positively. The COVID-19 pandemic brought a new way of operating, given global travel restrictions. The ADP project and its 9 focus countries were able to continue project implementation remotely.

b. Effectiveness

There is evidence of ADP making valuable contributions across the value chain for access and delivery, as respondents provided details as to how ADP was supporting the fulfilment of objectives in country. To improve technical capacities, beneficiaries identified a number of issues such as greater collaboration in regulatory activities, being able to put into practice knowledge and skills gained, and improved access to reporting tools, technologies and monitoring and strengthening of internal systems and procedures. Respondents agreed that ADP was able to accelerate the introduction and access of new health technologies; by enhancing technical capacities (e.g., through training and use of various tools developed by ADP) and through the introduction and use of digital tools to accelerate service delivery.

Four out of five respondents (83.7%) described ADP initiatives as effective in strengthening internal systems, tools or methods that have contributed to an improved introduction of, or expanded access to new health technologies. A further 12.2% either did not know or felt it was too early to say as the process of introducing guidelines or policies was still ongoing and 4.7% said 'No', because challenges still needed to be overcome or because the initiative has not had time to mature.

ADP has contributed to stronger health system components through the development and implementation of tools, methodologies, practices, guidelines, policies and institutional and human capacity building. Documents reviewed, show that a small number of ADP initiatives were catalysed to make possible for other initiatives and products to flourish.

In responding to the extent to which affected communities and vulnerable populations benefited from the ADP project, a third (33.9%) of respondents mentioned either the question was not relevant, did not know or were not involved directly with end beneficiaries. ADP provides technical support to strengthen national capacities to address malaria, Tuberculosis (TB) and Neglected Tropical Diseases (NTDs), through the development of policy and legal frameworks underpinned by principles of equal access, bringing a focus on disadvantaged and marginalised as these populations are the most affected by the focus diseases.

The achievement of the project objectives is based on qualitative measures. The most recent Theory of Change (TOC) lacks benchmarks and targets or in-country performance tracking to record progress. There are no indicators for impact as it is only expected to be measured during project evaluations. Countries reported that monitoring happens through both face-to-face and remote meetings and through regular report submissions. There is no formal tracking tool to establish benchmarks and targets and thus, measures of performance and ultimately success are based on qualitative measures.

c. Efficiency

While budgets and project expenditure were not available to the consultant, in discussion with interviewees, it was noted that the limited and unpredictable annual budgets have yielded significant results from utilising resources in a cost-efficient manner. The efficient *modus operandi* through technical partners often with a physical presence in all focus countries had kept project costs down. Working through national governance structures and engaging with relevant stakeholders with a defined set of technical partners and focus interventions across the ADP value chain has enhanced the level of resource utilisation.

d. Sustainability

Sustainability was appraised from two different lenses: system integration and the sustainability of project outcomes.

There is much evidence where ADP initiatives have strengthened health systems in a sustainable way. This is particularly the case in Ghana, Tanzania and Indonesia who have been recipients of ADP

interventions for the longest period (since 2014) among all focus countries. For example, health technology assessments are now **integrated** into the culture in these countries together with implementation research. Regulatory systems have been improved to assure the quality, safety and efficacy of health products. Supply chain systems, essential medicine lists and medicine pricing guidelines have also been institutionalised and as such are being sustainable as these tools and policies are an integral part of the health system.

Systems integration remains a challenge, particularly as ADP focuses on neglected tropical diseases, which as its name entail, are neglected and not part of the standard health delivery system. These diseases do not attract the financial resources the donor community affords to HIV, TB and Malaria where efforts for integration at least at the information systems level, have been discussed for some time.

An overwhelming (83.7%) of respondents indicated that ADP has contributed to an improved introduction of, or expanded access to, new health technologies. Only 12% responded it was too early to tell or quantify as a few projects were still in their infancy.

Against this level of positivity, the lack of financial predictability and the limited funds available for this project under the ADP umbrella made it difficult to plan sustained interventions over time, thereby partially eroding the potential gains that some of these activities could have. However, provision of technical support by ADP was identified as key in enabling initiatives to be implemented sustainably; and Ministries of Health in the focus countries recognise the importance of the improved knowledge and capacity and the development of tools, methods and policies the ADP project offers.

Next phase of ADP

ADP partners proposed a question on what respondents would keep or change in a new ADP project phase. While it was anticipated that respondents may suggest a shift in pace and broader geographical reach, a high proportion of respondents (85.7%) felt that ADP could do something different in the next phase of the project. Some respondents (14.3%) encouraged the continuation of what ADP is doing so that initiatives are completed and institutionalised in countries, thereby leading to more lasting benefits to health systems. This was particular important for beneficiaries and those starting new initiatives in Bhutan and Burkina Faso where work is in earlier stages compared to other focus countries. Most respondents (85.7%) however indicated a shift in scope and a broadening the ADP geographical footprint.

Beneficiaries indicated a preference for being more proactive in the ADP planning stage, working closely and directly with ADP to develop synergies. They also indicated a preference to be financially supported directly by ADP. This would change the funding architecture of the project, which is implemented through the provision of technical support by partners and consultants who develop and deliver methodologies, tools, policies and capacity development.

Recommendations

It is not the intention to provide a long list of unprioritized recommendations. These included here are considered key for the improvement of the project, particularly in light of a potential new funding phase.

1. **Theory of Change**
   Taking advantage of an innovative design stage for ADP, consider redefining the Theory of Change to better reflect the objectives and interventions of the project particularly as it broadens its scope and geographical reach.

2. **Leveraging the ADP Community**
   Consider growing ADP's geographical reach to other LMICs that require ADP specific expertise and leverage the capacity and technical knowledge grown in the first phase by involving Ghana, Tanzania and Indonesia as resource countries providing technical support and encourage South to South interventions

led by these three countries reflecting the lessons learned from India and Thailand. ADP can also consider the expansion of existing technical partners to deliver on ADP's objectives.

3. Performance Framework

Develop a performance framework with objectives and meaningful indicators with benchmarks, targets and annual performance in line with a newly developed Theory of Change. Include indicators to track specific technical areas such as HTA, IR, regulatory strengthening, etc and consider tailor-made indicators for country-specific activities that are not being undertaken in all focus countries. The measurement of progress and ultimately impact of objectives should be undertaken every other year or at a frequency that allows the project to develop firm outcomes within the project lifespan.

4. Acknowledgement of ADP contribution

4.1 UNDP and other technical partners should acknowledge the ADP contribution to the focus countries' health systems and document their successes noting their efforts have contributed to the success and growth of new projects catalysed by ADP's initiatives.

4.2 Ensure the ADP project is differentiated from the regular activities of technical partners, so that ADP enjoy the prominence and credit for the contribution to health systems and UHC that it deserves.

5. Access to online community platform

Consider opening the newly established ADP community platform not only to the 9 focus countries and those countries ADP have interacted during the course of Global activities or South-to South exchanges but to any country seeking engagement with the ADP value chain for wider dissemination and learning.

6. **Sustainability**

In conjunction with the focus countries, develop a strategy to assure the long-term sustainability of ADP interventions beyond those that are already institutionalised.

7. South-to-South interventions

Ensure that a new phase of the project will continue to have a strong element of South-to-South collaboration, particularly through countries where ADP has built both human and institutional capacities in both Asia and Africa. In a new project design, technical collaboration with partners in Latin America and the Caribbean could provide technical assistance to the region and offer opportunities for knowledge sharing across geographical regions.

8. Increased synergies and coordination among partners

More synergies and coordination between ADP and other partners including coordination between ADP's work and GHIT's investments for developing innovations. As GHIT's portfolio matures, there could be more ways for collaboration and have more specific tangible outputs based on joint efforts to have an impact in the end-to-end R&D ecosystem.

9. UHC

ADP to continue pursuing equitable access where the vulnerable, disadvantaged and the poor who are afflicted by malaria, tuberculosis and NTDs reside and double their efforts to strengthen health systems in these environments to ultimately improve UHC.

10. Expanding the partnership

Seek avenues and opportunities in which ADP can be a project partner for accelerating access to and delivery of new health technologies for tuberculosis, malaria and neglected tropical diseases, and support countries to achieve Universal Health Coverage. Considering a partnership with UNITAID, Drugs for Neglected Disease Initiative (DNDi), Medicines for Malaria Venture (MMV) and others to be the partner of choice to assist countries to put policies in place, provide capacity building and ready systems and policies to ensure new health technologies will be received in fertile ground.

1. INTRODUCTION

This report is the result of a final evaluation of the Access and Delivery Partnership project managed by the United Nations Development Program (UNDP) who acts as the lead coordinating partner with funding from the Government of Japan. The other core ADP partners are PATH, the World Health Organisation and the Special Programme for Research and Training in Tropical Diseases (WHO TDR).

ADP is a global project that has been implemented over two phases; the initial phase was implemented from April 2013 to March 2018, and the ADP 'scale up' phase from March 2018 to April 2023. In the first phase, UNDP, PATH and TDR provided technical and capacity building support to Ghana, Indonesia, Thailand and Tanzania.

The current 'scale up' phase of the ADP project was designed to expand its scope, through extending the range of expertise and technical assistance offering and expanding the number of focus countries in which the ADP implements a comprehensive range of activities. WHO was included as a technical partner to assist countries with regulatory system strengthening and the geographical scope expanded to India, Senegal, Malawi and, since 2021, Burkina Faso and Bhutan. This evaluation covers the scale-up phase from April 2018 to-date.

1.1 Background of the Access to Delivery Partnership (ADP) and context

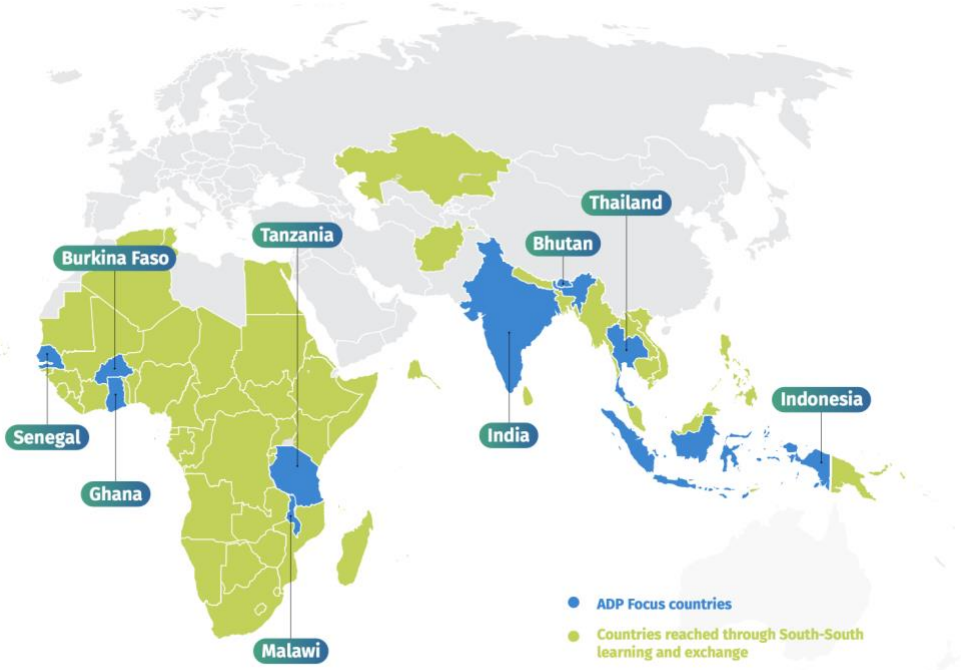
The introduction of new health technologies can bring challenges, posing significant burden on health systems no less because countries need to ensure capacities are on the ground to take advantage of new technologies. These include the need for evaluation of the health technology prior authorisation for use, procurement costs, distribution systems designed and implemented to enable the effective introduction and use of the health technology. Human resources with the relevant technical capacities are needed to perform these various functions. With an equity focus, the project focuses on the diseases that disproportionately affect the poor, namely tuberculosis (TB), malaria and neglected tropical diseases (NTDs).

The Access and Delivery Partnership (ADP) project is a unique collaboration between the Government of Japan and the United Nations Development Programme (UNDP). Led by UNDP in partnership with WHO, the Special Programme for Research and Training in Tropical Diseases (TDR) and PATH, ADP leverages expertise within each organization to implement a range of interventions in Low Middle-Income Countries (LMICs) to promote equitable, sustainable and timely access to cost-effective and quality-assured new health technologies for tuberculosis (TB), malaria and neglected tropical diseases (NTDs), and to advance universal health coverage (UHC). The ADP project aims at strengthening the relevant human and institutional capacities in LMICs to ensure the effective, introduction and access to new health technologies ensuring no one is left behind.

As a global project, ADP has been implemented since 2013 and the current phase will end in March 2023. The findings of this evaluation will inform design aspects of the next phase. ADP has supported governments and national stakeholders to strengthen health systems through the development of policies and human capacities, as well as systems and processes that help ensure that new health technologies reach those who need them. This approach encompasses health system capacities and functions across the value chain of access and delivery, including an enabling policy and legal framework, implementation research (IR), regulatory system, health technology assessment, digital transformation of the health sector, procurement and supply chain management, and patient safety monitoring.

Through an integrated approach, ADP is framed around three strategic pillars: 1. Strengthening policy and regulatory harmonization and coherence; 2. Strengthening capacities of national institutions for accelerating health technology introduction and access and 3. Establishing and/or contributing to regional and global platforms for technology preparedness. The project's theory of change (TOC) centers on the support of the three pillars which will strengthen country-capacity for decision making.

The impact of ADP support has contributed to health system efficiency and resilience across its nine focus countries (Bhutan, Burkina Faso, Ghana, India, Indonesia, Malawi, Senegal, United Republic of Tanzania and Thailand) to various extents, depending on the length of time project activities have been implemented in these countries. Further, many other low middle-income countries (LMICs) have benefited from ADP's South-South technical exchanges and outreach since 2018 (Figure 1)[1].



ADP covers nine 'focus' countries and has reached over 60 countries through its South–South learning and exchange.

Notably, at the start of COVID-19 pandemic, ADP urgently pivoted its support to strengthening national pandemic responses in focus countries through the provision of technical advice and information, and also supported countries to mitigate the impact of the pandemic on disease control programmed for tuberculosis (TB) malaria and neglected tropical diseases (NTDs).

