

**23<sup>RD</sup> TERG MEETING OUTCOMES**

<b>Date :</b>	10-11 April 2014
<b>Venue :</b>	Global Fund Secretariat, Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland.
<b>Chair :</b>	Mickey Chopra
<b>Focal Point :</b>	Osamu Kunii

**Objectives of the 23<sup>rd</sup> TERG Meeting**

1. To finalize the Review Plan for the Mid-Term Review of the Global Fund Strategy;
2. To complete TERG position paper on MDG 4 and 5 for SIIC, and input to other thematic reviews;
3. To finalize the updated TERG ToR, SOPs and TERG Renewal and Recruitment Strategy.

**Outcomes**

1. Guidance and input from Global Fund's Chief of Staff:
  - Re-affirmation of the Secretariat responsibility and support for the Mid-Term Review;
  - Setting up of a high level MTR Working Group to ensure "the relevance of the MTR to the Global Fund".
2. TERG recommendation that the review in 2015 should be part of a rolling evaluation schedule of the Global Fund, and be termed as the *2015 Strategic Review of the Global Fund*;
3. TERG agreed upon a results framework that covers all 5 components of the new strategy. The meeting gave guidance on a select number of evaluation questions to be the focus of the 2015 Strategic Review
4. TERG recommendation that the roles and responsibilities of all stakeholders (TERG, TRP, OIG, Secretariat, partners etc.) for addressing priority evaluation questions in the Review, and specific timelines, should be defined and agreed a priori;
5. TERG request for conducting 'Program Review Plus' in selected countries which would provide an additional analysis to support a plausibility assessment of investments on disease impact;
6. TERG to work with stakeholders to assess the effectiveness of the NFM; and to work with TRP to assess the quality of Concept Notes;
7. TERG acknowledgement of the improvements in program reviews, but stress the need to strengthen impact assessments to enable greater rigor and confidence;
8. TERG review of thematic reviews and guidance on improvement:
  - MDG 4&5: TERG accepted the report and will present a position paper to SIIC in June 2014
  - Guidance provided on next steps for other reviews;
  - TERG decision to provide oversights for GLC review and advice on the Cash-on-Delivery evaluation.
9. TERG guidance on data quality assessments and investments in to country data systems.

**TERG Executive Session**

1. Agreed upon the TERG recruitment strategy
2. Discussed the level and type of support that would be required by TERG if it is to provide adequate oversight for the Strategic Review

## **Opening Session**

1. TERG Chair Mickey Chopra welcomed the members and described the objectives of the 22<sup>nd</sup> TERG meeting. He indicated that the Global Fund pre-Board session on the Mid-Term Review in Jakarta was well attended and successful. The TERG is now expected to finalize the Fund's Mid-Term Review (MTR) Plan, and hence suggested that the overarching content of this meeting should be:
  - to discuss and finalize the Mid-Term Review Plan; and
  - to identify mechanisms to raise the profile and awareness of the activities of TERG which are critical and provide added value to the SIIC and the Board.
2. The Secretariat's Chief-of-Staff, Marijke Wijnroks, in her opening remarks stressed that the MTR 'is timely and integral to the work of Global Fund', and that the Secretariat was supportive of the review. She mentioned that the establishment of a secretariat MTR Working Group facilitated 'the relevance of the MTR to the Global Fund while ensuring that it was grounded in the realities of country contexts.' The Working Group is led by the Chief-of-Staff and composed of various Heads from across the Secretariat, and provides directional guidance to anchor the review, and links it to the Secretariats corporate and operational KPIs;
3. Mickey responded that the establishment of the Working Group serves as a strong signal that the Global Fund leadership was taking ownership and responsibility over the review process; and that there was an organic link between the review and the work being undertaken by the Fund;
4. The Head of SIID, Osamu Kunii, followed by delivering a presentation where he highlighted: 1) the role of TERG in guiding and providing independence to the MTR (independence versus relevance to the Global Fund); 2) progress related to components of the Mid-Term Review Plan; 3) TERG guidance of the NFM, measurement framework and performance-based funding; and 4) highlights of the NFM.

