

Evaluation PDP III Fund 2015-2021

Annexes

Client: Ministry of Foreign Affairs

Rotterdam, 12 November 2021



Evaluation PDP III Fund 2015-2021

Annexes

Client: Ministry of Foreign Affairs

Wim Spit
Joost van der Meer (PHESTA)
Milda Saltenyte-Robbers
Tessa Huis in 't Veld
Hein Gietema (CSC Finance)
Zinovia Panagiotidou
Stef van Muiswinkel

Rotterdam, 12 November 2021

Table of contents

Annexes evaluation PDP III Fund 2015-2021	7
Annex A - Part of Terms of Reference revised version September 2021)	9
Annex B - Evaluation matrix	13
Annex C - List of reviewed documents	19
Annex D - List of stakeholders interviewed	21
Annex E - Interview Guide	23
Annex F - Validation workshop report	27
Annex G - Pipeline Development	29
Annex H - SRHR Results Framework	33

Annexes evaluation PDP III Fund 2015-2021

Annex A - Part of Terms of Reference revised version September 2021)

Scope, Evaluation Objectives and Research Questions

2.1 Scope of the evaluation

This external evaluation will focus on whether the original aims have been achieved during the funding period 2015 – 2021 and informing future funding decisions. It should determine to what extent the PDPs and the used funding instrument – 6 individual grants over 6 years – meet their specific objectives in support of their general objective/outcomes. In particular, the large-scale effects of the COVID-19 pandemic on the achievements of the PDPs must be taken into account. Thus, this evaluation should look into the achievements of the PDPs, and it should assess the relevance, effectiveness and efficiency of the funding mechanism, especially during the last year of the original term of the program, in which the context of the work of the PDPs was significantly affected by the COVID-19 pandemic. The Dutch funding covers activities of 6 PDPs working on 8 different diseases in more than 40 countries with a considerable network of partners.

After more than 16 years of continued funding and in the highly changed context of the COVID-19 pandemic, it is important to evaluate the added value of the PDPs and to evaluate whether the original focus on the 6 partnerships is still relevant in light of both the Dutch policy objectives and priorities and current global health context. In doing so, questions of relevance, effectiveness, efficiency, sustainability and coherence, as laid down in the OECD/DAC standard evaluation criteria, must be included as guiding criteria. The evaluation should also measure how well PDPs govern their activities and how they engage with key external players and stakeholders, whether they are institutions, organizations, networks, programmes, governments or individuals.

2.2 Evaluation objectives and evaluation questions

Overall objective

- To inform decision-making on continuation of the PDP Fund and future funding mechanisms and priorities.

Specific objectives

1. To assess the relevance, flexibility, coherence, effectiveness and sustainability of the individual PDPs.
2. To assess the relevance, efficiency and effectiveness of the funding mechanism in reaching the (policy) goals for both the PDPs and the Dutch government – define added value of Dutch funding.
3. To provide recommendations for future funding mechanisms and priorities to promote research and product development to combat poverty-related diseases and conditions related to SRHR based on current challenges.

The following sections provide guiding questions for each of the specific objectives.

1. To assess the relevance, flexibility, coherence, effectiveness and sustainability of the individual PDPs

Objective PDPs: More, effective, safer, simpler and/or cheaper products and treatments in the R&D and innovation pipeline and on the market, which meet quality standards and are accessible to all. Specifically, the development of: vaccines, medicines, diagnostics, products for sexual and reproductive health.

Achievements may be 'hard' and 'soft', tangible and perceived, intended and unintended. It will be helpful to collect opinions of key external stakeholders to assess whether the PDPs have realized or contributed to the objectives intended.

Relevance & flexibility

- What is the relevance of the PDPs for the beneficiaries of the developed products?
- To what extent have the PDPs been able to adjust to changing contexts, including the COVID-19 pandemic?
- To what extent follow-up was given to the recommendations made by the Mid-Term Evaluation of March 2019.

Coherence

- How and to what extent are the PDPs engaging with key external players and stakeholders and what is their specific added value?

Effectiveness

- What is the progress of the individual PDPs in this period in terms of pipeline development?
- How does this progress compare with the objectives set out in the original grant proposals to the Dutch Government?
- To what extent has the COVID-19 pandemic been an enabling or hindering factor in the achievements of results of the PDPs?
- How do the results/activities so far contribute to increased access for the target group and accelerating delivery of effective products to people most in need? Do all beneficiaries benefit equally from the increases access to products and services?
- What unintended effects/results/outcomes (positive and negative) are being achieved by the PDPs besides the development of the product pipeline (gender equality, jobs created, people trained, etc.).

Sustainability

- What is the added value of and dependency on Dutch funding in terms of sustainability of results and financial sustainability of the individual PDPs? What other donors are supporting the PDP's?
- What other stakeholders have joined the PDP Funders Group – an informal network of donors of which the Dutch MoFA is an active member – during the period the PDPs have received support from the Dutch MoFA?

2. To assess the relevance, efficiency and effectiveness of the funding mechanism in reaching the (policy) goals for both the PDPs and the Dutch government

Objectives PDP III Fund

- A. Increased investment in R&D and innovation in these areas by other donors (public and private).
- B. Increased interest in and/or contributions from the private sector towards product development for poverty related diseases and conditions related to SRHR.
- C. Increased involvement and active participation of developing countries in product development partnerships.
- D. Increased R&D capacity in the target countries regarding the research and production of medicines, vaccines and diagnostics for diseases and conditions related to poverty and SRHR.
- E. More investment in and awareness of diseases and conditions related to poverty and SRHR, as well as a coherent policy* approach towards this topic.

**Coherent policy approach by parties in the Netherlands (e.g. the life sciences and health top sector), the European Commission, and partnerships between developing countries (e.g. the European & Developing Countries Clinical Trial Partnership (EDCTP)).*

Relevance

- What is the relevance of the PDPs regarding the current SRHR ToC and SRHR Results Framework of the MoFA?
- To what extent are the PDPs aligned to the current Dutch (SRHR) policy objectives and priorities?
- To what extent are the PDPs aligned to the current global health agenda and the Dutch Top Sector policy?

