EXTERNAL EVALUATION OF THE PRESIDENT'S MALARIA INITIATIVE

FINAL REPORT EXECUTIVE SUMMARY

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PRESIDENT'S MALARIA INITIATIVE

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

DECEMBER 2011

This publication was produced for review by the United States Agency for International Development. It was prepared by Jonathon Simon, Kojo Yeboah-Antwi, Allan Schapira, Mohammadou Kabir Cham, Rosemary Barber-Madden, and Mohamad Ibrahim Brooks through the Global Health Technical Assistance Project.

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EXECUTIVE SUMMARY

The President's Malaria Initiative (PMI) is an interagency initiative led by USAID and implemented together with CDC. It is overseen by a U.S. Global Malaria Coordinator and an Interagency Steering Group made up of representatives from USAID, CDC/HHS, the Department of State, the Department of Defense, the National Security Council, and the Office of Management and Budget.

The goal of PMI is to reduce malaria-related deaths by 50% in 15 countries that have a high burden of malaria through proven curative and preventive interventions, including insecticide-treated nets (ITNs), indoor residual spraying (IRS), intermittent preventive treatment for pregnant women (IPTp), and artemisinin-based combination therapies (ACTs).

In late May 2011, PMI commissioned an external evaluation team to review the first five years (FY06-FY10) of PMI's activities. Over the course of seven months, the evaluation team reviewed extensive documentation; interviewed key personnel in Washington, Atlanta, and Geneva; conducted five country site visits (Angola, Malawi, Rwanda, Senegal, and Zambia); and conducted e-mail and telephone interviews with malaria program personnel from the other 10 PMI focus countries.

The external evaluation was organized around six core objectives:

- Objective 1: Evaluate how PMI leadership, management, and resources have advanced the initiative's goals and provide recommendations for improved performance
- Objective 2: Evaluate the performance of PMI in terms of putting its four core operating principles into practice
  - Use of a comprehensive, integrated package of proven prevention and treatment interventions
  - Strengthening of health systems and integrated maternal and child health programs
  - Commitment to strengthening national malaria control programs (NMCPs) and building capacity for country ownership of national malaria control efforts
  - Close coordination with international and in-country partners
- Objective 3: Evaluate the wider partnership environment in which PMI operates at both the global and country level
- Objective 4: Assess progress toward program outcomes and impact, with a focus on assessing the quality of the evaluation and methods used to generate the outputs and outcomes data
- Objective 5: Assess operations research activities (added by the evaluation team as a separate piece from its reference in Objective 2)
- Objective 6: Use evidence as generated from the evaluation to make actionable recommendations for improvement of PMI and for U.S. Government (USG) involvement in global health initiatives

Overall Assessment: PMI is, by and large, a very successful, well-led component of the USG Global Health Initiative. Through its major contributions to the global malaria response via its collaborations with multilateral and bilateral partners, effective relationship with the Global Fund, and contributions to reinvigorating national malaria control programs, PMI has made substantial progress toward meeting its goal of reducing under-5 child mortality in most of the 15 focus countries. Though major biologic, political, and financial challenges exist that could

seriously erode the accomplishments made to date, PMI, through its first five years of activities, has earned and deserves the task of sustaining and expanding the U.S. Government's response to global malaria control efforts and should be given the responsibility to steward additional USG financial and human resources to accomplish
this task.

SUMMARY FOR OBJECTIVE 1: LEADERSHIP, MANAGEMENT, AND RESOURCES

Leadership: The strong but discreet leadership of PMI has contributed to its overall success. PMI leadership successfully engaged key USG actors and sustained bipartisan political support for the initiative amidst a change of U.S. presidential administrations and the emergence of the Global Health Initiative. The initiative also collaborated effectively with the Global Fund, Roll Back Malaria (RBM) Partnership, and other global partners, and sustained financial support during a period of increasing pressure on USG development assistance resources. The Global Coordinator and his leadership group were especially effective in establishing a highly motivated, hard-working PMI team within the headquarters unit.

Management: Rapid and efficient start-up of PMI activities was facilitated by excellent and creative program management by senior USAID personnel. An inclusive project activity planning system was established through the Malaria Operation Plan (MOP) process, with the active participation of partners and stakeholders. PMI's willingness to be flexible according to country-specific needs and other organizations' activities was recognized and appreciated by partners.