1.2 Evaluation framework

This evaluation covers the period of the ADP 'scale up' phase (since April 2018) and focuses on the activities and outcomes of the ADP project until the present (Dec 2022). The evaluation focuses on the four OECD dimensions and key areas of the ADP project: relevance, effectiveness, efficiency and sustainability, which are in line with standards and mechanisms for UNDP programming quality.

The overall purpose of the evaluation is to assess the impact of the ADP project, in relation to the project's stated objectives and approaches. Based on the Terms of Reference (See Annex I) the evaluation focuses on the following objectives:

a. Assess the ADP Project's outcomes and impact
b. Identify and analyse critical success factors
c. Document challenges and lessons learned
d. Provision of recommendations for future planning and programming for a proposed new phase.

[1] Taken from UNDP (2022). Access and Delivery Partnership: TB, Malaria and NTD Health Technologies for Those in Need – Impact Stories.

The evaluation was guided by the three outputs of the ADP project document results framework which are considered the project pillars:

Output 1	Multi-sectoral country platforms established to accelerate introduction and access to new health technologies
Output 2	Capacities of national institutions and systems strengthened to produce and expand access to new health technologies
Output 3	Global platform established for health technology delivery preparedness.

The evaluation was underpinned by the project's theory of change, which is premised on strengthening health system capacity and key technical functions across the value chain in participating countries to accelerate access and delivery of new health technologies., A 'snowball' methodology was employed to point out additional work that was made through the ADP or through the literature review and encountering additional work that took place during the ADP project.

1.3 Structure of the Report

The rest of the document is structured as follows:

- Section 2 provides the evaluation framework and methodology, including limitations;
- Section 3 provides comprehensive findings based on the four evaluation parameters along the evaluation questions;
- Section 4 discusses overall conclusions and lessons learned
- Section 5 offers recommendations in the light of a new project phase
- Section 6 includes the list of documents reviewed.

The following appendices are included: Appendix I Terms of Reference, II List of persons interviewed and Appendix III List of ADP knowledge products.

2. EVALUATION FRAMEWORK AND METHODOLOGY

2.1 Evaluation Questions

Based on the objectives outlined in the Terms of Reference (TOR), and additional correspondence during the inception phase, the evaluation framework is organised along the four dimensions: relevance and coherence, effectiveness, efficiency and sustainability of results. These dimensions are considered against ADP's three strategic pillars and underlining bolstering health system capacity as stated in the TOC. Equity and gender will be two dimensions through which limited data was collected and the outcomes analysed.

The evaluation questions were organised as per the terms of reference in relation to a. relevance and coherence, b. effectiveness, c. efficacy and d. sustainability and its associated questions. The questions for each of the main criteria include:

Relevance and coherence: This will include an assessment of whether the ADP project overall approach has contributed to:

- National health priorities in the 9 focus countries, the HHD and the UNDP strategic plans
- The ADP project responded to national and global development contexts, changes in health priorities and capitalizing on new opportunities, including during COVID-19 pandemic?
- Whether the ADP project objectives were consistent with global priorities?

Effectiveness aims at determining the extent to which:

- The project objectives have been achieved

- Affected communities and vulnerable populations benefited from the ADP project to the extent ADP could have benefited these populations through access to systems and technologies that allow for access to health technologies.
- What have been the key outcomes resulting from ADP interventions and how have they contributed to meeting national and regional health and development priorities.

Efficiency will focus on:

- The overall use of ADP project resources in terms of human and financial resources to assess how the project as a whole was able to facilitate the flow of financial resources in a timely manner and resources utilised in a cost-efficient way.
- To what extent was the project management structure as outlined in the Project Document efficient in generating the expected outcomes?

Achievement and sustainability of results. This dimension will assess the extent:

- That ADP-supported interventions been integrated into national systems.
- ADP put in place mechanisms, capacities and policy frameworks that will ensure the sustainability of project outcomes.

For the purpose of this evaluation, considering a new project phase, **a learning dimension** was included:

- How have the lessons learned and implementation experience in focus countries been documented and shared for other countries to learn from?
- What are the key lessons that can inform future project planning and programming?

2.2 Theory of Change

Central to ADP's *modus operandi* is the theory of change (TOC) developed in the first phase of the project and based on similar premises as the one developed by PATH in which the framework of innovate (R&D phase), Introduce (demonstration phase) and integrate (scale-up phase) resonated for new health technology product introduction in global health. ADP made an additional inclusion of an extra phase critical to their work appropriate to country contexts.

An attempt to provide more specificity and a framework to the attainment to ADP goals, a new theory of change was developed[2] in 2018 reflecting changes and extended scope of the Scale-up Phase of the project (2018 onwards) expanding on ADP's strategic approach targeting country capacities and functions beyond the 'decide' phase. It identified the interrelationships of the outcomes in relation to others as well as the step-wise flows. The logframe generated by the TOC tracks outcome performance in terms of process indicators with the measurement of Level 3 (indicators of impact), not tracked, deferring these to project evaluations. The Monitoring and Evaluation Section (P27) under the Effectiveness chapter, discusses in greater detail, the monitoring framework.

2.3 Methodology

The evaluation adopted a concurrent design mixed methods approach, incorporating both quantitative and qualitative data collection developed specifically for this evaluation and the results were analysed. The four key methods that informed the analysis are discussed below.

2.3.1 Document Review of primary and secondary data sources

The document review comprised largely of documents provided by UNDP and its partners and those available through the ADP and partner's websites which include existing documentation from 2018 to 2022, quantitative and descriptive information about the project, performance frameworks, ADP annual

[2] Kaggwa, Esther. Access and Delivery Partnership, Theory of Change, Monitoring and Evaluation. Draft version 5, 29th December 2018.

reports, knowledge products, donor reports and any other previous evaluations and assessments or project specific documents as they may be deemed relevant.

2.3.2 Key informant interviews (KIIs)

Semi-structured KIIs comprised an important methodological tool for the evaluation. These interviews were used to gather a range of perspectives and insights across key informants involved in the design, implementation and achievement of results to ultimately promote equitable, sustainable and timely access to cost-effective and quality-assured new health technologies for tuberculosis (TB), malaria and neglected tropical diseases (NTDs) and advancing universal health coverage (UHC). These interviews were important for elaborating and validating findings from the documentation review, as well as to inform perspectives from country stakeholders. A written record of interviews by person and organization was maintained to aid an assessment of relevance of the content and to facilitate the report analysis. A purposive sample of key informants was drawn from among the universe of the following groups: partners such UNDP, WHO, TDR and PATH, country focal points, government counterparts and regional bodies ensuring gender balance. A total of 25 KIIs were interviewed remotely and a written response was received from GHIT. Support from ADP core partners (UNDP, WHO, TDR and PATH) and country focal points was received to both narrow the stakeholder (KII) list to a meaningful selection of key informants and to organize the KIIs and the focal group discussions.

2.3.3 Focus group discussions (FGD)

In total four focus group discussions with 12 people interviewed from different geographies and mixed technical areas reflecting the views of technical partners, beneficiaries and country focal points.

2.3.4 Survey

In order to capture a large proportion of partners, stakeholders and beneficiaries, an online survey was devised and administered across multiple stakeholders to obtain information on their opinions, perceptions, level of satisfaction and ideas for the future of the ADP project[3]. A total of 53 respondents were received which is a 57% response rate (93 questionnaires were sent out). A differentiated approach was undertaken during the data analysis phase to allow emerging themes and other topics that were triangulated with the literature and the KIIs responses. Of the 53 responses, 64.2% of respondents were beneficiaries (n=34) and 35.8% were technical partners (n=19) as per tables 1 and 2.

Table 1: Number and Country of Respondents

Country	Number of responses
Senegal	11
Ghana	11
Switzerland	11
USA	9
Indonesia	7
Tanzania	7
Malawi	6
Bhutan	6
Burkina Faso	6
Thailand	5

[3] The survey can be found on https://docs.google.com/forms/d/e/1FAIpQLSe-SWmtjfbPCF7sR4b8Ep51UBD_83mAqQ-nA4xytYzAkQkPQA/viewform

India	2
UK	2
South Africa	2
France	1
Benin	1
Niger	1
Singapore	1
Turkey	1
Japan*	1
TOTAL	**91**

* The Japanese response was an institutional response thus, counted as one response even if a number of people were involved in its preparation.

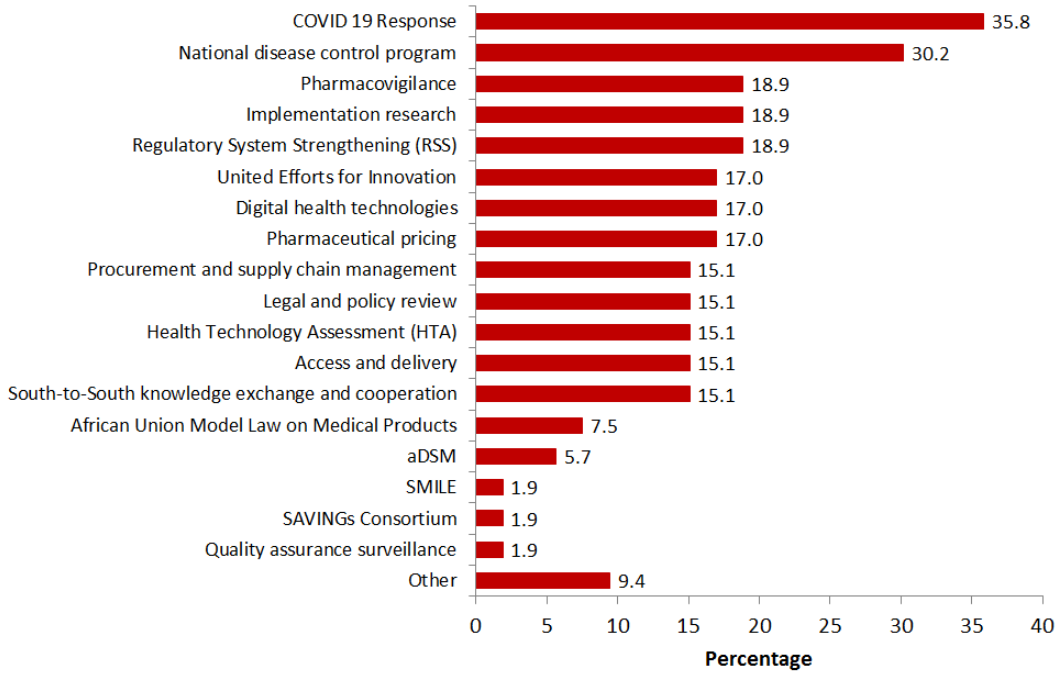
Table 2: Respondent Type

Type of respondent	Number of KII/FGD responses	Number of survey responses	TOTAL
Beneficiary	12	34	46
Technical	25	20	45
TOTAL	**37**	**53**	**91**

The majority of survey respondents have been involved in the following key areas of ADP support:

1. COVID-19 Response
2. Pharmacovigilance
3. Implementation Research
4. United Efforts for Innovation
5. Health Technology Assessment (HTA)
6. National disease control programmes (TB, Malaria, NTDs).

Figure 3 show the ADP initiatives the survey respondents were directly involved in.



The consultant is grateful to UNDP for providing logistics and management assistance in both the provision of the survey tools to enable respondents to complete the questionnaire electronically and submit it to an electronic repository and for sending all of the surveys to the relevant stakeholders. The survey was translated to French and to Bahasa to enable all participants to complete the questionnaire. Foreign language completed questionnaires were translated back into English for analysis. SPSS software was used for data management and analytics categorising responses to identify themes and trends.

2.4 Inclusiveness and ethical considerations

The evaluation applied an inclusive/ participatory approach, in that a variety of stakeholders at the global and country level were consulted throughout the evaluation. UNDP and technical partners were also consulted. The views of stakeholders were represented in the evaluation findings. Most of the informants invited for interviews and FGDs participated in the evaluation, with minimal cancelations or refusals, thanks to the UNDP team who actively followed up with respondents and changed time slots as required.

Stakeholder participation in interviews was on a voluntary basis, recognising that some informants may be designated by their institution. The overall purpose of the evaluation and use of data collected was explained to all participants at the start of the interview and confidentiality was assured. When feedback of individual informants is used in the report, it does not identify the respondent directly but will be ascribed by informant type (i.e. UNDP, partners, country level stakeholder, etc.).

2.5 Potential Limitations and Mitigation Measures

Perceived and known limitations of the above-noted evaluation methods were taken into account with proposed mitigating measures described in Table 3.

Table 3. Potential limitations and mitigation measures

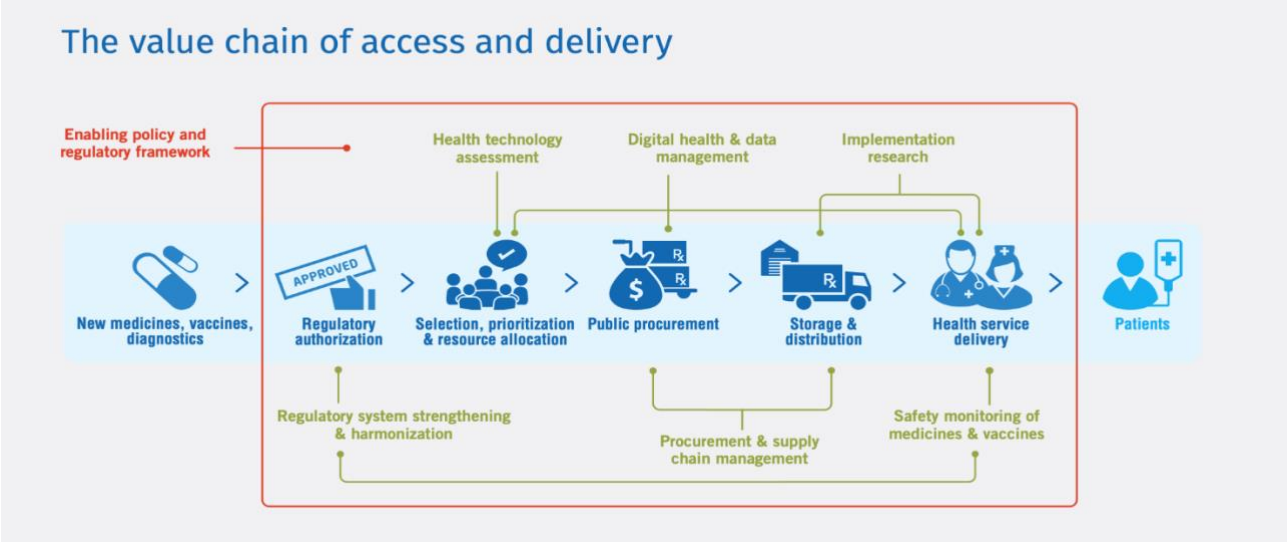
Limitations	Mitigating measures
1. Possible respondent bias, especially as a number of the consultees may be implementers and/or recipients of funding 2. Un-availability of key respondents or delay in securing responses	1. Findings will be triangulated against other evidence. 2. Contact with prospective informants will be made as soon as the report and questionnaire guide are approved by UNDP and KIIs informed. 3. The survey and interviews were conducted confidentially, and all collected data have been anonymized..
Challenges with regards to measuring attribution of impact, recognizing the role of multiple factors in strengthening health systems and in particular the promotion of equitable, sustainable and timely access to cost-effective and quality-assured new health technologies for tuberculosis (TB), malaria and neglected tropical diseases (NTDs) and advancing universal health coverage (UHC).	This will be mitigated through understanding the pathways to impact as outlined in ADP ToC's and project documents, knowledge products and where results have been attributed to an ADP stakeholder or partner.

