
42ND TERG MEETING REPORT

31 AUGUST- 3 SEPTEMBER 2020 VIRTUAL MEETING

Objectives of the 42nd TERG Meeting

- To discuss the conclusions and recommendations of the final report of the Strategic Review (SR) 2020 and contribute to a TERG position;
- To discuss updates, to give feedback and to provide guidance to the Prospective Country Evaluations (PCE) in 2020 and plans beyond March 2021;
- To discuss and provide guidance on thematic reviews in 2020, including preliminary results of HIV primary prevention and updates on private sector engagement;
- To exchange ideas on the broader Global Fund (GF) M&E; and
- To discuss and agree other TERG business matters

Outcomes

1. The TERG discussed the scope, objectives and phases of the private sector review and agreed that the evidence from this review should feed into the development of the next GF strategy. The review will be undertaken/organized in two phases: private for profit and subsequently a second phase based on the first phase findings.
2. The TERG welcomed the preliminary findings on the HIV prevention review and the recommendations and evidence from the strategic review (SR) 2020. The TERG agreed to facilitate the availability of recent and relevant data through the head of SIID to the review team on HIV prevention and gave guidance on further focus in the country case studies. On SR 2020, the TERG will present a position paper at the strategy committee (SC) meeting.
3. Given increasing workloads, the TERG agreed to elect a Vice Chair and voted unanimously on Helen Evans.
4. The TERG discussed its work plan as well as the GF approach to Monitoring and Evaluation, including a coordinated evaluation calendar with the GF Secretariat for better alignment.
5. The Ethics Officer of GF re-emphasized the importance of independence of TERG function and transparency to TERG members. Adherence to these values will in turn promote organizational and public trust in their work.
6. The TERG guidance on PCE work focused on the details that need to be addressed in country reports. For example, what changes happen from FR together with TRP comments to Grant making and implementation. These changes/shifts could be in budgets etc. Additionally, to understand the reasons for the low absorption of some grants and unpacking the growth (in volume terms) of RSSH investments particularly on health system support versus health system strengthening

Next Steps

- Submission of SR 2020 position paper to SC: early-September 2020
- A 'mini' one day virtual TERG meeting: early-December 2020
- 43rd TERG meeting: First week of February 2021
- First draft PCE synthesis report due: 18 January 2021

Opening session

Cindy Carlson

Introductory remarks, declaration of conflicts of interest, and updates from Board and Committee meetings

The TERG Chair opened the meeting by welcoming everyone to the 42nd TERG meeting. She thanked the participants for their thorough preparations in advance of the meeting. After introducing key objectives of the meeting, she discussed updates of the recent Strategy Committee (SC) meeting.

- During the SC meeting, presentation of the planning of the next GF strategy was made, together with discussions on the development of a comprehensive GF Monitoring & Evaluation (M&E) framework.
- An informal SC working group on the M&E is being set up, to act as the liaison between the SC and the TERG as well as the GF Secretariat.
- Further discussed was the response of the GF Board and the GF Secretariat to the COVID-19 pandemic: how the global community responded and the contribution of GF to the Access to Covid Tools Accelerator partnership, which has four pillars: diagnostics, therapeutics, vaccines and the health systems connector. The Global Fund is the co-convenor for the diagnostics and the health systems connector pillars but plays an active role in the therapeutics pillar as well.
- Also mentioned was the planned regular meetings of the SC before the Board meeting in November to discuss in more detail the GF partnership, resilient sustainable system for health (RSSH) and global health security in preparation for the Partnership Forum. These discussions and insights will ultimately input into the development of the next GF strategy.

The TERG chair then asked the members to disclose any conflict of interest and to adopt the agenda.

The TERG chair introduced a suggested TERG work plan, including a suggested use of the strategic initiative (SI) funding for independent evaluations. She emphasized the need to plan for longer-term to facilitate coordination and alignment with the GF's M&E planning and to develop a coordinated evaluation calendar. Further discussion was held on the proposed topics to be evaluated by the TERG up to the end of 2022 and the criteria to be used for deciding what topics are evaluated and managed/overseen by which entities. The TERG also discussed the use of SI funding for independent evaluations and approaches to enhancing independent evaluations.