Resources: The key to PMI's success can be attributed to the strategic use and alignment of the initiative's resources, with a focus on life-saving commodities as needed. The selected human resource model (expatriate resident advisors (RAs) from each agency and extensive use of U.S. contractors and grantees), while considered by many to be expensive, appears to have contributed to PMI's success. A full analysis of PMI's cost structure and the cost-effectiveness of the PMI approach was beyond the scope of this external evaluation.

SUMMARY FOR OBJECTIVE 2: PUTTING ITS CORE OPERATING PRINCIPLES INTO PRACTICE

It is widely believed that PMI performed well in putting its operating principles into practice. The use of an effective integrated package of malaria control interventions clearly contributed to the observed reduction of under-5 mortality. PMI successfully developed and implemented a participatory, country-driven planning process, based on MOPs to guide PMI-supported malaria control program activities. The initiative made some headway in integrating with maternal and child health (MCH) services and in extending community-based approaches to managing malaria; however, community case management is still problematic in some countries. PMI was able to effectively use the Central Emergency Procurement Fund to overcome supply chain implementation issues and assist the Global Fund as required. The effort's multi-pronged health systems strengthening strategy had variable success in enhancing individual and institutional capacity. Some NMCPs are still weak and dependent on external input, while others are clearly stronger as a result of their interaction with PMI personnel. Nonetheless, NMCPs serve as clear anchors for all national malaria control programs, creating the platform for increased country ownership of malaria control efforts. As previously noted, collaboration with partners at both the global and national level was highlighted as excellent by most respondents.

SUMMARY FOR OBJECTIVE 3: WIDER PARTNERSHIP ENVIRONMENT

Recognizing the NMCP's role as the lead agency in malaria control, PMI developed strong partnerships with almost all NMCPs in the 15 focus countries. PMI is viewed as one of the key partners at the country level, with its contribution well appreciated by most multilateral and bilateral partners. Some described PMI as "flexible," "more transparent," "inclusive in designing its approaches," and "receptive to ideas and suggestions." Most partners consider PMI to be an exemplary partner, as it refrains from using its large and broad presence and substantial financial support to gain undue influence within the partnership. PMI has played a worthwhile role in the global partnership, especially in its relationship with the Global Fund and the Roll Back Malaria (RBM) Partnership. This has contributed in a major way to the attainment of PMI's objectives and goals.

SUMMARY FOR OBJECTIVE 4: ASSESS PROGRAM OUTCOMES AND IMPACTS

Outcomes: PMI, together with national programs and partners, has been largely successful in increasing coverage levels by scaling up the distribution and increasing the use of insecticide-treated nets (ITNs), mainly in the form of long-lasting insecticide nets (LLINs). In a few countries, coverage rates are surprisingly low, given the background of repeated mass distributions of nets; in others, there is still a need for filling gaps or replacing old LLINs. The target of 85% coverage has not been reached in any country, and it may now be time to reconsider whether this high level is a realistic standard. In contrast, the coverage rates for intermittent preventive treatment for pregnant women (IPTp) are disappointingly low. The monitoring of indoor residual spraying (IRS) has generally been easy and straightforward, although there is some room for improvement in the operational details.

Impact: In 8 of 15 PMI countries, there are signs that the malaria disease burden has been reduced and/or that all cause child mortality (ACCM) has declined since malaria control interventions began to be systematically scaled up around 2003-2004. In the other seven countries, such progress was not apparent from the data available to the team at the time of the evaluation. The fact that the impact surveys have not yet been conducted make it impossible to evaluate whether progress has occurred.

The recent Tanzania report is the first of the planned series of country-specific in-depth impact surveys. It provides solid evidence that scale-up of malaria control has led to a major reduction of ACCM by approximately 10 deaths per 1,000 live births. Tanzania's operational achievements appear, in the team's opinion, to be attainable by other PMI focus countries. If operational targets are met, it is likely that similar results will be found in the other countries.

