

Summary Report of the Global
Fund Technical Evaluation
Reference Group (TERG)

Tenth Meeting

Geneva, Switzerland 1-2 October 2008

Executive Summary

A meeting of the full TERG was held on 1-2 October in Geneva to review the draft Five-Year Evaluation Study Area 3 Report and the draft Synthesis Report. Key personnel from the contractor were present at the meeting to present their work and to engage in active discussion with the TERG. In general the TERG noted that the draft Study Area 3 (SA3) Report had advanced considerably from the previous version. Key requests from the TERG were that findings from the DCA be more succinctly reflected in the report, that more country-specific information be included in order to consider contextual factors, that the contribution of the Global Fund be clearly described further, and that the section on HIV be more clearly structured and results as well as possible impact be explored. The TERG found that the draft Synthesis Report as outlined was overly complex and suggested that the framework be revised.

The key decision points from the meeting are listed below:

Key decision points

- A final draft of the Study Area 3 Report will be reviewed at the TERG working group meeting on 16-17 December.
- The Study Area 3 Report requires major revision as new data become available, and should clearly present results, conclusions, and recommendations while keeping in mind reader friendliness for Board members and other interested parties.
- The contractor will seek feedback from respective WHO departments on the next draft of the Study Area 3 Report.
- A concept note on the Model Evaluation Platform and its operationalization will be submitted to the TERG before its December meeting.
- The Secretariat will work with the contractor to further define the 'dissemination' workshops. A roll-out plan will be submitted to the TERG by the contractor to ensure most of these workshops are completed by May 2009.
- The framework of the Synthesis Report should be restructured taking into consideration the feedback from the TERG. A two-page document outlining a revised framework should be submitted to the TERG for review by 10 October.
- A new draft of the Synthesis Report will be reviewed at the TERG working group meeting in December.

1.0 Introduction

This document reports on the tenth meeting of the TERG, which took place from 1 to 2 October 2008 in Geneva, Switzerland at the Global Fund premises. It provides a summary of key issues discussed and the TERG's recommendations. The agenda for the meeting and participant list are attached as Annex A. The TERG meeting focused principally on the review of the Five-Year Evaluation Study Area 3 (Health Impact) Interim Report and the draft Synthesis Report. Overall meeting objectives were as follows:

- Review the Five-Year Evaluation Study Area 3 Draft Report
- Develop the TERG response to contractors on the Study Area 3 Draft Report
- Discuss the Study Area 3 process, sustainability and key messages to be presented to the Board
- Review preliminary draft Synthesis Report and accompanying benchmarking study

2.0 Review of Study Area 3 Draft Report

2.1 Background

The Five-Year Evaluation Study Area 3 Consortium delivered an interim report on Study Area 3 to the TERG on 25 September. The deadline for receipt of this report was originally 30 April 2008, however the TERG agreed to multiple extensions due to delayed data collection activities^a. TERG intends to present to the Board at its November meeting key messages from Study Area 3 that are sufficiently firm and relevant. The final Study Area 3 Report will be presented to the PSC in March/April 2009 and to the Board in May 2009 after final review by the TERG during its session in February.

In preparation for this meeting, in order to assist the TERG in its technical review, the TERG support team and consultants' comments were used to inform the TERG discussions

2.2 Discussions and Recommendations on the Report

Overall, the TERG found the report to be still at a preliminary stage. In revising the draft (as submitted on 23-24 September), TERG emphasized that the contractor should take into account the TERG's previous comments, in particular, those from the TERG Working Group Meeting on Study Area 3 held 10 September 2008 (see Annex B). The TERG provided additional specific comments and suggestions by chapter as follows:

Cross-cutting comments:

- The TERG raised concerns about the lack of utilization and presentation of data from the District Comprehensive Assessment (DCA) studies and suggested more findings should be extracted from the DCA, e.g. via an additional workshop which is planned by the contractor in late November.
- TERG members emphasized that data quality should be taken into account and should drive the analysis – findings must be supported by evidence. TERG members wondered whether any contribution was received from the Health Metrics Network (HMN) in the efforts to assess data quality.
- The TERG requested that the contractor seek feedback from relevant WHO departments on the content of the Study Area 3 Report.
- The group stressed that the assessment and presentation of the specific contributions of the Global Fund should be strengthened. The report should also highlight movement towards MDG targets.
- TERG asked that the report take more into account country specificity, highlighting the main findings in each country via country fact sheets, or country case studies, and asked that contextual elements at country level be further elaborated to explain the findings. TERG members also suggested that there is a need to discuss Study Area 3 findings in light of documented information on active grants (e.g. baseline data