3. EVALUATION FINDINGS

The analysis of the evaluation questions, its findings and recommendations were framed around the ADP access and delivery value chain which is articulated in many of the ADP project documents[4] (See Figure 4),

[4] Taken from the ADP project brief August 2022.

and guided by the OECD and TOR evaluation criteria of Relevance and Coherence, Effectiveness, Efficiency and Sustainability.



3.1 Relevance and Coherence

This area assesses whether the ADP project overall approach has contributed to:

a. National health priorities in the 9 focus countries, and the HHD and the UNDP strategic plans
b. The ADP project responded to national and global development contexts, changes in health priorities and capitalizing on new opportunities, including during COVID-19 pandemic
c. Whether the ADP project objectives were consistent with global priorities?

Project architecture and focus countries

Prior to discussing the findings from the KIIs, FGDs and survey respondents, the project architecture, governance and its implementation geography requires consideration.

The ADP project initiated its 'Scale-up' Phase in 2018 which corresponds to the period of this evaluation. From 2013 to 2018, three partners and four countries were the focus of ADP's interventions. Ghana, Tanzania, Thailand and Indonesia benefitted from ADP interventions provided by UNDP, PATH and TDR. In 2018 the geographical scope expanded to three additional countries: Malawi, India and Senegal growing the total of ADP focus countries to 7.

To scale up the geographical footprint of ADP, to identify other recipient countries in both Africa and Asia, technical partners agreed on four categories of indicators to identify additional African and Asian countries where TB, malaria and NTD rates continue to be highest[5]. Country assessments were undertaken based on: 1) national disease burden; 2) institutional presence and relevant on-going activities for ADP partners, GHIT or GoJ; 3) proposed GHIT clinical trials; 4) demonstrated domestic capacities for access and delivery value, and political will; 5) regional groupings and South-South linkages; and 6) unfavourable factors or disadvantages. Senegal, Kenya and Malawi were assessed and mapped out against the criteria to determine suitability for ADP for the African region. It was found that Kenya scored lowest due to it high level of existing capacity and its relatively low need for additional technical and capacity and therefore Senegal and Malawi were added as focus countries at the beginning of the scale-up phase.

A similar exercise was conducted for Asian countries which included India, Vietnam and Cambodia and had an assessment on the 4 criteria mentioned above as per the African countries. Through this process, India was identified as high in capacity and a potential resource country.

[5] ADP Rapid Mapping Assessment plus Rationale 2019.

Two additional focus countries were added in Year 2 of the scale up phase: Burkina Faso and Bhutan. During the data gathering phase for this evaluation it was evident that as these two countries are newest, the ADP-country relationship is in its infancy and while policy development is taking place, there has not been time for institutionalisation.

At the start of the scale-up phase, WHO joined as an ADP partner to support regulatory system strengthening, which aimed at bringing national regulatory authorities (NRA) up to benchmarked international standards in order to ensure the quality, safety and efficacy of health products.

The ADP Scale-up Phase also focused on promoting South-to-South collaboration, and sharing of learnings and knowledge on policy, programmatic and technical issues[6] such as Health Technology Assessments (HTAs), Implementation Research (IR), Value Based Procurement (VBP). Over 67 countries , particularly those in Africa and Asia, have benefited from these efforts. ADP has engaged with India and Thailand as resource countries, where their policy and programmatic experience in promoting access and delivery of new health technologies are leveraged for South-South learning and exchange with stakeholders in other LMICs.

Relevance and Coherence

Without hesitation, all of the participants of the evaluation highlighted that the ADP interventions were appropriate and relevant to their country context. This is not surprising, rather it was intentional, since country-driven ADP-related interventions were identified and co-designed through country consultations.

As for addressing country needs and priorities, 95.9% of respondents indicated that ADP had responded to or addressed the needs and priorities of their respective countries, of which 8.2% further stating that the ADP initiatives they are familiar with involved multiple countries. A small proportion of respondents (4.1%) indicated that it was still a 'Work in progress', particularly for ADP interventions in more recent focus countries such as Bhutan and Burkina Faso (see Figure 5). All KIIs responded positively, that ADP interventions addressed country needs and priorities.

In some cases, ADP acted as a facilitator in the process:

- "*ADP responds to and facilitates the needs of the state according to its role and function*"

Others saw ADP's role as being highly supportive:

- "*The ADP project has effectively supported the program (technically and financially) in the various key areas of the NTD drug supply chain*"
- "*ADP and UNDP country office representatives have been a fundamental backbone to our project with finance, structural and framework support as and when required at all times*"

Some saw the role as strengthening the multi-sectoral decision-making process:

- "*By providing us with information that enabled us to know which stakeholders we needed to engage with*"

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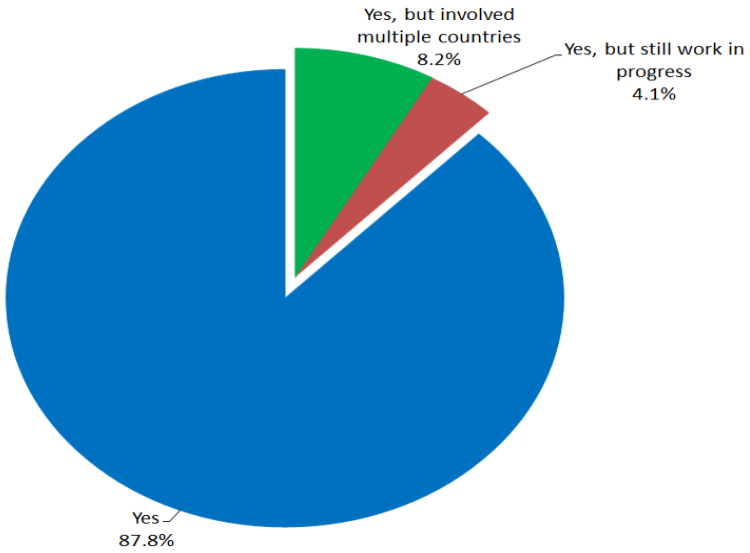
[6] ADP Scale-up Phase, Year 1. Annual Report. 1 April 2018 – 31 March 2019.

Figure 5. ADP responsiveness to country needs and priorities

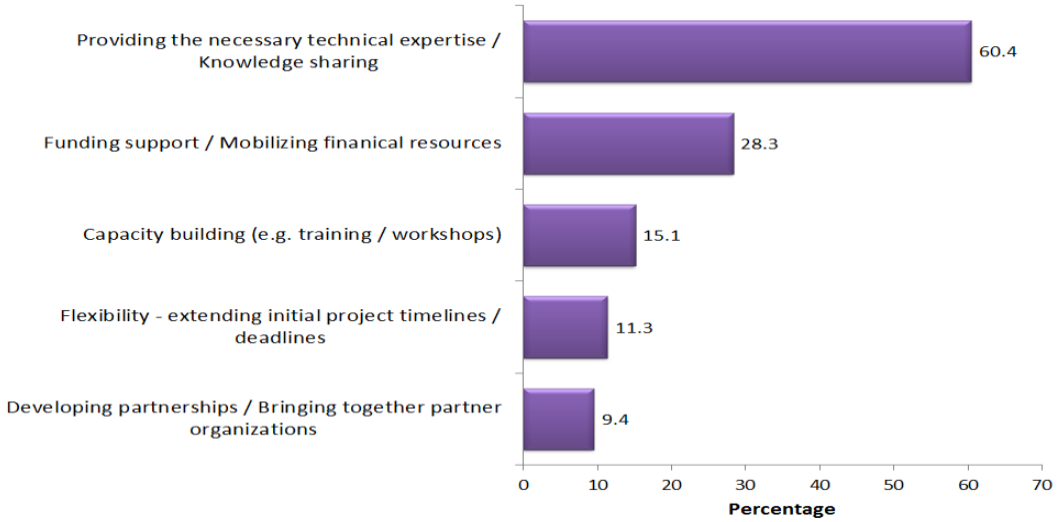


n=49

Responsiveness to requests/resolving issues

In responding to requests or assisting in resolving issues, ADP was able to provide the necessary technical expertise/knowledge and mobilize or provide funding support where required (see Figure 6). ADP was also able to build institutional partnerships and technical capacity, and be flexible in their approach particularly during the COVID-19 pandemic when face-to-face activities were not possible. However, a sole beneficiary expressed, through a KII, some frustration at the insufficient resources provided by ADP to fully support health system strengthening requests outside ADP's in-country initiatives.

Figure 6. ADP responding to requests for assistance to resolve issues



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An important factor which enabled ADP's responsiveness to country needs and in resolving knowledge or systems gaps, was the relationship that ADP partners have been able to build and maintain over time with governments and other relevant national institutions which is valued by the recipient countries.

- "*Through the organization of coordination meetings, experience sharing meetings and relevant workshops on the supply chain of malaria, TB and NTD drugs. Thus, in collaboration with ADP, a technical committee has been set up bringing together all stakeholders*"

- "*ADP generally operates in a collaborative manner thereby working well with all stakeholders*"
- "*The implementation of this project brought together companies with expertise in the field of pneumology, paediatrics, resuscitation, infectious diseases and gynaecology to define the minimum list of materials and equipment needed in the health facilities, sorted by level of care in order to determine the gaps and mobilize resources*"
- "*ADP was very effective in building relationships with stakeholders from the government and other institutions by ensuring government ownership of the initiatives and allowing active participation/involvement of other institutions. For instance, Implementation Research was implemented by the Ministry of Health with the participation of academia*".

Key informants, participants of FGDs and survey respondents identified a number of critical enablers for initiatives to succeed across the ADP portfolio. These include:

- Active collaboration and responsiveness
- Building on existing relationships and/or establishing partnerships with key stakeholders
- Engagement of a focal person(s) to be the key point of contact in each focus country
- Adoption by ADP of a consultative approach
- ADP identified the relevant expertise as required
- ADP was driven by its commitment to achieving goals and delivering on objectives
- A global awareness and an in-depth understanding of the issues
- Ability to provide proactive support with a strategic approach.

However, many of the implementation challenges in the delivery of ADP interventions could be attributed to the COVID-19 pandemic, which introduced complexities such as having to provide technical support remotely as a results of travel restrictions and halting face to face meetings and country visits for knowledge sharing.

Other project implementation challenges reported include:

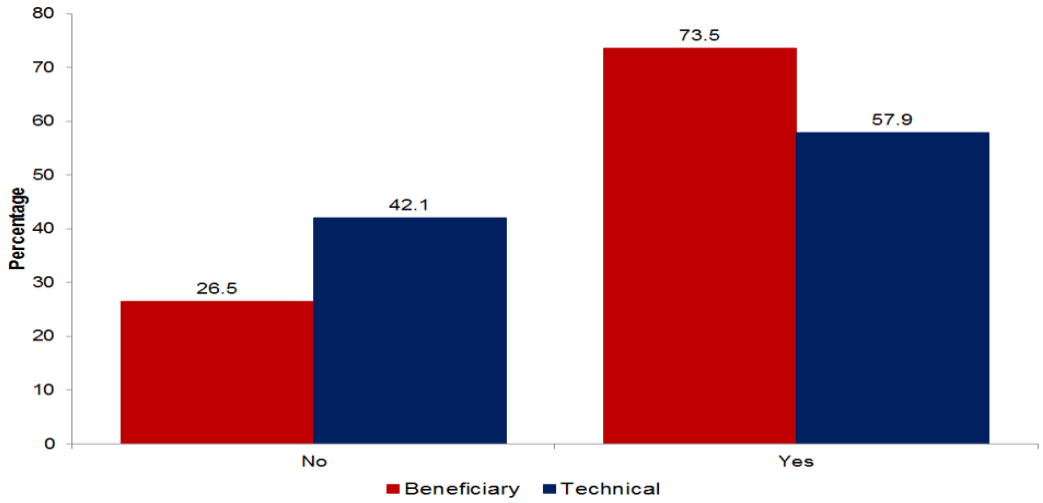
- Extensive time taken to coordinate the involvement of several stakeholders and policy makers
- Slow progress of initiatives due to cumbersome local procedures and processes
- Non-availability of local technical resources, which required the mobilization of international experts
- The long-term sustainability of projects and initiatives due to limited funding
- Lack of clarity concerning the outcomes and how expectations could be met remotely
- In Ghana, the desire to establish a price observatory was not delivered because of system constraints even if phase one with specifications was in place
- Deadlines and timelines appeared too short or difficult to control when implementing initiatives.

In fact, responses differ between technical partners and beneficiaries given their distinct roles within ADP. When survey respondents were asked how ADP initiatives were affected by the COVID-19 pandemic, 42.1% of technical partners did not think the pandemic affected their work significantly as they were able to provide inputs remotely and meet virtually through remote conferencing facilities. However, almost two thirds of beneficiaries (73.5%) agreed that COVID-19 affected the ADP modus operandi as they preferred face-to-face meetings, found country visits a productive learning and relationship building experience and enjoyed interacting with technical partners and consultants charged with capacity building which the pandemic put a stop to these physical interactions (see Figure 7).