Thematic review session

Beatriz Ayala Ostrom

Thematic review on Private Sector Engagement (PSE)

The session chair provided updates on the PSE thematic review, explaining the objectives, scope and timeline of the phase I component of the review and clarifying the structure, approach and reasons for the delay in issuing the RFP for the PSE review. TERG members raised concerns due to the breadth of private sector engagement, including;

- the approach, objectives and scope of phase II of the review;
- how to consider national health insurance schemes coverage, whether to include private clinics, or public health service delivery, or both;
- the need for the GF to have a strategy for private sector engagement; and

- limited engagement of private sector by ministries, to be examined by the review.

HIV primary prevention

After a brief introduction by the TERG chair, the review team, summarizing its pre-recorded presentation, gave an overview of the preliminary findings largely drawn from their discussions with global stakeholders and their review of GF budget and expenditure data. The TERG focal points provided initial commentaries, followed by other TERG members and participants. Issues discussed included:

- challenges of low absorption in budgets for key prevention activities and interventions particularly for adolescent girls and young women (AGYW);
- better understand why HIV prevention funding may be shifted to non-prevention activities after TRP clarification and during grant making;
- better understand the mismatch between Global Prevention Coalition (GPC) target of 25% for HIV prevention funding and the decreased percentage expenditure by countries or GF and its main reasons, e.g., design issues during Funding Request (FR), lack of capacity of implementers, reporting issue, or ambitious target;
- better understand and identify technical assistance (TA) challenges, as TA for HIV prevention is given less attention in grant implementation period;
- reasons why voluntary medical male circumcision (VMMC) funding is low for GF since it's a high impact intervention especially in combination with ART scale up;
- epidemiological contexts and HIV prevention activities/interventions included in FRs, e.g., AGYW, people who inject drugs (PWID); and
- importance to examine how prioritization happens, e.g., use of evidence.

The review team requested that the GF Secretariat share recent programmatic results for their analysis and asked for clarification on whether to focus on qualitative or quantitative contribution of the GF in HIV primary prevention. In response, the TERG requested the GF Secretariat's Head of SIID to facilitate access to data and suggested the use of data and information from PCE reports. Also, the TERG requested that the team analyse the contribution of the GF to HIV primary prevention both qualitatively and quantitatively.

Session 1: PCE country grant cycle analyses with lenses Mari Nagai and Peter Barron

Breakout 1

Mari Nagai

Cambodia

The PCE team summarized their findings around prevention outreach services for key & vulnerable populations. While the case finding interventions are working well for men who have sex with men (MSM), transgender (TG) and sex workers, there seem to be some challenges around PWIDs given the anti-drug policy in country. For NFM3, the TRP encourages more joined up working between the government agencies in order to address this issue. Other points included the usefulness of disaggregated data for decision-making, the decentralization process, and the importance for the PCE to better understand the level of participation of RSSH stakeholders. The PCE team also highlighted the challenges they've been having getting more recent TB data to inform their analysis.

Democratic Republic of the Congo

The PCE presentation focused on the differentiated testing in HIV. The discussion covered mainly the rationale behind the changes from targeted testing to differentiated testing: the purpose of using a differentiated approach was to facilitate the focus on where the positive cases were by removing barriers to accessing HIV testing, on female sex workers (FSW), MSM, transgender (TG), PWID, and therefore, achieve a more efficient use of testing as measured by the percentage of positive tests out of all tests done. The TERG noted the findings on changes across the grant cycle either related to the budget changes or the priorities changes from the Funding Request to the signed grants. The TERG restated their interest in having a clear understanding of the reasons behind the changes.

Mozambique

The PCE team presented the grant analysis focusing on their first topic on FSW, with some inputs on RSSH. The RSSH funds are mostly absorbed through procurement of HIV commodities, instead of through health system strengthening interventions. Nevertheless, the PCE team described a noticeable engagement of RSSH stakeholders in the Funding Request meetings, as well as within the Ministry of Health (MoH), with a good representation from various MoH units (Health Management Information Systems, supply chain, labs, human resources).

Targets for testing for FSW have been underestimated. Even if the target were reached, many FSW would remain not tested and not actually linked to the health system. The discussion raised points on the roles and responsibilities to ensure linkages to care as well as the challenges of having the GF performance measurement based on the target achievements rather than on impact. The discussion acknowledged the difficulty to fix these targets without good data (Integrated bio-behavioral surveillance (IBBS) was not available).