## **Session 1 – Mid-Term Review of Global Fund Strategy 2012-2016**

5. Beth Plowman, the lead consultant working with the TERG, described the consultation process in developing the draft MTR Plan. This involved a) conducting (54) stakeholder interviews which included Board members, partners, and employees of the Global Fund Secretariat; b) presentation and question-and-answer pre-Board session at the 31<sup>st</sup> Board meeting in Jakarta; c) review of institutional documents and policies; country program reviews; lives-saved and impact modelling results; thematic reviews; partner reports etc.; and d) review and revisions of the Plan based upon feedback received.
6. Beth was followed by Mickey who provided an overview of the feedback received from the pre-Board session of the TERG at the recent meeting in Jakarta. This included: a) the need to formulate a statement around the question of attribution vs. contribution ('there is a need to be careful on lives saved modelling – delivering a bed net does not necessarily imply that a life was saved'); b) need to focus on young people, adolescents and gender issues in program reviews; c) need to go beyond the three diseases, e.g., HSS; d) examine the added value of the Global Fund in overall reduction of global disease burden; e) need to further examine comparative advantage, cost effectiveness, and value for money components; and f) the importance of the MTR in developing the next Global Fund strategy.
7. Mickey then presented the draft Mid-Term Review Plan. The presentation included an overview of the objectives of the Mid-Term Review; the scope, scale and framework of the Review; the main evaluation question and sub-questions; existing information, data sources and gaps in available information; and suggestions for analysis and synthesis. The latter included an elucidation of the components of a triangulation methodology to assess disease impact. The priority next steps in finalizing the Review Plan and conducting the Review were also highlighted.
8. The following were raised during the discussion:
  - a) Should the review be a mid-term review of the Global Fund's current strategy (2012 – 2016) and/or a review of the Funds activities over the past decade? Specifically,

should the planned review comprise dual components: 1) a mid-term review of the Funds 2012-2016 strategy, and 2) a ten-year review of the Funds accomplishments and progress? Should these components constitute a single report?

- b) The MTR is a rolling evaluation and not a point in time evaluation;
  - c) As the MTR is a complex piece with a number of moving parts, the roles and responsibilities of all stakeholders (TERG, Secretariat, OIG etc.) and the expected final deliverables need to be clearly defined priori;
  - d) How does the MTR relate to the assessment of progress towards the MDGs? The TERG may need to look at synergies between the MTR and the MDGs, given that they will both be reported during similar time frames;
  - e) How does the TERG take advantage of the MTR to help countries move forward with respect to program evaluation? There is a need to define how the MTR will feed into country review processes, and whether it can be operationalized at the country level. ;
  - f) As thematic review of RMNCH is part of a mid-term review, there is a need to go ahead and begin the implementation of recommendations.
9. Following in-depth discussions, the Opening Session resulted in the following recommendations:
- The review in 2015 is part of the rolling evaluation schedule of the Global Fund and should be termed the *2015 Strategic Review of the Global Fund*;
  - The *2015 Strategic Review of the Global Fund* will be a mid-term review of the current strategy, but will also assess the achievements of the Global Fund over the past ten years. The Review report may comprise two parts, one to answer the specific review questions of the strategy and the other consisting of the modelling work on the lives saved over the period of the 10-year evaluation.
  - The scope, scale and expected deliverables of review should be clearly defined. The roles and responsibilities of all stakeholders (TERG, TRP, secretariat, OIG etc.) in the review and specific timelines should be defined and agreed priori;
  - The timing of the *2015 Strategic Review of the Global Fund* should be fast-tracked to be useful for the next Global Fund Strategy development, replenishment process and possibly the Partnership Forum, in addition to providing mid-term correction to strategy implementation.

### **Break-out sessions**

#### 10. Group 1: Impact Goals & Targets

- a) Group 1 chaired by Mickey discussed the components of the impact assessment, and the role of Corporate and Operational KPIs, as a data sources for the review. The group explored the role for TERG in contributing towards the Operational KPI development process. The group raised concerns about the source of data for the KPIs and wanted to avoid duplication or further proliferation of data gathering.
- b) The group discussed the proposed case study approach (in the planning document) and felt that it raised expectations and seemed to be separate and out-of-sync with the Strategic Review. They reiterated that this information on the plausibility that GFATM investments have contributed to impact should come from the Program Reviews with some additional work on the impact piece. They concluded that this approach allowed the best opportunity to look at correlating program operations with impact.
- c) The group then discussed country Program Reviews as a source of data for the impact assessment. They examined the possibility of having a 'Program Review Plus' in selected countries, which would examine data along the results chain and explore alternative hypothesis for impact, which would then provide an additional analysis to support a plausibility assessment of disease impact. Countries should be prioritized for conducting 'Program Reviews Plus', which would also better inform the modelling and contribution work. The need for specific guidelines to countries in this regard was noted. The group recommended that Dr Low Beer, and the TERG Support Team work closely with the TERG and other consultants to further outline what is meant by a

plausibility design and to integrate guidance on Program Review Plus in to existing program review guidelines.

