



47TH TERG MEETING REPORT

May 4-5 (virtual) and June 8-9 (Geneva) 2022

Objectives of the 47th TERG Meeting

1. To discuss the evaluations of C19RM; community engagement and community-led response; and TB prevention and develop TERG positions/commentaries;
2. To discuss progress and provide guidance on other on-going workstreams; and
3. To be updated on progress on M&E (Monitoring & Evaluation) framework and transition.

Meeting Outcomes

- The TERG provided guidance to the evaluation teams on the C19RM; community engagement and community-led response and TB prevention evaluations in May;
- And provided guidance on the ongoing evaluations: accelerating equitable access and deployment of innovation; data driven decision making at country level; and Challenging Operating Environment policy as well as RSSH mapping in June;
- The TERG discussed the TERG positions on the evaluations on the C19RM; community engagement and community-led response and TB prevention evaluations;
- Inputs were provided into the M&E framework including the development/revision of some of the KPIs; and
- The TERG were updated on the status of the development of the new evaluation unit, and the process of forming the Independent Evaluation Panel.

Next steps

- To ensure the TERG work plan is completed by the end of 2022: the evaluations of accelerating equitable access and deployment of innovation; data driven decision making at country level; and Challenging Operating Environment policy, as well as RSSH mapping and Country Steered Review will be conducted in summer for presentation to the Strategy Committee by October/November.

DAY 1, Wednesday May 4 (virtual)

Opening session: M&E Update

Chair: Cindy Carlson

TERG and Secretariat

Welcome and opening remark, COI declaration

The TERG Chair welcomed the participants and explained the meeting structure. The TERG members were requested to disclose any Conflict of Interests.

Update on M&E and KPI Framework Development and transition to the new Evaluation Function

The Global Fund Secretariat presented the progress on the M&E and Key Performance Indicator (KPI) Framework development process. Consultations on the technical measurement of KPIs were ongoing, and further thinking of how to embed evaluations work in the M&E framework still needs to be done.

A Theory of Change (ToC) has been articulated, informed through the Strategy Implementation work describing the key changes needed to deliver on the next Strategy. The ToC guides the development of the M&E Framework by identifying key questions and insights for data requirement as well as the prioritization of key areas for strategy-level KPIs. The M&E framework and plan will contain how the framework is operationalized, including evaluations and reviews, data/information and their use, and the guiding framework for country-level M&E. Proposed KPIs have been selected through a rigorous process, focusing on the Strategy outcomes. The KPIs are all linked to the TOC and to the discussion on strategy delivery, in relation to the key questions in the Strategy.

An update on the transition to the new evaluation function was also provided: the TERG is expected to finalize its work plan by end-2022, and unfinished work will be continued under the evaluation unit and Independent Evaluation Panel (IEP) (e.g., next C19RM evaluation and rollout of the Country Steered Review: CSR). The IEP selection panel shortlisted candidates from numerous applications. The recruitment period for the Chief Evaluation and Learning Officer (CELO) had been completed. The internal transition steps were ongoing, and there will be a fully staffed evaluation unit once the CELO has been appointed.

TERG members acknowledged the usefulness of the KPI framework for reporting to the Board. They pointed out the importance of building on national data systems. There are situations where indicators for KPIs measured by country's HMIS may not be utilized in the national program. TERG members also mentioned the importance to ensure allowing the outcomes for measuring national strategies (NSPs, health sector plans etc.) rather than adherence to the Global Fund Strategy. In addition, it was noted the usefulness of more frequent reporting to the Board than annually, which is of limited use. They noted the need to have the malaria and TB KPIs fully in line with the international standard indicators and that many KPIs depend on surveys and modelling (which may not be readily available or very expensive, or both).

The Secretariat explained that through an intensive consultation and validation process, both alignment and feasibility of indicators were ensured. The periodicity discussion is important and the occurrence of reporting and use need to be aligned. In this perspective, and for the use of the Board specifically, it may be difficult for the Board to absorb more frequent reporting.