Efficiency

- What are the strengths and weaknesses of the current funding mechanism? What are threats and opportunities?
- What is the role of the European & Developing Countries Clinical Trials Partnership (EDCTP) and how efficient is the collaboration between EDCTP and the Netherlands MoFA regarding the PDPs?

Effectiveness

- Have there been significant developments in expenditure, costs and investments for PDPs by other donors?
- Has the funding mechanism provided leverage for Dutch policy priorities in international fora?
- What is the relative contribution of the Netherlands to the funding of other donors in terms of both finance and influence?
- Is there an increased interest in and/or are there investments from the private sector in product development for poverty-related diseases and conditions related to SRHR? And how and to what extent are the 6 PDPs contributing to that?
- Is there increased involvement and participation of developing countries in product development partnerships? And how and to what extent are the 6 PDPs contributing to that?
- Is there an increase in R&D capacity in target countries (training and job creation are important overall indicators for many of the programmes funded by MoFA)?
- Is there more investment in (see point E), and awareness of disease related to poverty and SRHR, as well as a coherent policy approach towards this topic? As the aspect of awareness is difficult to measure, suggested evaluation questions are:
 - Has the visibility of the PDP III Fund in the Netherlands increased?
 - Has the number of Dutch companies and knowledge institutes involved in the PDPs increased?

3. To provide recommendations for future funding mechanisms and priorities to promote research and product development to combat poverty-related diseases and conditions related to SRHR based on current challenges.

In addition to the progress of the PDPs and the PDP III Fund, the evaluators are requested to look at additional aspects that are relevant or might become relevant in future.

- What can be done to improve the relevance, efficiency and effectiveness of a new PDP funding mechanism, taking into account the current policy focus of the Dutch Ministry of Foreign Affairs, in specific the policies related to SRHR and the balance between aid and trade?
- Is the instrument of the PDP the most appropriate to stimulate research and product development to combat poverty-related diseases and conditions related to SRHR or are there any other instruments recommended?

Annex B - Evaluation matrix

See the next pages.

APPROACHES			CONTRIBUTION ANALYSIS AND STAKEHOLDER FEEDBACK																				SENTINAL INDICATORS			
Evaluation objective in ToR	Methodologies		Document review (MoFA)				Document review (PDP)						Interviews KIIS and FGDs										Document review			
	Evaluation questions	Indicators	Strategy documents	Grant agreements with PDP	External evaluations previous and current PDP	Grant proposals	Contracts of PDPs with partners	Strategy and policy documents	Grant proposals, annual reports and budget	PDP annual plans	RVO Overviews (pipeline, NL partners, financial data)	PDP funder group newsletters	External evaluations by other donors	Dutch government policy makers involved in PDPs	PDP key staff, board, scientific panels	Independent experts	Staff at relevant global health organisations	Private sector partners of PDPs	CSOs, (I)NGOs	Public partners receiving funders from PDPs	PDP funders group representatives	Pharmaceutical data	Burden of disease data	Scientific and other reports or data		
Relevance & flexibility	1	What is the relevance of the PDPs for the beneficiaries of the developed products?			√								√				√		√							
	1	To what extent have the PDPs been able to adjust to changing contexts, including the COVID- 19 pandemic?						√	√	√			√	√	√	√	√	√	√	√						
	1	To what extent follow-up was given to the recommendations made by the Mid-Term Evaluation of March 2019			√					√		√	√	√	√						√					
	2	What is the relevance of the PDPs regarding the current SRHR ToC and SRHR Results Framework of the MoFA?	√		√	√	√	√	√					√	√				√							
	2	To what extent are the PDPs aligned to the current Dutch (SRHR) policy objectives and priorities	√	√	√	√	√	√	√					√	√				√							
	2	To what extent are the PDPs aligned to the current global health agenda and the Dutch Top Sector policy	Ranking products under development to DALYs lost in neglected tropical diseases as per WHO definition					√	√			√			√	√	√						√	√		
			Policy objectives by PDPs that are aligned with the SDGs			√		√	√					√	√	√	√	√			√	√				
Policy objectives by PDPs that are aligned with the Dutch Top Sector policy			√		√	√		√				√			√	√	√		√							
2	What are the strengths and weaknesses of the current funding	√		√								√	√	√	√	√	√	√	√	√	√					

APPROACHES			CONTRIBUTION ANALYSIS AND STAKEHOLDER FEEDBACK																				SENTINAL INDICATORS			
Evaluation objective in ToR	Methodologies		Document review (MoFA)		Document review (PDP)								Interviews KIIS and FGDs								Document review					
	Evaluation questions	Indicators	Strategy documents	Grant agreements with PDP	External evaluations previous and current PDP	Grant proposals	Contracts of PDPs with partners	Strategy and policy documents	Grant proposals, annual reports and budget	PDP annual plans	RVO Overviews (pipeline, NL partners, financial data)	PDP funder group newsletters	External evaluations by other donors	Dutch government policy makers involved in PDPs	PDP key staff, board, scientific panels	Independent experts	Staff at relevant global health organisations	Private sector partners of PDPs	CSOs, (I)NGOs	Public partners receiving funders from PDPs	PDP funders group representatives	Pharmaceutical data	Burden of disease data	Scientific and other reports or data		
Effectiveness	2	mechanism? What are threats and opportunities?																								
		What is the role of the European & Developing Countries Clinical Trials Partnership (EDCTP) and how efficient is the collaboration between EDCTP and the NLD MoFA regarding PDPs?	Specific roles and collaboration EDCTP with PDPs			√					√	√		√	√	√	√	√	√	√	√					
		1	What is the progress of the individual PDPs in this period in terms of pipeline development?	Number of products that progressed 1 phase of more		√						√	√	√		√						√	√		√	
	Number of products that stayed in same phase				√							√	√	√		√						√	√		√	
	Number of new products entering the pipeline				√							√	√	√		√						√	√		√	
	1	How does this progress compare with the objectives set out in the original grant proposals to the Dutch Government?	Above indicators against objectives grant proposals: number / percentage of products meeting original objectives								√	√	√	√	√							√				
	1	To what extent has the COVID-19 pandemic been an enabling or hindering factor in the achievements of results of the PDPs?	Key factors attributed to the COVID-19 pandemic with evidence of enabling or hindering achievement of results.								√	√	√	√	√							√				
	1	How do the results/activities so far contribute to increased access for the target group and accelerating delivery of effective products to people most in need? Do all beneficiaries benefit equally from the increases access to products and services?	Number of country and global (WHO) guidelines including the PDP products over the evaluation period.		√						√		√				√			√	√			√		
			Sales / purchase / delivered orders of marketed products globally, over time and across geographies.									√		√		√						√	√	√	√	
			Number of prescriptions / dispensing / utilizations of marketed medication or diagnostics vs. populations in need.									√		√		√							√	√	√	
			Assessment of stakeholders of increased access and equal benefit																							