^a The original due date for the draft Study Area 3 report was 30 April 2008. At the February 2008 TERG meeting, TERG was informed by Macro that the draft report with placeholders for missing data would be submitted on 30 June. At the May 2008 TERG meeting, an extension of the deadline for the draft report to 15 August was requested by Macro in order to maximize the quality of the deliverable without impacting on the availability of this report for the November Board meeting. On 15 August, the Secretariat was informed that Macro would not be able to deliver by the agreed date. An e-mail was sent from the TERG Chair to Macro on 22 August agreeing to postpone the report date to 27 August. At the TERG Working Group Meeting on Study Area 3 held 10 September, the contractors agreed to submit the next draft of the Study Area 3 report on 22 September, including all basic conclusions. It was anticipated this version would still have gaps, partly due to the fact that some data are still being collected in countries.

provided to TRP, key data needed in grant milestones, linkage with grant results) and to discuss how this report and the Model Evaluation Platform will impact Global Fund operations.

- TERG members also requested additional detail about the reliability of the model used for impact estimation in disease chapters (sensitivity analysis, calibration, etc).
- The TERG requested that recommendations addressing policy issues be highlighted and that additional information on how this report will feed into the policy dialogue with global health partners be included.
- The TERG stressed that the report should be seen as contributing to the development of more robust evaluation frameworks, including a model evaluation framework, and contributing to capacity building.
- As capacity building is a key component of this evaluation, the contractor needs to clearly specify what actions have been taken in this regard also providing quantitative information. As part of this effort, the contractor should include a clear analysis of the difficulties that they encountered when doing their work, for example, in terms of capacity building, lack of strategy, limited support and lack of coordination among partners.
- According to grant applications, baseline data are meant to be routinely available at country level. The contractor needs to document the degree to which this is or is not the case and propose recommendations to the Secretariat and Board for improvement to the current situation.

Introduction, Background, Methodology

- TERG found that the methodology section needs strengthening. In particular the contractors should include a more detailed description of the instruments, tools and methodology (including sampling, validation of tools and data quality assessment).
- TERG requested clarification of the methodology to assess impact, including the time period covered. TERG also acknowledged that in most cases the data necessary to determine impact does not exist and that the analysis relies more on coverage data. The introduction and methodology chapter should clearly manage expectations regarding the impact component of the evaluation.
- The TERG asked that the contractors consider how inferences may be drawn for the whole portfolio based on data from these 18 countries, given the purposive selection of the countries.
- The evaluation process which relies on the core principles of country ownership, capacity building and sustainability, should be further described, presenting success stories, failures and lessons learned. The TERG emphasized that the institutional approach to capacity building is the preferred option even if it is not always easy to achieve.
- The TERG noted that the chapter on M&E presents key findings in line with the terms of reference of the study. Most of the content of this chapter could in fact be moved into the results section (after the disease-specific chapters). The Global Fund's investment in M&E should also be addressed and recommendations presented as to how gaps should be filled.

Malaria

- TERG members emphasized that the quantification of the contribution of Global Fund should be further explored in addressing additionality.
- The TERG also suggested that the contractors should address the validity of clinic-based data compared to survey data. Data quality should be further investigated in relation to the data on ACT purchases.

- The contractors were also asked to address whether the health systems have been able cope with the massive scale-up of resources and how malaria control has contributed to health systems strengthening.
- The main impact of malaria prevention is reduced morbidity. Presenting data only on mortality reduction may provide an inadequate measure of malaria prevention activities. The contractor was asked to address this issue in the next version of the report.
- TERG requested discussion in the report on factors other than funding that could be contributing to a higher impact.

HIV

- Overall, the TERG considered that this chapter presented an overly pessimistic message. Successes should be clearly expressed. The TERG raised concerns that the methodology section was too broad and not specific enough. TERG also questioned the added value of this study compared to other reports, in particular the 2008 UNAIDS Global Report. Further description as to how interventions are implemented and specifically what the Global Fund has funded should be provided.
- The contractors were asked to provide justification for the use of the 3% threshold to distinguish concentrated from generalized epidemics and to compare this definition with other standard definitions. Concentrated and generalized epidemics correspond to different target populations and different disease control strategies. They should be clearly differentiated in the report. TERG found that the report did not adequately address concentrated epidemics in particular, and found a lack of data on MSM, IDU, needle exchange and condom use. TERG asked also that additional detail on morbidity (bed use, opportunistic infection) be provided.
- The TERG found that there were too many tables in this chapter without explanation of their relevance in relation to the study questions, to the detriment of a structured and in-depth analysis. It was emphasized that extrapolation between cost and output should be carefully handled, for example, taking contextual information into account.
- TERG members also asked that the contribution of EU, other bilaterals and key players such as the World Bank should be taken into account.
- The TERG requested that the contractor consider the full prevention package, not only VCT and PMTCT.
- The TERG requested that the contractor give further consideration to the network of services (e.g. laboratory services, referral systems).