Finally, the TERG stressed language should be selected to reflect the independence of the new evaluation unit in the operationalization of the M&E framework, given the SC's interest that the new IEP and Evaluation Unit would be independent.

Session 1: C19RM evaluation

Chair: Cindy Carlson

The evaluators on COVID19 Response Mechanism (C19RM) presented key findings and recommendations and TERG members provided feedback, emphasizing that C19RM was

implemented within an emergency context and that the evaluation could have been better framed and contextualized by this reality. It was observed that the tone of the presentation and the report was overly critical and that findings could be presented in a more balanced fashion. They noted that the report was not clearly structured around the five evaluation objectives and did not always explicitly answer those questions. The presentation and the report provided insufficient references to RSSH and the linkage between RSSH and pandemic preparedness (PPR). The evaluators were asked to explore more whether and where the Global Fund has a comparative advantage in the PPR arena.

C19RM Secretariat representative opined that it is problematic to construct a ToC retrospectively and stressed the importance of framing the evaluation design around the design agreed with the board. The Board decision paper should be used as the framing document for the evaluation.

TERG members requested a more detailed articulation of recommendations, especially related to a future scenario of another pandemic and suggested the team discuss the role that the TRP might play in the future of C19RM.

The evaluation team provided some reflections and emphasized that, although C19RM 1.0 was implemented during an emergency, many lessons had been learnt globally during this period and that C19RM 1.0 evaluation needs to be situated in that evolution. The evaluator emphasized that the Global Fund responded very well to the pandemic but that it needs to acknowledge that the Global Fund was not set up to undertake an emergency response. With regard to comments on the tone, the evaluator explained that the lack of data presented a challenge to the drawing of robust conclusions. In reference to ToC the consultants emphasized that the lack of a ToC was a core weakness.

Executive Session (1)

Chair: Helen Evans

The Chair presented the overall progress of the 2022 work plan. The plan was considered very ambitious, especially because the final reports need to be presented to the Strategy Committee in October, but was steadily progressing. One of the work streams, however, faced a significant delay due to the lack of qualified proposals at the initial round of responses to the RFP.

The TERG deliberated on C19RM evaluation. The report was described as too long and needed to be reduced to 35-45 pages (annexes to be used for the rest) with a maximum five-page executive summary. The importance of the report being better contextualized as an emergency response was agreed. The language and tone would need to be adjusted and more appropriate. The evaluators should articulate findings in a balanced fashion.

The draft report was currently not structured around the five evaluation objectives. The narrative should respond to evaluation questions. In particular, the report did not present enough of a differentiated perspective regarding data availability and data access. The report could be also strengthened with analysis of trade-offs and benchmarks. The TERG considered lack of a ToC a finding that should be mentioned but should not be made a significant finding. The team should work with the Secretariat to present those recommendations that have already been acted on, with degrees of progress made, and those not yet acted on.

TERG members welcomed the progress on the development of the KPI framework and discussed further the importance of reflecting on limiting the burden on countries. TERG members also noted that what was presented was not yet a full M&E framework or plan, and the importance of using gender disaggregated data for at least some KPIs. On the M&E framework, the TERG looks forward to seeing a full M&E plan, with a holistic articulation of all Global Fund evaluation effort.

DAY 2, Thursday May 5

Session 2 On-going evaluations (1)

Chair: George Gotsadze

Evaluation of community engagement and community-led response

The evaluation team lead presented an overview of emerging findings and progress update. TERG members commended how useful it had been to clearly define community, community engagement (CE) and community-led responses (CLR) from the start and how challenging this evaluation was, considering it was covering the three disease and two distinct topics (CE & CLR). A point was made about the importance of findings and recommendations to inform the KPI work.

The TERG focal points noted that country visits were limited because the agreed workplan for this evaluation had been developed when country visits were still impractical due to Covid-19. When more access was possible, the timeframe was too short to change plans. TERG members noted related potential issues, such as not accessing communities who do not have internet access.