APPROACHES			CONTRIBUTION ANALYSIS AND STAKEHOLDER FEEDBACK																			SENTINAL INDICATORS			
Evaluation objective in ToR	Methodologies		Document review (MoFA)		Document review (PDP)								Interviews KIIS and FGDs								Document review				
	Evaluation questions	Indicators	Strategy documents	Grant agreements with PDP	External evaluations previous and current PDP	Grant proposals	Contracts of PDPs with partners	Strategy and policy documents	Grant proposals, annual reports and budget	PDP annual plans	RVO Overviews (pipeline, NL partners, financial data)	PDP funder group newsletters	External evaluations by other donors	Dutch government policy makers involved in PDPs	PDP key staff, board, scientific panels	Independent experts	Staff at relevant global health organisations	Private sector partners of PDPs	CSOs, (I)NGOs	Public partners receiving funders from PDPs	PDP funders group representatives	Pharmaceutical data	Burden of disease data	Scientific and other reports or data	
1	What unintended effects/results/outcomes (positive and negative) are being achieved by the PDPs besides the development of the product pipeline (gender equality, jobs created, people trained, etc.).	Effects defined as unintended in reports or by respondents outside of product pipeline.			√							√	√	√	√	√	√	√	√	√					
2	Have there been significant developments in expenditure, costs and investments for PDPs by other donors?	Trends of annual expenditures, costs and investments for PDPs by other donors for the period 2015-2021			√	√					√	√	√												√
2	Has the funding mechanism provided leverage for Dutch policy priorities in international fora?	Number of references to Dutch PDP financial support in international resolutions or policy documents of UN-GA, WHO, WTO, UNAIDS, UNFPA Global Fund Board, Gates Foundation or other international fora			√						√	√	√	√			√		√						√
		Expert opinion on the leverage of PDP funding for Dutch policy priorities.			√				√				√	√	√	√	√								
2	What is the relative contribution of the Netherlands to the funding of other donors in terms of both finance and influence?	% of PDP financed by NL/PDP finance by other bilateral donors; % of PDP financed by NL/total PDP finance			√				√		√	√	√												
		influence indicator tbd in consultation with client as influence (on what or whom) has not been defined																							
2	Is there an increased interest in and/or are there investments from the private sector in product development for poverty-related diseases and conditions related to SRHR? And how and to what	Private sector funded product pipeline for Neglected Tropical Diseases (NTDs) as a % of total product pipeline NTDs before 2015 and at end of evaluation period. Similar for a defined SRHR product (e.g. vaginal rings).			√						√	√	√										√	√	

APPROACHES			CONTRIBUTION ANALYSIS AND STAKEHOLDER FEEDBACK																				SENTINAL INDICATORS				
Evaluation objective in ToR	Methodologies		Document review (MoFA)		Document review (PDP)								Interviews KIIS and FGDs								Document review						
	Evaluation questions	Indicators	Strategy documents	Grant agreements with PDP	External evaluations previous and current PDP	Grant proposals	Contracts of PDPs with partners	Strategy and policy documents	Grant proposals, annual reports and budget	PDP annual plans	RVO Overviews (pipeline, NL partners, financial data)	PDP funder group newsletters	External evaluations by other donors	Dutch government policy makers involved in PDPs	PDP key staff, board, scientific panels	Independent experts	Staff at relevant global health organisations	Private sector partners of PDPs	CSOs, (I)NGOs	Public partners receiving funders from PDPs	PDP funders group representatives	Pharmaceutical data	Burden of disease data	Scientific and other reports or data			
Coherence	2	extent are the 6 PDPs contributing to that?																									
			Expert opinion/assessment and evidence of contribution by PDPs			✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
		Is there increased involvement and participation of developing countries in product development partnerships? And how and to what extent are the 6 PDPs contributing to that?	% increase of pipeline research and production taking place in developing countries over evaluation period Increase of capacity building activities in target countries over evaluation period			✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
	2	Is there an increase in R&D capacity in target countries?	Number of professionals trained, new jobs, expansion infrastructure in R&D in target countries			✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		
		Has the visibility of the PDP III Fund in the Netherlands increased?	Trends in number of publications on PDP in the Netherlands before / over the evaluation period.			✓						✓		✓	✓	✓											
		Has the number of Dutch companies and knowledge institutes involved in the PDPs increased?	Trends in partner network development of PDPs with Dutch companies and knowledge institutes before and during the evaluation period			✓						✓		✓	✓	✓			✓			✓					
		1	How and to what extent are the PDPs engaging with key external players and stakeholders and what is their specific added value?	Specification key external players with MoFA			✓								✓	✓	✓			✓			✓				
				Issues that PDP engages with external players and stakeholders.			✓				✓	✓				✓	✓	✓			✓			✓			
				Number of key external players and stakeholders PDP is engaging with.			✓				✓	✓				✓	✓	✓			✓			✓			
				Frequency of engagement by PDP with external players and stakeholders			✓				✓	✓				✓	✓	✓			✓						