Additional comments on the HIV section from a conference call on 12 September:

Modelling:

Modelling will be used to estimate years of life gained with treatment and changes in prevalence adjusted on ARV use. Infections prevented are more complex. Indeed, in the report, the HIV prevention has been limited to health service interventions (VCT, PMTCT, ART). Since the full spectrum of HIV prevention has not been addressed, it may be difficult to model infections prevented.

Behavior changes:

The assessment of the progress toward impact is still weak and unclear, in particular for behavior change. Most of the funding went into the health service intervention and there is a huge gap in data on implementation and on the efficacy of other interventions. Behavioral changes should be documented and the report should assess to what extent they could affect the course of the epidemic. A more analytical approach of the effect of behavioral intervention could be included but the report will need to manage expectations, i.e. justify why it focused on health facility intervention and on the biological efficacy.

Benefits of intervention:

The report needs to state clearly how data is going to be used to show benefit in terms of limiting the epidemic. It needs to distinguish between how things have actually happened and how we would have expected the epidemic to have evolved without intervention.

TB

- TERG noted that the original selection of countries made an assessment of the scale up of TB interventions difficult in that most of these countries already benefited from well-functioning services, and are probably not representative of the overall portfolio.
- The TERG asked that the contractors recognize success stories on TB impact which have been documented in the scientific literature (e.g. decreased incidence in Peru, decreased transmission in Tanzania).
- TERG was concerned that there was no analysis of MDR/TB and TB/HIV in the TB section. However, the contractor previously emphasized when presenting the instrument to the TERG that no data were collected on these topics.
- The TERG asked that the contractor refer to the detailed comments on TB that were provided at the TERG Working Group meeting in September (see Annex B).
- The TERG also noted that the comparison of national system data and the findings from the facility assessment would benefit from further analysis, and that the conclusions require refinement.

Financing

- TERG acknowledged that a good presentation was made during the meeting but requested further information on sub-national financial information and whether or not the most exposed and poor populations were benefitting from Global Fund funding as these groups were particularly targeted by the Global Fund at its inception.
- TERG emphasized the importance of including out-of-pocket expenditure information to see whether or not additional funding has allowed out-of-pocket expenditures to be reduced, especially among the poorest.
- The TERG also noted there is no evidence of any violation of the principle of additionality for the studied countries – but that it was not possible to assess additionality at the global level except for HIV (OECD database).
- TERG noted that there is no evidence that the scale-up of HIV and malaria interventions has been at the expense of the funding for other diseases, since funding for other diseases has not been reduced in absolute amount, but only proportionally. TERG asked that the contractors explore how countries are making use of this increased flow of resources for HIV and malaria programs, especially from an HR perspective.
- The TERG asked that the contractors ensure a better linkage between data on financing and service utilization, and analyze whether increased funding is related to outcomes.
- The TERG asked that the contractor consider funding for HIV that is outside the health sector (e.g. education). The multi-sectoral approach should be reflected.
- In presenting the financial data, the TERG suggested that the contractor present the relative rates of growth in funding for the different diseases.

Health Systems

- TERG requested additional detail on the private sector, and whether there has been any shift of service delivery from the public to private sector.
- TERG also suggested that the contractors should examine whether existing procurement systems have been employed or whether parallel procurement systems

have developed for the three diseases. However, the contractor emphasized that procurement was in Study Area 2 and not in Study Area 3.

- TERG noted that malaria and HIV service delivery and financing often overlap with maternal and child health (MCH), thus MCH may have limitations as a proxy for system effects.
- It was also suggested that the contractors should examine the effect of the funding on the health system building blocks, recognizing that the health system is different from the disease system. Very little information is available on governance and financing but information on the other building blocks should be available from the DCA.
- TERG acknowledged that readiness of services was used as a proxy for quality of services delivered which requires, however, a more precise definition is needed.
- Findings from this chapter should bring important evidence for health system strengthening funding requests (strategic planning).
- The TERG suggested that investing in improved data collection and Operational Research should be a key message coming from this Evaluation.
- The TERG requested that the contractor comment on why improved data collection has not happened yet despite the amount of funding put into Health Information Systems over the last two decades. Recommendations are needed as to how countries could do better and move forward on improving data collection and quality of data, as well as on the use of data for disease control and health sector management.