Strategies for Impact Evaluation: PMI's strategy for impact evaluation has been centered on the measurement of changes in ACCM and examination of the plausibility of attributing observed ACCM reductions to the implementation of malaria control interventions. It is the opinion of the evaluation team that impact evaluation should no longer be centered on ACCM, but should instead make use of a range of data sources, including ACCM, to assess trends in malaria incidence and mortality. Such an approach is consistent with the change in PMI's objectives, which now include reduction of malaria morbidity, not only mortality. This means that one major priority of PMI should be to improve malaria surveillance and involve scientists in modeling work to better use surveillance data on prevalence, incidence, and mortality to model disease burden. In addition, economic evaluation is an area that so far has been neglected by PMI and therefore was hardly addressed by the evaluation team.

SUMMARY FOR OBJECTIVE 5: ASSESS OPERATIONAL RESEARCH ACTIVITIES

The research component of PMI appears to have lagged compared to other components. A fundamental lack of clarity on the research program's technical scope, combined with a lack of clear leadership on the issue among the agencies, differing institutional perspectives and cultures around research, and the relative dysfunctionality of the Operations Research Committee, have all contributed to the problem. There is a high-priority need to clarify inter-agency leadership roles, revitalize the inter-agency structure under this more clearly defined leadership, and finalize strategy and guidance for research activities that have been long in development. The evaluation team believes PMI in its first five years could have better served the global malaria control community as a "programmatic learning laboratory." PMI has extraordinary resources at hand to contribute high-quality information in support of the global malaria response. With access to so much technical talent at CDC, USAID, and national partner research institutions, RAs on the ground in the focus countries, and access to data from the best-financed and largest malaria intervention in history, the opportunity to contribute program-linked information was—and remains—tremendous.

SUMMARY FOR OBJECTIVE 6: MAKE ACTIONABLE RECOMMENDATIONS

The evaluation team makes five policy and five technical recommendations:

- Policy recommendations:
  - Expand PMI's financial resources and geographic reach
  - Improve PMI organizational clarity on key programmatic issues to improve decision-making, efficiency, and effectiveness
  - Apply the country ownership principle thoughtfully to improve program effectiveness
  - Expand the use of well-trained and effective foreign service nationals as PMI resident staff
  - Adapt or fail: acknowledge the successes to date and initiate change as appropriate, based on the local context
- Technical recommendations:
  - Reevaluate the indoor residual spraying strategy
  - Improve resistance monitoring for both insecticides and antimalarial (artemisinin) drugs
  - Strengthen national surveillance and health management information systems
  - Expand PMI's operations research component and advocate for an expanded global malaria research agenda
  - Accelerate impact evaluation activities at appropriate levels of scientific rigor

PREFACE

"Evaluation in USAID has two primary purposes: accountability to stakeholders and learning to improve effectiveness." USAID Bureau for Policy, Planning and Learning (2011), Evaluation Policy.

Contents

1. PMI Overview
2. Scope of Work
3. Team Membership
4. Evaluation Methodology
5. Report Structure
6. Acknowledgements

The goal of the President's Malaria Initiative (PMI) is to reduce malaria-related deaths by 50% in 15 countries that have a high burden of malaria through proven curative and preventive interventions, including insecticide-treated nets (ITNs), indoor residual spraying (IRS), intermittent preventive treatment for pregnant women (IPTp), and artemisinin-based combination therapies (ACTs). In this context, malaria prevention and treatment interventions were planned to be scaled up in 15 countries in sub-Saharan Africa, eventually covering more than 175 million residents at the end of the five-year program. In each of the targeted countries, PMI closely collaborated with the host governments and national and international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Roll Back Malaria Partnership (RBM), the World Bank Malaria Booster Program, non-governmental organizations (NGOs), and the private sector.

In late May 2011, PMI commissioned an external evaluation team to review the first five years' (FY06-FY10) activities. Over the course of seven months, the evaluation team reviewed extensive documentation; interviewed key personnel in Washington, Atlanta, and Geneva; conducted five country site visits (Angola, Malawi, Rwanda, Senegal, and Zambia); and conducted e-mail and telephone interviews with malaria program personnel from the other 10 PMI focus countries.