APPROACHES			CONTRIBUTION ANALYSIS AND STAKEHOLDER FEEDBACK																				SENTINAL INDICATORS			
Sustainability	Evaluation objective in ToR	Methodologies	Document review (MoFA)				Document review (PDP)						Interviews KIIS and FGDs								Document review					
		Evaluation questions	Indicators	Strategy documents	Grant agreements with PDP	External evaluations previous and current PDP	Grant proposals	Contracts of PDPs with partners	Strategy and policy documents	Grant proposals, annual reports and budget	PDP annual plans	RVO Overviews (pipeline, NL partners, financial data)	PDP funder group newsletters	External evaluations by other donors	Dutch government policy makers involved in PDPs	PDP key staff, board, scientific panels	Independent experts	Staff at relevant global health organisations	Private sector partners of PDPs	CSOs, (I)NGOs	Public partners receiving funders from PDPs	PDP funders group representatives	Pharmaceutical data	Burden of disease data	Scientific and other reports or data	
		What is the added value of and dependency on Dutch funding in terms of sustainability of results and financial sustainability of the individual PDPs? What other donors are supporting the PDP's?	Dutch funding as part of total budget individual PDPs.	√		√	√	√	√	√	√	√												√		
	1		Specifics of MoFA grant agreement identified by PDPs as creating an added value as compared to other grants.			√						√	√	√	√	√	√				√					
	1	What other stakeholders have joined the PDP Funders Group – an informal network of donors of which the Dutch MoFA is an active member – during the period the PDPs have received support from the Dutch MoFA?	Number and name of stakeholders joining the PDP Funders Group during the evaluation period			√						√	√								√					

Annex C - List of reviewed documents

Received from	Document type	Nr. of documents
DNDi	2015 Proposal for PDP III Fund	5
	2021 Proposal for PDP III Fund extension	4
	PDP Funders Group Reports 2015-2020	6
	Annual Activity Plans 2016 - 2021	6
	DNDi Business Plan 2015-2023	1
	Final Report DNDi PDPIII 2015-2020	1
	DNDi Strategic Plan 2021-2028	1
	DNDi Annex 3 Product Information spreadsheet 2020 PDP Report	1
FIND	2015-2020 Proposal for PDP III Fund	3
	2021 Proposal for PDP III Fund extension	6
	Annual PDP Reports 2015-2020	40
	Achievements FIND PDPIII 2015-2020	1
	Audit reports	5
	Assurance Review	1
	Find Strategy (2015-2020; 2021; Implementation plan)	3
	Target Product Profiles	1
IAVI	2015-2020 Proposal for PDP III Fund	3
	PDP Funders Reports 2016-2020	10
	External reviews	2
	DFID Project Completion Review (2018)	1
	IAVI impact numbers update 2021	1
	IAVI impact plan 2025	1
	HIV bnAb Development Program	1
IPM	2015-2020 Proposal for PDP III Fund	4
	2021 Proposal for PDP III Fund extension	2
	PDP Funders Reports 2017-2021	5
	Annual Plans 2017-2020	3
	Target Product Profile	3
	IPM 2021 – 2025 Strategic Plan	1
	IPM PDPIII Final Narrative Report	1
	External evaluation (2016 USAID OHA ARV HIV Prevention Product Portfolio Assessment)	1
MMV	2015 Proposal for PDP III Fund	3
	2021 Proposal for PDP III Fund extension	8
	PDP Funders group annual progress report 2016-2020	43
	Annual reports 2016-2020	10
	Achievements MMV PDPIII 2015-2020	1
	Annual plans 2016-2021	10
	Business plan 2017 - 2021	1
	MMV Target product profiles	1
TB Alliance	2015 Proposal for PDP III Fund	10
	2021 Proposal for PDP III Fund extension	5
	PDP Annual Funder reports 2016-2020	14

Received from	Document type	Nr. of documents
	Achievements TB Alliance PDPIII 2015-2020	1
	Activity plans	4
	Annual & Multi Annual Budgets 2017-2019	3
	Target Product Profile	2
	TB Alliance Pediatric FDC country list data	1
RVO	PDPIII Pipeline (DNDi, FIND, IAVI, IPM, MMV, TB Alliance)	6
	Budget PDPIII Fund and PDPIII Extension	1
	Documents for the first PDP III Committee Meeting 25th August 2015	2
	Documents for the second PDP III Committee Meeting 3rd September 2015	2
	Dutch Partners PDPIII (2015; 2020)	2
	Final Report PDPs 2015-2021	1
	Monitoring- en effectmetingsplan PDP III	1
	Translation Staatscourant 2015 - 198527 - PDP III 2015	1
MoFA / Dutch Policy Documents	Health ~ Holand Strategie Internationaal 2020-2023	1
	Results Framework SRHR - 2020	1
	Investeren in perspectief - Goed voor de wereld, goed voor Nederland, 2021	1
	Beleidsregels SRHR Partnership Fund, 2019	1
	Reading note Theory of Change Sexual and Reproductive Health and Rights for submissions under the SRHR partnership fund, 2019	1
	Executive summary Strengthening Civil Society Theory of Change, 2019	1
	Review of the Product Development Partnerships Fund 2011-2014 (Technopolis, 2014)	1
	Annexe B Characteristics of PDPs	1
	Annexe C Theory of Change	1
	Annexe D Target Countries	1
	Annexe E Status at start financing	1
	Annexe F Fact sheet PDP III Fund	1
	Mid-term Review of PDP III Fund (ACT for Performance, 2019)	1
Others	Tackling Bottlenecks that Impede Access to Health Innovation 2019 (The Global Fund; WHO)	1
	Product Development Partnerships Fund: Mid-Term Review 2020 (Australian Governments, DFAT)	2
	SDC PDP Value Chain 2018 (Swiss Confederation)	1
	Evaluation of the Product Development Partnerships (PDP) funding activities (DFID and BMBF, 2015)	1
	G-Finder 2020, Evaluation of the Product Development Partnerships (PDP) funding activities	1
	G-Finder 2019, Neglected Disease Research and Development: Uneven Progress	1
	Keeping the Promise: Product Development Partnerships' Role in the New Age of Health Research and Product Development, 2021	1
	Accelerating global health R&D: the role of product development partnerships (Bulc, B. and Ramchandani, R.; March 2021)	1
	Essential medicines for universal health coverage (Lancet 2017)	1
	Access to Medicine Index 2021 (Access to Medicine Foundation)	1
	Total:	281

*Some documents were received multiple times from different sources. In this list we only include them once.