Senegal

The team presented its update with a focus on diagnostic capacity and RSSH. The findings highlighted the role of different MoH units in strengthening of the health system, such as the Financial Operations Monitoring Unit to improve the grant absorption, and to help strengthen the governance and the monitoring of all funds coming to MoH, which helped to accelerate the absorption for the diagnostic capacity interventions, together with using Point of Care diagnostics (PoC). The GF is also supporting the optimization of the diagnostic capacity with the use of GeneXpert for COVID-19.

Breakout 2

Peter Barron

Uganda

Discussions focused mainly on the analysis of shifts in the budget. The reasons for the change would require further investigation. For example, if it is due to a change in unit cost, additional details are important for having a clearer understanding. Misclassification of activities and affirmed support from other partners were also mentioned as possible reasons. As the Uganda FR is a 'Tailored to National Strategic Plan (NSP)' approach, pros and cons of the fact that about 70% of the NSP was developed when the FR writing happened were discussed because it was a cumbersome process. The PCE team found that TA for FR helped to optimize the development of the NSP.

Myanmar

Myanmar PCE, unlike the others, had agreed on one focus topic for the grant cycle analyses (the Assessment of HIV prevention and treatment cascade services for PWID), partly due to the country team's (CT) request to investigate in more detail the high transmission of HIV amongst PWIDs.

Issues discussed included the reasons for lower absorption of some aspects of the grants, challenges and impact of COVID-19 on programs and how GF is working with the World Bank to coordinate efforts to “improve efficiency” of service delivery. Also, the sustainability of programs was discussed as government resources for support of these programs have been stagnant or dwindling, despite government stated commitments. Limited human resources/capacity of implementers was the strongest factor for low absorption. TERG members considered the presentation and analysis was of good quality as it examined the details and causes of the key issues regarding the topic.

Sudan

Sudan’s focus topic was on malaria procurement and supply chain systems to increase access by KPs to LLINS and ACTs. A key discussion point centered on the need for a further detailed and in-depth analysis of the root causes and context, beyond a descriptive one. Clarification on the percentage of children and adolescents affected by malaria and mass or routine distribution of LLINs was also discussed. Another clarification was that the PR reports bi-annually to GF and not quarterly. Furthermore, the sustainability of government funding was discussed since there is a gap in government funding due to political and macroeconomic situations. Participants deliberated on challenges of implementation in Sudan as there is no national malaria program, coupled with the constant change in leadership in Ministry of Health amplified by the COVID-19 pandemic. It was agreed that the analysis needed a significant rework particularly on factual points regarding LLIN mass distribution.

Guatemala

Most discussion focused on HMIS and M&E. The MoH is still reluctant to adopt SIGPRO and DHIS2, even though the GF has invested in these tools and the Principal Recipient used them for monitoring and reporting. This is due to concerns about the cost (SIGPRO), indecisiveness in political levels, and a perceived loss of autonomy (DHIS2). A new system will be developed, addressing the MoH’s information systems requirements, and will integrate existing sub-systems. Its central management will facilitate increased country ownership and keep all relevant parts on board. The second focus topic on linkage to care of positive persons was briefly discussed: the PCE team seeks to identify the root causes for lack of consistent progress in care linkages and to provide recommendations.

DAY 2, SEPTEMBER 1

Executive session

Godfrey Sikipa

Private Sector Engagement (PSE) review

The TERG members discussed in detail the approach and scope of the review. Key points included;

- Scope of Phase II may be non-profit and decided following a thorough landscaping and taxonomy of private sector engagement in phase I due to the broadness of the topic. There will be a need for clear agreements on definitions, scope and stakeholders. TERG members should provide feedback on scope, focus, approach, and objectives of the phase II.
- Importance to take a ‘whole systems’ approach for the PSE review
- Considerations for including health financing in the review; focus on service delivery; or both. The TERG agreed that the primary focus of the Phase 1 review should be on private-for-profit service delivery actors and approaches and opportunities for Global Fund engagement with these.
- Need for a private sector engagement strategy for the Global Fund as it does not have one.

- Need to analyze gaps in regulatory capacities that are missing for assuring the quality, efficiency and effectiveness of private sector service providers.