The overall purpose of the PMI external evaluation was to:

- Identify lessons learned across countries
- Garner input from a variety of points of view
- Identify areas for performance improvement
- Assess evidence of impact after five years of implementation in PMI countries
- Identify lessons and share experiences with other United States Government (USG) global health initiatives and engagements

The evaluation team is pleased to submit the PMI External Evaluation Report. The team hopes this report will be of interest to PMI and Global Health Initiative (GHI) staff members, senior management in the United States Agency for International Development (USAID) and Centers for Disease Control and Prevention (CDC), National Malaria Control Program (NMCP)

personnel, PMI implementing partners, RBM partners, institutions involved in malaria research and control, and public health practitioners interested in international health and development.

PMI OVERVIEW

Launched in 2005, the President's Malaria Initiative is a five-year, $1.2 billion expansion of U.S. Government (USG) resources to reduce the burden of malaria and help relieve poverty on the African continent.[1] The goal of PMI is to reduce malaria-related deaths by 50% in 15 focus countries with a high burden of malaria by expanding coverage of highly effective malaria prevention and treatment measures to the most vulnerable populations: pregnant women and children under 5 years of age (Table 1). The 2008 Lantos-Hyde Act authorized an expanded PMI program for 2009-2013. PMI is a key component of the GHI, which was announced by President Obama in May 2009. As a result, the PMI strategy was revised to achieve Africa-wide impact by halving the burden of malaria in 70% of at-risk populations in sub-Saharan Africa, or approximately 450 million people.

Table 1. PMI Countries by Round

Round 1: Fiscal Year (FY) 2006)	Round 2: FY 2007	Round 3: FY 2008
	All Round 1 countries	All Round 1 & 2 countries
Angola	Malawi	Benin
Tanzania	Mozambique	Ethiopia (Oromia Region)
Uganda	Rwanda	Ghana
	Senegal	Kenya
		Liberia
		Madagascar
		Mali
		Zambia

PMI is an interagency initiative led by USAID and implemented together with CDC of the U.S. Department of Health and Human Services (HHS). It is overseen by a U.S. Global Malaria Coordinator and an Interagency Steering Group made up of representatives from USAID, CDC/HHS, the Department of State, the Department of Defense (DOD), the National Security Council, and the Office of Management and Budget. PMI supports four proven, cost-effective prevention and treatment interventions and helps countries scale up access to these interventions nationwide:

- Insecticide-treated mosquito nets
- Indoor residual spraying with insecticides
- Intermittent preventive treatment for pregnant women
- Prompt use of artemisinin-based combination therapies for those who have been diagnosed with malaria

[1] *President's Malaria Initiative (PMI).* (2008). Retrieved October 20, 2011, from http://www.pmi.gov.

The 15 focus countries were selected and approved by the Coordinator and the Interagency Steering Group using the following criteria:

- High malaria disease burden
- National malaria control policies consistent with the internationally accepted standards of the World Health Organization (WHO)
- Capacity to implement such policies
- Willingness to partner with the United States to fight malaria
- Involvement of other international donors and partners in national malaria control efforts

PMI is organized around four operational principles based on lessons learned from more than 50 years of U.S. Government efforts in fighting malaria, together with experience gained from implementation of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which began in 2003. The PMI approach involves:

- Use of a comprehensive, integrated package of proven prevention and treatment interventions
- Strengthening of health systems and integrated maternal and child health services
- Commitment to strengthen national malaria control programs and to build capacity for country ownership of malaria control efforts
- Close coordination with international and in-country partners

PMI works within the overall strategy and plan of the host country's national malaria control programs, with planning and implementation of PMI activities coordinated closely with each Ministry of Health (MOH).