Annex D - List of stakeholders interviewed

PDP/Organization	Position of interviewee
MoFA (4)	Staff representative
	Staff representative
	Staff representative
	Staff representative
RVO (2)	Staff Representative
	Staff Representative
DNDi (7)	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Private partner*
	Public partner**
	Representative from CSOs/ (I) NGOs
FIND (9)	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Representative from CSOs/ (I) NGOs
	Public partner**
	Private partner*
IAVI (6)	Staff Representative
	Staff Representative
	Staff Representative
	Private partner*
	Public partner**
	Representative from CSOs/ (I) NGOs
IPM (8)	Staff Representative
	Staff Representative
	Staff Representative
	Public partner**
	Private partner*
	Representative from CSOs/ (I) NGOs
	Representative from CSOs/ (I) NGOs
	Representative from CSOs/ (I) NGOs
MMV (9)	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Public partner**
	Public partner**
	Public partner**

PDP/Organization	Position of interviewee
	Public partner**
	Public partner**
TB Alliance (6)	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Representative from CSOs/ (I) NGOs
	Representative from CSOs/ (I) NGOs
Funders Group (5)	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
	Staff Representative
Other (4)	Independent Expert
	Independent Expert
	Independent Expert
	Public partner**
Total (60)	

Some of the private partners (e.g. pharmaceutical companies, research and development laboratories), public partners (e.g. public bodies, universities, staff from academic institutions) and representatives from CSOs and NGOs were selected by one of the PDPs, but could also speak about their experience with other PDPs co-financed by the Dutch PDP Fund.

Annex E - Interview Guide

Evaluation of the Dutch PDP III Fund 2015-2021

Evaluation background & informed consent

This interview is part of the evaluation of the PDP III funding mechanism of the Netherlands Ministry of Foreign Affairs (MoFA). Ecorys has been selected as independent party to conduct this evaluation. Ecorys is a leading international research and consultancy company.

This external evaluation will focus on whether the original aims have been achieved during the funding period 2015 – 2021 and informing future funding decisions. The objective is to evaluate the progress made by the PDPs since 2015 and the extent to which the objectives and expected results of the fund are on track. Also, the large-scale effects of the COVID-19 pandemic on the achievements of the PDPs must be taken into account. Finally, we would like to know about the added value of MoFA's funding of the PDPs, compared to other donors or funding mechanisms. The purpose of this interview is to discuss with you your views and your experience with the PDP funding and MoFA's role.

We expect it will last between one hour and one hour and a half. Tessa / Milda will take notes.

All you say is confidential and will be used for the purposes of the evaluation report only. We may use quotes in our report, but will not attribute them to you as individual, but attribute them to a general category of people we interview, e.g. PDP employee, PDP partner. We would like to make an audio recording of this interview to check the accuracy of our quotes and notes. The recording will be erased after the final evaluation report has been delivered.

Your contribution is entirely voluntary, and you may opt out of the interview any time if you wish to do so.

Questions

1. Introduction

1. **[ALL]** Could you please tell briefly something about your role in *[mention relevant organisation]* and to what extent you have been involved in the PDP III funding by MoFA?
2. **[ALL]** (S) What is the place and specific added value of *[the PDPs / your organisation]* in the field of key (external) players and stakeholders? Think of various key players and stakeholder groups (industry, academia, civil society, governments, multilaterals)

2. On the individual PDP's, the PDP instrument in general

Progress

3. **[ALL]** What is the progress of *[the individual PDPs]* in this period in terms of pipeline development?
4. **[Dutch MoFA staff, PDP staff]** (S)¹ How does this progress compare with the objectives set out in the original grant proposals to the Dutch Government?

Interaction with developing countries / beneficiaries

5. **[ALL]** What is the relevance of the PDPs for the beneficiaries of the developed products?
6. **[ALL]** Is there increased involvement and participation of developing countries in product development partnerships? And how and to what extent are *[the 6 PDPs / your organisation]* contributing to that?
7. **[ALL]** Is there an increase in R&D investment and capacity in target countries?
8. **[ALL]** How do the results/activities so far contribute to increased access for the target group and accelerating delivery of effective products to people most in need? Do all beneficiaries benefit equally from the increased access to products and services?
9. **[ALL]** How have the PDP donors (including PDP III fund) contributed to that?
10. **[Dutch policy makers, donors, PDP staff; research partners]** (S) Can you comment on the role of the European & Developing Countries Clinical Trials Partnership (EDCTP) and on the collaboration between EDCTP and the NLD MoFA regarding PDPs?

Interaction with private sector

11. **[ALL]** Is there an increased interest in and/or are there investments from the private sector in product development for poverty-related diseases and conditions related to SRHR? *Referring to example:* how and to what extent are *[the 6 PDPs / your PDP]* contributing to that?

Impact of Covid-19

12. **[ALL]** Has that relevance of the PDPs for beneficiaries changed due to the current COVID-19 pandemic? How?
13. **[ALL]** To what extent has the COVID-19 pandemic been an enabling or hindering factor in the achievements of results of the PDPs?
14. **[ALL]** To what extent have *[the PDPs / your organisation]* been able to adjust to changing contexts, including the COVID- 19 pandemic?

Other effects

15. **[ALL]** (S) What unintended effects/results/outcomes (positive and negative) are being achieved by the PDPs besides the development of the product pipeline. *Clarify / prompt for examples: gender equality, jobs created, other examples.*

¹ (S) Supplementary question. Left in the list of evaluation questions after revision by MoFA, but not marked as focus/priority.