Thematic review on HIV prevention

TERG members agreed there was good progress on the review and were generally satisfied with the preliminary findings. Key discussion points included:

- Need to facilitate access to key and recent data from the GF Secretariat for the review team. The TERG recommended that the review team also use PCE data to enrich the analysis;
- Make use of quantitative and qualitative analysis of the contribution of the GF in HIV prevention;
- Possibly to include treatment as prevention if it is within the scope;
- Key issues to be captured in the countries case studies, e.g., reasons for low absorption and TA coordination for HIV prevention activities. Additionally, reasons for reallocation of HIV prevention funds to non-HIV prevention activities/interventions should be investigated.

Session 2: Strategic Review 2020

Dan Whitaker

The session chair provided an overview of SR 2020 and reminded the participants of the pre-recorded presentation made by the SR2020 consultants. Generally, the TERG focal points were satisfied with the rich content of the final SR2020 report and appreciated the substantial efforts made by the consultants to revise the previous versions.

Key reflection points included:

- The key priorities for the strategic recommendations due to the mutually dependent nature of the three GF strategic objectives;
- Need for clarity on RSSH recommendation as this is key due to COVID-19; prioritization of key elements of RSSH and the tradeoffs; and whether RSSH prioritization is for global level or country level - if global level, which sub-objectives out of seven are recommended to be prioritized or deprioritized;
- Need to address KVPs, human rights and gender (HRG) for LMIC taking into consideration the difficulties in engaging in these issues due to their political and cultural nature. Also need to work on strengthening CSOs and develop better social contracting mechanisms to address these issues;
- Partnership aspects to address coordination/engagement issues, incentivization for results/performance-based agreements, and identification and prioritization of partners;
- Challenge of the recommendation of sustainability as domestic resources and donor resources are limited due to the COVID-19;
- Evidence to support recommendations, and time horizon of their implementation;

Key questions raised by the TERG included;

- How should the Global Fund design its partner engagement to have higher impact? What do the consultants think can be the best direction?
- An overarching recommendation on sustainability is a very lofty one and would take the Global Fund into the unexpected and uncertain terrain. How can this recommendation be operationalized?

- What is the definition of RSSH in this review? Its range/definition in this recommendation?

In response, the consultants recognized the challenges of making trade-offs at the grant level as well as the need for further prioritization in prevention activities particularly at the country level. They suggested considering VFM criteria for better decision making. They reiterated the value of framing the overall objective on sustainability, inferring that this will lead to the overarching goal of disease elimination.

Session 3: PCE thematic discussions

George Gotsadze

Breakout session 1: RSSH

Facilitator: Erin Eckert and Mari Nagai

The PCE consortia presented discussion points: a) factors explaining why grants are primarily designed to support rather than to strengthen the health system (GF as gap filling mechanism); b) how NFM3 investments in RSSH are building on NFM2 (challenges of data timeliness, quality and analysis capacity, etc.); and c) barriers to, and facilitators for, ensuring that RSSH investments are designed to build towards programmatic sustainability.

Discussion focused mainly on absorption issues for RSSH and the Country Evaluation Partners (CEPs) from the different countries shared their findings. Participants further discussed how meaningfully RSSH representatives or experts participated in country dialogue and FR development in NFM2 compared to NFM3, and why there were these differences.

Breakout session 2: HIV testing, prevention, linkage to care and Ken Castro

Facilitator: Luisa Frescura

This breakout focused on HIV-related topics. The PCE highlighted that the linkage to public healthcare services was problematic for NFM2 in many settings, which would need to be examined in more details. This may be due to stigmatization but also to weak coordination between the health system and CSOs. The budget change analyses showed that the various grant revisions during NFM2 led to an increase in the overall prevention budget. Similarly, the NFM3 Funding requests (FR) reflected an increased focus on prevention for marginalized KVP, and for NGOs/CSOs.

The discussions covered a good overview of the reasons for the low absorption in the different countries, and of the GF flexibility for reprogramming, including learning from COVID flexibilities and the importance of the CT role.

PCE Synthesis

The PCE Consortia presented their synthesis plan for this year, based on a three-stage approach for quantitative and qualitative analysis looking at a) NFM2 funding request to grant award b) NFM2 grant implementation, c) comparing funding requests NFM2 to NFM3.