The evaluation team explained that mitigation measures had been taken, having an in-country evaluator in some countries, reaching out where people are working and explicitly including non-GF communities in each country. An additional concern was the findings so far were global- instead of country or community-centered. The team reassured that this would not be the case once all case studies findings had been incorporated into the report. The TERG focal points confirmed that this was their understanding as well.

Evaluation of TB prevention

The evaluation team gave an overview of preliminary findings, conclusions and recommendations including the status update on the nine country case studies and eleven countries for portfolio analysis. The TERG focal points commented on the first draft report and pre-recorded presentation, discussed the status and plans covering the methods, challenges and risks, and its timeline.

TERG members proposed the evaluation consider Global Drug Facility (GDF) in the scope and be coordinated and synergized with the Community Engagement evaluation. They also noted the importance of looking for gender-disaggregated Tuberculosis Preventive Treatment (TPT) data.

TERG members emphasized the importance of finding synergies across C19RM and TB prevention evaluations, while also ensuring there is sufficient attention paid to the specific characteristics of the different evaluation topics. The TERG Secretariat clarified concrete steps had already been taken for coordination and synergies across evaluations.

Executive session (2)

Chair: Dan Whitaker

Guidance on the evaluation of community engagement and community-led response

The TERG discussed mitigation measures for no country visits, the importance of disaggregating comments and triangulating findings, as well as the fact that TB and malaria communities are less established and therefore often more difficult to engage than HIV. The TERG agreed on the good work done so far and the following guidance points for the continuation of the work.

- The country analysis was only starting but in-depth analysis of country specific examples is essential for this evaluation. The TERG appreciated the efforts taken to reach out to a variety of communities, with different online approaches and trying to include non-GF communities. A caveat is that the most vulnerable people may be least organized. It was particularly appreciated that consideration was given to communities across the three diseases and to RSSH, with some differences in how these communities engage: HIV groups are established and articulate, while some TB and malaria communities differ considerably both demographically and

geographically, often marginalized and less organized, and therefore much more difficult to engage with. These points should come out strongly and clearly in the report, so to see where one can learn from others.

- It is necessary to disaggregate findings, e.g., concerning dual-track financing, specifying for each statement to which constituency the interviewee(s) belonged, as there are divergent points of views. TERG evaluations need solid evidence, and the triangulation of findings is extremely important. Strength of evidence should be clarified in the report and indicated for easy understanding.
- As the Secretariat was currently working on the modular framework, it is useful to identify how some qualitative/unquantifiable data outside of KPIs, could be collected. The TERG appreciated that the evaluation mentioned some levers at the Global Fund's disposal to enhance community engagement, and to facilitate engagement of some communities, e.g., prisoners and ex-prisoners.

Guidance on the evaluation on TB prevention

Overall, the TERG focal points noted that there is good evidence underpinning the report and good progress has thus far been made. The TERG suggested that the evaluation team needed to tailor the report to a non-technical audience as key findings and analysis sometimes became lost in technical jargon. The executive summary also needed to be written more clearly and be shortened. Guidance on triangulation of qualitative and quantitative data was provided, including clarity on how the qualitative analysis was conducted. Additionally, evaluators were requested to better balance topics of Infection Prevention and Control (IPC) and Tuberculosis Preventive Treatment (TPT) in the report. The importance of explaining the discordance in the TPT data between WHO and the Global Fund was stressed. Finally, the recommendations need to be evidence-based and prioritized including the added value of this report with description of what is under the Global Fund's control, what it can influence through its partnership, and what is best done by others.

Other work streams

On innovation, partnership between the Global Fund, WHO and Unitaid was discussed. These organizations are meant to work seamlessly on introducing and deploying innovations, but it is felt that this could be improved. WHO may develop guidelines to countries, and the Global Fund invests in what countries plan to do, but how both organizations coordinate these roles with Unitaid is at issue. It would be useful to find a way to optimize contact between the three organizations. In addition to the partnership aspect, equitable access was discussed and the importance of identifying the groups who benefit from specific innovations and those who do not.

