
43RD TERG MEETING REPORT

2 - 4 FEBRUARY 2021 VIRTUAL MEETING

Objectives of the 43rd TERG Meeting

- Discuss prospective country evaluation (PCE) country reports and synthesis report as well as the next steps;
- Update on implementation of the evaluation calendar and finalize on the thematic review on private sector engagement (PSE); and
- Update on the new Global Fund strategy and discuss draft M&E framework.

Outcomes

1. TERG members, in breakout sessions on the prospective country evaluations (PCEs), discussed the focus topics with the lens of resilient sustainable system for health (RSSH), equity, and sustainability.
2. The TERG welcomed the draft synthesis report of the PCE, which was found informative with a clear logical structure and largely covering the areas the TERG had requested.
3. The TERG discussed the areas that need to be further strengthened in the private sector engagement (PSE) review and agreed that the evidence from this review should feed into the development of the next Global Fund strategy.
4. The TERG discussed the Global Fund M&E framework, including options for the future independent evaluation function, and operationalization of evaluations that would be Secretariat-led with TERG oversight (hybrid model). The options for the future of independent evaluations will be further discussed at Strategy Committee (SC) meeting(s) with the TERG providing input.
5. The TERG guidance on PCE work focused on the details that need to be addressed in the synthesis report. For example, more explanation is needed on the 'whys' around the following Global Fund factors: Absorption pressure in the three-year funding cycle; spread across multiple grants; issues on health systems support versus health systems strengthening, the role of the technical review panel (TRP) comments and reasons for why some budgets for key interventions are reduced during grant making. Also, guidance was given by the TERG on the draft PSE report, including areas to be improved on.

Next Steps

- Finalization of synthesis report
- Submission of PSE and PCE position papers to SC: early March 2021
- 44th TERG meeting: First week of June 2021

Introductory remarks and declaration of conflicts of interests

The TERG Chair opened the meeting by welcoming everyone and thanked the participants for their extensive preparations, including recordings, in advance of the meeting, particularly the TERG, the TERG secretariat and the consulting teams. After introducing key objectives of the meeting, the TERG Chair asked the members to disclose any conflict of interest and to adopt the agenda.

After the declaration of conflict of interest, there was a breakout session on the following PCE topics: equity, resilient sustainable systems for health (RSSH) and sustainability.

Discussions from Breakout sessions

On Equity

All PCE countries except Sudan made a presentation in the breakout session. Country examples were about geographical and key population related aspects of equity. Highlights from this session included:

- Challenges around low linkages to care (Guatemala; Mozambique), discrimination/stigma, legal and systemic barriers (Cambodia; Myanmar);
- Limited government engagement and monitoring of community systems (Mozambique; Cambodia; Guatemala) leaving NGOs to undertake community activities;
- Role of donors in geographical equity to address Key Population (KPs) issues in (Mozambique), heavy dependence on external funds for KPs (Guatemala);
- How budget changes are decided (e.g., in response to lessons learned showing that adolescent girls and young women preferred some activities over others as in Uganda) and what impact or potential impact the budget changes will have on program implementation;
- Importance of the level of coordination around distribution of equipment and strategies for improving equitable access to TB services (Senegal);
- The importance of current, and disaggregated data availability for decision making and better targeting in grants (Senegal; DRC; Mozambique).

On RSSH

All eight PCE countries participated and made presentations. Key issues elaborated on included:

- In some countries, funds were shifted away from RSSH interventions during the NFM2 cycle due to low absorption caused by implementation bottlenecks;
- Grants in eight countries focused more on investments in health system support than strengthening;
- There may be differing definitions and understanding of RSSH between the Global Fund and the country;
- RSSH funding requests (FR) and grant making (GM) were developed by disease programs to support disease interventions, without input from those responsible for health system areas such as health information, human resource, etc.;
- Countries tend to prioritise disease interventions over RSSH;
- Countries feel a pressure and need to achieve immediate impact on diseases and higher budget absorption;
- Grants didn't include outcome/output monitoring targets/indicators for RSSH. A wide set of new RSSH indicators has been issued for new funding model (NFM3) but were rarely used;
- Regarding community systems strengthening (CSS): there was low investment for institutional capacity to create local ownership, while longer time frames are needed to implement, which runs counter to pressures to quicken grant absorption; and

- Questions were raised on the role of TRP comments in influencing changes in direction of RSSH investments.