Finally, TERG requested that a concept note on the Model Impact Evaluation Platform and its operationalization be submitted by the contractor to the TERG before its December meeting.

2.3. Dissemination and Sustainability

Country data collection has been completed in six out of the eight primary data collection countries, with the exception of Tanzania and Peru. Data processing is complete for five of these six countries where data collection is complete, with the exception of Malawi. Standard records have been developed for the facility survey and the household survey. Country reports are a major challenge as their development takes place in parallel with the drafting of the Study Area 3 Report. Country reports are available for nearly all countries but not in a final version.

With respect to country reports:

- The TERG emphasized the need to highlight the main findings in the country reports in the Study Area 3 Final Report.
- The TERG also asked the contractor to define the process of endorsement of data by countries.

A total of \$3.5 million has been contributed by PEPFAR to strengthen components of the SA3 study specifically addressing country gaps, capacity building, dissemination and sustainability. Until now \$1.45 million has been allocated to the data quality and analysis workshops, support to Haiti and Burkina Faso activities and to support core costs. The remaining \$2 million will be allocated to data dissemination, data archiving, a system-wide effects analysis and sustainability.

With respect to dissemination of results:

- Dissemination workshops are included in the Terms of Reference for Study Area 3. The TERG supported by the Secretariat should help define the process of these

workshops with the contractor. The contractor will organize the workshops and provide a roll-out plan to the TERG. Most of these workshops are expected to take place before the May 2009 Board meeting.

- The TERG recommended that the dissemination workshops in-country should present the country report as a work in progress, and should be an opportunity to encourage country ownership of the country report, to strengthen the assessment of the needs and to develop a plan for future evaluations. These workshops should aim to improve programs (rather than M&E only) and should involve Ministries of Health, CCM members and key stakeholders.
- In considering the process for finalizing Study Area 3 and the dissemination of results, the TERG recommended that the contractor seek feedback from respective WHO departments and UNAIDS regarding the contents of the Study Area 3 Report.

TERG also discussed the health system effects study (SWEf Study) which is not a formal part of the Five-Year Evaluation. This study is being co-conducted by GHIN USAID and WHO/HIV, and was presented as a harmonization exercise, based on country-led analysis in six countries that are also part of Study Area 3. The SWEf Study will be an additional opportunity for capacity building, wider use of the data generated by the DCA and, whenever possible, findings will be used to strengthen the SA3 report. As advised by the TERG, the Secretariat will ensure that this Study will not confuse or dilute the messages and conclusions from the Five-Year Evaluation. The workshop being organized to analyze the SWEf Study data in late November, in collaboration with the contractor, will be an opportunity to contribute additional data to the SA3 report.

3.0 Review of Draft Synthesis Report & Benchmarking Study

3.1 Background

On 15 September 2008 the Macro consortium responsible for Study Areas 1 and 2 and the Synthesis Report submitted to the TERG the draft Synthesis Report, based on an 'Analytical Framework for the Synthesis of Study Areas 1, 2, and 3' submitted to the TERG on 1 August 2008 and a draft outline submitted 16 June 2008. Along with the draft Synthesis Report, as requested by the TERG, Macro also submitted a Benchmarking Study. Lack of adequate benchmarking had been previously identified as a gap in Study Area 1 of the Five-Year Evaluation.

3.2 Discussions and Recommendations

TERG discussed the draft Synthesis Report and had the following comments and recommendations. TERG suggested that:

- The 10 themes as currently presented should be simplified and should relate more directly to the evaluation questions contained in the Terms of Reference and the Global Fund principles.
- Macro should refer to the TERG Summary Paper on SA2 in preparing the Synthesis Report.
- Impact results should inform all chapters.
- The Synthesis Report should be less complex and more accessible to the reader. It could be more simply constructed around three basic questions:
 - What makes the Global Fund unique?
 - Is there evidence that it works?
 - How can we make it better?

The TERG welcomed the Benchmarking Study presented by Macro and supported the use of the MEFF tool. The TERG, however, recommended caution in using the tool and interpreting the results in that some of the reported scores for other organizations were implausible and this tool was not designed for organizations such as the Global Fund. The TERG also recommended that:

- In using the MEFF tool, the Global Fund should be assessed using a 'facilitated self assessment' approach.
- Macro should include in the Benchmarking Study the previous results from benchmarking studies done as part of Study Areas 1 and 2.
- GF should be compared to other donors, not mainly to the UN. Macro should consider the possibility of designing an additional benchmarking study against other major funding organizations based on amounts spent on:
 - Management/administration
 - TA provision
 - Amount delivered to countries

4.0 Other business

The TERG requested that the Secretariat investigate and clarify findings of the Study Area 2 report related to procurement.

