

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

11<sup>th</sup> Meeting

**Geneva, Switzerland 26-27 February 2009**

## 1.0 Introduction

This document reports on the 11<sup>th</sup> TERG Meeting which took place 26-27 February 2009 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 final draft of the Five-Year Evaluation Study Area 3 (Health Impact) and the final draft of the Synthesis Report.

## 2.0 Review of the Study Area 3 Final Report

### 2.1 Background

On 12 February, The Five-Year Evaluation Study Area 3 Consortium (led by Macro International) submitted the final draft of the Study Area 3 (SA3) report to the TERG, meeting the revised deadline. The contractor introduced the main findings and recommendations including revisions made in response to TERG feedback given at the TERG Working Group meeting held in December 2008. In response to TERG requests, the contractor also submitted an executive summary of Study Area 3 on 23 February. The main issues raised by the TERG in response to these two deliverables are outlined below.

### 2.2 Discussions and Recommendations

The TERG welcomed the submission of the Final Study Area 3 Report and reviewed the findings and gaps, guided by the analyses prepared by the TERG Support Team, which compares the report against the original Terms of Reference and previous TERG comments. TERG suggested key areas for further revision and asked that the Study Area 3 team submit the final report including the recommendations by 9 March in order to allow preparation of the TERG report on Study Area 3 in time for the 19<sup>th</sup> Board meeting.

Overall, the TERG acknowledged the improvements compared to the previous version. The TERG emphasized that Macro should also take into account the TERG's previous feedback on format and clarity, and should focus on the key conclusions and their evidence-base. In particular TERG advised that the recommendations need considerable clarification to make them actionable and asked the contractors to be cautious in suggesting the need for new studies where the Five-Year Evaluation should have generated the data already.

The TERG provided specific feedback in a number of areas to be considered by the consultants in finalizing the Study Area 3 report, as follows:

#### Overall considerations

- Absolute figures without reference frame such as 'Deaths averted 2001-2007' should not be used. Instead, a benchmark year should be considered (e.g. 2003) and additional deaths prevented should be assessed taking into account the counterfactual to assess the additional benefit. In addition, 2001 is beyond the study period, which should be clearly delineated.
- The report should explore the contextual factors and reasons for differentials such as the large increase in ARV coverage without impacting lives saved in some countries.
- TERG noted that the report lacks a substantial discussion on engagement of affected communities and at-risk populations. The report should specify whether it was possible to measure this aspect and if not, the type of data that would need to be collected to measure involvement of affected communities and at-risk populations. Relevant recommendations should be included regarding monitoring behavior change interventions and involvement of civil society, and should also be addressed in the Model Evaluation Platform. The report should include adequate emphasis on special risk groups in concentrated epidemics.

- Data related to community effort and civil society included in the Country reports should be emphasized in the final report (e.g. TERG noted that the Burkina Faso report showed significant effort in community based interventions).
- The study showed that national programs data are weak. The report should thus consider whether some of the analyses requested by TERG were feasible, given the data available. TERG also encouraged the contractor to specify any instances in which the original terms of reference may have been overly ambitious and to identify areas where special studies are needed to reach conclusive results.
- The TERG emphasized that the final report should identify any instances in which Global Fund guiding principles are not clear or feasible, or are not followed.

#### **Finance chapter**

- TERG advised that the use of purchasing power parity is not necessary self-explanatory even though this methodology is used when considering a mix of traded and non-traded goods. USD should also be presented for those who wish to look at purchasing power on the international market for traded goods.
- In addition, the results should separate out countries in which there is no malaria or very seasonable malaria, or where HIV transmission rate is low, especially in comparing per capita figures. In addition TERG advised that the discussion of external resources should be addressed in the recommendations, and different aspects and interpretations of sustainability should be clarified and discussed.
- TERG also requested additional discussion of relying exclusively on country driven demand, diversity in funding sources and long term funding stability for treatment

#### **Malaria chapter**

- In considering the malaria results, the number of febrile children reached by treatment shows no change, which could indicate a serious flaw in trying to reach these populations despite the growth in available resources. The report should identify this as a serious gap. Further, in considering the treatment of febrile children with ACTs, the contractors should consider the fact and if possible present evidence that most countries did not change drug policy until 2004, which was mostly a result of Global Fund action. Children may have been treated with SP rather than ACTs during that time, due to the time delay for changing policy, procurement and training.