In addition, analysis of NFM3 grant development indicated positive developments in RSSH investments. These included:

- Better coordination for cross-cutting issues by a new RSSH platform (Senegal);
- Activities based on what was established during NFM2 (Senegal);
- More RSSH budget and new innovative approach (Uganda); and
- Political decision to hire community health workers (CHWs) in Mozambique

The TERG agreed that RSSH planning should involve not just disease specific experts, but also health systems planning experts in Ministries of Health (MoH) and other country level RSSH specialists, in Country Coordinating Mechanisms (CCM), and in Global Fund Country Teams (CT).

On sustainability

Seven PCE countries participated and five made a presentation. The session was structured around the seven sustainability dimensions provided in the Global Fund Sustainability, Transition and Co-financing (STC) guidance note (May 2020)¹. Panelists were asked to identify dimensions where sustainability challenges were salient. Key issues discussed included;

- A key pattern was the diversity between countries, with the main challenges distributed across dimensions and none particularly predominant for all five countries presented.
- Challenges appeared rather “fluid”, meaning that sustainability challenges at the start of the year were often not the same at the end.
- Grants mainly focus on program achievement but not directly on long term sustainability for Civil Society Organizations (CSOs). Government support (financial and political) for CSOs, particularly for HIV, is important for sustainability;
- Domestic resource mobilization is often taken as the only measure for sustainability, because it is the easiest to measure. This tends to detract from the operational aspects reflected in the six other sustainability dimensions. In addition, the amount of government funding is a crude measure and does not capture what the government money is spent on;
- The synthesis report should include more sustainability analysis. Country reports would benefit from additional analysis on two dimensions: alignment with national systems and strengthening national governance.
- The Global Fund could coordinate better with other development partners in terms of developing sustainability plans.

Plenary discussion key points

The plenary discussions summarised the points raised during the breakout sessions. These points included:

- Situate Global Fund RSSH funding within the in-country RSSH funding landscape. Additionally, it is critical to refer to the national health strategy (not only disease strategies) and understand how and where the Global Fund RSSH budget contributes to the national context in coordination with other funders.
- Any **monitoring targets/indicators** for RSSH should be complementary to indicators for the three disease outcomes.
- At the country level there could be an RSSH focal point within the CCM.

¹ Robust national planning; enhancing domestic resource mobilization; enhancing value for money; investing in RSSH; enhancing alignment and implementing Global Fund activities through national systems; increasing efforts to address human rights and gender-related barriers to access; and strengthening national governance

- There should be more engagement with the private sector for service delivery while the three breakout discussions focused entirely on the public sector.
- Where community health worker funding is reliant on Global Fund grants, they should be absorbed into the MoH staff establishment in order for this cadre to be sustained. A major barrier for hiring CHW may also be related to the legislation, such as in Mozambique where only personnel with formal training can be hired.

Session 1: PCE synthesis

Helen Evans

Key highlights from the PCE synthesis discussions included:

- **More details and clarification needed on the PCE** recommendations to improve policy guidance.
- **Secretariat feedback** on the recommendations is vital in order to be **more actionable** with better understanding of the implications of these recommendations. This is particularly true for recommendations for simplifying the grant revisions processes to facilitate greater flexibility and responsiveness in grant implementation.
- **Greater grant flexibilities** are possible, as shown by the Global Fund COVID support. It would be interesting to know if these flexibilities can be widened beyond an 'emergency' intervention.
- **Some priority areas, selected by the TRP, were 'defunded' after numerous grant revisions without a due process of program revision**, potentially affecting the quality of the programs and impeding the achievement of GF strategic objectives.
- **Funding decisions appear not to be based on indicator targets or grant ratings, despite guidelines on performance-based funding.** In addition, indicators on program results are not grant specific results and no clear correlation with Global Fund inputs. It would be useful in this report to have more nuanced suggestions and recommendations around the current performance system. The GEP teams highlighted that the performance-based funding needs to be rethought by the Secretariat as the current system has not been working as per the Operational Policy Note (OPN).

DAY 2, Wednesday 3 February

Executive session

Mari Nagai and Peter Barron

Prospective country evaluation (PCE)

The TERG discussed in detail the synthesis report. Key points discussed included cross-country and country-specific priorities for further work during the PCE extension period (April – June 2021).