TERG will propose to the Board to undergo a self-assessment, and requested Secretariat support to develop a self assessment methodology. A draft framework for the assessment of the TERG will be prepared for review by the TERG in January prior to use at the 11th TERG meeting in February 2009. The results of the self-assessment would be presented to the Board in May 2009.

In addition, TERG requested clarification from the Secretariat on the new Secretariat structure and linkages with TERG.

5.0 Summary of next steps

A final draft of the Study Area 3 report will be reviewed at the TERG working group meeting on 16-17 December. The TERG recommended that the contractor should seek feedback from WHO departments regarding the content of the Study Area 3 report. The contractor requested high-level comments on the Executive Summary (received 1 October) to ensure the tone of the next draft meets TERG expectations. TERG specifically requested that the Secretariat provide a comparison of the Study Area 3 Report and the original Terms of Reference and the Inception Report for Study Area 3.

The contractor committed to deliver by 10 October a draft presentation for the November 2008 Board meeting, highlighting key findings. Finally, TERG requested that a concept note on the Model Evaluation Platform and its operationalization be submitted by the contractor to the TERG before its December meeting. A revised timeline was discussed and the TERG meeting dates agreed.

In order to obtain feedback from the TERG prior to preparing a new draft Synthesis Report, Macro will provide to the TERG a two-page revised framework taking into account the TERG comments and recommendations (due 10 October 2008). Macro will then submit a revised draft Synthesis Report and updated Benchmarking Study in December 2008, to be reviewed at the TERG working group meeting on 16-17 December 2008.

Date	Action
10 October	Two page description of the revised framework for the Synthesis Report to be submitted to the TERG by the contractor
1 st week December (to be confirmed)	SA3 Draft Final Report + Model Evaluation Platform + Draft Final Synthesis Report submitted to TERG
16-17 December	TERG Working Group meeting to review Draft Final SA3 Report + Draft Final Synthesis Report
1 st week February 2009 (to be confirmed)	Final SA3 Report + Final Synthesis Report submitted to TERG
26-27 February	11 th TERG meeting – Approval of Final SA3 Report & Final Synthesis Report for Printing
March / April 2009 (tbc)	PSC Review of Final SA3 Report, Final Synthesis Report & TERG Summary Paper on SA3
May 2009	Presentation of the Final SA3 Report, Final Synthesis Report and TERG Summary Paper on SA3 to the Board

6.0 Next meeting

The TERG agreed to hold a Working Group Meeting on 16-17 December 2008 to review the Penultimate Report on Study Area 3 and the draft Final Synthesis Report of the Five-Year Evaluation. The 11th TERG meeting was agreed for 26-27 February 2009 in Geneva, Switzerland.

ANNEX A

MEETING AGENDA & PARTICIPANTS LIST

Wednesday 1 October

Venue: 10th Floor, The Global Fund

- | | | |
|----------|----------------------|---|
| | 08.30 – 09.00 | TERG Retreat Breakfast |
| 1 | 09.00 – 09.15 | Introduction & Review of Agenda
<i>Chair for morning session: R. Korte</i> |
| 2 | 09.15 – 09.30 | Update from PSC including TERG member selection <ul style="list-style-type: none">- R. Korte |
| 3 | 09.30 – 10.00 | TERG Member Rotation & TERG Support Structure <ul style="list-style-type: none">- R. Korte |
| 4 | 10.00 – 10.30 | Introduction of Study Area 3 Interim Report <ul style="list-style-type: none">- Presentation - T. Boerma- Questions, clarifications |
| | 10.30 – 10.45 | Coffee |
| 5 | 10.45 – 13.00 | Detailed Review of SA3 Report: Malaria, TB, HIV Chapters <ul style="list-style-type: none">- Presentation - T. Boerma- TERG discussion and recommendations |
| | 13.00 – 14.00 | Lunch |
| 6 | 14.00 – 15.30 | Detailed Review of SA3 Report: Health Systems & Financing <ul style="list-style-type: none">- Presentation - T. Boerma- TERG discussion and recommendations <i>Chair for afternoon session: to be confirmed</i> |
| 7 | 15.30 – 16.30 | Detailed Review of SA3 Report: Background, Methodology & Data <ul style="list-style-type: none">- Presentation - T. Boerma- TERG discussion and recommendations |
| 8 | 16.30 – 17.30 | Overall Assessment of Quality of Study Area 3 Report <ul style="list-style-type: none">- Summary Presentation - C. Mahe- TERG discussion and recommendations |