The TERG focal points provided an update on the data-driven decision-making evaluation. They mentioned recent fruitful coordination meetings with the OIG and welcomed the effort for coordination between the OIG audit team and the HMST team. Despite the timeline misalignment due to different work approaches, the intention is that the two reports will be ready around the same time.

DAY 3, Friday day June 8 (in person)

Session 3: TERG commentaries

Chair: Cindy Carlson

Welcome remarks

The TERG Chair welcomed participants and was pleased to see this as the first face-to-face meeting after more than two years. TERG members were requested to declare any Conflict of Interest before being asked to separate into the breakout rooms for discussion.

A: Evaluation of community engagement and community-led response

The evaluation team provided a summary of findings, conclusions and recommendations. The Secretariat thanked the team, acknowledged the tight timelines and complex area, and confirmed that this evaluation will help the Global Fund to move in the right direction. It was noted that it is important to make clear how the Global Fund has attempted to organize having the right functions translate into the right actions, with all departments having a clear understanding of their roles, responsibilities and accountabilities in promoting CE and CLR.

The TERG requested a more precise recommendation on KPIs. It also noted that even though rigorous management is needed at the Global Fund, mainly related to the trade-offs between fiduciary risk and the risk of not delivering on programs, PRs relationships with SRs can be changed. The Global Fund can be more explicit on making contracting easier.

TERG only session: TERG commentary on community engagement and community-led response

TERG focal points appreciated the concrete yet critical recommendations. A TERG member noted that the report is still Global Fund centric, and more country experience is expected. Other comments related to the fact that gender is not really addressed, which is a missed opportunity, and that similar findings had been raised by the prospective country evaluations (PCEs), notably on the trade-offs between fiduciary risk and the risk of not delivering. Raising this issue will allow it to be debated again.

B: Evaluation of TB prevention

During deliberations by TERG members, Global Fund team and the evaluators, the TERG focal points stressed the need to give precise direction on what is meant by triangulation of evidence to address the gaps in the report and the need to trim the executive summary, which was still long. Additionally, Global Fund's Head of TB thanked the evaluators for a comprehensive report and said some of its findings and recommendations were already being used by the Secretariat, i.e., the recommendations for changes to the TB information note, the modular framework and Strategic Initiative for TB prevention for the 2023-2025 funding cycle. The report needs to be clear on prioritization of TPT and emphasize specific groups of people, i.e., children under-five, prisoners and adults who are in contact with active TB disease patients.

Interventions should demonstrate good value for money, i.e., Rifapentine TPT and community engagement with evidence. Additionally, the evaluators were asked for clarification on what challenges in TB prevention are Global Fund specific, what the Global Fund has done reasonably well, and what has not worked. The recommendation should address these challenges, underscoring the need on the right prioritization and allocation faced by the resource constraints, whilst highlighting the importance of TPT as a tool in the comprehensive services package for TB. Evaluators should be able to stress why a focus on TB prevention was as important as finding missing cases, including what the public health values and impact are.

Questions on what indicators can be proposed for TB prevention and whether there are any KPIs proposed for TPT and IPC and which kinds of grants should capture them (i.e., TB, HIV, combined, or cross cutting grants) were raised. Which organizations are best placed for the operational research and for tracking all the results was debated, stressing the importance of acknowledging the sphere of control and mandate of the Global Fund.

TERG only: TERG commentaries on Evaluation of TB prevention

The task of developing the TERG commentary for the TB prevention evaluation was delegated to the focal points, with tight deadlines for the July Strategy Committee meeting using the revised template that was first used for the Secretariat-led with TERG oversight evaluation on Global Health Security.