Survey respondents from Ghana (57.1%) and Senegal (62.5%) reported to have been less affected by the pandemic, presumably because of the ADP longevity in these countries, particularly in Ghana, whereas Bhutan (100.0%), Burkina Faso (80.0%), and Indonesia and Malawi (75.0% respectively) reported the pandemic affected the ADP initiatives. Note that Bhutan and Burkina Faso are the newest members of the

ADP portfolio and would have had less opportunity to develop policies and institutionalise them or have their capacities built prior to the COVID-19 pandemic arriving.

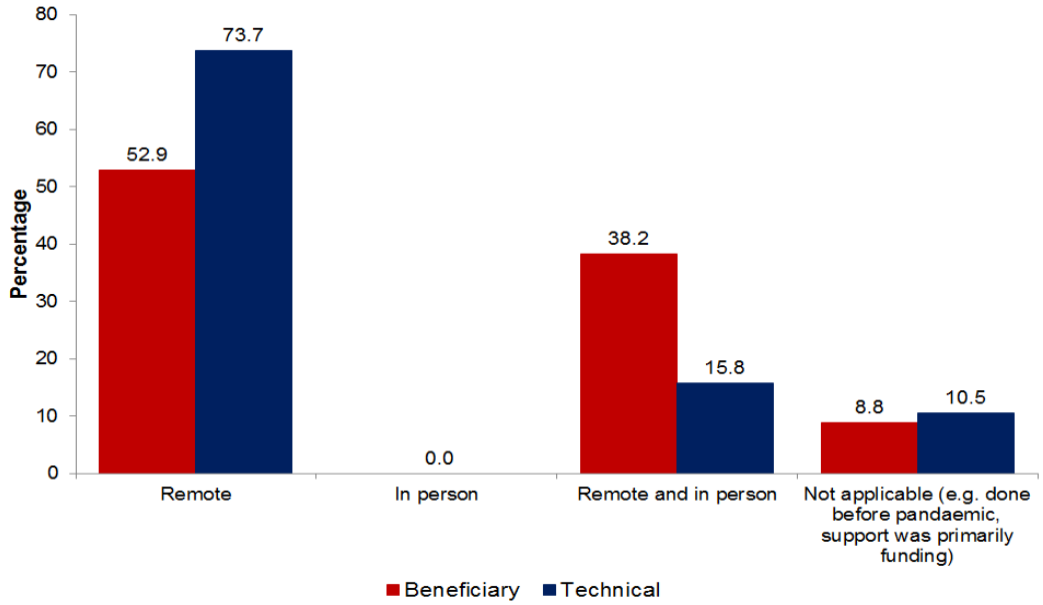
Figure 7. Implementation of ADP initiatives affected by COVID-19



N=53

For activities implemented during the pandemic, the majority (60.4%) reported that ADP had delivered most of its support remotely by changing its delivery to technical assistance and capacity building during travel restrictions, without compromising the attainment of objectives and associated activities. The 2020-21 annual report shows ADP's flexibility in quickly and effectively adapting the project to respond to the COVID-19 pandemic. A further 30.2% indicated that it was a combination of remote and limited in-person engagement (see Figure 8). As expected, no one indicated that it was solely in-person, thus highlighting the impact that the pandemic had with respect to limited travel. Those that responded the delivery of support of ADP was not applicable, it was because some interventions were undertaken prior to the pandemic. Responses in Figure 8 have been broken down by beneficiaries and technical partners.

Figure 8. How ADP delivered its support during the COVID-19 pandemic



n=53

3.2 Effectiveness

The effectiveness component of the evaluation, sought to determine the extent to which:

a. The project objectives have been achieved
b. Affected communities and vulnerable populations benefited from the ADP project to the extent ADP could have benefited these populations through strengthening systems and capacities that promote access to health technologies.
c. Key outcomes resulting from ADP interventions and how have they contributed to meeting national and regional health and development priorities.

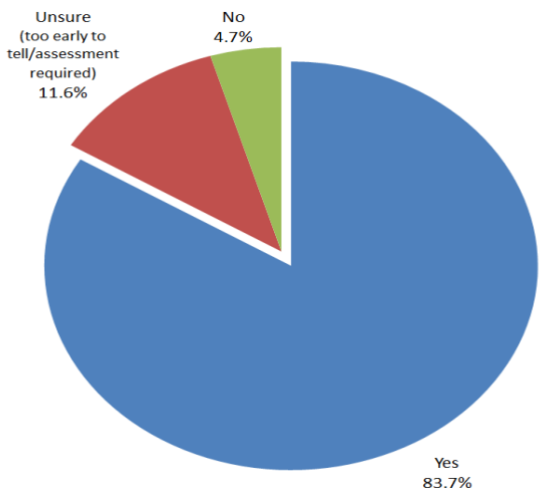
Project Objectives

Project objectives were identified through the TOC, but their progress or impact is suggested only to be measured at the final evaluation stage and as a result, performance is not tracked over the life of the project. However, all participants in the evaluation unanimously agreed that the objectives were sound and reflective of ADP's goal. In terms of achievements of the project, this is further discussed in the monitoring section but quantitatively, there is a general opinion that objectives have been achieved.

ADP support to in-country activities

All ADP support provided to in-country activities was guided by the elements in the ADP value chain of access and delivery. Over three-quarters (83.7%) of those interviewed and surveyed, indicated that their country is now better placed to embrace technical advances (i.e., the introduction of new health technologies) than prior to ADP's support to technical initiatives (see Figure 9). A further 11.6% indicated that it was too early to tell, such as in Bhutan where the HTA policy has been developed but there has not been sufficient time to be institutionalised, and 4.7% said 'No' because, for example, challenges still needed to be overcome or because the initiative has not had time to mature. Note that respondents that were 'unsure' as in too early to tell and those that responded 'no', may have considered the lack maturity as either of these responses.

Figure 9: Is the country now better placed to embrace technical advances than prior to ADP's support of initiatives



n =43

To further improve technical capacities, interviewees and respondents from the beneficiary cohort identified a number of issues that should be considered; noting that some of these are already being addressed or resolved by ADP partners and some of the challenges may be out of ADP's control. These include:

- Greater collaboration in regulatory activities
- Being able to put into practice knowledge and skills gained

- Greater understanding and awareness of local needs
- Improved access to reporting tools, technologies and monitoring
- Strengthening of internal systems and procedures
- Alignment of national and global health strategies.

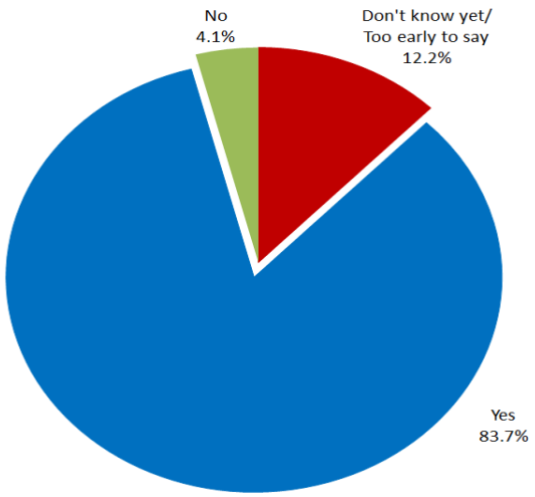
Role of ADP in accelerating the introduction and access of new health technologies

In terms of whether ADP accelerated the introduction and access of new health technologies, respondents were generally positive on the outputs and outcomes of the technical initiative (s), in that they believed that these contributed to, or sped up the introduction and access in a number of different ways:

- Through the development of toolkits and reporting tools
- Building capacity through training, workshops and in country visits
- Facilitation of multi-sectoral discussions among national institutions which previously had no contact or working relationship. This aspect was specifically mentioned as an important facilitative element attributed to ADP, which resulted in promotion of new health technology introduction and access
- Introduction of technology and digital solutions which accelerated service delivery
- Establishing a real-time centralized vaccine database for better data management
- Information sharing and knowledge exchange
- Improving access to health products and vaccine introduction
- Providing effective and practical solutions to specific health issues
- Through publication of articles in peer-reviewed journals, tools and training manuals
- Improving the drug distribution chain
- Informing national strategies.

ADP initiatives were largely reported (83.7%) as strengthening internal systems, tools or methods that contributed to an improved introduction of, or expanded access to, new health technologies (see Figure 10). A further 12.2% either did not know or felt it was too early to say as the process of introducing guidance or policies was still ongoing.

Figure 10. ADP's role in strengthening internal systems, tools or methods that contributed to the introduction of new health technologies



n=49

For some respondents, strengthening the process was achieved by addressing gaps in the system, by having better and faster reporting techniques, being able to effectively prioritize activities, having the ability to follow improved guidelines, and through increased learning and awareness. The majority of respondents (83.7%), both technical partners and beneficiaries, were in agreement that ADP initiatives have successfully

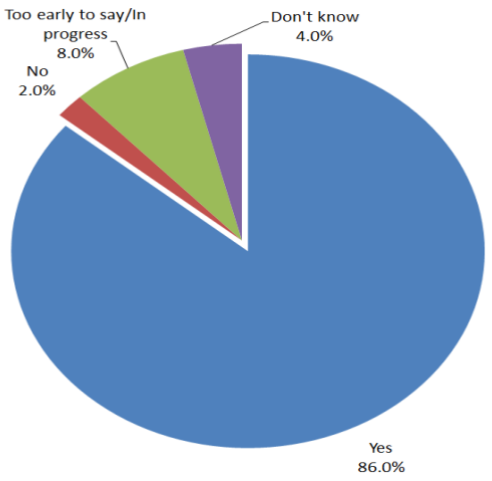
strengthened internal systems and that tools and methods that have contributed to the introduction of new health technologies.

Role of ADP in strengthening technical and institutional capacities

As has been evidenced throughout the evaluation, there have been many successes that can be attributed to ADP interventions, such as strengthening of HTA capacities in a number of countries (Ghana, Tanzania, Thailand) and HTA policy development in others, such as Bhutan where it is expected the new ADP phase would support its institutionalisation. Implementation Research had a profound impact on health systems in Ghana, Malawi, Indonesia and a number of other countries, including Francophone Africa[7]. For ADP, TDR along the Union and other partners were supporting tuberculosis programmes in West and Central Africa to mitigate the impact of COVID-19 on TB control. This initiative included countries beyond ADP focus countries. While the pandemic is no longer a threat, thanks in part to the rapid development and deployment of the COVID-19 vaccine, continued technical support to national TB programmes will be required due to the underlying health system weakness in these countries .

Interventions to strengthen regulatory systems were equally successful, as demonstrated by the attainment of Maturity Level 3 by several ADP focus countries (see below). Recently, ADP has supported self-benchmarking of NRAs in **Bhutan**, **Burkina Faso**, **Malawi** and **Senegal**, as well as the self-benchmarking of NRAs in the six Member States of the Central African Economic and Monetary Community (Cameroon, the Central African Republic, Chad, Congo, Equatorial Guinea and Gabon) and Djibouti. Formal Global Benchmarking Tools (GBT) assessments of these NRAs will be conducted in the coming year. ADP continues to provide capacity support for Institutional Development Plan (IDP) implementation in ADP focus countries. In recent years, ADP's efforts to strengthen regulatory capacities and implementation of IDPs in focus countries have contributed to the elevation of a number of NRAs to reach **maturity level (ML) 3**, which is that of a stable, well-functioning and integrated regulatory system: **Ghana** (vaccines and medicines), **India** (vaccines), **Indonesia** (vaccines), **Tanzania** (medicines and vaccines), **Thailand** (Vaccines). Notably, of the 8 countries[8] whose regulatory systems have achieved the highest maturity level (ML 3 or 4), ADP has supported 5 of them with capacity building interventions ensuring their ability to introduce quality medicines and health technologies in an effective manner. A majority of respondents (86%) agreed that ADP initiatives have been able to strengthen technical and institutional capacities in their countries (see Figure 11) and only one respondent disagreed.

Figure 11: Did the initiative(s) strengthen technical and institutional capacities?



[7] In 2020, training was delivered to researchers and disease control programme managers from French-speaking West African Countries: Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Senegal and Togo.

[8] India, Tanzania, Indonesia, Serbia, Ghana, Vietnam, Thailand and Singapore.

n=50

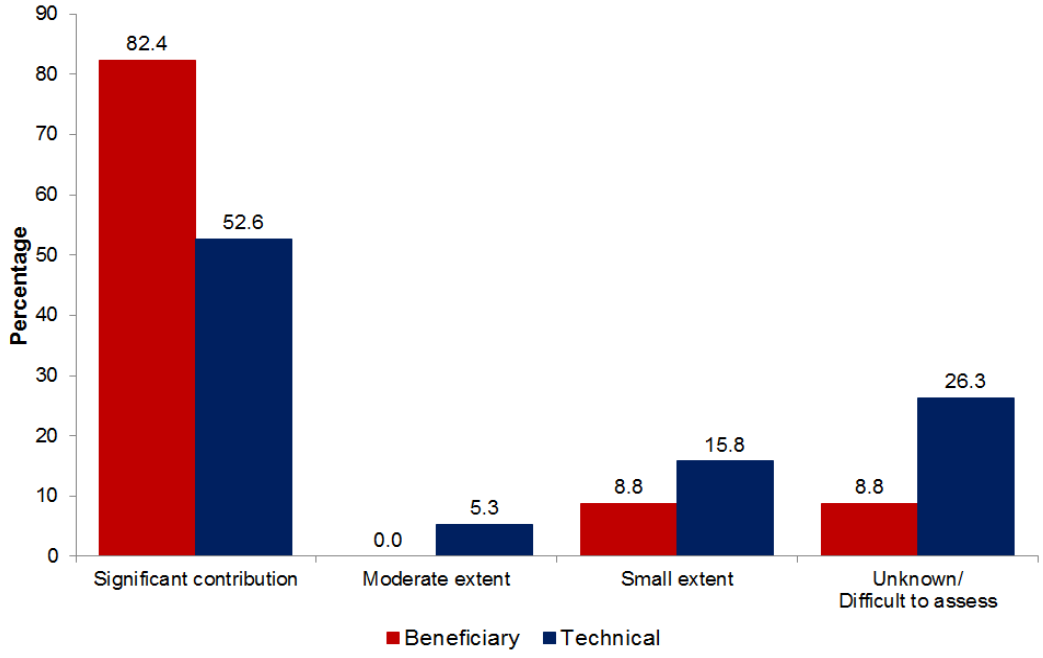
More specifically, respondents highlighted:

- *"Communication between the regions and the central level has become more fluid with a greater speed of decision"*
- *"Governance and data management have improved"*
- *"The ADP project has allowed us to strengthen the pharmaceutical regulatory system"*
- *"The funds provided by ADP helped improve the knowledge of FDA stakeholders including healthcare professionals and general public in reporting safety issues"*
- *"The initiative strengthened the program's technical and institutional capacity through the development of framework documents and the integration of the NTD chain into the traditional essential drugs distribution system"*
- *"Yes, to the extent it provides a means for institutions and third parties to identify sources of finance or to use and apply existing forms of financing more effectively"*
- *"Yes, it built capacity to organize research priorities at national level"*.