Thursday 2 October

Venue: 10th Floor, The Global Fund

9 09.00 – 10.00 Summary of TERG recommendations, timeline to improve SA3 Draft

- Discuss and finalize TERG recommendations

Chair for morning session: to be confirmed

10 10.00 – 11.30 Update on Study Area 3 process and sustainability

***Inclusive of
coffee***

- Presentation by M. Vaessen
- Update on PEPFAR contribution to Five-Year Evaluation
- Update on dissemination of country reports, sustainability
- TERG discussion and recommendations

11 11.30 – 13.00 Review of progress on Synthesis Report

- Presentation on Synthesis Report by J. Sherry
- Presentation on preliminary feedback received, M. Bendig
- Review of timelines
- TERG discussion and recommendations

13.00 – 14.00 Lunch

12 14.00 – 15.30 Review of progress on Benchmarking Study

- Presentation on Benchmarking Study by L. Ryan
- TERG discussion and recommendations

Chair for afternoon session: to be confirmed

13 15.30 – 16.30 Planning for presentation of Study Area 2 to Board Retreat

- Overview of SA2 recommendations to be presented to Board 7-8 October
- TERG discussion and recommendations on key messages to the Board

Friday 3 October

Venue: 10th Floor, The Global Fund

- 14 9.00 – 10.00 Summary of TERG Recommendations Day 1 & 2**
- Presentation by Secretariat
 - TERG discussion and finalization of recommendations
- Chair for morning session: R. Korte*
- 15 10.00 – 11.30 Discussion of TERG SA3 messages to be presented to Board**
- Identification of key findings from SA3 report and key messages on the SA3 process
- 16 11.30 – 12.30 Review of Five-Year Evaluation timeline and workplan**
- Secretariat presentation of workplan, timeline, deliverables
 - Discussion of dates for next TERG meeting
- 12.30 Wrap-up and lunch**

List of Participants – 10th TERG Meeting, 1-2 October 2008

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Annex B

TERG Working Group Meeting Summary Report 10 September 2008

A TERG Working Group Meeting was held 10 September 2008 to review the preliminary draft Study Area 3 Report. As the deadline for receipt of the second draft of the Study Area 3 report occurred only 2 weeks after this meeting, not all comments could be taken into account in the new draft. For this reason, the TERG's specific feedback given during the Working Group Meeting is included herein as an integral part of the TERG's advice to the contractors in finalizing Study Area 3. The TERG Working Group meeting was attended by the following TERG members: Rolf Korte, Rose Leke, Stefano Bertozzi (by teleconference), Lola Dare, Bashirul Haq, Jaap Broekmans, Paul De Lay, Bernard Nahlen and Paulo Teixeira. The contractor was represented by Ties Boerma.

1.0 Introduction

This document reports on the Special TERG Working Group Meeting on Study Area 3, which took place 10 September 2008 in Geneva, Switzerland at the Global Fund premises. It provides a summary of key issues discussed and the TERG's recommendations. The agenda for the meeting and participant list are attached as Annex A. The TERG meeting focused principally on the review of the Five-Year Evaluation Study Area 3 (Health Impact) Draft Final Report. Overall meeting objectives were as follows:

- Review Five-Year Evaluation Study Area 3 Draft Report submitted by Macro
- Discuss process to finalize the Study Area 3 Report
- Develop the TERG response to contractors on the Draft Report on Study Area 3

2.0 Review of Study Area 3 Draft Report

2.1 Background

The Five-Year Evaluation contractors - Macro Study Area 3 Consortium - delivered a preliminary draft report to the TERG on 27 August 2008. The deadline for receipt of this report was originally 30 April 2008, however the TERG agreed to multiple extensions due to delayed data collection activities^a.

In preparation for the meeting, in order to assist the TERG in its technical review, the draft report was reviewed by several key external partners and international experts. All reviewers were asked to maintain strictest confidentiality, and were made aware that their comments would be delivered directly to the TERG for their consideration. TERG requested in future to be more fully involved in the selection of external expertise and before disseminating drafts.

Ties Boerma, the Macro consortium representative, apologized for the quality of the Study Area 3 draft. He explained that the report is still under development and that a writing workshop was scheduled for the following week. Nevertheless, the contractor is still aiming to meet the agreed due date for the next version of 22 September.