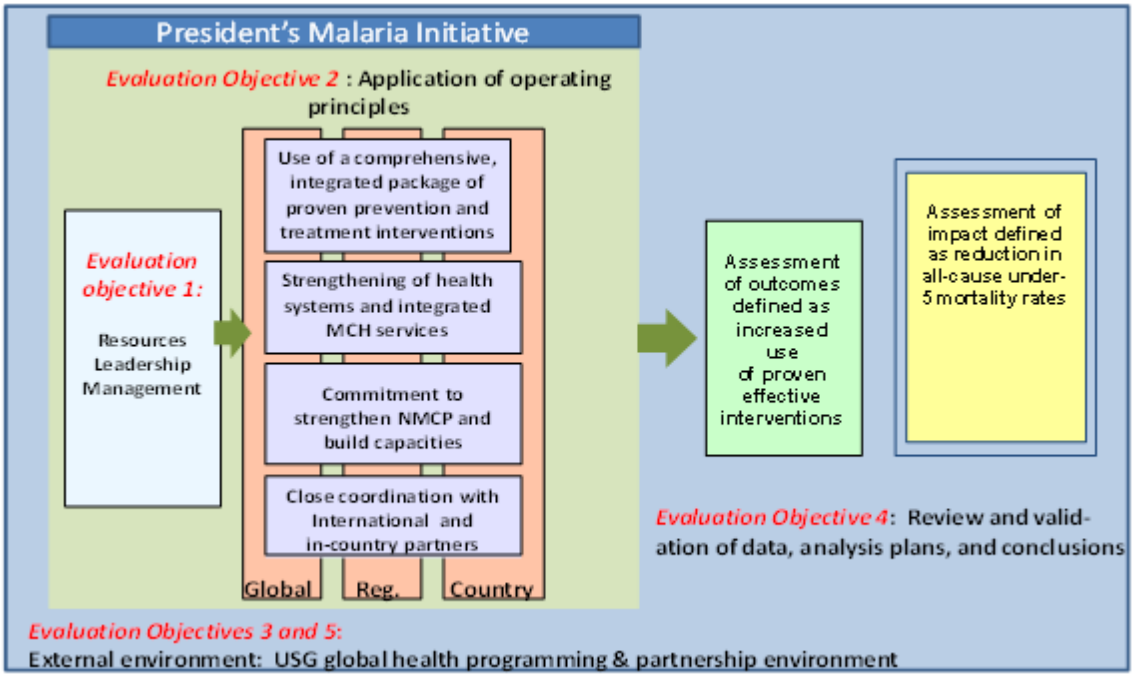
SCOPE OF WORK

The evaluation of the PMI has two major elements:

- A focus on proximal factors and issues, including the application of PMI operating principles and the partnership environment in which PMI operates
- An examination of population-based outcomes and impact

The evaluation report focuses on PMI activities accomplished with funding between FY 2006-2010. As the 15 focus countries initiated activities at different times (see Table 1), not all countries had five years of operations for review. The evaluation framework (Figure 1) shows the five objectives of the evaluation along with the associated components of program performance and population-based outcomes and impact. Objectives 1 through 5 are addressed in this report by the evaluation team through the key evaluation questions presented below. The team has focused its efforts on prioritized evaluation questions (highlighted in the full scope of work in Annex A), which were selected by PMI in spring 2011.

Figure 1. PMI Evaluation Framework



KEY EVALUATION QUESTIONS

Objective 1: Evaluate how PMI resources, leadership, and management have advanced the initiative's goals and provide recommendations for improved performance

Objective 2: Evaluate the performance of the PMI in terms of putting its operating principles into practice

- **Principle 1:** Use of a comprehensive, integrated package of proven prevention and treatment interventions
- **Principle 2:** Strengthening of health systems and integrated maternal and child health programs
- **Principle 3:** Commitment to strengthen NMCPs and build capacity for country ownership of national malaria control efforts
- **Principle 4:** Close coordination with international and in-country partners

Objective 3: Evaluate the wider partnership environment in which PMI operates at both global and country levels

Objective 4: Assess progress toward program outcomes and impact (with a focus on assessing the quality of the evaluation and methods used to generate outputs and outcomes data)

Objective 5: Use evidence as generated from the evaluation to make actionable recommendations for improvement of PMI and for U.S. Government involvement in global health initiatives

TEAM MEMBERSHIP

The evaluation team consists of members with broad public health experience, malaria expertise, extensive experience in the use of both quantitative and qualitative methods, and proven experience in complex multi-country evaluations involving international and national partners. The team's members include:

Jonathon Simon, D.Sc., MPH (Team Leader)

Dr. Simon is Director of Boston University's Center for Global Health and Development (CGHD) and serves as Chair of the International Health Department at Boston University's School of Public Health. He has been involved in applied child health research activities for 25 years, working in more than 20 developing countries. Dr. Simon has had extensive experience working in Africa and South Asia, particularly on issues involving child survival, infectious diseases, and capacity strengthening. For the past seven years, he has been part of a core research team at the CGHD evaluating the social and economic impact of the HIV/AIDS epidemic, with a particular focus on scientifically valid evaluations of PEPFAR OVC programming, while maintaining an active role in the CGHD's ongoing child survival research work.