- d) A TERG member also mentioned the need to explore whether a Program Review Plus could be conducted in priority countries, which had completed a program review recently. Would it be possible to “go back” and add in the plausibility component? This would be particularly important if many priority countries have recently completed program reviews;
- e) Next, discussing the Global Fund impact profiles, the TERG viewed its role not as reviewing the impact profile per se but requesting assurance of the underlying data quality;
- f) The Group also discussed the TERGs position towards *attribution versus contribution*, and how it will collectively respond to the issue. The group determined that TERG supports the *contribution* approach and would issue a statement along these lines. It noted the initiative taken by the Secretariat in this regard and urged partners to agree upon a common approach to this issue.

**Group 1 recommendations:**

1. Remove the six ‘case studies’ as a component of the triangulation for impact assessment. Introduce ‘program review plus’ in selected countries, which will support a plausibility-level of impact assessment and support countries with adequate guidelines for this purpose;
2. A small team to develop guidance and facilitate Program Review Plus;
3. Need for quality assessment of the impact profiles and assurance of the underlying data quality;
4. TERG to propose a statement on *contribution* work to disease impact with partners, while acknowledging accountability and data system as critical investment.

11. Group 2: Strategic Objectives 1-2 – investing more strategically, and implementing the New Funding Model (including HSS and RMNCH)

- a) Group 2, chaired by Jim, discussed strategic objectives 1 and 2, and the role of the Corporate and Operational KPIs, as data sources for the review. As the Operational KPIs are still being developed, the group queried as to whether there is an opportunity to further link them with the *2015 Strategic Review*. A question was raised on the HSS KPIs which have not yet been completed. What role should the TERG play? Do they provide input into KPI development or review the proposed KPI?
- b) The group agreed that better quality national program strategies were a critical measure of success for SO1. There was consideration of which organization(s) held responsibility for assessing the quality of national disease strategies and available tools (like the JANS) for reviewing strategies. The importance of the quality of national strategies indicated priority area for consideration under SO1. Several overarching questions were proposed related to:
  - A quality national strategy as an indicator for strategic investment;
  - Stock-outs as indicator for HSS
- c) The group then considered the status of several thematic reviews commissioned by the TERG. In general, they felt that the products were not getting out and visible. They also pointed to the need for Management Responses to the thematic reviews. Clarification was sought as to whether actual approval was needed as a thematic review moved from TERG, to SIIC and Board, and if the recommendations held no policy implications. In sum, a quicker process is needed as well as more visible products and Management Responses.

- d) On specific thematic reviews, the group discussed the following. As a HSS thematic review is being developed, they felt that framing of HSS questions for the Strategic Review should await completion of that exercise. In line with the item c) above, the group questioned if the MDG 4&5 review could be advanced to the point that the Secretariat provided reactions to the recommendations. Finally, the group recommended that with this on-going work, the Strategic Review should focus on a small number of strategic issues (“get 2-3 big things right”), without conducting a highly detailed review of activities.
- e) The group noted that areas under SO2 were covered by various groups (OIG, TRP, partners, etc.). Hence, it was important to define the roles and responsibilities of all stakeholders (TERG, TRP, OIG etc.) in planning the review;
- f) With respect to the performance of the NFM, it was suggested that it may be useful to institute a mechanism whereby CCM members can provide their anonymous feedback into the operationalization of the NFM, for example, to ascertain whether it had been an inclusive process. TERG might consider covering anonymous feedback. This area needs to be synchronized with the work of the OIG.

**Group 2 recommendations:**

1. A small TERG team to further develop overarching questions and methodologies that allow monitoring of critical objectives such as improved national strategies, quality of Concept Notes and impact on health systems;
2. The TERG Support Team to liaise with relevant lead parts of the secretariat to co-ordinate data collection for different components of evaluation framework;
3. Speedier movement of thematic review from TERG to SIIC and Board with more visible products;
4. Consider a mechanism by which CCM members can give their feedback on the operationalization of the NFM – solicit opinions of those involved, and whether it has been an inclusive process.