Session 4: Future of M&E

Chair: Peter Barron

Country steered review

The consultant team on Country Steered Review (CSR) presented the inception phase preliminary findings and considerations for the CSR process. Several tensions resulting from the different perspectives (operational or governance and strategic perspectives) were described, for example, around anonymity, regarding the CSR tool, and implications for the tool's design. Other consideration such as qualitative and quantitative data collection, data hosting and analysis by an independent party, etc., were also discussed. The next step is stakeholder consultations, to find out what stakeholders want to give feedback on and how they want to give feedback. This will be done through key informant interviews (KIIs) and a survey in a selection of countries with a good geographical balance and governmental, non-governmental stakeholders and stakeholder balance.

The TERG welcomed this presentation as capturing the intention of the CSR well. The CSR is coming from insistence from the SC implementer constituencies to have a channel to provide candid feedback to the Global Fund. The primary audience is the SC and the Board. This is building on the PCE lessons learned that the country stakeholder's perspective is an important element for improving Global Fund's processes. The TERG also confirmed the importance of hearing particularly from civil society and communities through this tool as well. It is important not to raise false expectation that CSR is to provide detailed country information.

The TRP representative appreciated this initiative, as feedback from countries on the GF model and processes, including on the TRP processes, will help improve policies and processes. To serve this purpose it would be helpful if the CSR provided some country specific information.

Discussion on M&E framework and KPI

The Secretariat presented the progress made since the first part of the 47th TERG meeting in May. A workshop on the measurement of partnership was successful, with some interesting discussion around the quantitative and qualitative measurement of where the partnership really is located.

The Secretariat shared their hypotheses underlying the new KPIs, while they are still assuming a *contributive* model, the KPIs need to strengthen accountability and performance. An overview of 54 proposed KPIs mapped to the Conifer of Control was presented, pointing out that there are more KPIs at level 2 (how are Global Fund supported programs performing) in this framework than in the previous one, where most were at level 1 (how is global and in country effort performing). Another change in the new framework is that two sets of indicators, one at partnership and one at grant level, now coexist. These levels can address different needs, e.g., course correction by the Secretariat for the grant level information or needs for Board to see how partnership is progressing.

The TERG congratulated the Secretariat on the clarity of the presentation, especially the HMT indicators. Some of the indicators' definitions could be more specific, as there is still a risk of misinterpretation, for example for PPR. The Secretariat responded this is a WHO indicator.

The TERG suggested a review of the evaluations of TB prevention and of Community-led response, as both provided advice regarding measurements and KPIs. Given the fact that there appears to be a substantive need for quality data exist at a local level, TERG members asked whether the country managers will also use the data compiled for these KPIs. It was clarified that all indicators come from the performance frameworks for grants and it is possible to add new indicators for HTM only if they are

added to the grants first. Also, these indicators are used by program managers at the country level, except for some RSSH indicators, that would need to be piloted during NFM 4.

The TERG received clarification on the absence of CLE indicators in the framework. It is challenging to measure progress quantitatively in this area, the plan is to have an evaluation at the beginning of the Strategy, which will be determined by the new evaluation unit.

Finally, regarding the transition to the IEP and the new independent evaluation unit, the Secretariat informed that the CELO recruitment was proceeding and that there is a plan to bring IEP, TERG and CELO together in September.

Session 5 Ongoing evaluations (2)

Chair: George Gotsadze

Evaluation of the Global Fund's Performance in Challenging Operating Environment

The TERG thanked the COE evaluation team for a well-presented inception report stressing that the COE policy is about an individually tailored country-by-country approach capturing the diversity and heterogeneity of COE contexts, which in itself make it challenging to identify commonalities in terms of pre-packaged solutions as they have to respond to the challenges within each context. TERG focal points appreciated the outline of the final report. During deliberations by TERG members, the following points were highlighted for the consultants to take into consideration when conducting the evaluation.

The evaluators were requested to comment on the overall policy, its robustness, including the long-term view of the COE policy, noting that COE countries are important to the Global Fund. The diversity and heterogeneity of COE countries with their dynamic challenges was key to be taken into consideration in this evaluation. The distinction between chronic instability and sub- or acute-emergencies need to be highlighted. Consultants were asked to evaluate how COVID-19 was handled in COE contexts and to understand the impact of COVID -19. Evolving global geopolitical issues and challenges and the potential impact on global health interventions should also be considered. Understanding how the Global Fund makes the best use of partnerships and their synergies as well as organizations outside health, e.g., humanitarian institutions will be helpful especially at country level.