Rosemary Barber-Madden, Ed.D., MPH (Team Member)

Dr. Barber-Madden has extensive experience in global HIV/AIDS, maternal and child health (MCH), reproductive health, and development in more than 35 countries. She has a proven record in design and evaluation of large-scale international health programs for multilateral and bilateral donors. Dr. Barber-Madden served as UNFPA representative for several years in Africa and Latin America, and currently consults extensively with Global Fund, USAID, World Bank, and other bilateral donors.

Mohammadou Kabir Cham, MD, MCommH, FWACP (Team Member)

Dr. Cham has more than 30 years of experience in leadership and management of health services, both at the national and international level. He has extensive experience in communicable disease prevention and control, especially in malaria control, and has been involved in planning, implementing, monitoring, and evaluating insecticide-treated material and other malaria vector control interventions at national and international levels. Dr. Cham has experience as a senior WHO advisor and was involved in the development of the RBM concept and its approach and implementation. He has numerous peer-reviewed journal publications in malaria research, control, and policy.

Allan Schapira, MD, D.Sc. (Team Member)

Dr. Schapira has more than 25 years of experience in malaria control. He has worked on malaria and other vector-borne disease as a WHO staff member for 17 years, with a particular focus on Africa, Southeast Asia, and the Southwest Pacific. After retiring from WHO in 2007, he has undertaken a number of consultancies for the World Bank, WHO, and other organizations on malaria control planning and evaluation, containment of antimalarial drug resistance, and malaria elimination. He has published over 30 articles in peer-reviewed journals and several book chapters on a broad range of topics related to malaria and its control.

Kojo Yeboah-Antwi, MB ChB, MPH (Team Member)

Dr. Yeboah-Antwi is a public health specialist and researcher with over 20 years of experience in managing health systems, program and project implementation, policy and strategy development, and research for development and implementation research. He has provided technical support and carried out consultancies to develop and review numerous public health

programs and projects; he has also participated in RBM implementation review, strengthening of monitoring and evaluation systems, and drug policy reviews. He was a member of the WHO Special Program for Research and Training in Tropical Diseases (WH/TDR) Task Force on Home Management of Malaria. He has been involved in two large-scale malaria evaluations: United Kingdom's Department for International Development (DFID)-funded FUTURES ITN project in Nigeria and USAID-funded NetMark project.

Mohamad Ibrahim (Bram) Brooks, MPH (Team Member)

Mr. Brooks has over five years of technical, management, and field experience in implementing applied research projects in several countries in Asia, Africa, and Eastern Europe. Some of the projects that Mr. Brooks has worked on include infectious disease research, cost-effectiveness studies, and program evaluations with donors including USAID, CDC, National Institutes of Health (NIH), and DFID.

EVALUATION METHODOLOGY

The PMI evaluation team's report is based on an extensive set of materials and experiences. The team's methodology consisted of data collection and synthesis using four major sources:

1. Document review
2. Interviews with PMI-associated personnel and key informants in Washington, Atlanta, and Geneva
3. Field visits with extensive interviewing and service delivery site evaluations in five PMI focus countries
4. E-mail and telephone interviews with selected PMI-associated personnel in the other 10 focus countries

Document Review

The evaluation team was provided an extensive set of PMI documentation. U.S. Government documents such as the 2005-2009 PMI Strategic Plan, the Lantos-Hyde Reauthorization, program guidance, and annual reports to Congress were read and reviewed. Country-specific documentation (annual plans, national strategic plans, Global Fund applications and awards, policy documents and technical papers, etc.) were also reviewed. Key documents from global and bilateral partners (RBM Global Malaria Action Plans, WHO World Malaria Report, Global Fund Annual Plans and special reports) were referenced as appropriate. National malaria control program (strategic plans and annual work plans) and focus country government documents were also made available for the five focus countries visited. Selected papers from the vast scientific literature on malaria were read depending on the issue under consideration and the country being reviewed.