Cross-country issues that need further development included:

- Need to **further contextualise RSSH** investment findings;
- **Suggestions for improving grant performance monitoring.** This was also identified in SR2020 report;
- **Need for better measurement on RSSH investments** and need to understand the reasons why countries have not used new RSSH indicators in funding requests;
- **Which flexibilities that have been implemented in the COVID-19 context could or should be generalized.** In addition to the planned Global Health Security review, PCE

extension should consider assessing COVID-19 impact on the three diseases and contextualize within RSSH/CSS/PSE.

Country specific areas for further examination included:

- Country evaluation partners (CEP) requested to provide data and country-based evidence for **thematic evaluations** taking place in the same period. This includes input into the evaluation of **strategic initiatives** and others that have not yet been finalized, as relevant to specific PCE countries.

In addition, the TERG highlighted that the PCE teams should provide materials needed for the external evaluation of the PCE, which will help inform the future of country evaluations. There could be a methodological brief on the PCE as suggested by the GEPs, but this is not a priority. Other options for the extension period were also discussed.

Session 2: Monitoring & Evaluation

Helen Evans

Updates on Strategy development process

The Head of the Strategy and Policy Hub updated briefly on the strategy development process. The process commenced in Q1 2020, with adaptation of the process due to COVID-19 and will continue up through Q4 2021. There have been extensive SC and Board discussions and input on wider strategy development topics, with Partnership Forums starting in February 2021.

There was strong interest in the role of other topics in strengthening Global Fund's outcomes, which will be discussed at upcoming Partnership Forums. The topics for regional Partnership Forum breakout groups were discussed.

M&E session

The Global Fund Chief of Staff (CoS) gave a brief introduction on the importance of M&E process that emanated from the TERG assessment in 2019. The M&E framework seeks to strengthen the weaknesses and address the pain points of the Global Fund's independent evaluation function. The Global Fund will accelerate the development of an M&E framework, to include decisions on the independent evaluation function as these are linked with the new strategy.

The GF Secretariat hired an external consultant who has been developing options for future independent evaluation and is helping to identify the strengths and weaknesses of the current model of independent evaluations. The consultant presented key findings on areas of improvement and typical tensions associated with independent evaluations, types of independence (behavioral and structural), and benchmarking of peer organizations. She introduced four potential models for structuring the independent evaluation function and gave a summary of strengths and weaknesses (pros and cons) of each model as well as their rationale. The model options were;

- a. Fully embedded
- b. Embedded with limited independent oversight
- c. Current model
- d. Embedded in OED (Office of Executive Director) with fully independent oversight
- e. Fully independent from the Secretariat

TERG members raised clarification questions concerning the extent/tradeoffs between transaction costs and independence, inefficiencies, role and positioning of the internal evaluation function, resourcing, and pain points not addressed. In response, the external consultant stated that the TERG should ideally be more focused on strategic issues instead of operational issues and play more of an oversight role. The hybrid model of evaluations, i.e., Secretariat-led evaluations with TERG

oversight, was also touched on. These options will be presented and further discussed at the SC meetings, where a recommendation will be made to the Board on what option/model the Global Fund will adopt for independent evaluations.

Session 3: Thematic evaluations

George Gotsadze

Update on thematic evaluation, including evaluation calendar and procedures for Secretariat-led evaluations with TERG oversight

The update was a follow up to the decision made last year on the evaluation calendar on Global Fund Secretariat-led evaluations with TERG oversight (hybrid model). After status updates for TERG evaluations for 2021 were highlighted, principles on some key procedures and processes for hybrid model were outlined and discussed to be clear on the roles of the relevant stake holders.

The high-level principles for the hybrid model were discussed as below:

- The hybrid model should not be more complex or longer than TERG-led evaluation.
- TERG oversight and quality assurance will vary depending on the topic. Topics of strategic importance might have closer and more robust TERG oversight.
- Instead of a TERG position paper, there would be a TERG commentary, which provides assurance to the SC on how the review was conducted and whether the recommendations were well formulated and are the right ones to be taken forward and flag recommendations that could be prioritized.

Thematic Review Session: PSE

Beatriz Ayala-Ostrom

The PSE consultants explained the challenges of agreeing on the scope of the review, especially on clearly delineating the for - profit from not- for -profit entities due to overlaps in characteristics between the two. An extensive landscaping exercise was done to unpack these overlaps, which illustrated how health systems are all a mix of public and private provision and financing. Also, the data related to the private sector is not disaggregated as for- and not-for-profit. The review landscaping covered the whole of the private sector, while the review analysis was focused on the for-profit private sector. This PSE report included examples of the not-for-profit entities to demonstrate how they function.