ADP's involvement has strengthened specific technical capacities and/or the overall health system

Thanks to the involvement of ADP, 71.7% of respondents indicated that specific technical capacities and/or the overall health system were significantly strengthened (see Figure 12). It is of note that beneficiaries recorded a higher level of satisfaction and approval of the ADP contribution (82.4%), as compared to 52.6% of technical partners. On the other hand, technical partners (26.3%) were more likely to mention that it was difficult to assess the extent to which ADP strengthened technical capacities, compared to only 8.8% of beneficiaries who said the same.

Figure 12. Extent of strengthened technical capacities or the overall health system



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Contribution or attribution to other health interventions and vaccine introductions

It is clear that, beyond targeted interventions and projects, ADP has also contributed to strengthening health systems in a pragmatic and synergistic way. The development and introduction of tools, methodologies, practices, guidelines, policies, in addition to institutional and human capacity strengthening, have been invaluable in promoting access and delivery of health technologies in the focus countries and other LMICs through South-to-South initiatives. ADP was able to serve as a catalyst for other initiatives and products to flourish such as the Savings consortium (through IR in Ghana) and the SMILE project in Indonesia through the eVIN vaccine information system in India.

The Sustainable Access and Delivery of New Vaccines in Ghana (SAVINGS)

The Savings consortium, funded by EDTCP, was born from the ADP collaboration with Ghana to strengthen IR capacity for health system strengthening. In 2019, the Ministries of Health in Ghana, Malawi and Kenya partnered with WHO, GAVI and PATH under the Malaria Vaccine Implementation Programme (MVIP), to conduct pilot programmes to assess the feasibility of administering the four-dose RTS,S vaccine. In alignment with MVIP activities process, ADP saw the opportunity for Ghana to continue developing their implementation research capacities, and supported the development of a successful proposal to EDCTP to establish the SAVINGS project which built capacity of multiple stakeholders, such as the Ministry of Health, FDA and the Ghana Health Service (GHS), to identify and address implementation challenges for the efficient and effective delivery and uptake of new medical interventions[9].

Importantly, the SAVINGS consortium builds on the framework of the ADP value chain which stresses the importance of an efficient regulatory control system, an enabling policy and regulatory environment, a robust health technology assessment system, an efficient procurement and supply chain management, quality implementation and delivery research, and responsive pharmaco-vigilance system as key cornerstones for effective delivery of any new medical intervention. Although the SAVINGS project is based on ADP principles, it has been developed into an independent project, with technical support from ADP for its proposal development. ADP continues to provide technical support to the SAVINGS project. It should be made clear that the RTS,S pilots are implemented by a separate project, led by the Malaria Vaccine Implementation Project (MVIP). ADP however, should be gratified that their implementation research capacity building efforts yielded such fruit though ADP attributes the success of the RTS,S malaria pilot[10] and the SAVINGs consortium.

SMILE (digital system for vaccine inventory tracking)

Digital health and digital transformations have also been an important focus area for ADP. Great opportunities to improve both supply and delivery vaccine systems during the COVID-19 pandemic existed. With Gavi funding, the Indian Ministry of Health developed a digital platform for vaccine supply chain (eVIN) which was adapted and re-purposed to support the introduction of the COVID-19 vaccines to over a billion people (CO-WIN). UNDP India was the technical partner of the Ministry for this activity, and through ADP, facilitated the transfer of knowledge and technology to Indonesia to establish its own digital vaccine system (see below). ADP convened meetings and introductions to this digital platform for this purpose, and this is a role that ADP should continue to pursue and capitalise in sharing existing technologies developed with donor resources to benefit other countries.

The collaboration resulted in the transfer of knowledge to Indonesia, and in the establishment of SMILE (digital system for vaccine inventory tracking). The SMILE platform is based on eVIN, with adaptations to the Indonesian context. SMILE has been an invaluable tool to ensure availability of safe and effective vaccines. SMILE enables real-time visibility of vaccine cold chain logistics by digitalising stock supplies and

[9] https://savingconsortium.org/who-we-are/#:~:text=The%20work%20of%20the%20SAVING%20Consortium%20builds%20on,for%20effective%20delivery%20of%20any%20new%20medical%20intervention.

[10] https://stories.adphealth.org/driving-down-child-mortality-in-africa-with-the-rtss-malaria-vaccine

storage temperature across vaccine cold chain points[11]. Thanks to ADP, Indonesia was able to receive this digital platform which required financial inputs from Gavi to customise to the country context and roll out within the national health system. However, ADP reports on SMILE performance as part of the ADP project intervention[12] as can be referenced from the 2020-21 ADP annual report in which outcomes are reported on the SMILE roll-out and mentioned that ADP was supporting the expansion of SMILE during the COVID-19 pandemic. However, UNDP is the Ministry of Health partner to further develop and expand SMILE as described in the UNDP literature not ADP[13].

To avoid confusion, there is a need to further delineate the funding support received from GAVI to implement and scale up SMILE in Indonesia, against ADP's continued funding and technical support to enhance and improve the implementation of SMILE. There is also a need to disaggregate the tasks that ADP undertakes *vis a vis* tasks undertaken by technical partners as part of their activity portfolios and existing country-agreements. ADP should document all of the 'gold nuggets' they have been able to create and acknowledge the great contribution ADP has had to these new projects that have flourished only as a result of ADP's involvement.

ADP should be acknowledged for the great contribution it has made to many in-country interventions including catalysing their systems and tools for SAVINGS and SMILE to develop and grow. This is an example where ADP and its technical partners have built capacity that leveraged other products and programmes. Acknowledging that in-country systems are complex and often takes more than one partner on the ground to improve health systems, contribution

Affected communities and vulnerable populations

In responding to the extent of affected communities and vulnerable populations having benefited from the ADP project, a third (33.9%) of respondents mentioned either the question was not relevant or that they did not know or were not involved directly with end beneficiaries. By virtue of ADP's work in promoting the principle of equitable access to health technologies, as espoused by national medicine policies, there has always been a focus on improving the health outcomes of disadvantaged and marginalised groups, as they are the ones who are disproportionately vulnerable to and affected by TB, malaria and NTDs. KII agreed that given ADP's focus on these diseases of the poor, it can be said that the project benefitted vulnerable communities as a result. With regard to gender, TDR developed a module in the IR toolkit specifically aimed at supporting researchers in integrating an intersectional gender lens[14] into IR activities, as well as providing guidance on proposal development, execution of IR projects, and IR project good practices.

There have also been further efforts to integrate the gender dimension in ADP interventions, such as the publication of a paper on gender sensitization of the essential diagnostics list and their procurement. During the reporting period 2020-21, ADP conducted a gender analysis of the WHO Model List of Essential In-Vitro Diagnosis to provide an evaluation framework in gender dimensions of access to diagnostic products promoting equitable access. Other gender-specific initiatives, while supported, were unfunded.

A majority of respondents (66.0%) indicated that ADP initiatives directly or indirectly benefited the disadvantaged, disabled or hard to reach populations. Only 9.4% of survey respondents indicated that ADP

[11] https://www.undp.org/sites/g/files/zskgke326/files/migration/id/SMILE-Brochure-Eng.pdf

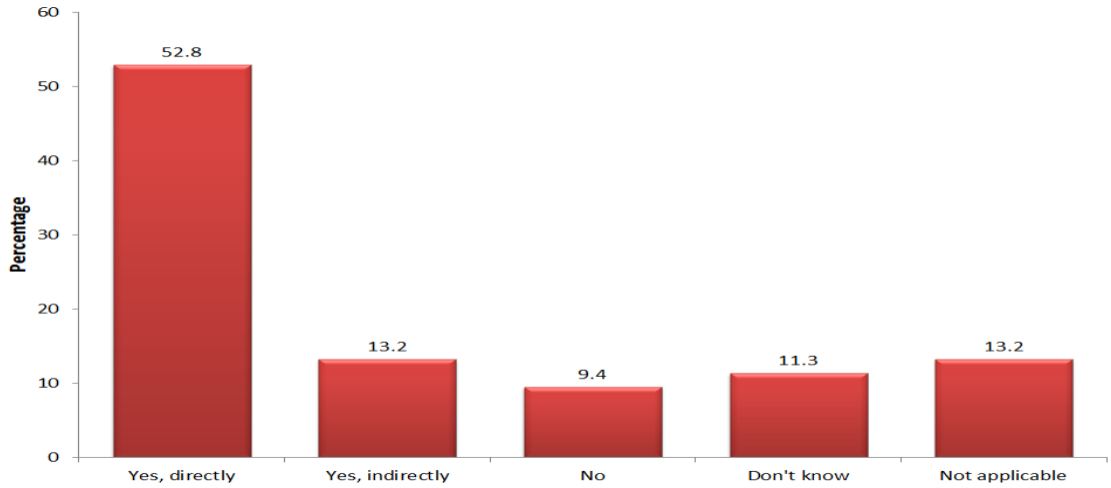
[12] See ADP Annual report 2020-2021 pages 11, 26, 34 and 38.

[13] UNDP SMILE Annual Report 2021. Managing immunisation supply chain in Indonesia. Partnership between the Ministry of Health of the Republic of Indonesia and UNDP. https://info.undp.org/docs/pdc/Documents/IDN/GAVI%20Annual%20Report%202021_rev0707.pdf See pages 6, 7 and 10 in particular.

[14] https://www.adphealth.org/irtoolkit/intersectional-gender-lens/

did not benefit these groups (see Figure 13) as their work did not directly included them such as with global initiatives.

Figure 13. Initiative(s) benefit the disadvantaged, disabled, and or hard to reach communities



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The responses from KIIs and FGDs provided further elaboration on the positive impact ADP initiatives have made on hard-to-reach and marginalized communities:

- "*People affected by NTDs are mostly disadvantaged and/or living in hard-to-reach communities*"
- "*Yes, to the extent that NTDs are by definition focused on those most disadvantaged, disabled or hard to reach*"
- "*Some staff are now able to appreciate challenges faced by people in remote areas and are ready to help*"
- "*Yes, the vaccine system also has a database and module on vulnerable populations for priority vaccination*"
- "*Support for the availability of drugs and services in the 3 programs has improved access to these services, especially for vulnerable groups*"

Personal development and advancements derived from engaging with ADP initiatives

Respondents who have been recipients of ADP technical and capacity building support, highlighted how they have individually benefited, with respect to their professional expertise, from engagement with ADP across several different areas. These benefits include:

- Developing closer collaboration and engagement/partnerships/networking with stakeholders and other government departments that would otherwise not have been engaged without ADP involvement
- Gaining a greater knowledge and understanding of technical issues
- Greater capacity building
- Better understanding and improved knowledge management of projects and initiatives
- Utilizing innovative approaches (e.g. digital) enabling greater efficiency and more affordable health access and cost effectiveness.

ADP promotion of South-South cooperation and knowledge exchange

ADP has sought to leverage the experience and expertise from their global and in-country initiatives as a source of South-to-South learning and exchange, which has delivered policy lessons and technical solutions to, as well as driven synergies and collaborations between, key national agencies in over 70 countries. All ADP annual reports list the varied and rich number of activities undertaken across the evaluation period in South-to South and global exchanges under outcome 1.3.2, which refers to the number of South-to-South activities that took place over the reporting period. According to the ADP status report August 2022, some of the highlights of the current project phase include:

- Reaching policymakers and technical experts from a total of **67 countries** in **Africa (51)** and **Asia-Pacific (16)** with ADP's South-South capacity-strengthening and knowledge exchange
- The establishment of an **ADP South–South Exchange and Learning Platform** brings together government stakeholders and experts to promote collaboration and knowledge-sharing and capacity building. The **ADP online community** has further expanded the scope of engagement and learning across a broader range of stakeholders from **47 countries**, which was particularly important in facilitating information flows for timely evidence-based policy and programme planning for COVID-19. During interviews there was reported concerns about under-utilization of the platform
- Policy and programmatic experience and expertise from **India** and **Thailand** have been leveraged in facilitating South- South technical exchanges with other ADP focus countries.

During 2020-2021, six reported initiatives or platforms were established or strengthened. This included the technical and knowledge exchange on the HTA institutionalisation between Ghana and Tanzania, virtual stakeholder consultations on COVID-19 that brought together 26 countries to identify health system challenges and solutions across critical dimensions of the access and delivery value chain; a regional workshop to promote drug safety for drug resitence TB with participation from 27 countries and the AMDF meeting to share experiences on in-country COVID-19 approvals where 144 people from 36 countries participated.

Monitoring and Evaluation

Generated by the most recent (2018) theory of change, a logframe was developed and broken down into three levels. Level 1 are outcomes resulting from the project activities from technical areas whereas Level 2 outcomes that are further downstream from the direct results of project activities. It was decided during the TOC development that Level 3 outcomes will '*not be measured on a routine basis, but may be measured as part of an end-line evaluation'* which is a missed opportunity to follow-up on progress and ultimately track impact.

The achievement of project objectives is reported annually through the Annual Reports and through face to face and remote meetings. Annual reports do contain a monitoring section called 'M&E framework and summary of results' which under outcomes, process indicators are listed with results and specific information regarding these indicators. For instance, under outcome 1.1. Knowledge and skills of national stakeholders improved. Indicator 1.1.1. is the number of capacity building initiatives supported by ADP and the result is listed as 17 capacity building initiatives were supported. This is followed by a description of the initiatives. However, this framework lacks the objectives, the benchmarks and the annual targets. In its present form, is a record of the number of initiatives, tools, guidance, policies, training modules etc developed over the reporting period in question without measuring meaningful intervention impact. There is no formal tracking tool to establish benchmarks and targets and thus, measures of performance and ultimately success are based on qualitative measures.

As such the achievement of project objectives is based on qualitative measures as there is no performance framework to track individual in-country performance against technical area planned development.

Countries reported that monitoring happens through both, face to face and remote meetings and through regular report submissions.