The TERG agrees with the proposed approach, stressing the importance of a balanced, mixed methods approach for analysing each finding as well as the importance of going beyond descriptive findings. Low absorption, RSSH (whether the investments support versus strengthen system), the role of CTs and the PR reporting were put forward as important areas for the PCE teams to look at.

The Consortia informed the TERG that they will organize a virtual workshop in November to develop the synthesis further.

DAY 3, SEPTEMBER 2

The TERG discussed the SR2020 conclusions and recommendations. The TERG Steering Committee requested overarching comments first, followed by extensive deliberation by TERG members on each conclusion and recommendation. The TERG unanimously supported and agreed on all three high level conclusions and the majority of the recommendations of the SR2020 Review report, whilst discussing potential contentious areas particularly on RSSH and sustainability. The TERG also discussed a) the importance of prioritizing the strategic objectives, b) the methodology used for the analysis in the report, c) the findings on the coordination and incentivizing of TA and d) the findings on the need for a clearer definition of RSSH.

The TERG will consolidate key themes on each strategic objective of the report and develop a position paper for presentation to the Strategy Committee.

Session 4: M&E Calendar

Cindy Carlson and Evelyn Ansah

The session on M&E focused on the selection criteria for reviews: criticality of issue, feasibility, and implementation effort and entities responsible for conduct. These were all elements that went toward the development of an evaluation calendar. An overarching M&E framework will be developed along with the development of the new strategy, with inputs from the TERG. In addition, the role and activities to better respond to the country M&E related issues and challenges, were presented, such as ensuring better use of data, or coordination with partners on KPI, as well as an early list of thematic reviews.

The TERG provided initial comments on the preliminary list of thematic reviews and on the selection criteria. TERG members highlighted the importance of including the TRP and OIG in the evaluation landscape to ensure a complete picture of evaluation activity is provided. The TERG emphasized the need of reinserting the critical assurance and accountability function of the evaluation back into this framework. The TERG appreciated a better visibility of the Secretariat part of the evaluation calendar as this will facilitate better coordination and clearer timelines for TERG thematic reviews. The TERG agreed to nominate focal points to liaise with the Secretariat WG on the M&E Framework.

DAY 4, SEPTEMBER 3

Executive session

Beatriz Ayala-Ostrom

Code of Conduct for governance officials

The Global Fund's Ethics Officer gave a presentation to the TERG on the code of conduct for governance officials. Key discussion points included;

- Understanding ethics of conduct, social justice, and biomedicine. The importance of the independence, accountability in building organizational and public trust
- Expectation of TERG members regarding confidentiality and conflict of interest issues.
- Clarification regarding complex issues on potential conflict of interests.
- Clarification questions regarding contracting or not contracting potential suppliers that are critical of the GF business model, process and methodology

M&E session

Cindy Carlson

The TERG considered if the criteria for selecting evaluation topics are agreeable. Questions included whether utility and timing should also be incorporated as part of the criteria; whether trade-offs between criteria should be addressed; and how innovative approaches to evaluation may be included, such as formative or prospective approaches. Discussions on the criteria included the context in which the topic was chosen, sensitivity issues and the trade-off issue of having an important topic that would be difficult to evaluate. Also, the TERG discussed feedback on which entities to conduct specific evaluations. The four elements discussed were independence, level of focus, sensitivity and timing. The TERG noted that 'level of focus' as stated in the table, showing that country level evaluation should be conducted by the Secretariat, could be confusing: most TERG reviews are informed by country level data, most notably the PCE. Separating 'operational' and 'strategic' was also considered as unhelpful. It would be better to state that the TERG 'will tend to focus more on strategic', as the TERG is frequently interested in operational details for good reasons while valuing Secretariat input on strategic questions. These points will be brought to the M&E working group.

Another discussion was around transparency and publication of reviews. The TERG agrees with the need for transparency. Attention was drawn to the fact that the management response requested as per the TERG publication policy sometimes delays the TERG publishing its reports online. It was noted that this issue may need further discussion with the Strategy Committee and Secretariat.

Other issues were discussed, such as recommendation tracking, PCE in 2021, how to improve TERG business model and next steps.