Key points deliberated on included:

- The private sector is largely overlooked by the Global Fund and other development partners. The question should be on how the Global Fund can better engage with the PS as it has an important role to play in achieving health sector objectives.
- There is limited coordination by the Global Fund with other partners in relation to the use of private sector actors to improve RSSH and sustainability. There is also a limited holistic view of all the component parts of the health sector. Private sector engagement channels could be an area to highlight for innovation. The Global Fund needs to work with other partners to facilitate the placement of PSE in National Strategic Plans.
- The capacity of many governments to play the stewardship role with the private sector is very weak and the Global Fund should pay attention to this issue by providing support to governments to engage constructively with the private sector in health program delivery.

- It was important to document lessons learnt and good practices. Some examples included: MOH collaboration with private sector platform in Senegal^{2,3}; direct benefit transfer (DBT), e.g., pharmacies are paid for full TB treatment regimen if the nationally recommended regimen is prescribed, and patients notified/reported in India. WHO is working to set up a platform to share good practices of PSE.
- The draft report of this review covered several dimensions that have been raised in previous SC meetings such as quality of care, affordability, supply chains and data and IT systems. The consultants suggested that it would be helpful to understand how the Global Fund can strengthen these areas through private sector engagement.

Global Fund secretariat raised following points:

- Need to feed the PSE thematic review findings into the strategy process in order to achieve the strategy objectives which requires more effective engagement of the for-profit private sector.
- There is an increase in Social Health Insurance (SHI) in the GF implementing countries, which drives demand in PS and also demand for more technical expertise for RSSH.
- The Global Fund has a more sophisticated approach to engage CSO and Non-Governmental Organization (NGOs) than the PS. The PSE report needs to clarify definitions and reflect how the Global Fund engages with the for--profit private sector actors. It was acknowledged that more engagement with for profits does not mean less engagement with CSO/NGOs.

Some comments raised by the TERG for consideration of the Secretariat included:

- Emphasizing key messages for a new Global Fund private sector strategy;
- Clarifying the position of the Global Fund in the private sector engagement (e.g., quality of care, affordability, supply chains and Data and IT systems); broadening its focus; contribution to improvements in these areas; any concerns or areas needing more flexibility; more specificity about the barriers to address either as Board actions with policy or through Strategy Committee or Secretariat actions and collaboration with the secretariat;
- Clarifying the previous and current catalytic investment for service delivery innovations and considering how these catalytic investments were programmed or could have been programed and generated the lessons learnt is going to be key as the Global Fund goes into the next allocations.
- Allowing for more innovation while taking risks for program implementation and success; and
- Addressing barriers to the Global Fund in PSE engagement.

The consultants thanked everyone for this feedback and agreed to incorporate those points in the final report of the PSE review. Recommendations would be further strengthened incorporating the discussions at the validation workshop held between the consultants and GF Secretariat teams.

DAY 3, Thursday 4 February

² Mapping <https://www.shopsplusproject.org/senegal-private-health-sector-mapping>

³ COVID19 response <https://www.abtassociates.com/who-we-are/news/feature-stories/involving-private-providers-in-the-covid-19-response-in-senegal>

The TERG further discussed the PCE and PSE work presented and developed guidance.

Communicating TERG guidance

TERG PSE guidance

The TERG thanked the PSE team for their work and provided guidance to the review consultants on how to strengthen the PSE recommendations taking into account the output from the recommendations validation workshop. The TERG also highlighted the most useful way of framing certain sensitive points in the report for enabling more constructive conversations in the Secretariat on the PSE.

Areas for strengthening the draft report included:

- **Definition** - Make clear upfront that the report does not intend to provide a comprehensive review or analysis of the role of “non-profit private sector” (i.e., NGOs) or how the Global Fund relates to civil society implementers. Rather, the report focuses on the private for-profit sector, while the inclusion of non-profit private sector is limited to its overlap with the for-profit sector.
- **Framing of document** – The framing of the document must ensure that it does not appear that the Global Fund is promoting private health care. Any overt bias towards the private sector must be minimized. Recommendations should not affect NGOs and civil society partners.
- **Better analysis of examples** - The report (and annexes) contain many examples from in and outside the Global Fund sphere of influence. What lessons can these provide for Global Fund engagement with the private sector and how could the GF support scaling up?
- **National Health Strategies** – To what extent has PS engagement been included in national health strategies? How can they be better included in national health strategies? How can private sector entities be aligned with the country’s health agenda? Examples of PSE in National Health Strategic Plans include Zimbabwe, South Africa and Kenya. There are probably more in South America and Asia.
- **Capacity of governments/public sector to engage PS** – findings should be further elaborated.
- **Collaboration with PS** – Discuss available tools to support countries to better engage with the PS. Comment on the WHO initiative for global institutes to collectively engage with the PS and how the GF can play a role.
- **Collaboration with development partners** – Learning from other partners’ experience.