3.3 Efficacy

The efficacy criteria attempt to answer evaluation questions on:

a. The overall use of ADP project resources in terms of human and financial resources to assess how the project as a whole was able to facilitate the flow of financial resources in a timely manner and resources utilised in a cost-efficient way.
b. To what extent was the project management structure as outlined in the Project Document efficient in generating the expected outcomes?

While it was agreed that a cost benefit analysis was not appropriate to answer questions of project financial effectiveness, as budgets and project expenditure was not available to the consultant, in discussion with interviewees, it was noted that the limited and unpredictable annual budgets have yielded significant results from utilising resources in a cost-efficient manner. The *modus operandi* through technical partners, and often with a physical presence in all focus countries, had kept project costs down. Working through national governance structures and engaging with relevant stakeholders with a defined set of technical partners and focus interventions across the ADP value chain has enhanced the level of resource utilisation.

ADP management of project activities

According to the ADP Project document 2018-2023, the ADP project utilises UNDP's country offices and resources to the extent possible and leverages activities and partnerships with other regional and global initiatives through South-South cooperation. Modest budgets were allocated for the recruitment of ADP's in-country focal points based at the UNDP country office[15]. Importantly, the focal points were tasked to work with ADP partners in collaboration with UNDP country offices and UNDP regional hubs. ADP is managed and coordinated by UNDP, through the ADP programme advisor, who is based in the UNDP Bangkok Regional Hub (BRH) and supported by programme specialists, based in BRH, the Istanbul Regional Hub and UNDP HQ in New York. The ADP project comes under the overall supervision of the Director of the UNDP HIV and Health Group (HHG) in the UNDP Bureau of Policy and Programme Support (BPPS). Mechanisms for audit, quality assurance and M&E described within the ADP Project Document and in the ADP annual reports. WHO, TDR and PATH as technical partners report through the ADP Programme Advisor.

Some of the project management structure was evident through the evaluation, such as the engagement with the BRH, UNDP NY and country-based ADP focal points. However, other aspects such as the specific UNDP related support and other mechanisms that guarantee the efficiency and effectiveness of the ADP project in terms of the project governance were not apparent. As such, findings will concentrate in the former. Through engagement with all parts of UNDP, whether at project management level, UNDP HQ or in-country focal points, without any question, it is composed of dedicated, passionate and experienced individuals who ensure the day-to-day effectiveness of the ADP project by keeping track of all the in -country interventions and requirements.

A point to note however, is that the ADP project is often not differentiated from other regular activities of the technical partners. In the case of UNDP, being the lead partner, often beneficiaries did not consider the ADP project as independent, but an extension of UNDP country activities. This was also the case for WHO regulatory strengthening activities where the ADP interventions were seen as part of the regular WHO regulatory strengthening interventions. While it could be argued that both these technical partners might have been more effective in delivering ADP interventions through their already established in-country presence, it dilutes the visibility of ADP's contribution to these initiatives.

[15] All in country focal points are UNDP employees except for Senegal where the focal point is a PATH employee.

ADP approach for delivering technical assistance

Based on the information received and reviewed for this report, it is evident that ADP has had a profound effect in specific technical areas that form part of the health system (such as regulation, HTA, procurement, pricing etc) and that the low cost, dedicated and efficient model ADP applies, does deliver technical assistance effectively. Through the ADP engagement model of having a country-driven approach, it has facilitated the delivery of project objectives and country outcomes. Arguably, overall impact could be increased by working with more than the nine focus countries or working with these nine countries for a longer period of time, especially with respect to Bhutan and Burkina Faso where engagement only started in 2021. Stakeholders from these more recent focus countries tended to indicate that 'it is too early to tell' in response to questions relating to whether ADP has achieved its country-level objectives, or if ADP has driven health system impact. It is of note that ADP has successfully leveraged South-South approaches in promoting knowledge exchange and capacity building, benefiting stakeholders in nearly 70 countries.

ADP Communications

All documents reviewed are informative and of high quality, whether these are for internal or external dissemination. As noted previously, the project seems to communicate achievements that are no longer under the project 'ownership' of ADP rather than highlighting the multiple examples where ADP has catalysed its resources and expertise to develop and grow separate activities. While it is not expected that ADP will simply walk away from new non-ADP interventions, communications should make it clear whether the ADP interventions are part of the project or provided them as interested parties in a useful informal manner.

3.4 Sustainability

The sustainability dimension will assess the extent to which:

a. ADP-supported interventions have been integrated into national systems.
b. ADP put in place mechanisms, capacities and policy frameworks that will ensure the sustainability of project outcomes.
c. ADP strengthened partnerships among national institutions, regional and global institutions and development partners to sustain the project outcomes

System integration

There is abundant evidence of successful ADP-supported initiatives that have been institutionalised and therefore already in practice in a number of countries, which contributes to the sustainability of these initiatives as they have been integrated into the health system. This is most prominently demonstrated in Ghana, Tanzania and Indonesia, which have been part of the ADP project the longest. Health technology assessments have now been mainstreamed into disease control programmes in these countries, together with implementation research. Regulatory systems have also been improved to assure the quality, safety and efficacy of health products. Supply chain systems, essential medicine lists and medicine pricing guidelines have also been institutionalised, and as such, are sustainable as these tools and policies are now an integral part of the health system. Over four in five respondents (83.7%) reported ADP initiatives as strengthening internal systems, tools or methods that have contributed to an improved introduction of, or expanded access to, new health technologies. For the newer focus countries, where policies are being developed, or in more established ADP countries where new strategies are being implemented, no sustainability strategy was mentioned to guarantee the longevity of the ADP interventions beyond the life of the project.

However, systems integration remains a challenge, particularly as ADP focuses in neglected tropical diseases, which as its name entail, are neglected and not part of the standard health delivery system. These diseases do not attract the financial resources the donor community affords to HIV, TB and Malaria where efforts for integration at least with information technology, have been discussed for some time.

Mechanisms, capacities and policy frameworks in place for the sustainability of project outcomes

ADP financial inputs are provided to enable technical assistance, capacity building, country visits and face to face meetings, in accordance to the project workplans. In addition, technical support was rapidly provided to assist in countries' COVID-19 pandemic responses in the recent years. ADP also provides technical assistance and knowledge exchange aimed at catalysing initiatives or interventions that can be adopted elsewhere, such as the South-South exchange of the eVIN experience in India to Indonesia, which resulted in SMILE.

One of the questions posed to KIIs, FGDs and survey respondents is the extent to which the ADP initiatives had any lasting effects in the country. Nearly all (83.7%) respondents said that ADP has contributed to an improved introduction of, or expanded access to, new health technologies. Only 12% responded it was too early to tell or quantify, as a few initiatives were still in their infancy. The following is a summary of the capacities that were identified as having long-lasting effects by respondents:

- Greater availability of data that of better quality, for decision making and information management
- Generating a greater knowledge and awareness of the technical initiatives
- Improved health system capacity, leading to a better, more sustainable way of operations
- Being able to target efforts and/or intervene at specific points of the continuum of care
- Improved integration of services through collaboration at all levels.

Against this level of positivity, the lack of financial predictability and the limited funds available for projects and activities under the ADP umbrella made it difficult to plan for sustained interventions over time, which has partially eroded the potential gains that some of these activities could have had. However, providing financial and technical support to ADP initiatives was identified as a key enabler to successful implementation, and is therefore considered a sustainable strategy.

Stakeholders from the ministries of health recognise the importance of ADP's contributions to improved knowledge and capacity and the development of tools, methods and policies the ADP project offers:

- "*ADP is a critical partner which provides cohesion*"
- "*The provision of capacity building and expanding knowledge and awareness is sustainable*"
- "*Institutional strengthening leading to improvements in the decision-making process is a sustainable strategy*".

ADP Partnership with GHIT

The ADP, in collaboration with the Global Health Innovative Technology (GHIT) and the Government of Japan, has co-convened since 2019 the Uniting Efforts for Innovation, Access and Delivery[16] which brings together and promote dialogue and partnerships among key stakeholders in funding, innovation and access and delivery of health technologies for neglected diseases to improve access and delivery of health technologies for unmet health needs in LMICs.

[16] Uniting Efforts for Innovation, Access and Delivery is a new global platform launched in 2019 by the core partners the Government of Japan, the UNDP-led ADP) and the GHIT Fund that aims to bring together and promote dialogue among key stakeholders to accelerate and improve the innovation, access and delivery of medicines, vaccines, diagnostics and other health technologies for unmet health needs in low- and middle-income countries.

The GHIT and ADP projects aim to introduce an integrated approach that fills capacity gaps within the health innovation, access and delivery continuum in LMICs. These interlinked projects have been able to promote progress on two critical fronts: stimulating R&D and hastening product development for new and needed health technologies, while at the same time strengthen national health systems in readiness for the rapid and effective delivery of these technologies to reach the people who need them.

An example of the collaboration is on the development and rollout of arpraziquantel, a potential treatment option for preschool-aged children affected by schistosomiasis, a tropical disease prevalent in sub-Saharan Africa. Phase 3 clinical trials was recently completed with positive results, and the product is currently preparing for regulatory submissions to the European Medicines Agency, with an expected launch in 2024. However, medicines and innovative health technologies are only effective if they reach people who need them. In anticipation of arpraziquantel's approval, ADP is supporting the National Institute for Medical Research in Tanzania, where 53,316 children under the age of five were infected with schistosomiasis in 2019, with an initiative to coordinate efforts across national institutions to address and overcome implementation challenges, such as a recommendation to integrate schistosomiasis treatment into existing deworming programmes.

Partners from Uniting Efforts note that end-to-end collaborative approaches like these, where health innovations are designed together with equitable implementation plans that can overcome the access challenges faced by vulnerable populations, are critical for achieving universal health coverage, a key pillar of health security. In Tanzania, this valuable end-to-end collaboration will ensure integration of their outcomes into the health system and represents a sustainable modus operandi as the integrated approach will form part of the routine practice.

The ADP/GHIT partnership under the Uniting Efforts platform, has the potential of generating more impact for example through conducting implementation research of a GHIT funded product that could showcase the end-to-end research and development ecosystem through ADP. While ADP and GHIT work together in addressing gaps in the health technology access space, more synergies and coordination between the two projects could be sought for developing innovations.

Next phase of ADP

In addition to the suggestion for a shift in pace and broadening of geographies as expected, a high proportion of respondents (85.7%) indicated that ADP could improve or do something different in its next phase. Direct quotes from respondents include:

- *"Involve the beneficiary at the planning stage"*
- *"Ensure supporting organizations and stakeholders are kept informed"*
- *"Secure stronger commitments from government"*
- *"Expand the reach on policy work"*
- *"Extend the scope of the interventions"*
- *"Follow-up on previous initiatives to ensure implementation challenges or gaps have been addressed"*
- *"Evaluate and integrate different initiatives"*
- *"Provide more technical assistance and support for implementation"*
- *"Support beneficiaries directly with funding to avoid unnecessary red tape"*
- *"Strengthen the collaboration with government and partners to develop closer synergies".*

Some respondents (14.3%) encouraged the continuation of what ADP is doing so that initiatives are completed and institutionalised in countries, thereby leading to more lasting benefits to health systems. This was of particular importance for beneficiaries and those starting new initiatives in Bhutan and Burkina Faso

where work is in earlier stages compared to other focus countries. Most respondents (85.7%) however indicated as mentioned earlier a shift in scope and broadening the ADP geographical footprint.

While these are specific survey responses, and not necessarily the recommendations that fit the ADP business model, it does show that beneficiaries have a preference for being more proactive in the ADP planning stage, work closely and directly with ADP to develop synergies and to be financially supported directly by the project (which may compromise the existing funding architecture of the project which is through technical partners and consultants who support the delivery of methodologies, tools, policies and capacity development).

Other issues

Many respondents expressed their gratitude for the support they have had to date and look forward to continued support in the future.

- "*It is impressive how the partners are working together coming from very different institutions. The coherence of their vision will support success*"
- "*ADP should continue to be innovative and provide more to alleviate the suffering of the of the poor and marginalized*".

As ADP can count on their multiple and varied successes based on their partnership model, on the framework of the ADP value chain to be successfully applied in focus countries, and on their South-to-South knowledge sharing and capacity building initiatives, it is no surprise that respondents demanded ADP to expand their reach and scope. This should not be seen as a negative issue but rather as an endorsement of ADP's efforts in generating results. Those that wanted ADP to continue doing 'more of the same' were, as mentioned earlier, countries where the ADP initiatives are in their infancy or have not yet been institutionalised.

4. CONCLUSIONS AND LESSONS LEARNED

4.1 Lessons learned

An objective of the ADP project is to ensure lessons learned and best practices are incorporated in the delivery of country work. ADP aims to leverage policy lessons and technical solutions when engaging in global initiatives and South-South engagements, as they are described in the ADP annual reports. The current phase of the ADP project has generated key lessons on how the impact of ADP interventions can be enhanced: promote in-country engagement and ensure a close relationship with the in-country governance structures; understand the country context to deliver interventions in a cost effective and sustainable manner; focus on digital transformation, systems development and sustainability; and share lessons across the focus countries, disease groups and with countries beyond the ADP focus countries. The Uniting Efforts partnership has been successful in facilitating continuous synergies between ADP and GHIT, and further strengthening of this collaboration is desirable. The engagement of a broad range of technical partners in supporting ADP initiatives has brought complementary competencies that deepens the success of the project.

Other lessons of an operational nature could be more introspective. Connecting capacities and experiences across countries in an innovative manner is a challenge worth pursuing. The South-to-South collaboration has yielded benefits to over 67 countries as ADP has been able and continue to share knowledge products and improve capacities. In this context, a question to be considered is whether the project will benefit from a new technical partner or partners, possibly from the South.

A question that remains unanswered is how the ADP project can have a reach that is equitable across regions in the world, where the vulnerable, disadvantaged and the poor who are afflicted by malaria, tuberculosis and NTDs reside, and how ADP would strengthen health systems in these environments and improve UHC? Improving understanding on neglected diseases remains a challenge as there are fewer tangible results to measure and keeping NTDs in the agenda continues to be a challenge.