3. PDP III Fund – Dutch financial contribution

16. **[Dutch policy makers, donors, PDP staff]** What is the relative contribution of the Netherlands to the funding of other donors in terms of both finance and influence?
17. **[Dutch policy makers, donors, PDP staff]** What is the added value of and dependency on Dutch funding in terms of sustainability of results and financial sustainability of the individual PDPs? What other donors are supporting the PDP's?
18. **[Dutch policy makers, donors, PDP staff]** Have there been significant developments in expenditure, costs and investments for PDPs by other donors?
19. **[Dutch policy makers, donors, PDP staff]** Does the Dutch PDP fund differ in any way from funding by other donors? *If different:* How important is that difference for you/your organisation?
20. **[Dutch policy makers, PDP staff]** Do you know if the number of Dutch companies and knowledge institutes involved in *[the PDPs / your PDP partnerships]* increased between 2015 and now?

4. Mid Term evaluation

21. **[Dutch policy makers, PDP staff]** (S) To what extent have changes been made to the management of the PDPs in line with the recommendations made in the Mid-Term Evaluation? *Mention recommendations towards PDPs if interviewee doesn't remember: 1) Focus, and develop fewer products and tools; 2) look for a more sustainable source of funding*
22. **[Dutch policy makers, PDP staff]** (S) Have the changes made resulted contributed to better results? How?

5. Final question

23. **[ALL]** Is there anything we haven't asked about that you would like to point out, any issue to raise?

Thank you again for your time.

Annex F - Validation workshop report

Objective of the workshop

On the 26th of October, Ecorys organised a two-hour online validation workshop for the evaluation of the Dutch PDP III Fund 2015-2021. The general objective of the workshop was to share the main preliminary conclusions from the interviews and document review and to ask for feedback in order to further sharpen the analysis and conclusions.

Participants

This workshop was attended by multiple representatives from each of the six PDPs that have been co-financed by the Dutch government with PDP III Fund during 2015-2021 and two representatives from the Funders group. The Dutch government was not invited for this workshop, so they could not be of any influence to the discussion.

Results

During the two-hour workshop the following a variety of topics were covered. After a short introduction, participants were encouraged to engage in a discussion around several statements, using the Mentimeter tool. For most statements, there was general agreement. For some statements, nuance was provided as the terminology was open for discussion. In addition, the statements were focused on PDPs in general, while the variance between PDPs is substantial wherefore a definite answer on the statements was sometimes hard to provide by the participants, but, these differences were mentioned during the discussion. Overall, the statements lead to a valuable discussion in which interesting and new insights were provided.

Statements on relevance and effectiveness	Agree	Neutral	Disagree
The activities of PDPs are highly relevant as the products developed would most probably not have been available for the people in need in LMIC if PDPs would not have existed.	12	0	0
Over the years the PDP model has proven to be a cost-effective way to develop medicinal products for neglected tropical diseases.	13	0	0
PDPs have made substantial progress in terms of pipeline development in 2015-2021. Even though perhaps not all activities have been carried out according to the plan developed in 2015, the adjustments made and the results achieved are generally in line with the objectives and goals.	13	0	0

Statements on accessibility	Agree	Neutral	Disagree
In the next few years even more efforts will be required to optimise accessibility of medicinal products for patients in need in LMICs.	12	0	0

Statements on equitable access	Agree	Neutral	Disagree
PDPs do their utmost to secure equity in access for all groups. Factors beyond the reach of PDPs are hindering equity in access.	8	2	2
PDPs can do more to improve access for specific groups (women in childbearing age, children), for instance in the development process.	4	7	1
PDPs can do more to improve access for specific groups (women in childbearing age, children), in particular in terms of informing policy makers and health care workers in LMICs.	2	4	6

Statements on the involvement of LMICs	Agree	Neutral	Disagree
LMICs representatives have limited direct involvement in agenda setting of product development partnerships.	0	2	9
More cooperation between PDPs in planning clinical trials is required to ensure that the research capacity developed is sustainable.	3	7	1

Statements on the involvement of private sector parties in development	Agree	Neutral	Disagree
Commercial private companies are not keen on contributing risk bearing investments in the product development process.	6	6	0

Statements on COVID-19	Agree	Neutral	Disagree
There is a substantial risk that Covid-19 (and donor policies) will continue to have an impact on funding of PDPs in the near future, for instance due to crowding out funding for developing of medical products for NTDs.	12	0	0

Statements on Dutch funding	Agree	Neutral	Disagree
PDPs highly value the flexibility of the conditions of Dutch financing. The flexibility for instance enables the funding of activities that other donors are not willing to fund. This is an added value of Dutch funding.	12	0	0
Dutch funding helps to attract funding from other donors.	11	0	0

Statements on SRHR policy focus	Agree	Neutral	Disagree
PDPs do not feel restricted in their operations by Dutch SRHR policy objectives and priorities.	5	5	1

Statements on points of improvement for MoFA	Agree	Neutral	Disagree
The thought-leadership by Dutch officials with respect to the role and activities of PDPs has been limited in recent years (2015-2021).	7	3	0

Annex G - Pipeline Development

The following 2 tables present the candidate/entities/diagnostic tools that progressed 1 phase or more (Table 1), which entered the pipeline (as of 2020 compared with 2015) (Table 2) and that stayed in the same phase since 2015 (Table 3).

Table 1 candidate/entities/diagnostic tools that progressed 1 phase of more

PDP	No.	Candidate/entity/diagnostic tool
TB Alliance	2	BPAL regimen
		TBA-7371 DprE1
IPM	1	Dapivirine ring
IAVI	5	Ad26, gp140 (HPX2006/HVTN705)
		eOD-GT8
		eOD-GT8 mRNA
		BG505 SOSIP gp140
		HIVconsv
MMV	4	Tafenoquine paediatric, GSK
		Artesunate Rectocaps (artemunate rectal capsules), Cipla
		Artecap™ (artemunate rectal capsules), Strides Pharma
		Tafenoquine (Kozenis/ Krintafel), GSK
DNDi	7	Fexinidazole for T.B.gambiense
		Acoziborole (SCYX-7158)
		New CL Combos
		DNDi-0690
		CpG-D35 for CL
		New Benz Regimens
		Fexinidazole
FIND	11	CAD
		Xpert MTB/XDR
		Xpert Stool
		TB LAM test FujiLAM (HIV+ve)
		TB LAM test next-gen (HIV+ve)
		RDT for P.vivax
		Malaria/ CRP Duo test
		Biomarker based fever test
		Core HCV antigen RDT
		Near POC molecu
		4 RDT for screening