**12. Group 3: Strategic Objectives 3-5 – Grant implementation success (including risk, value for money and partnerships); human rights; and sustainability**

- a) The group examined the value-for-money (VfM) concept using the DFID framework of: 1) economy; 2) efficiency; and 3) effectiveness. The group agreed that VfM is a ‘dynamic element’ which needs to be viewed within the broader principle of equity. In this regard, the group discussed the importance of National Health Accounts (NHAs) as one of the inputs that can support a VfM assessment. NHAs can provide an overview of trends in spending and potentially support an understanding of whether funding gaps in broad areas such as treatment, prevention and support for marginalized groups were addressed, as well as provide a background on financial sustainability issues. The NHAs can also, to some extent, provide a frame of reference for unit cost assumptions that serve an assessment of efficiency of spending. TERG members requested for the National Health Accounts (NHA) assessment schedule of the WHO.
- b) The group was informed that the TRP has a definition on value for money that they use on an on-going basis - characterized as a small set of questions that they ask of each country. The Global Fund also has an official VfM framework.
- c) The group questioned the large number of questions proposed around SO3 and requested a small number (2-3) at a strategic level leaving the details to other groups. An example of an overarching question: “Does the Global Fund have a risk management strategy and if so, does it work?” The group further suggested collapsing questions, perhaps following the 3Es above;
- d) Group 3 further suggested that SO4 may be addressed as part of access under SO3 or under SO2. Equity underpins most of these areas. Some were of the opinion that SO4,

at the current time, could best be reflected under SO1 in terms of populations at risk being appropriately included in the Concept Notes;

- e) SO5 is about allocation: 2-9 are about mobilization, but NHA is important.
- f) Based on the suggestions, the group suggested that there is a need to define overall strategic questions.

**Group 3 recommendations**

1. Need to consolidate and focus on a smaller set of strategic questions;
2. Request NHA schedule from WHO as one of inputs that can support a VfM assessment.

13. Plenary session on 2015 Strategic Review

Following the break-out sessions, the TERG met in plenary to discuss the recommendations of the three groups on the review plan and to map the next steps for its finalization. The following is a summary of the discussion:

- a) The TERG needs to send a clear message, including submissions to both the SIIC and the Board, that the *2015 Strategic Review of the Global Fund* is not a 'one-off' report, but part of an on-going rolling system of evaluations that comprise program reviews; assessment of impact profiles; lives-saved analysis; thematic reviews; and analysis of other identified data sources;
- b) The TERG felt that a rolling evaluation approach was best suited to the nature of strategy implementation wherein not all questions need to be answered in the same manner at the same time. Rather, they preferred to map or sequence questions and issues according to what can be / should be answered. The refined questions would then be used to identify where the data and capacity exist to answer them and then a prioritization;
- c) The TERG will continue to map evaluation questions, commission reviews required for gathering evidence, and synthesize evaluations (meta-reviews). The final synthesis report should track implementation of recommendations of program reviews and thematic reviews;
- d) SO2 poses the questions as to whether the NFM is operating as designed; whether it allows the Global Fund to make strategic and targeted investments; whether it fosters inclusiveness, efficiency, transparency and cost-effectiveness, and has it subsequently enhanced the overall efficacy of the Secretariat? The TERG should also use the program reviews to answer these questions;
- e) The TERG members indicated that answers to specific questions under SO2 were likely covered by various groups (OIG, TRP, secretariat, partners, etc.). Hence, the importance of defining the roles and responsibilities of all stakeholders in jointly assessing the effectiveness of the NFM was highlighted. The TERG agreed with the TRP co-chair to work with the TRP to use their reviews of Concept Notes to evaluate the quality of the Notes, both upon initial submission and after iteration. Hence, it was agreed that the TERG and TRP will jointly assess the TRP Concept Note review criteria and amend if necessary. This action was identified as time critical as the TRP will meet shortly to review the first round of Notes.
- f) The SIIC representative to the TERG queried "where do partnerships" belong in all of this? She emphasized that the *2015 Strategic Review* should not just be about the Global Fund and its processes;
- g) The TERG welcomed the opportunities to engage in upcoming program reviews including the 'program review *plus*', and requested facilitation of these exercises through adequate guidelines and assessment capacity. TERG also suggested exploring

the possibility of conducting additional secondary data analyses, where required, in completed program reviews;

- h) The Lives-Saved Initiative led by the Strategic Information (SI) Department within SIID appears to have clearly defined impact goals and targets which are pragmatic. However, there is a need to look at the lives-saved methodology. The TERG notes that an Expert Group is being assembled and will consider participating in the peer review group. Infections averted should also be addressed, particularly within program reviews, in order to provide a nuanced narrative to partners.
- i) The TERG agreed that it would only state that the Global Fund has contributed to lives saved. On this issue, it was important to have agreement with key partners on key issues related to 'claiming' lives saved. TERG would propose a statement on *contribution* to disease impact with partners, while acknowledging accountability and data system as critical investment.