Communicating TERG guidance

Cindy Carlson

HIV primary prevention

The TERG commended the team for keeping the review on HIV primary prevention on track despite the COVID-19 pandemic. During the next stage of the review, which includes country case studies as well as quantitative analysis, the TERG would like to see further assessment as follows.

Data limitation

- Regarding the team's challenges with accessing recent data to strengthen the analysis, the TERG requests Head of SIID through the Strategic Information team to facilitate the sharing of relevant and recent data (KPI and programmatic results data 2019) and their updates where relevant, with the review team, which should use these data with caution (caveats/confidentiality).
- Data from the PCE, FRs and PUDRs could be additional and helpful to fill necessary data gaps (Consider data and evidence in SR2020 and PCE under embargo).

While treatment as prevention is critical, it is out of the scope of this review focusing as its focus is on primary prevention.

The review team should explore:

- More details of the role of different groups/entities in the Prioritization of HIV prevention activities and bottlenecks in the country case studies. (TRP, GF CT, Global partners);
- More focus on the effectiveness of TA in HIV prevention, particularly in developing NSPs;
- More exploration of the evidence of cost effectiveness in HIV primary prevention;

- More unpacking and contextualization of findings/issues i.e why things happen (Particularly on issues on social contracting of KVP led CSOs); and
- More in depth exploration of the tradeoffs between absorption and results/impact in HIV prevention in the short and long term.
- The review team should carry out both the quantitative (at least financially, and possibly coverage and outcome, e.g., number of services against estimated sizes) and qualitative analyses of the contribution of GF to HIV prevention efforts (How has the Global Fund played a catalytic role in HIV prevention with limited funding? And best practices/ suggestions for future)
- Document pros and challenges of measurement that are currently used to track primary prevention, with possible suggestions how to improve
- Stakeholder analysis and other opportunities for partnership to play a catalytic role
- **Implementation challenges.** The review should look at what's behind poor absorption rates in countries (root cause analysis) and the implementation scenarios. Additionally, the team should focus on how sufficiently the GF is investing in prevention implementation.
- **Results.** The review team should explore what the prevention-related outcomes are in the case study countries and if GF systems and processes support a strong results-orientation for HIV prevention investments. Further, the review team should highlight which countries are strong in delivering prevention-related results and why (across HIV prevention pillars)
- **Sustainability.** The team should take a closer look at whether prevention investments are being planned and delivered in ways to optimize their sustainability and cost effectiveness

TERG PCE Guidance

The TERG thanked the PCE teams for their work in the midst of the COVID-19 pandemic. The TERG was pleased with the progress made by PCE teams, as well as the good collaboration between consortia. The TERG also appreciated the very helpful inputs the CEPs made on opportunities and challenges of grant management processes for the Grant Portfolio Solutions team to revise policies and processes; the flexibilities demonstrated to share observations on COVID-19; as well as the good engagement of the CEPs in discussions at the meeting.

Many, although not necessarily all, of the high-level points provided in the guidance had been addressed in the presentations to date. However, as they are important, they were provided again to ensure that, wherever possible, they are all addressed in the coming months;

Feedback on PCE country presentations

Points that need to be addressed in greater details in country reports:

- **Changes from FR together with TRP comments, to GM, to implementation:**
 - Why, how decisions were made, by whom (especially who initiated changes)?
 - How were TRP comments addressed/reflected (or not) in GM (NFM2 and NFM3 for countries which submitted at window 1 and 2)?
 - Were there any relevant OIG comments/recommendations during the PCE period and were these implemented? If not, why?
 - Does the final landscape of activities actually implemented in NFM2 align with the approved FR and TRP comments? If not, which TRP comments have not been reflected in the implemented activities? Can that gap affect any outcome and impact?
 - To what extent were decisions made during grant revisions informed by data and how did they address priority considerations such as equity, system strengthening (RSSH) and sustainability?