Areas for strengthening recommendations include:

- **Outputs from the validation workshop:** Based on the review findings, the team should consider what are the priority areas with regards to:
 - a) Country strategy, policy research
 - b) High value intervention areas that could be explored
 - c) Mobilizing Resources, financing interventions and coordination
- **Global Fund Strategy:** What are critical, priority PSE areas for the Global Fund to consider including in the new strategy? Should be positioned in terms of:
 - What PSE areas need flexibility and what bottlenecks need to be overcome?
 - In which area would GF be best positioned to have maximum impact
- **Conduct a review of the results of PSE elements of catalytic investment:** What results have been produced by these investments?

- **Clarify the Global Fund role in strengthening public sector capacity to engage with the private sector and vice versa.**

TERG PCE Guidance

- The TERG thanked the GEPs and CEPs⁴ for the draft synthesis report, which members found easy and interesting to read, with a clear logical structure, full of interesting rich material and largely covering the areas TERG had requested.
- In order to meet the SC deadline to submit the synthesis report and position paper, the TERG highlighted key deadlines the consultants needed to adhere to and address comments in the draft synthesis report.

TERG Feedback on PCE synthesis

- **RSSH analysis on “support and strengthening”**, the TERG indicated there should be more explanation on the ‘whys’ around the following Global Fund factors: absorption pressures in short funding cycles; RSSH funding spread across multiple grants; low usage of new RSSH performance indicators (can inform KPIs discussion at the Board) and limited influence of the TRP comments. The TERG also highlighted possible country factors on the position of RSSH in the wider country’s funding architecture/national health strategy. This included the countries’ understanding of what RSSH grants can be used for; coordination with heterogeneous RSSH stakeholders; weak private sector engagement; different understanding or categorization of “support and strengthening” by country stakeholders compared to the Global Fund.
- **Transparency issues regarding grant making (GM) and grant revisions**, the TERG highlighted that more evidence is needed on the scale/scope of budget reductions at grant-making stage: Is this due to an effect of re-categorization of the interventions at grant-making or is it really a reduction? On **grant revisions**; though the TRP ensures the technical quality of the investments, numerous decisions that require technical input are made by GF Secretariat, mainly country teams during GM and implementation (through grant revisions). Concerns exist that quality of the programs has been affected and progress toward Global Fund’s strategic objectives may have been impeded. Therefore, the TERG requests that the PCE share more analysis on how this could be solved structurally or operationally, recognizing that there is a trade-off between speed and ease of revisions mid-term and technical input from TRP. Also, more information is needed on what “simplifying grant revision processes” would mean.
- **Improving grant performance monitoring**. The conclusions on the performance framework need to be more developed. The report explains that funding is not based on indicators or grant ratings, despite guidelines. In addition, as indicators are based on programmatic implementation and not on grant specific results, there is no clear correlation with Global Fund input. It would be useful in the synthesis report to have much more nuanced suggestions and recommendations around the current performance system, within contribution model/approach.

⁴ Global Evaluation Partners (GEPs) and Country Evaluation Partners (CEPs)

On synthesis report recommendations, the following guidance was given;

- The TERG appreciates the small number of recommendations and understands that, so far, the PCE team is yet to receive detailed Secretariat feedback on the recommendations. However, the TERG would like to see more granularity on the “how” under each recommendation, particularly focused on aspects of the implementation, what the recommendation is intended to fix and potential impact. It’s critical to make the recommendations more precise, e.g.:
 - Simplifying grant revision process.
 - Secretariats’ technical decision to reduce or redirect RSSH and human rights and gender (HRG) interventions without input from TRP.
 - RSSH investment in support vs strengthening areas.
 - The usage of flexibility of COVID-19 response to non-emergency budget.
 - Unpack weaknesses in grant performance.

Next steps and timelines were given to PCE teams on incorporating comments for the final country reports.

The TERG Chair closed the meeting with remarks on the progress of PCE, PSE discussions and tentative dates for the 44th TERG meeting, which will be in early June 2021.

Annex

Participants 43rd TERG

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