^a The original due date for the draft SA3 report was 30 April 2008. At the February 2008 TERG meeting, TERG was informed by Macro that the draft report with placeholder for missing data will only be submitted on June 30. At the May 2008 TERG meeting, an extension of the deadline for the draft report to 15 August was requested by Macro in order to maximize the quality of the deliverable without impacting on the availability of this report for the November Board meeting. On 15 August, the secretariat was informed that Macro will not be able to deliver at the previously agreed date. An e-mail was sent from the TERG chair to Macro on August 22 agreeing reluctantly to postpone the report date to 27 August.

A summary of the external reviewers' and partner's comments was presented to the TERG. The TERG emphasized that all raw comments should be sent to the contractor. The main overarching issues raised by external reviewers were as follows:

- The design is not clear, there is a need to specify more clearly the evaluation hypothesis, framework and counterfactuals;
- There is a lack of meaningful contextual information such as health system status, national disease control strategy, timing and resource allocation;
- The report is too descriptive and lacks analysis of the linkages across observations, triangulation of data, summary graphs;
- Quality of the data should be considered as the backbone of the analysis. There is no empirical data highlighting the exact quality of routine data used, and no quantification of the missing data. The reliability should be distinguished according to data source.
- There is too much emphasis on information widely available. No clear distinction is made between new and existing data, while additional data collected are poorly valued;
- The impact component is relatively weak. It relies only on modeling and the modeling exercise is somewhat difficult to understand;
- Some data (particularly financial data) needs cross checking as in some cases there are inconsistencies with other partners' reports
- There is no real effort to include data from country-level evaluations or studies beyond main surveys (particularly relevant for high risk groups).

Some TERG members raised concerns about the time spent by reviewers and partners on a document which was initially anticipated to be at a far more advanced stage. Concerns were also expressed about the dissemination of such an early draft. On the other hand, TERG members emphasized the value of this opportunity to give feedback at an early stage, when significant changes can still be made. The Secretariat received important feedback from partners who were asked to input on this draft. The consortium representative acknowledged the many constructive comments and their usefulness in the revision of the current draft.

2.2 Discussions and Recommendations

The TERG emphasized that the contractor should work towards a concise report focusing on the key and central conclusions and their justification, containing all data in annexes.

The TERG found that currently, the report is overly long and contains mostly already-published data. TERG recommends that the contractor focus on the impact of the combination of programs at country level. Much of the data provided is not relevant to assessing the impact of programs.

TERG also requested a greater emphasis on the new data that has been collected through this exercise, and the need to show the value-added of the Study Area 3 process.

In the current draft, the TERG found that the data presented indicates that there has been very little change since 2001. This raises serious questions as to the impact of health investments in countries. Further investigation may be needed as to how contextual factors might affect the impact and which interventions are more or less effective.

The methodology for country selection was informed by the kind of dynamics in the country. It was thus thought useful to construct an analysis using various country groupings.

Overall, the TERG found the report to be substantially underdeveloped. Although the contractor felt able to meet the next deadline of 22 September for a final draft, TERG felt this was not realistic. The TERG decided to consider the next draft to be an interim rather than final report.

In revising the draft, TERG emphasized that the contractor should take into account the TERG's previous comments and the additional specific suggestions from the TERG on each section. The TERG also provided specific comments on each chapter, by disease:

Tuberculosis

TERG found that the TB chapter presented interesting data and new perspectives. Major comments included:

- Diagnostic intensity and treatment outcomes need to be validated across countries;
- Trends in case notification rates in table 6.1.7 are mixed up and should be cross-checked;
- An attempt should be made to model impact in term of death averted
- Interesting tables like 6.2 should be further interpreted: this is a new criterion for impact measurement that is interesting and valuable, but it is difficult to come to meaningful conclusions unless presented against the context of the country;
- Data quality should be further investigated: the discrepancy in the availability of data between sub-national, national and global data is an important issue which needs to be substantiated regarding global M&E system. What is the problem? Why isn't the data there?
- It would be useful to tabulate for the 18 countries in 2000 and 2006 the following data: cases detected, cure rate, costs and model cost per death averted;
- This report should make use of the 4-5 countries with peer reviewed publications on impact: Tanzania, Malawi, Vietnam;
- A comparison of the 6 high burden countries and the non-high burden countries based on cure rate for example could provide an interesting contrast that could inform the conclusions.

The consortium representative emphasized that the report uses case notification instead of case detection as it is more robust. In addition, a modeling exercise on TB is not planned due to the low reliability of the predictions.