4.2 Conclusions

Perhaps the best way to summarise and conclude how the ADP project is perceived by all stakeholders involved in this evaluation is through their self-definition of the project. Most of the responses to all questions of effectiveness, efficiency, resource utilisation and sustainability were largely positive with the conclusion that ADP has supported countries in their efforts to ensure the effective introduction and access of new health technologies and catalysed their systems to generate new projects and systems. The human and institutional capacities strengthened through ADP's interventions and initiatives were evidenced by the number of positive responses received attesting to how ADP has in many cases, been an 'agent of change' in the health technology space as the project has impacted all areas of the access to deliver value chain in greater or smaller measure.

There are, however, opportunities for improvement., particularly if a new ADP project phase materialise. These include options such as expanding the scope, the geographical footprint, capitalising on expanded capacity of the first three countries (Ghana, Tanzania and Indonesia), seeking further synergies and cooperation with relevant partners.. ADP was proactive in sharing knowledge and capacity strengthening in over 67 countries through their South-to-South initiatives. ADP countries who had the capacities built, could serve as technical partners to deliver technical know-how and knowledge sharing in South-to-South interventions.

Allowing ADP to be seen as a prominent and independent project from the routine activities of technical partners and recognising the way ADP has prepared the ground for other projects to flourish would be a long-term benefit.

The descriptors most frequently used by respondents in defining ADP are (see the word cloud in Figure 14): collaborative, followed by efficient, innovative, flexible and partnership. The smaller words in Figure 14 were mentioned by at least two respondents and those words that received only one mention were not listed.

Figure 14. ADP project description

The above figure acknowledges the impact that ADP has made through the ADP project descriptors that evaluation respondents provided. Single signifiers were not included in the word cloud, being those mentioned at least twice that feature. Note the relevance of the major descriptors, collaborative, innovative, efficient, partnership and flexible are at the core of ADP.

5. RECOMMENDATIONS

The recommendations provided in this section follow the outcomes from the findings. As it is not an intention to provide a long list of unprioritized recommendations. These included here are considered key for the improvement of the project, particularly in light of a possible new funding phase.

1. **Theory of Change**

Taking advantage of an innovative design stage for ADP, consider redefining the Theory of Change to better reflect the objectives and interventions of the project particularly as it broadens its geographical reach.

2. **Leveraging the ADP Community**

Consider growing ADP's geographical reach and provision of support to other LMICs and leverage the capacity and technical knowledge generated in the first phase by involving Ghana, Tanzania and Indonesia as technical resource countries. South-South cooperation and exchange led by these three countries should be encouraged, while reflecting the lessons learned from India and Thailand. ADP can also consider the expansion of existing technical partners to deliver on ADP's objectives.

3. **Performance Framework**

Develop a performance framework with objectives and meaningful indicators with benchmarks, targets and annual performance measures in line with a newly developed Theory of Change. Include indicators to track specific technical areas such as HTA, IR, Regulatory systems etc. and consider tailor-made indicators for country-specific activities that are not being undertaken in all focus countries. The measurement of progress and ultimately impact of objectives should be undertaken every other year or at a frequency that allows the project to develop firm outcomes within the project lifespan.

4. Acknowledgement of ADP contribution

4.1 UNDP and other technical partners should acknowledge ADP's contributions to the focus countries' health systems and document their successes, highlighting efforts that have contributed to the success and growth of new projects catalysed by ADP's initiatives.

4.2 Ensure the ADP project is differentiated from the regular activities of technical partners, so that ADP enjoy the prominence and credit for the contribution to health systems and UHC that it deserves.

5. Access to online community platform

Consider opening the newly established ADP community platform not only to stakeholders from the 9 focus countries and countries that ADP have interacted with during regional and global activities, but to any country seeking engagement with the ADP value chain for wider dissemination and learning.

6. Sustainability

In conjunction with the focus countries, develop a strategy to assure the long-term sustainability of ADP interventions beyond those that are already institutionalised.

7. South-to-South interventions

Ensure that a new phase of the project would continue to have a strong element of South-South collaboration, particularly among countries where ADP has built both human and institutional capacities in Asia and Africa. In a new project design, technical collaboration with partners in Latin America and the Caribbean could provide technical assistance to the region and offer opportunities for knowledge sharing across geographical regions.

8. Increased synergies and coordination among partners

Synergies and coordination between ADP and other partners should be strengthened, including the collaboration between ADP's work and GHIT's investments in developing innovations. As GHIT's portfolio matures, there could be more opportunities for collaboration and have more tangible outputs based on joint efforts through the end-to-end R&D ecosystem.

9. UHC

ADP to continue to promote equitable access to health technologies, especially among the vulnerable, disadvantaged and the poor who are disproportionately affected by malaria, tuberculosis and NTDs, and double their efforts on strengthening health systems in these environments to ultimately improve UHC.

10. Expanding the partnership

Seek avenues and opportunities in which ADP can be a project partner for accelerating access to and delivery of new health technologies for tuberculosis, malaria and neglected tropical diseases. Consider partnering with UNITAID, Drugs for Neglected Disease Initiative (DNDi), Medicines for Malaria Venture (MMV) and others to assist countries in introducing and implementing relevant policies, provide capacity building and ensure health system readiness, so that new health technologies will be received in fertile ground.

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ANNEX I Terms of Reference

Final Project Evaluation: The Access and Delivery Partnership

1. SUMMARY

Project title	Accelerating access to and delivery of new health technologies for tuberculosis, malaria and neglected tropical diseases: supporting countries to achieve Universal Health Coverage
Post title	Final evaluation of the Access and Delivery Partnership project
Type of contract	Individual Contract
Duty station	Home-based
Languages required	English
Starting date of assignment	3 June 2022
Duration of Assignment	8 months
Payment arrangements	Lump sum payment
Evaluation method	Mixed-method participatory evaluation comprising of: - Desk review of primary and secondary data sources - Key informant interviews and focus group discussion - Surveys and questionnaires

2. BACKGROUND

The introduction of new and innovative health technologies (broadly defined as medicines, vaccines and diagnostic tools) can place a significant burden on health systems, such as the adoption of new requirements within the regulatory system, implementation of supply and distribution processes, as well as the need to train the health workforce to ensure adequate capacity to implement and operationalize them. In this context, the Access and Delivery Partnership (ADP) project aims at strengthening the relevant human and institutional capacities in LMICs, so that effective introduction and access to new and needed health technologies can be realized.

Led and coordinated by UNDP, the ADP project represents a unique collaboration between UNDP, WHO, the Special Programme for Research and Training in Tropical Diseases at WHO (TDR) and PATH. Working together, the ADP partners leverage the expertise within each organization to implement a range of interventions in LMICs to promote equitable, sustainable and timely access to cost-effective and quality-assured new health technologies for tuberculosis (TB), malaria and neglected tropical diseases (NTDs) and advancing universal health coverage (UHC).

ADP's integrated approach is centered around three strategic pillars: (1) strengthening policy and regulatory harmonization and coherence; (2) strengthening capacities of national institutions for accelerating health technology introduction and access; and (3) establishing and/or contributing to regional and global platforms for technology preparedness.

The impact of ADP support has contributed to health system efficiency and resilience across its nine focus countries (Bhutan, Burkina Faso, Ghana, India, Indonesia, Malawi, Senegal, United Republic of Tanzania and Thailand), as well as other LMICs that benefited from ADP's South-South technical exchanges and outreach. These efforts have included the following:

- establishing cross-sectoral and multidisciplinary platforms for integrated planning and decision-making;
- strengthening institutional capacities of national regulatory systems;
- institutionalizing systematic use of evidence-based analysis of health interventions to identify key implementation barriers and inform prioritization, selection and resource allocation;
- enhancing efficiency of procurement and supply chain management of health technologies;

- accelerating digitalization of health systems to improve equitable and timely access to essential health services; and
- promoting South-South learning and cooperation between LMICs and leveraging the experiences and expertise from its network of stakeholders.

ADP is a global project that has been implemented over two phases; the initial phase was implemented from 2013 to 2018, and the ADP scale up phase from 2018 to 2023. The current scale up phase of the ADP project was designed to expand its scope, through extending the range of expertise and technical assistance offering and through expanding the number of focus countries in which the ADP implements a comprehensive range of activities.

3. EVALUATION PURPOSE, SCOPE AND OBJECTIVES

Purpose and objectives

The overall purpose of the evaluation is to assess the impact of the ADP project, in relation to the project's stated objectives and approaches. Specifically, the objectives are to:

a. Assess the impact and outcomes
b. Analyse and identify the critical factors for success
c. Document challenges and lessons learned
d. Provide recommendations for future planning and programming for a proposed new phase of ADP, including how the project outputs and outcome can better contribute to UNDP HIV, Health and Development Strategy and the UNDP Strategic Plan 2022-2025.

Scope of evaluation

The evaluation will cover the period of the ADP scale up phase (April 2018 – March 2023). In practice, the evaluation will focus on the activities and outcomes of the ADP project from the start of the scale up phase until the present (2022). It is also noted that the evaluation may benefit from information and insights from the project's initial phase (April 2013- March 2018); as such, all efforts will be made to provide information relating to the initial phase for a complete picture.

In addition, the evaluation will focus on four key areas of the ADP project: relevance, effectiveness, efficiency and sustainability, which are in line with standards and mechanisms for UNDP programming quality. Within this framework, the guiding questions below have been drafted to provide an outline of the evaluation scope. The evaluation team is expected to further refine these questions and the analytical framework.

Guiding evaluation questions	
Relevance/Coherence The objectives and results of the ADP project are consistent with national needs and priorities	- How relevant was the overall approach of the ADP project in contributing to: national health system priorities in focus countries, the HHD Strategic Plan, the UNDP Strategic Plan, and the SDGs? - To what extent has the ADP project been appropriate for responding to national and global development contexts, changes in health priorities and capitalizing on new opportunities, including during COVID-19 pandemic? - What are the key lessons that can inform future project planning and programming?

Effectiveness Project design and implementation are informed by relevant knowledge, evaluation and lessons learned, and objectives are met	- What have been the key outcomes resulting from ADP interventions and how have they contributed to meeting national and regional health and development priorities? - How have national capacities and institutions in ADP focus countries been strengthened and enabled in promoting the introduction and scale up of health technologies? - Which areas does the project have the greatest / least achievements? What key factors contributed to the effectiveness or ineffectiveness of ADP in meeting its objectives? - To what extent have ADP efforts to promote triangular and South-South cooperation and knowledge exchange been effective in meeting project objectives? - To what extent has the ADP project outcomes contributed to, or resulted in, positive changes for the affected communities and populations, including the relevant patient populations, women, etc.?
Efficiency Project budgets are justifiable and valid, and programming design and implementation includes measures to ensure efficient use of resources	- How efficiently were the human and financial resources used to achieve project outcomes in a timely and cost-effective manner? - To what extent have internal and external communications been strategically leveraged to improve project implementation? - To what extent was the project management structure as outlined in the Project Document efficient in generating the expected outcomes? - To what extent is ADP approach an efficient model for delivering technical assistance to countries? Was the partnership modality conducive to meeting project objectives and country outcomes?
Sustainability Assessing and strengthening the capacity and sustainability of national institutions	- To what extent has ADP put in place the mechanisms, capacities and policy frameworks that will ensure the sustainability of project outcomes? - To what extent have ADP-supported interventions been integrated into national systems? - To what extent have national stakeholders been involved in the implementation of project activities? - How have the lessons learned and implementation experience in focus countries been documented and shared for other countries to learn from? - To what extent has ADP strengthened partnerships among national institutions, regional and global institutions and development partners to sustain the project outcomes?
Cross cutting Project outcomes need to address gender, disability and human rights issues	- To what extent have ADP outcomes positively contributed to gender equality, the empowerment of women, disability inclusion, and the realization of human rights?

Utilization of the evaluation findings

UNDP will take in consideration all useful findings, conclusions and recommendations from the evaluation, prepare a systematic management response for each recommendation, and implement follow-up actions. The evaluation findings will inform future policy, strategic and programme planning by government stakeholders, development partners and UNDP (country, regional and global level).

4. PROPOSED METHODOLOGY

Based on UNDP's evaluation guidelines, the evaluation methodology should use a mixed-method participatory approach for collecting and analysing qualitative and quantitative data. A range of methodological and analytical approaches aimed at meeting the evaluation objective are proposed below. The evaluation team will be responsible for determining the most appropriate evaluation design and methodology, tools for sampling and analysing data, and triangulating the various data sources to ensure maximum validity, accuracy and reliability of the evaluation. The final methodological approach should be clearly outlined in the inception report and fully discussed and agreed between UNDP, key stakeholders and the evaluators. The methodology may entail:

- **Desk review of existing documents and reports:**
  Existing documentation, including quantitative and descriptive information about the project, its outputs and outcomes, activities report, knowledge products, donor reports and other evidentiary evidence will be provided for review.

- **Semi-structured key informant interviews**:

  Qualitative in-depth interviews with a wide range of stakeholders who have first-hand knowledge of ADP's operations and context. These stakeholders, including implementing partners, policymakers, government counterparts, donors and UNDP country offices, can provide specific knowledge, reflect on experiences and challenges, recommend solutions and suggestions for future activities. When selecting the respondents, the evaluator should ensure gender balance.

- **Focus group discussions**

  Small group interviews to explore in-depth stakeholder opinions, similar or divergent points of view, or judgements about a development initiative or policy, to collect information around tangible and non-tangible changes resulting from an initiative. Key stakeholders may include participants of capacity building initiatives and other project activities. When selecting the respondents, the evaluator should ensure gender balance.

- **Surveys and questionnaires**

  Standardized approach to obtaining information on a wide range of topics from a large number or diversity of stakeholders to obtain information on their opinions, perceptions, level of satisfaction, etc. concerning ADP. Surveys can be tailored to specific groups of ADP stakeholders.

In the current context of the COVID-19 pandemic, it is envisaged that travel will be kept to a minimum and data collection will be done virtually. The ADP project team will aim to facilitate the online/virtual communications with all relevant parties. All data that is collected will be treated with full confidentiality and specific comments will not be assigned to individuals in the final evaluation report.

5. KEY ACTIVITIES AND DELIVERABLES

- **Evaluation inception report** (10-15 pages) is required before the start of data collection, based on preliminary desk review and discussions with the evaluation reference group. The report should detail the evaluator's understanding of the assignment, include the data collection methodology, an evaluation matrix (incl. criteria, indicators and questions), a list of deliverables, a detailed workplan and timeline.
- **Regular debriefings to evaluation reference group and other stakeholders** following the submission of the inception report to agree on the evaluation approach, following the data collection phase to provide preliminary findings, and prior to the finalization of the evaluation report to ensure full completion of the assignment.