**Session Outcome:** TERG recommended: a) The 2015 review be part of a rolling evaluation schedule of the Global Fund and be termed the *2015 Strategic Review of the Global Fund*; b) the roles and responsibilities of all stakeholders (TERG, TRP, Secretariat, OIG etc.) to be clearly defined in answering specific questions of the Review; c) TERG to work with TRP to review the criteria for assessing Concept Notes, and then use TRP reviews of Concept Notes to evaluate the quality of the Notes, both upon initial submission and after iteration; d) the timing of the *2015 Strategic Review* should be fast-tracked to be useful for the processes of the Global Fund; e) 'program review plus' should be conducted in selected countries to elaborate the plausibility assessment of disease impact; f) to further develop overarching questions based on guidance provided; and g) TERG to propose a statement on *contribution* to disease impact with partners,.

### **TERG Executive Session**

The Executive Session of the TERG was held. The Session was conducted with the participation of TERG members. Secretariat staff and invited partners did not participate in this session. A summary of the proceedings, as provided by the TERG chair, is as follows:

- 3. Agreed upon the TERG recruitment strategy
- 4. Discussed the level and type of support that would be required by TERG if it is to provide adequate oversight for the Strategic Review

#### 14. Management strategy, TERG Task Team and selection of consultants for Review

Following the Executive Session, Ryuichi presented measures to strengthen project management of the Strategic Review in order to better drive both the Review and the component evaluations. He discussed the roles of the TERG Task Team and the Secretariat Working Group, and their roles in providing an independent, objective report while ensuring the relevance of the exercise to the Global Fund. The TERG Chair then requested for volunteers among the TERG members to constitute the TERG Task Team, which has now been identified. The need to provide additional resources to the secretariat TERG Support Team in order to facilitate the 2015 Strategic Review process was also discussed.

#### 15. The TERG then discussed the modalities for conducting the Review. Two possible mechanisms were identified for this purpose:

- a) TERG to develop TORs for consultancy teams who will collect data, analyze and produce reports on areas not being monitored by KPIs, which would then be reviewed by TERG. However this poses the question as to whether it devolves direction and oversight from the TERG to the consultants;
- b) A group led by 1–2 TERG members would lead the Review in order to provide guidance and direction, while work would be sub-contracted to consultants, who in the end would produce the report.

16. During this discussion it was also agreed that the Strategic Review would be implemented by multiple teams with different competencies, as a means of capturing both the breadth and scope required from the review.

### **Session 2 – Impact Assessments**

17. Session 2 was chaired by Paulin Basinga. TERG acknowledged the tremendous improvements in program reviews. However, it recognized that there was still a need to strengthen the impact assessments, enabling greater rigor and confidence and to evolve the methodology from adequacy to plausibility-type assessments, where feasible (i.e. attempting to attribute outcomes to the underlying disease programs as distinct from other contextual factors);
18. It was determined that the above could be achieved by undertaking the following process:
  - a) Developing a common approach: guide the TOR in the early stage; Preparation is important towards improving the quality of program reviews;
  - b) Involvement of country partners is critical towards ensuring robust impact assessments; and
  - c) Adding additional trained person would be needed especially in priority countries, though all countries aim to address plausibility, which TRP should closely monitor.
19. It was determined that there is an additional need to develop a common approach and train a cadre of consultants to conduct the ‘program review plus’ in a proper manner. This will include:
  - a) Develop a simple and clear add-on guidance on impact assessment;
  - b) Improve capacity and skills amongst the current cadre of professionals to conduct the program review plus;
  - c) Ensure additional funding and time to conduct program reviews plus;
  - d) TERG continues to review program reviews for rigor and quality
20. Estifanos Shargie from the MECA Team updated the members of the upcoming program review schedule, while Richard Cibulskis of the WHO presented the recently updated malaria program review guidelines. Further work is being conducted to update the malaria guidelines and to develop the epi-analysis and impact assessment guides for malaria.
21. Katherine Floyd of Stop TB department indicated her concerns in supporting the program review plus due to the current partnership agreement. She also stressed the importance of prioritizing TB repeat surveys for funding.