Malaria

- TERG noted an error page 49 in the statement saying that Vietnam has the highest number of people at risk of malaria;
- Ethiopia does not have a policy on IPT and pregnancy because it does not work there;
- Financial data goes to 2006. Is the 2007 data not yet available?
- Latest Rwanda MIS parasite prevalence data should be included in this report;
- This report should comment on data quality and alignment of various surveys, standardized approaches to data analysis;
- Zanzibar has sub national data which can provide indication of what happens with high level coverage and impact on disease burden, even though there are no national data - this example should be consider in SA3;
- The urban/rural and gender equity issues should be considered. For example, in Kenya, the analysis of the survey data so far doesn't indicate a female child is any less likely to sleep under a bednet than a male child;
- There is also a timing issue in that many countries didn't change drug policies on ACTs (much of it was driven by GF). ACT assessment should be re-examined;
- The model needs to be better explained: how treatment is taken into account?

HIV/AIDS

- This chapter on HIV is probably the least coherent in terms of key messages. There are no real conclusions, no synthesis. Much data is presented, mostly from the UNGASS report.
- Quite rightly, the analysis of the epidemiology shows that the stabilization in prevalence and declines in incidence and mortality probably have preceded the scale up of TGF resources. There is a need to take a closer look at the last 2 years, where a substantial increase in service coverage on both prevention and treatment side has been observed.

- One of the weaknesses in HIV is quality of services, particularly for prevention services. Very little data has been collected and the data of this report is a useful addition. There are nevertheless some concerns regarding to how quality of services is being defined (ARV standards should not be used for VCT services)
- Data on most at risk populations is very weak. However, this was not clearly included in the research plan.
- Prevention is difficult to evaluate and precaution should be taken before saying that it does not work

Additional comments on HIV from a follow-up conference call:

Modelling:

Modelling will be used to estimate years of life gained with treatment and changes in prevalence adjusted on ARV use. Infections prevented are more complex. Indeed, in the report, the HIV prevention has been limited to health service interventions (VCT, PMTCT, ART). Since the full spectrum of HIV prevention has not been addressed, it may be difficult to model infections prevented.

Behavior changes:

The assessment of the progress toward impact is still weak and unclear, in particular for behavior change. Most of the funding went into the health service intervention and there is a huge gap in data on implementation and on the efficacy of other interventions. Behavioral changes should be documented and the report should assess to what extent they could affect the course of the epidemic. A more analytical approach of the effect of behavioral intervention could be included but the report will need to manage expectations, i.e. justify why it focused on health facility intervention and on the biological efficacy.

Benefits of intervention:

The report needs to state clearly how data is going to be used to show benefit in terms of limiting the epidemic. It needs to distinguish between how things have actually happened and how we would have expected the epidemic to have evolved without intervention.

2.3 Next Steps

The TERG asked whether the current deadline should be maintained, given the quality of the present draft. TERG was unsure whether the contractor could meet the 22 September deadline for a final report but the contractor reassured the TERG that a mature draft will be available by the agreed deadline. The TERG emphasized the need to ensure a quality report and did not want to impose an unrealistic timeline.

The contractors have planned a week-long writing retreat to meet the deadline. However, to date, only 16 of 18 countries reports have become available. The contractors agreed to submit the next draft of the Study Area 3 report on the 22nd, including all basic conclusions. However the TERG members present at that meeting expect that there will be gaps, partly due to the fact that some data is still being collected in countries.

It was emphasized that at the October TERG meeting, the TERG expect to reach broad consensus on the report and to give the contractor guidance for additional work. TERG anticipates presenting to the Board at its November meeting a number of messages that are sufficiently firm and relevant. The full Study Area 3 report is expected to be ready for review by the TERG at its February 2009 meeting. The final Study Area 3 Report will be presented to the Board in April 2009.

Early comments had been collected from the Secretariat. The TERG requested that an anonymized summary of these comments be sent to the contractors and TERG.

Date	Action
22 September 2008	Draft Final Study Area 3 Report due from Macro
1-3 October 2008	Review draft TERG Summary Report on Study Area 3 at 10 th TERG Meeting
7-8 November 2008	Key findings of Macro interim SA3 report to be presented at the Global Fund Board meeting
February 2009 (tbd)	11 th TERG meeting – Review SA3 Draft Final Report
April 2009 (tbd)	Presentation of the Final SA3 Report and TERG Summary Report on SA3 to the Board

3.0 Next meeting

The 10th TERG meeting was agreed for 1-3 October in Geneva, Switzerland. The TERG will continue to review Evaluation products between meetings, and report on these to the PSC and the Board as they become available.