#### **HIV chapter**

- The report implies lack of progress in the area of PMTCT, as 6000 infections averted is not coherent with improvement in ART coverage in general. The report should clarify this finding.
- The study did not manage to get information on service coverage for HIV prevention outside health care facilities, and its impact.
- Stigma issues should also be addressed to the extent possible, using proxy indicators such as number of patients coming for voluntary testing and counseling.

#### **TB chapter**

- In the discussion of TB the report should clarify where the investment has gone, if there is no expansion in number of facilities providing services in most of the countries. Has the funding been used for the strengthening of existing facilities?
- The report shows that there has not been a dramatic scale up in funding for TB but emphasizes the collective investment of partners. To the extent possible, the contribution of partners in collective efforts should be mentioned. Regarding TB deaths averted, TERG suggests that the calculation of life years saved (4.5-21.4 million) should be included in the executive summary.

- TERG noted a serious error in the main report in table 6.1 regarding TB case notification trends in Tanzania.
- The sample of countries included in the SA3 is not representative regarding to TB programs status. Indeed, this sample include mainly countries who have relatively mature programmes and where room for improvement is relatively small

### Health system chapter

- In considering health systems strengthening (HSS), the contractors should clarify which maternal and child health (MCH) services are stable and ensure appropriate consideration of funding of malaria and TB services to avoid bias. Indeed MCH includes services which may overlap with HIV, TB or malaria services, inducing an artificial increase of the available funding for MCH.
- Malaria should also addressed in the HSS conclusion. Detailed information from the Zambia report mentions impact data and the involvement of private sector companies. TERG suggests examining whether there are any data on reduction in outpatient visits, freeing up of hospital beds, etc.
- The examination of HSS, should also consider whether there is a net movement of human resources away from other health areas towards HIV/AIDS work, as a result of the increased funding available.

### Country case studies

- TERG members had previously requested that Study Area 3 findings should be discussed in light of documented performance information on active grants (e.g. baseline data provided to TRP, key data needed in grant milestones, etc). In response, the contractors conducted country case studies in Haiti and Tanzania, examining use of data and indicators in the performance based funding (PBF) system.
- The TERG noted the important contribution of these case studies and requested that they be appended to the main Study Area 3 report. TERG suggested the contractor should try to extract the most important conclusions to enter into the main report.
- TERG requested that the Secretariat provide additional information to contextualize the PBF case study findings.

### Recommendations

In reviewing the Study Area 3 Recommendations, the TERG emphasized the need to show clear evidence supporting each recommendation, and the need for specific and actionable recommendations. For example, the recommendation that ‘countries should improve monitoring mechanisms to track health system impacts’ is simplistic and vague, with no immediately visible practical application. The recommendation to ‘examine how funding processes can be improved to improve predictability of funding’ should also be addressed in a more detailed and actionable manner, as this was a specific expectation of the Five-Year Evaluation. TERG asked that recommendations be concrete and targeted to specific audiences, and provided the following additional specific feedback:

- In considering the recommendation to initiate a study to examine medium term implications of funding, the contractor should consider the effects of the Global Fund’s PBF funding effects compared to other donors’ funding. This should also be examined in the Synthesis Report, in light of the Study Area 1 recommendation that the Global Fund should take more proactive stance in providing funding. The contractors may also want to consider whether the TRP should be considering applications blind to countries’ funding situations.
- TERG found that some recommendations were formulated as findings, and needed considerable strengthening, such as the recommendation to ‘improve evaluation of scaling up in the future’. This recommendation should be expanded to clarify that it is good example of dissonance between Global Fund’s principles and practice. If a sufficient data environment does not exist to allow performance based funding to proceed as intended the

report should provide specific recommendations as to whether TGF should consider a different funding model at least in some countries or how the current deficits can be addressed.