Evaluation of accelerating equitable deployment and access to innovation

The evaluation team presented the objectives and progress update towards the finalization of the inception report, the innovation typology of innovations at the Global Fund drawing from a long list of important innovations, the evaluation framework and methodology, as well as workplan and timelines on key deliverables. Ten innovation case studies were proposed, which needed to be further prioritized down to seven.

A TERG focal point acknowledged the tight timeline and appreciated the flexibility of the team in incorporating late comments received prior to the meeting. A key challenge was mentioned about how to measure the equitable aspect related to the deployment and access to innovation.

A recommendation was made to draw from the CE and CLR evaluation, particularly on innovative service delivery approaches, such as community-led monitoring (CLM), as well as on involvement of the community within each innovation.

Executive Session (3)

Chair: Cindy Carlson

Country steered review

The TERG reflected on the CSR presentation and addressed the questions raised by the participants and the consultant's presentation. They discussed the importance of having a simple tool, which should primarily serve to gather what needs to be analyzed and open a channel for country voices to be heard by the SC and Board. TERG members gave additional comments and inputs in order to develop the written guidance to the evaluation team.

M&E

The TERG discussed the presentation of the M&E framework as well as transition to IEP next steps.

Working dinner

DAY 4, Friday day June 9

Executive Session (4)

Chair: Helen Evans

Evaluation of the Global Fund's Performance in a Challenging Operating Environment (COE)

Overall pleased with the work thus far, the TERG stressed that the evaluation looks at the robustness of the COE policy and that the range and diversity of countries being covered is promising, including two PCE countries. Further, the importance of interviewing a diverse range of key informants outside of the health sector was reiterated and of differentiating countries in chronic versus acute COE contexts including incorporating gender and Protection from Sexual Exploitation, Abuse and Sexual Harassment (PSEAH) aspects. The TERG also questioned whether the COE evaluation team was covering how the COE policy is affecting refugee and displaced populations, who are often the most vulnerable groups when it comes to access to services.

Evaluation of accelerating the equitable deployment and access to innovation

The TERG agreed on some guidance points emerging from the plenary session, mainly on the definition of innovation, the related KPI and the importance of including community aspects. It also discussed and agreed on the seven types of innovation case studies to be prioritized in this evaluation.

Session 6 On-going evaluations (3)

Chair: Evelyn Ansah

Evaluation on data driven decision making

The HMST team presented the inception report: the objectives; the methods and the analytical framework. The team pointed out risks related to the delayed country selection process. They also presented the evaluation criteria, the focus areas (country level, data systems, data quality data use and decision making) and the thematic issues (HIV/TB and malaria, RSSH investments, implementing structures for collection, analysis, reporting, use and decision making).

The TERG focal points said they found the team very professional and responsive to suggestions. More comments clarified the fact that the evaluation would look at how country stakeholders used data for decision making, beyond Ministries of Health, e.g., data use by community groups, and subnational level data use, where data are gathered. Below the district level, data collection is often paper-based, and it would be important to look at the effect of the mix of paper-based and electronic systems.

The TERG focal points encouraged the team to gather evidence from other reviews and evaluations that are done internally, also suggested looking at community-based data and how disaggregated data is used for decision at country level; other ongoing initiatives MECA (the Strategic Initiative) and WHO work through RSSH; and the lessons learned from C19RM mechanism and use of data.

RSSH mapping exercise

The consultants presented the RSSH mapping approach and process updates, underscoring the issues related to the availability of data at the Global Fund and country levels. TERG members advised the consultants to further clarify the definitions of RSSH and HSS. Clarification is also needed whether grant allocations, budgets approved (or from budget revisions), or expenditure data would be the data used in this mapping exercise. Other points were: assessing whether countries deliver on the targets

in the funding requests and reviewing TRP recommendations on RSSH in NFM2 and 3 cycles. The need to do a trend analysis of any shifts in investments from support to strengthening was emphasized.