Interviews with PMI-associated Personnel and Key Informants in Washington, Atlanta, and Geneva

Key informant interviews (KII) were conducted in either individual or group settings and focused on key actors, both internal and external to PMI. Face-to-face and telephone interviews were conducted in order to interview key informants in the PMI countries the team did not visit. The interviews followed semi-structured interview guidelines that employed both closed- and open-ended questions as appropriate. Question guides were designed to parallel the key questions identified for the evaluation. Individuals and groups that were interviewed in Washington, Atlanta, and Geneva, included the following:

- PMI staff (PMI Coordinator and Deputy Coordinator, USAID and CDC)

- Partner organizations, including the Global Fund, World Bank, United Nations Children's Fund (UNICEF), WHO, RBM and others
- Key researchers, policy analysts, critics, and advocates

The complete list of individuals interviewed by the evaluation team is found in Annex B.

Field Visits with Extensive Interviewing and Service Delivery Site Evaluations in Five PMI Focus Countries

The evaluation team performed site visits to five PMI countries. The countries were selected to represent different periods of initiation, and more importantly, the availability of outcome and impact data from at least two points in time. The travel schedule was as follows:

- Angola (July 12–22): Dr. Rosemary Barber-Madden and Dr. Kojo Yeboah-Antwi
- Zambia (August 4–13): Dr. Jonathon Simon and Dr. Kojo Yeboah-Antwi
- Malawi (August 14–24): Dr. Jonathon Simon and Dr. Kojo Yeboah-Antwi
- Senegal (September 11–23): Dr. Allan Schapira and Dr. M. Kabir Cham
- Rwanda (September 17–27): Dr. Jonathon Simon and Dr. Rosemary Barber-Madden

Country visits included the following activities:

- Interviews with in-country PMI staff, USAID/HPN, and CDC country office head
- Interviews with key staff in NMCP
- Interviews with key staff in other departments or programs in MOH, especially those concerned with: maternal and child health, expanded program on immunization (EPI), health management information system (HMIS), community health, pharmaceuticals (regulation and storage), procurement of health commodities, and health financing
- Collection and review of in-country documents
- Province or district health office visits to assess situation in the field
- Preparation of preliminary conclusions
- Debriefing by USAID Mission (HPN)

E-mail and Telephone Interviews with Selected PMI-associated Personnel in the Other 10 Focus Countries

To capture the field experience of PMI countries not visited by the evaluation team, modified questionnaires were created to capture PMI experiences from the field. An electronic questionnaire was sent via e-mail to HPN officers, USAID PMI resident advisors (RAs), CDC resident advisors, and NMCP managers in each of the 10 non-visited countries. In addition, telephone interviews were scheduled with NMCP managers to discuss key evaluation questions of interest. Questionnaires used for e-mail and telephone interviews are found in Annex C.

REPORT STRUCTURE

To respond to the various evaluation questions, the PMI external evaluation report is structured in the following manner:

- Preface
- Executive Summary
- Section I. Leadership, Management, and Resource Alignment (Objective 1)
- Section II. Application of Operating Principles (Objective 2)

- Section III. Coordination and Operation within the Wider Global and Country Partnership (Objective 3)
- Section IV: Monitoring and Evaluation (Objective 4)
- Section V: Operation Research Activities (Part of Objective 2)
- Section VI: Recommendations (Objective 5)
- Annexes

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- Ms. Julie Wallace—USAID/Washington
- Ms. Laura Andes—USAID/Washington
- Dr. John MacArthur—CDC
- Mr. David Gittelman—CDC
- USAID personnel—Washington and field Missions
- CDC personnel—Atlanta and field Missions
- PMI global partners
- PMI implementing partners
- NMCP personnel and host country MoH officials
- Malaria research and program personnel
- Ms. Prateeksha Alsi—GH Tech Project
- Ms. Michelle Ferng—GH Tech Project
- Dr. Barry Silverman—GH Tech Project

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