- TERG suggested the recommendation regarding investment in health management information systems (HMIS) should be reformulated to emphasize aspects that should be included in grant approval mechanisms, and to avoid impression that Global Fund should become more prescriptive. The recommendation should emphasize the importance of coordination among international partners in improving HMIS and should discuss the success or failure of the Global Fund M&E Strengthening Tool (and other existing tools) that have been endorsed by all partners. The contractors could consider recommending a global HMIS platform requiring minimal data.
- In considering the recommendation regarding the Model Evaluation Platform (MEP), TERG suggested to clarify language and emphasize that the MEP is an 'open-source' product that is available to all partners and countries and can be adapted to specific country needs.

## 2.3 Next Steps

The final Study Area 3 report will be submitted by the contractors on 9 March and the results will be presented to the PSC on 19 March. The TERG Summary Report on Study Area 3 and Final Study Area 3 Report from Macro will be presented to the Board at its 19<sup>th</sup> Meeting in May 2009. The TERG Summary Paper will be developed during a writing workshop in mid-March. In order to meet these deadlines, TERG requested submission of the following deliverables according to the schedule below:

Date	Action
3 March	1-4 page summary of each country reports sent to TERG
9 March	Study Area 3 revised executive summary and final recommendations sent to TERG
15 March	Final draft of the MEP submitted to TERG
19 March	Presentation of SA3 Findings and Recommendations to PSC
20 March	TERG Writing Workshop to develop TERG Summary Report on SA3
31 March	Final SA3 report sent to TERG with professional layout
6 April	Deadline for submitting deliverable to the Board
15 April	Final Model Evaluation Platform sent to TERG
6-8 May	Presentation of the Final SA3 Report and TERG Summary Report on SA3 to the 19 <sup>th</sup> Board Meeting

## 3.0 Review of the Synthesis Report

### 3.1 Background

The TERG and Secretariat originally anticipated receiving a full and mature version of the Five-Year Evaluation Synthesis Report on 2 December 2008 but instead received the first full draft of the Synthesis Report on 17 February 2009. Given the limited time available for TERG input, the contractor shared early drafts of the conclusion statements with the TERG in late January. A TERG teleconference was held in early February to discuss the preliminary draft Synthesis Report conclusion statements and TERG feedback was shared with the contractors. The draft Synthesis Report received 17 February 2009 was the first full, complete draft that the TERG was able to review.

### 3.2 Discussion & Recommendations

Representatives from the contractor introduced the draft Synthesis Report and reiterated regrets that the original deadlines were not met, explaining the challenges of developing a complete draft of the Synthesis Report in parallel to the finalization of the SA3 report. The TERG made the following specific recommendations for consideration by the contractor in finalizing the Synthesis Report:

- Recommendations should be actionable, specific, focused and succinct. The wording of findings is currently somewhat convoluted. Essential background should be presented before each finding, leading to a clear statement of recommendation. TERG noted that several recommendations showed weak linkages to discussion in the text. The Board is already aware of many of the issues describe in the Synthesis report and therefore expects concrete alternatives and solutions for consideration.
- The report should examine the Fund's partnerships, relationships with the UN system, TA, and relationship with governments/parliaments now and in the future, in light of the fact that the Global Fund was established to be independent of the UN system.
- The report should also consider issues of eligibility for funding, especially in light of the new national strategy application process. Any discussion of NSAs should also address issues in applying performance based funding principles.
- Additional emphasis is needed on civil society involvement, vulnerable populations, those at greatest risk for not getting good care, including CSWs, MSM, etc. Partnerships with civil society organizations (CSOs) should be highlighted along with the variability in experience of CSOs in trying to engage government
- Gender issues discussion should be further addressed throughout the synthesis report.
- The Synthesis Report should examine whether the Global Fund's founding principles still hold true, given the changing environment and new strategies being launched.
- The report should address the gaps identified in Study Areas 1, 2 and 3 and should emphasize the ambitious nature of the evaluation.
- The Five-Year Evaluation did not specifically address concentrated epidemics and high risk groups, but it is important to state why these issues could not be addressed, and the types of studies that should be conducted in the future to address these issues.
- The contractors should consider the idea that outcome level measurement should be the focus in later years of a grant, but that input level measurement should be the focus in the earlier years of a grant. Solid baseline data remain the basis for any PBF system. The report should also recognize that PBF based on outcomes is highly does not allow attribution to GF inputs. as many partners contribute to outcomes. Measuring output as opposed to outcome provides measures of attribution vs. contribution. The report should discuss these aspects in light of the Global Fund's current or expected role in basket funding and SWAp funding scenarios. The report should consider how PBF principles can be preserved while improving alignment with partners.
- TERG does not agree with the recommendation suggesting a need for country level representation of TGF as this would represent a departure from the Fund's basic principles and philosophy. TERG raised concerns that this recommendation would undermine CCMs by placing a TGF management unit in countries. TERG emphasized the importance of empowering CCMs to ensure meaningful participation of different constituencies. TERG requested that the wording of the related recommendation be refined in light of similar recommendations made in Study Area 2. TERG suggested that the recommendation should be amended to recognize that in some countries inclusive coordinating mechanisms exist, and not in others. It is important to emphasize in this recommendation that any other mechanism employed must uphold the Global Fund guiding principles. The report should also explore the tension around the definition of 'country' and why GF has used a broad definition, especially to include affected communities.
- TERG questioned whether examples exist of duplication of resources or lack of additionality in some countries, and emphasized that the Global Fund is not funder of last resort, but rather funder of critical gaps.

- Given the strong evidence that CCMs are often not working as intended, the report should make clear recommendations as to how to improve countries' sense of ownership of such a coordinating body, and the need for flexibility in allowing some differentiation country by country.
- The recommendation regarding risk management is not specific enough to the Global Fund and is not adequately linked to findings. The Global Fund empowers country-level structures CCMs, PRs and LFAs to manage risk, thus recommendations for improved quality management mechanisms should be targeted at this level.

### 3.3 Next Steps

The final Synthesis Report recommendations will be submitted by the contractors on 13 March, taking into account the final Study Area 3 recommendations which will be available on 9 March. The findings and recommendations will be presented to the PSC on 19 March. The TERG Summary Report on the Synthesis Report and Final Synthesis Report from Macro will be presented to the Board at its 19<sup>th</sup> Meeting in May 2009. The TERG Summary Paper will be developed during a writing workshop in mid-March. In order to meet these deadlines, TERG requested submission of the following deliverables according to the schedule below:

Date	Action
13 March	Final Synthesis Report recommendations and conclusions to be received by TERG
19 March	Presentation of Synthesis Report recommendations and conclusions to PSC
20 March	TERG Writing Workshop to develop TERG Summary Report on Synthesis Report
31 March	Final Synthesis Report sent to TERG with professional layout
6-8 May	Presentation of the Final Synthesis Report and TERG Summary Report on Synthesis Report to the 19 <sup>th</sup> Board Meeting

## 4.0 TERG Renewal

### 4.1 Background

Under the TERG Terms of Reference (TOR), TERG members normally serve for a period of three years, and may serve up to two consecutive terms. In addition, the TOR state that “after the first full term of a member, the rotation of members shall be such that approximately one third of the membership is changed every year”. The Board appointed 8 members of the TERG in March 2004. Under delegated authority, the MEFA Committee appointed the 9<sup>th</sup> member of the TERG at its meeting in May 2004.