Reference to reports and advisories was appreciated including interviewing the TRP. Consultants were advised to look at TERG, OIG and TRP reviews to mitigate duplication of efforts on RSSH.

Executive Session (5)

Chair: Helen Evans

Data driven decision making

The TERG discussed the points raised to give guidance to the team: more clarity on scope, the importance of the subnational level, the necessity to extend the analytical framework presented (for example, look at how the demand for data is created, what is the process, etc.), to consider community level monitoring and lessons learned from COVID-19 data use were among the key issues discussed.

RSSH mapping exercise

Overall, the TERG was pleased that the team appeared on track with agreed understanding of what the TERG is looking for in this RSSH mapping exercise; and stressing that consultants; need to be explicit on the definition of what is being reviewed in this RSSH mapping exercise and the interventions being reviewed in the budget data or expenditure data underlining that while TERG members would prefer to have expenditure data, they acknowledge the challenges of getting actual expenditure. TERG members acknowledged that assessment of what is strengthening versus supporting is difficult, and overall findings could be prone to bias inherent in selecting countries that only have good data.

Closing session

Chair: Cindy Carlson

Evaluation of accelerating the equitable deployment and access to innovation

The TERG felt that this evaluation had started well and suggested the following:

1. The evaluation should differentiate between the definition and views the Global Fund gives to innovation and how it compares with the proposed working definition used for this evaluation.
2. The evaluators should look at the KPI on innovation (S10) and suggest how it might be revised and monitored.
3. The core phase consultations should include sufficient in-country stakeholders.
4. Equity, community aspects and behavior change need to be fully incorporated in all aspects of the evaluation. On community, the work should draw from the CE & CLR evaluation report.

The prioritization of innovation case studies was decided: not to include DHIS2, but to still coordinate with the data-driven decision-making evaluation team and possibly include this as a box in the final report. In addition, to have a balance between product, service delivery and health systems management, transition to TLD was deprioritized. Virtual behaviour change would be looked at within other innovation case studies wherever possible, such as the virtual platform for access to PrEP. The consultants need to refine and clarify the scope for each case study. The TERG considered reducing the number of country case studies to ensuring greater depth for these issues.

The TERG chair underscored the tight deliverable timelines for RSSH mapping and the challenges this creates.

On TB prevention evaluation, the TERG was looking forward to the final report, two-page visual executive summary to be embedded in front of the main report with a six-page executive summary to be left for readers who would prefer a long executive summary. The TERG chair also urged all TERG members to provide their inputs on the TERG Commentary that the focal points were to prepare for finalization and sharing with the Strategy committee.

Annex: Participants 47th TERG meeting

Part A, 4-5 May 2022

TERG

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Beatriz Ayala-Ostrom
Daniel Whitaker
Erin Eckert
Evelyn Ansah
George Gotsadze
Godfrey Sikipa
Helen Evans
Kenneth Castro
Mari Nagai
Maria Laga
Peter Barron
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Technical Review Panel (TRP Rep)

Robin Gorna

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Part B, 8-9 June 2022

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Hui Yang
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Sandra Kuzmanovska
Megha Sharma
Jessica Kraus
Dorothee Davenet
Geeda Haddad-Gregoire
Yasuko Asano
Melisse Murray
Sai Pothapregada
David Traynor
Keith Mienies
Ed Ngoksin
Eliud Wandwalo
Collins Acheampong
Shivam Gupta
Francesco Moschetta
Job Muriuki
Robert Cryer
Dickson Mbungu
Michelle Monroe
John Fairhurst
Houssey Diallo
Lisa Campbell
Nathalie Zorzi
Lize Aloo
David Karumba Wanjiru
Lee Abdelfadil
Shunsuke Mabuchi
Rasheed Raji
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Suzanne Fournier
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Sam McPherson
Shreya Pereira
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