Table 2 New candidate/entities/diagnostic tools which entered the pipeline (as of 2020 compared with 2015)

PDP	No.	Candidate/entity/diagnostic tool
TB Alliance	8	Rifampicin/Isoniazid/Pyrazinamide
		BPAL regimen
		Rifampicin/Isoniazid
		TBA-7371 DprE1
		Sutezolid/oxazolidinone
		TBI-223/oxazolidinone
		TBAJ-587/diarylquinoline
		TBA-J-876/diarylquinoline)
IPM	0	
IAVI	7	Cabotegravir (HPTN084)
		PrEPVacc
		BG505 GT1.1 gp140
		VSV-HIV
		VxPDC: PGT121, PGDM1400, VRC07-523LS
		VxPDC: 3BNC117-LS-J and 10-1074-LS-J
		enhanced bNabs
MMV	13	Supyra® (sulfaxodine-pyrimethamine+amodiaquine)
		Sulfaxodine- pyrimethamine
		Artemether-Lumefantrine for <5kg
		Ganaplacide/Lumefantrine
		Cipargamin
		M5717
		Atoquanil
		MMV533
		ZY19489 (MMV253)
		MMV371
		INE693
		MMV183
		GSK701
DNDi	11	DNDI-6148
		GSK3186899/DDD853651
		Novartis LXE408
		GSK245 DDD1305143
		DNDI-6174
		S07 series
		CF series
		DNDI-6148
		Oxaborole profiling
		UW series
		Daichi Sankyo series
FIND	6	Xpert stool
		TB LAM test next-gen (HIV-ve)
		LAMP for P.vivax
		DBS RNA and serology
		2 RDT for self-testing
		4 RDTs for screening

Table 3 Candidate/entities/diagnostic tools that stayed in the same phase since 2015

PDP	No.	Candidate/entity/diagnostic tool
TB Alliance	1	Ethambutol/ Isoniazid/ Pyrazinamide
IPM	1	Dapivirine-levonorgestrel ring
IAVI	0	
MMV	9	Coartem® dispersible (artemether-lumefrantine) / Larinate® 60 mg for injection (artesunate for injection)
		Artesun® (artesunate for injection), fosun pharma
		Eurartesim ® (dihydroartemisinin - piperaquine
		Pyramax ® (pyronaridine-artesunate)
		Pyramax® granules pediatric (pyronaridine-artesunate)
		ASAQ Winthrop® (artesunate-amodiaquine)
		ASMQ (artesunate-mefloquine)
		DHA-PQP dispersible (dihydroartemisinin-piperaquine dispersible)
		Sulfadoxine- pyrimethamine
DNDi	11	NECT
		SCYX-1330682
		SCYX-1608210
		SSG&PM (Africa)
		New VL Treatments (Asia)
		New treatments for PKDL
		New treatments for HIV/VL
		VL treatment Latin America
		Benznidazole (Paediatric Dosage Form)
		Biomarkers
		Fosravuconazole
FIND	1	Biological materials/ trial network