In October 2007, Dr Etsuko Kita and Dr Ties Boerma resigned and were replaced by Drs Aoyama and Dare. In November 2008, Mr Ernest Messiah was replaced by Dr Lixia Wang.

At its 6<sup>th</sup> Meeting in March 2007, the TERG considered the issue of TERG rotation and recommended that currently-active members be retained for the duration of the Five-Year Evaluation which ends in May 2009. This recommendation was endorsed by the PSC.

Six TERG members have served at least one full term and are now eligible to rotate off the TERG.

### 4.2 Discussion & Recommendations

The TERG proposed that to ensure continuity during the final stages of the Five-Year Evaluation, the terms of the six members scheduled to rotate soonest will end by September 2009 (David Barr, Stefano Bertozzi, Bashirul Haq, Rolf Korte, Rose Leke, Loretta Peschi). The Board has submitted

nominations to fill these six TERG seats and the new TERG members will be confirmed by the Board in May 2009. The terms of the new members will begin in September 2009. It was decided that the election of the new TERG Chair and Vice-Chair will take place at the TERG's 12th Meeting to be held in September 2009 once all six new members are appointed.

## **5.0 Global Fund Evaluation Agenda 2009-2010**

### **5.1 Background**

The Director of the Monitoring and Evaluation Unit presented the Secretariat's evaluation agenda for 2009-2010, pointing out the currently-weak evaluation capacity and lack of evaluation agenda beyond the Five-Year Evaluation. The Secretariat proposes to select 6 grants in year 1 for Secretariat to work with PRs to develop evaluation plans, and will conduct 2-3 organizational evaluations per year on subjects that could include performance based funding or CCMs. Special case studies will be commissioned on health system strengthening.

### **5.2 Discussion & Recommendations**

TERG emphasized the need for a strategic prioritization of the Secretariat's evaluation activities and ask more details about the data quality strategy.

TERG members suggested the Secretariat should increase its focus on 'self-evaluation' and quality management approaches. Efforts should be invested in building capacity and strengthen the M&E capacity of programs rather than commissioning evaluation at country level

As TERG report to the Board, TERG emphasized its independence and role in setting its own evaluation agenda, in addition to advising the M&E Unit. The TERG emphasized the continuing need for TERG budget and support structure, including the need for a specific team of at least 2 dedicated full-time professionals in order to maintain the independence of its operations.

TERG reminded the Secretariat that during the MEFA deliberations in 2003 the MEFA struggled with how to maintain the independence of monitoring, to avoid any conflict of interest or self-promotion in the data and evaluations produced within the Secretariat. TERG cautioned against expanding the Secretariat's evaluation unit immediately upon termination of the Five-Year Evaluation and emphasized the need to ensure independence of the evaluation function.

Finally, the TERG requested that the Secretariat convert the presentation given on the Secretariat's evaluation agenda into a written document to be then shared with TERG so as to ensure the TERG evaluation agenda is complementary. The TERG's evaluation agenda will be presented at the next TERG meeting.

The UNAIDS ex-officio member reminded the TERG of the intention of UNAIDS to support for Global Fund and TERG evaluations through its country-level M&E advisors.

TERG asked for further clarification on the way M&E officers and Fund Portfolio managers work together for issue related to grant performance.

In considering the TERG evaluation agenda for 2009, TERG strongly emphasized the need for independent oversight of the evaluation of the Affordable Medicines for Malaria initiative (AMfM). TERG requested that the Secretariat share a detailed description of the AMfM program, and the draft statement of work for the evaluation. TERG emphasise the need to prepare a decision point for the Board in order to ensure independent TERG oversight of the AMfM evaluation.

Finally, TERG reiterated its request for a formal response from the Secretariat to the findings of the Synthesis Report and Study Area 3, and requested that this be received by 15 March in order to meet deadlines for finalization of the reports. This response should primarily identify factual and logical



errors. It is expected that the full Secretariat response to the Board on the Five-Year Evaluation will be presented in November 2009.