- Was there **transparency** of decision-making regarding changes that occur. In other words, is there clear documentation/other evidence to validate change processes? Anonymized key informant interviews (KIIs) may be useful, even if less validated.
- How did/will those changes influence programme implementation?
- To what extent did changes made during the grant cycle lead to more appropriate prioritization (in terms of effectiveness) of GF investments and to what degree did countries undertake more appropriate prioritization during NFM3 FR development?
- Health system stakeholders involved in RSSH related areas of FR, GM and during implementations (esp. when changes occur): who were they, was their input taken into account in the discussions/writing? How did their engagement (or non-engagement) impact on decisions?
- **Data use and target setting:** To what extent, how and why did the NFM3 FR processes use data more effectively than NFM2 in setting targets?
- **Alignment with national systems and NSPs:** Are there significant changes related to the focus topics in the new NSPs, and how have these changes been taken into account in the NFM3 FR?
- **Business model:** How has the Global Fund model been facilitating (or hindering) the achievement of the four Strategic Objectives at the country level? Which aspects of the business model (i.e. structures, strategies/principles and policies/processes) have facilitated or hindered results achievement? How and why? How adequate was the partnership's engagement, particularly from technical support partners in the country?

Feedback on PCE synthesis

The TERG agrees with the proposed three stages for quantitative and qualitative analysis but stresses that the synthesis should use a mixed methods approach in a balanced way for each finding. The PCE has a lot of data and analysis should not be just descriptive or primarily qualitative.

The PCE is asked to populate the report with concrete examples, for example, about transparency. The richness of PCE is in its granularity of detail so short concrete examples to illustrate points help (e.g. instead of saying unit costs decreased, say cost of first line drugs dropped 50% due to introduction of dolutegravir resulting in savings of US\$450,000. These savings were reprogrammed to PMTCT activities).

Points that need to be addressed in greater detail, in addition to those mentioned above:

- **Changes/shifts:**
 - Synthesis presentation states "Use focus topics to examine why shifts occurred". This should include analysis of **who** initiated what kind of changes, on what basis (were they based on epidemiological analysis of burden and/or evidence of what works?), and at which stage in the grant cycle.
 - Synthesis presentation states "Quantify budget changes". This is the starting point of the analysis. The PCE synthesis should also further examine what **impact** the changes had on programmatic performance (both negative and positive).
 - For **grant revisions:** what were the indications/triggers (including quantification and description) for grant revision? Did they address priority considerations such as equity, system strengthening (RSSH) and sustainability?
- **Low absorption:** Is it due to initial budgeting, weak monitoring or oversight by national entities, challenges in delivering for CSOs (particularly small CSO's from affected communities), etc. Why? Are there common reasons across countries that relate particularly to GF procedures and business model?

- **RSSH:** Unpack the growth (in volume terms) of RSSH investments wherever possible. Provide more information on whether this goes to system support versus system strengthening, the implications of that and how the business model impacts on this.
- **COVID-19:** How is it impacting some of the budget changes and grant implementation? Possible longer-term implications?
- **Role of CTs:** To what degree and how did the CTs influence the NFM3 FR? Were there indications of CT facilitating or overriding country ownership, and how?
- **PR reporting:** Is disaggregated data reporting perceived as useful at the country/ subnational/ program level? If not, why? Or is it done simply to meet grant requirements?

Way forward

Virtual synthesis workshop:

As has been the practice in previous years, the TERG would appreciate an invitation for TERG PCE working group members to the synthesis workshop. Information should be sent to the TERG Secretariat sufficiently in advance. The TERG also suggests CEP representatives be invited to participate.

Deliverables

- First draft annual country reports due 7 December 2020
- Slide deck on PCE synthesis due 14 December 2020
- First draft synthesis report due 18 January 2021 (two weeks before the 43rd TERG meeting)

Date of the 43rd meeting is tentatively from 2-4 February 2021.

42nd TERG Meeting, 31 Aug – 3 Sep 2020

Participants list

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Saira Nawaz

Ian Ramage
Marie Ryan
Bophea Suon
Kamila Yusuf
Eduardo Gumo
Sandra Gaveta
Etelvina Mbalane
Didier Mugabe
Thandie Harris-Sapp

Nwenwe Aye
Aye Mar Lwin
Aung Nay Oo
Nang Mohom
Samira Abdelrahman
Sara Osman
Maha Nasereldeen
Samia Seif
Edgar Kessler
Carmen Cerezo
Sandra Saenz
Guillermo Ambrosio
Shakilah Nagasha
Patience Kabatangare
Justine Abenaitwe
David Ejalu
Adama Faye
Tidiane Ndoeye
Roger Tine
Bernard Sene
Godefroid Mpanya
Constant Kingongo
Eugène Nsambu
Salva Mulongo