- **Draft evaluation report** for review and comments by the evaluation reference group and key stakeholders. An audit trail will be required to detail how comments, questions and clarifications have been addressed.
- **Final report** (40 pages) addressing comments, questions and clarifications. The structure and content of the report should meet the requirements of the UNDP Evaluation Guideline (see Annex for further details).
- **Slide deck** of key findings and recommendations and presentation to the evaluation reference group
- **Repository of source materials**, including all resources, knowledge products and raw data that were used for the evaluation.

ANNEX II List of People Interviewed

	Name	Organisation/Position
1	Mandeep Dhaliwal	UNDP NY
2	Pempa	Sr Laboratory Officer (MOH) Bhutan
3	Brian Asare	Head Drug info, research and M&E. MOH Ghana
4	Getrudis Tandi (Yudith)	Immunization programme, MOH, Indonesia
5	William Reuben	Senior Pharmacist PO-RALG TANZANIA
6	Paul Erasto Kazyoba	National Institute for Medical Research TANZANIA
7	Dr KANE Ndeye Mbacke	NTD control program SENEGAL
8	Dr Youssoupha NDIAYE	Former Director of planning, research and statistics (DPRS) SENEGAL
9	Dr Bassirou Souleymane	Coordinator of aDSM regional activities, WARN/CARN-TB NIGER
10	Tim France	Inis Communication, UK
11	Gautam Biswas	WHO NCD Acting director
12	Elizabeth Wilskie	PATH, Seattle
13	Sophie Newland	PATH, Seattle
14	Cecilia Oh	UNDP, Bangkok
15	Les Ong	UNDP, Bangkok
16	Desiree Gomez	UNDP, Istanbul
17	Mariko Aoki	UNDP, New York
18	Abraham Aseffa	TDR, Geneva
19	Corinne SC Merle	TDR, Geneva
20	Eddie Kamau	TDR, Geneva
21	Morris Gargar	WHO, Geneva
22	Hiiti Silo	WHO, Geneva
23	Mohamed Refaat Abdelfattah	WHO, Geneva
24	Janet Byaruhanga	AUDA-NEPAD
25	Dr. Yusi Anggraini	Pancasila University/Consultant Drug Pricing Comparison Study
FOCUS GROUPS Discussions		
A	Belynda Amankwa	UNDP, Ghana
	Agus Soetianto	UNDP, Indonesia
	Brice Millogo	UNDP Burkina Faso
	Felix KAMINYOGHE	UNDP Malawi
	Ngawang Dema	UNDP Bhutan
	Ndeye Astou Badiane	PATH, Senegal
	Deogratias Mkembela	UNDP Tanzania
B	Cecilia SAMBAKUNSI	Pharmacovigilance officer Pharmacy and Medicines Regulatory Authority (PMRA), Malawi
C	Manish Pant	Policy specialist, Digital Health with the HHD team, UNDP India
	Calum Handforth	UNDP Singapore
D	Edith Gavor	Head of Drug Policy Unit, Ministry of Health, Ghana
	Prof Margaret Gyapong	Director Institute of Health Research University of Health and Allied Sciences, Ghana

Note: As setting meetings across time zones for multiple partners was often a challenge some people were shifted to the survey. Though translation services were available in French and Bahasa, some people also preferred to complete the survey in their own language.

ANNEX III ADP Undated Knowledge Products since the Scale-up Phase as provided by ADP

List organised by country or region

Bhutan
- National framework to guide HTA institutionalisation
- Manual and SOPs to guide health facilities in managing the digital transition of health data
- Tools and guidelines for digitalization of health records

Burkina Faso
- Five-year action plan on strengthening the national pharmacovigilance system
- Research protocol to assess the acceptability and usefulness of the introduction of a digital tool (99DOTS) for TB treatment adherence

Ghana
- Analysis of the legal landscape for HTA
- Assessment of approaches to improve adherence to treatment guidelines by health professionals in selected regions
- Assessment of mHealth initiatives in two regions to identify improvements needed for effective scale up of existing solutions
- Exploratory study on gender-related factors affecting care of skin-NTDs in three districts in the Central Region
- Integrated strategic plan to address implementation challenges for sustainable access and delivery of new vaccines
- Legal and policy review for the domestication of the AU Model Law on Medical Products Regulation
- National curriculum on logistics management
- National guidelines for price regulation
- PQ inspection of quality control laboratory to identify areas for improvement
- Technical legal guidance for drafting of HTA legislation
- Workplan on conducting priority HTA studies

Indonesia
- Guideline for the procurement of medical equipment
- Implementation Research Strategy to Support the Prevention and Control of Neglected Tropical Diseases
- National Action Plan on aDSM for drug-resistant tuberculosis
- Operational and economic evaluation of SMILE to assess its impact on implementation efficiencies in vaccine logistics management
- Policy brief on the political economy and institutionalisation of HTA in Indonesia
- Reviewed progress of the Institutional Development Plan for regulatory systems strengthening
- Situation analysis of progress towards implementation of aDSM within the national TB programme
- Systematic review of methodology and reporting standards of economic evaluation studies

LAO-PDR
- Proposal for the establishment of a national HTA unit

Malawi
- Developed Institutional Development Plan for regulatory systems strengthening
- Guide for in-service pharmacovigilance training for healthcare professionals
- Institutional Development Plan for regulatory systems strengthening
- National work plan to integrate pharmacovigilance systems within public health programmes

- Study on the use of Medsafe-360 USSD platform to promote direct patient reporting of individual case safety reports (ICSRS) in HIV clinics across three districts
- Survey to assess the impact of PV training on the Knowledge, Attitude and Practice of health workers

Senegal
- HTA study to improve quality of care for neonates
- National guideline and SOP on supply chain management of NTD medicines for national MDA campaigns
- National guidelines on supply chain management of NTD medicines for national MDA campaigns
- National HTA strategy for UHC 2022-2027
- Revised national pharmacovigilance guide
- SOPs for Value-based Procurement
- Study on the impact of COVID-19 on the national TB, Malaria and NTD programmes
- Study on the impact of the COVID-19 pandemic on the delivery of national disease control programs for malaria, TB and NTDs
- Technical notes to strengthen supply systems for essential medicines disrupted by COVID-19
- Training manual on supply chain management of NTD medicines during national MDA campaigns
- Workplan on strengthening national pharmacovigilance system across the major disease control programmes

Tanzania
- Analysis of the key drivers of expenditure among medicines covered by the National Health Insurance Fund
- Community consultations in 2 regions to inform the optimization of community-based delivery model for paediatric praziquantel (Tanzania)
- Guidelines for an integrated delivery model of paediatric praziquantel
- Integrated strategic plan to strengthen the health system capacity for the delivery and uptake of new drugs for preventive chemotherapy and control (PCT) of NTDs in vulnerable populations
- Integrated workplan to address implementation challenges for sustainable access and delivery of paediatric praziquantel for the treatment of schistosomiasis
- National HTA guidelines
- National strategy to promote the domestic pharmaceutical sector
- Policy paper on “Towards a national strategy for the development of the pharmaceutical industry in Tanzania”
- Pricing analysis of medicines in the public health sector
- Research protocol to evaluate the implementation of paediatric praziquantel delivery model and strategy for community-based engagement (Tanzania)
- Report on NHIF top medicine reimbursement cost drivers
- Surgey G., et al. (2019). Introducing health technology assessment in Tanzania. International Journal of Technology Assessment in Health Care 36:80-86 https://doi.org/10.1017/S0266462319000588
- Training manual for an integrated delivery model of paediatric praziquantel

Thailand
- A modelling study to evaluate the impact of routine COVID-19 vaccination

Knowledge products for several ADP focus countries
- Action plan for mobilising technical support for the domestication of the AU Model Law on Medical Products Regulation (Senegal, Ghana)
- Capacity assessments of the medicines regulatory systems in Ghana and Thailand using the GBT
- Country-specific guidance document for IR capacity building (Ghana, Malawi)
- Formal assessment of the regulatory system using the WHO Global Benchmarking Tool (Ghana, Thailand)
- HTA guidelines and TORs for national HTA committee (Ghana, Tanzania)
- Institutional Development Plan for regulatory systems strengthening for Ghana and Thailand

- Institutional Development Plan for regulatory systems strengthening Bhutan, Burkina Faso, Malawi and Senegal)
- National work plan to integrate pharmacovigilance systems within public health programmes and across the major disease control programmes (Malawi, Senegal)
- National HTA process guidelines and reference case (Ghana, Tanzania)
- National implementation guide for aDSM (Burkina Faso, Senegal)
- National NTD master plan / roadmap 2021-2025 (Indonesia, Malawi, Tanzania)
- Ong L (2020). The Use of Digital Technology to Improve Vaccine Delivery in India and Indonesia. In "UNOSSC, Terms of Reference for national HTA committees for Ghana and Tanzania
- Training curriculum on value-based procurement in French and Spanish for upcoming workshops in Peru and Senegal Good Practices in South-South and Triangular Cooperation for Sustainable Development, Volume 3" (pp. 132-134)
- Self-benchmarking exercise to identify key capacity gaps within the national regulatory system (Bhutan, Burkina Faso, Malawi, Senegal)

Regional

- Comparative assessment of medicines procurement prices in Southeast Asia
- Eleven implementation research protocols and proposals focusing on the impact of COVID-19 pandemic on national TB programmes, developed by research teams from 9 countries in West and Central Africa
- Guidance document for the domestication of the African Union Model Law on Medical Products Regulation
- Kim T, et al. (2021). Addressing challenges in HTA institutionalization for furtherance of UHC through South-South Knowledge Exchange: Lessons from Bhutan, Kenya, Thailand and Zambia. Value in Health 24:187-192 https://doi.org/10.1016/j.vhri.2020.12.011
- Study on 'Use of Total System Effectiveness (TSE) to inform vaccine research and development Training-of-trainers module of the Implementation Research Toolkit translated into French to train researchers from francophone countries
- Training package for implementing aDSM in French
- Twenty-two implementation research protocols and proposals developed by research teams from 19 countries in West and Central Africa
- Situational analysis across 13 countries on the use and evaluation of digital health technologies for malaria
- Survey of WARN/CARN-TB countries on the use, barriers and evaluation of digital technologies introduced by national TB programs

Global

- Assessment of knowledge, attitude and practice of health workers on detection and notification of ADRs following the training and remodelling of ADR reporting systems
- Background paper: 'Challenges and opportunities for innovation, access and delivery of health technologies: Why a global dialogue?"
- CIP Toolkit which guides and formalizes the collaboration between NRAs and CIP members
- Developed a MOOC on IR of infectious diseases of poverty
- Development of Global COVID-19 Certificate 'Discovery' Meta-Network
- "Discussion paper on the gender dimensions of neglected tropical diseases" provided an analysis of the challenges preventing equitable access to prevention and treatment services
- e-learning module on WHO Good Reliance Practices in French, English and Spanish
- e-learning training course on 'Basic fundamentals of in vitro diagnostics medical devices regulation: a global approach'
- Generic aDSM training materials for in-country use
- Guide on 'Value-based procurement of medical equipment'
- Guidance documents on quality of pharmaceutical products, good manufacturing practices, good regulatory

- Guidance Note for the Development of National Investment Cases for Neglected Diseases
- practices and good reliance practices
- IR competency self-assessment tool incorporated into the IR toolkit
- IR toolkit in French
- Issue brief “Towards Universal Health Coverage: Promoting equitable and sustainable access to new health technologies for diseases of poverty” highlights the impact of key ADP interventions on advancing UHC in focus countries
- Global dashboard for COVID-19 diagnostics to support country-level selection and procurement of quality-assured COVID-19 diagnostics
- Good manufacturing practices for investigational products
- Good manufacturing practices for investigational radiopharmaceuticals
- Good manufacturing practices for sterile products with PIC/S, EMA/EU, PQ INSP
- Good practices for production of medical gases
- Good practices for research and development facilities
- Generic guidance on IR mentorship for LMICs
- Guidance document for Domestication of the AU Model Law on Medical Products Regulation
- Guidance on the rights-based and ethical use of digital technologies in HIV and health programs
- Guidance on setting remaining shelf life for the supply and procurement of emergency health kits
- Landscape of Funding and Financing Opportunities for Access and Delivery of Health Technologies for Neglected Diseases provided recommendations on strategies to improve financing for neglected diseases
- Literature review of planning process for access to and delivery of health technologies during the R&D phase
- Model guide for country-level implementation of aDSM - in French and English
- Model toolkit for national investment cases for NTDs
- Model procurement policy best practices specific to health commodities
- Multi-country digital health landscape analysis across seven countries
- Ozano K, et al. (2019). A call to action for universal health coverage: Why we need to address gender inequities in the neglected tropical disease community. PLoS Neglected Tropical Diseases 14(3):e0007786 https://doi.org/10.1371/journal.pntd.0007786
- Peer-review journal article 'Reliance is key to effective access and oversight of medical products in case of public health emergencies'
- Policy brief on telehealth which provides a guiding framework on the key policy and programmatic building blocks necessary for effective scale up of telehealth solutions
- Policy brief on “Universal health care, essential diagnostics lists, and gender equity” provides an evaluation framework on gender dimensions of access to diagnostic products and promote equitable access
- RCT study on the effectiveness of conversational AI services (chatbots) on COVID-19 vaccine confidence and acceptance in Hong Kong, Singapore and Thailand (Global)
- Sharma M, et al. (2020). Institutionalizing evidence-informed priority setting for universal health coverage: lessons from Indonesia. The Journal of Healthcare Organization, Provision and Financing 57:1-12 https://doi.org/10.1177/0046958020924920
- Survey of over 60 key R&D funders, innovators, intermediaries and other members of the community of practice
- Toolkit and training module for IR on digital technologies for TB in English and French
- TOR of the CIP framework revised and updated
- Updated training materials for classification of GMP deficiencies
- Updated aDSM training resources for in-country training in French and English
- Web-based digital tool for conducting feasibility assessments/situational analyses of manufacturing facilities
- White paper on "Value-based procurement processes to promote national health priorities"
- WHO guidance documents on GReIP and GRP

- WHO guidance document on the design of laboratories
- WHO guidelines on the transfer of technology in pharmaceutical manufacturing (Global)
- WHO Global Model Regulatory Framework for Medical Devices, including in vitro diagnostics
- WHO Global Competency Framework for Regulators of Medical Products