## **6.0 Next meeting**

TERG agreed to schedule a writing workshop for development of the TERG papers to the Board on 20 March. The 12<sup>th</sup> TERG meeting will be held 3-4 September, 2009 in Geneva. The objectives of the meeting will include review of the TERG Self Assessment, election of the new chair and vice-chair and approval of the evaluation agenda. The TERG will continue to review evaluation products between meetings, and report on these to the PSC and the Board as they become available.

**ANNEX A**  
**MEETING AGENDA & PARTICIPANTS LIST**  
**PROVISIONAL AGENDA**

**Meeting Objectives:**

- Review the Five-Year Evaluation Study Area 3 Final Report
- Review the Five-Year Evaluation Draft Final Synthesis Report
- Discussion of TERG deliverables to 19<sup>th</sup> Board Meeting and next steps

Thursday 26 February

Venue: Hope Plaza, The Global Fund

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|----------|----------------------|--|
|          | <b>08.30 - 09.00</b> | <b>Welcome coffee</b>  |
| <b>1</b> | <b>09.00 - 09.30</b> | <b>Introduction &amp; Review of Agenda</b><br><i>Chair for morning session: R. Korte</i>   |
| <b>2</b> | <b>09.30 - 12.30</b> | <b>Overview of Final Study Area 3 Report focusing on main findings &amp; recommendations</b><br><br><i>Inclusive of coffee</i> <ul style="list-style-type: none"><li>- Introduction - F. Greenwell</li><li>- Presentation of SA3 report comparison against terms of reference - C. Katende</li><li>- TERG discussion and recommendations</li></ul> |
| <b>3</b> | <b>12.30 - 14.00</b> | <b>Working Lunch - TERG Retreat (TERG Members only)</b><br><br><ul style="list-style-type: none"><li>- Discussion of TERG Rotation</li><li>- Selection of TERG Chair &amp; Vice-Chair</li></ul> <i>Chair for afternoon session: tbd</i>  |
| <b>4</b> | <b>14.00 - 17.00</b> | <b>Review of Final Draft Synthesis Report</b><br><br><i>Inclusive of coffee</i> <ul style="list-style-type: none"><li>- Introduction of Synthesis Report - J. Sherry</li><li>- Presentation of Synthesis Report comparison against terms of reference - C. Mahe</li><li>- TERG discussion and recommendations, including next steps</li></ul>      |
|          | <b>18.30</b>         | <b>TERG Reception &amp; Dinner - venue tbd</b>   |

Friday 27 February

Venue: Hope Plaza, The Global Fund

- 5 9.00 - 10.15 Evaluation Agenda 2009-2010**
- Presentation of Global Fund Secretariat Evaluation Agenda - E. Addai
  - TERG discussion on the Evaluation Agenda beyond the Five-Year Evaluation
- Chair for morning session: tbd*
- 10.15 - 10.30 Coffee**
- 6 10.30 - 12.30 SA3 Additional Deliverables & Next Steps**
- Presentation on PBF case study - F. Greenwell
  - Update on Model Evaluation Platform & country reports - T. Boerma
  - Summary of TERG recommendations to contractor for finalization of Study Area 3
- 12.30 - 13.30 Working Lunch**
- Chair for afternoon session: R. Korte*
- 7 13.30 - 14.30 SA3 Additional Deliverables & Next Steps - con't**
- TERG discussion and recommendations on next steps
- 8 14.30 - 16.30 TERG Deliverables to the Board**
- Inclusive of coffee*
- Introductory presentation - A. Lang
  - TERG discussion of key contents of TERG summary report on SA3 and TERG summary report on the Synthesis Report
- 9 16.30 - 17.00 Review Five-Year Evaluation timeline and workplan**
- Confirm timeline for final deliverables
  - Discussion of dates for next TERG meetings
- 17.00 Close of Meeting**

## List of Participants – TERG 11<sup>th</sup> Meeting: 26-27 February 2009

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