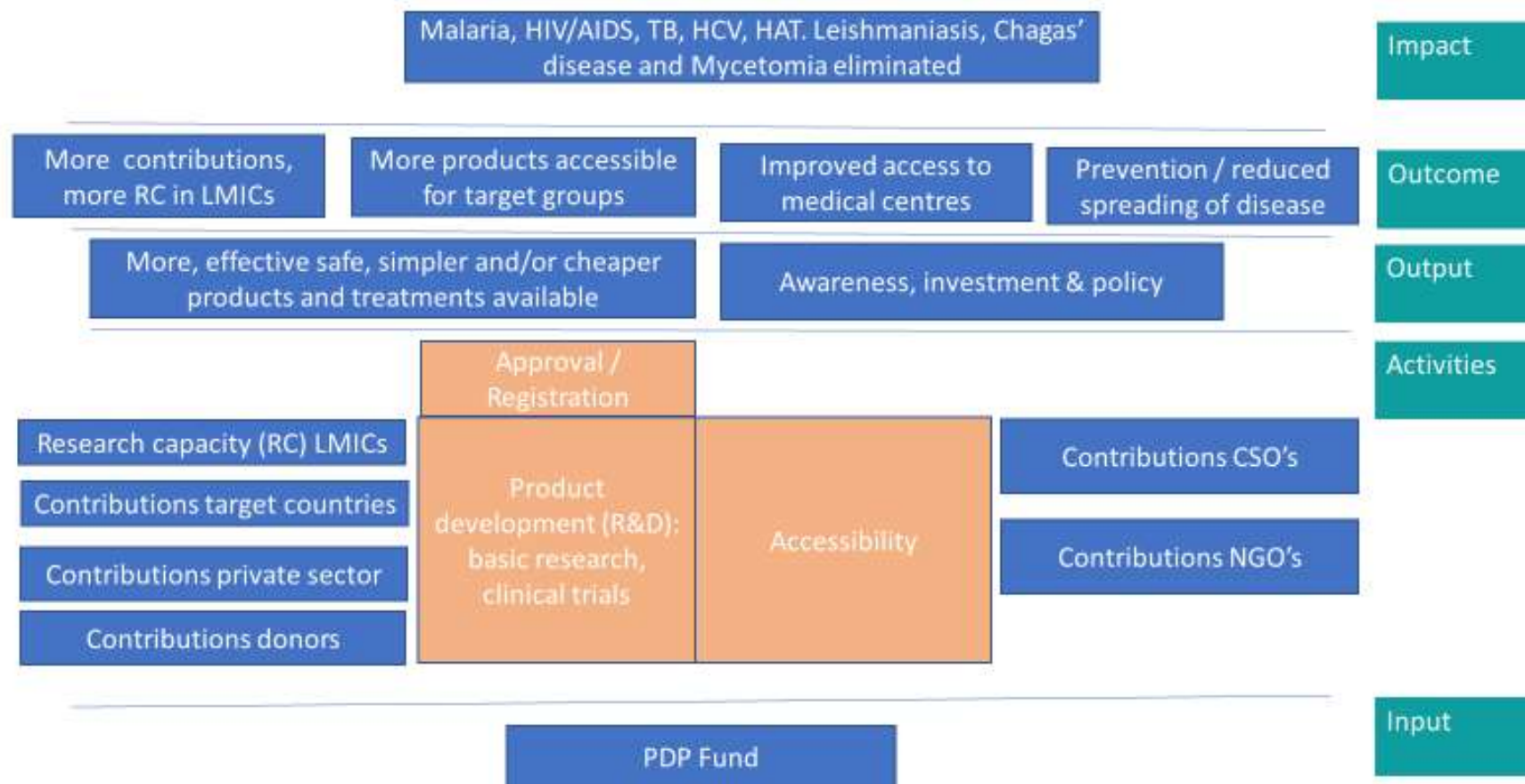
Annex H - SRHR Results Framework

Source: Ministry of Foreign Affairs

Results Framework SRHR -2020 met indicatoren en IATI Codering

To protect, promote and fulfil universal access to sexual and reproductive health and rights (SRHR), including HIV/AIDS									
1. Better information and greater freedom of choice for young people about their sexuality			2. Improved access to SRH and HIV/AIDS medicines and commodities		3. Better public and private health care for family planning, pregnancies and childbirth, including safe abortions		4. The sexual and reproductive rights of all people, including those belonging to marginalized groups, are institutionally respected & protected		
A. Promote active and meaningful involvement of young people in policy- and decisionmaking	B. Promote good quality, gendertransformative, comprehensive sexuality education that encourages healthy sexual behavior, that reaches all youth (in and out of school)	C. Boost access to and use of youthfriendly SRH and HIV/AIDS Services	D. Support innovation for SRH and HIV/AIDS medicines and commodities	E. Promote access to and correct usage of safe, effective, quality and affordable medicines and commodities for: 1. Safe pregnancy and delivery, modern family planning, post-abortion care and safe abortion 2. Prevention and treatment of HIV/AIDS	F. Strengthen health systems to support provision of SRH including HIV/AIDS services and safe abortion care	G. Increase private sector commitment in embedding SRH and HIV/AIDS services within health systems	H. Promote the adoption and implementation of laws and policies for the sexual and reproductive rights of all people, including those belonging to marginalized groups by governments and (inter-) national institutions	i. Strengthen accountability mechanisms between citizens/communities and governments, health service providers and other actors to realize SRHR of all people	J. Strengthen the capacities of communities, civil society organizations and advocacy networks to lobby and advocate for SRHR for all people
1.1 # of youth using SRH services			2.1 Modern Contraceptive prevalence rate 2.2 Unmet Need 2.3 Method mix (use)		3.1 Quality of health policy dialogue and partners' impact on this 3.2 # unintended pregnancies averted		4.1 # of countries actively supporting SRHR for all in joint statements and language in resolutions and agreements		
A. # of youth who participate in policy and decisionmaking bodies who perceive their participation as meaningful	B. # of young people reached with comprehensive, correct information on sexuality, HIV/AIDS, STIs, pregnancy and contraception	C. # of health facilities that adopt and implement youthfriendly SRH and HIV/AIDS services	D. # of innovative SRH (incl. HIV/AIDS) medicines and commodities or production/distribution options that have proof of concept or have successfully been brought to scale, according to own project definition	E.1.1 # of women and girls using modern contraceptives E.1.2 Couple years protection (CYP) E.1.3. FP Method mix (availability) E.1.4 # of service delivery points with continuous availability of commodities related to safe abortion in the reporting period E.2 % of PLHIV receiving ART	F.1.1 # health workers trained in providing SRH services F.1.2 out of which # including on safe abortion F.2 # of comprehensive (post-) abortion care services provided	G. # of initiatives to promote private sector involvement in SRH and HIV/AIDS services	H. Changes in (inter)national laws, policies, norms and practices leading to decrease of barriers to SRHR and HIV/AIDS services	i. Description of effective use of accountability mechanisms by citizens/communities and civil society organizations towards SRHR of all people	J. # of communities, CSOs and advocacy networks with increased lobby & advocacy capacities
K. Description of reduced barriers to accessing SRHR (incl. HIV/AIDS) information, services and supplies in humanitarian settings									

Annex I – Proposed Theory of Change



About Ecorys

Ecorys is a leading international research and consultancy company, addressing society's key challenges. With world-class research-based consultancy, we help public and private clients make and implement informed decisions leading to positive impact on society. We support our clients with sound analysis and inspiring ideas, practical solutions and delivery of projects for complex market, policy and management issues.

In 1929, businessmen from what is now Erasmus University Rotterdam founded the Netherlands Economic Institute (NEI). Its goal was to bridge the opposing worlds of economic research and business – in 2000, this much respected Institute became Ecorys.

Throughout the years, Ecorys expanded across the globe, with offices in Europe, Africa, the Middle East and Asia. Our staff originates from many different cultural backgrounds and areas of expertise because we believe in the power that different perspectives bring to our organisation and our clients.

Ecorys excels in seven areas of expertise:

- Economic growth;
- Social policy;
- Natural resources;
- Regions & Cities;
- Transport & Infrastructure;
- Public sector reform;
- Security & Justice.

Ecorys offers a clear set of products and services:

- preparation and formulation of policies;
- programme management;
- communications;
- capacity building;
- monitoring and evaluation.

We value our independence, our integrity and our partners. We care about the environment in which we work and live. We have an active Corporate Social Responsibility policy, which aims to create shared value that benefits society and business. We are ISO 14001 certified, supported by all our staff.



P.O. Box 4175
3006 AD Rotterdam
The Netherlands

Watermanweg 44
3067 GG Rotterdam
The Netherlands

T +31 (0)10 453 88 00
F +31 (0)10 453 07 68
E netherlands@ecorys.com
Registration no. 24316726

W www.ecorys.nl

Sound analysis, inspiring ideas