**Session Outcome:** TERG recommended: a) strengthen impact assessments further, enabling greater rigor and confidence; b) develop a common approach and guidance to develop TORs and methodology for impact assessments; and c) ensure additional funding, capacity and time to conduct ‘program review plus’.

### **Session 3: Thematic Reviews**

22. The 3rd session on thematic reviews was facilitated by Don De Savigny. The session focused on TERG’s thematic reviews, and examined their findings and the outcome generated. TERG agreed, moving forward, to develop TOR, be involved in consultant selections, assess the validity of the report, and develop recommendations and strategic options for SIIC/Board. The discussion by thematic reviews was as follows:
23. **MDG 4&5:** The TERG thematic review has been completed and the position paper will be finalized in a few weeks by Paulin. The NFM is an opportunity to invest in RMNCH – the recommendations from the review need to be unpacked and presented to the SIIC/Board;
  - a) TERG endorsed immediate-term recommendations, while larger ones for SIIC/Board are under consideration; the TERG will finalize the position paper in 2 weeks;
  - b) Examine the impact of strategic investments into RBF for RMNCH.
  - c) TERG to finalize the position paper in the coming weeks



24. **Fragile States:** Under the guidance of Wim, the thematic review report and case studies are currently being finalized by the consultants taking in to account the comments from TERG and the Secretariat. A TERG position paper will be developed by Wim and will be presented to the SIIC in June. Christa Arent from the Risk Management Department representing the secretariat group that coordinated the review indicated that although still being finalized, this review had generated much interest with Country Teams representing fragile states. The review had also led to key decisions, namely the Humanitarian Emergency Fund. The 11<sup>th</sup> SIIC meeting approved an amount of US\$ 30 million for this fund.
25. **Human rights:** The review report has been finalized. A TERG position paper is currently being finalized. The report contains some important policy recommendations, although with limitations.
  - a) TERG recommended that additional thematic review may be considered as part of the 2015 Strategic Review.
26. **Green Light Committee (GLC) and Results-based Funding (RBF):** The TB disease advisor, Eliud Wandwalo and Maria Kirova, Department Head, presented draft proposals for evaluating the GLC mechanism and the Cash-on-Delivery (CoD) model to be implemented some Latin American countries, respectively, and requested TERG's involvement.
  - a) TERG decided to provide oversights for GLC review and advice on the CoD evaluation for EMMIE grant;
27. **HSS:** Ricardo Bitran, the HSS consultant, presented an update on the HSS evaluation guide. Under TERG guidance, the consultant will finalize revisions to the HSS evaluation guide, and in collaboration with WHO, will finalize the instruction manual for integrated evaluation of HSS in conjunction with disease program reviews. There was a strong focus from several TERG members for integrating the HSS reviews into disease program reviews.
28. Regarding the 2X2 table presented by consultant Ricardo Bitran on cross-cutting HSS, it was emphasized that there was much single disease-specific HSS content in disease grants and that these too should be captured by the review. The HSS team responded that since the HSS review will be conducted in conjunction with national disease program reviews, the disease-specific HSS will be captured by the disease program review, while cross-cutting HSS will be captured by the HSS review. Disease program review guides already contain elements which capture disease-specific HSS. Added value of the HSS review is that it brings in the cross-cutting element into disease program reviews.
29. Mickey emphasized the forward-looking nature of the review, to contribute to MTR, not merely looking at the past investments.
30. TERG requested the development of a set of key indicators and a framework to monitor progress associated with the NFM, and the broader health systems.
31. Don suggested against labeling the fourth domain of the review as 'system-wide effects', especially if the plan was to reduce the scope of this component in the evaluation. He suggested naming it 'system effects' or some other term. 'System-wide effect' reflects systemic changes, which can happen for example in PSM, HMIS etc.
32. TERG mentioned the urgency for completing this work given the upcoming 2015 strategic review. They also requested the consultant to provide a package for TERG to review. The HSS consultant indicated that this work is expected to be completed by early June 2014.

**Session Outcome:** MDG 4&5: TERG accepted the report and will present a position paper to SIIC in June 2014; b) TERG to develop position paper on fragile states review and present to SIIC; c). guidance provided on next steps for other reviews

#### **Session 4: Data Quality**

33. Nathalie acknowledged TERG's role in catalytic funds, guidance in M&E/data assessments and investments, and facilitation of M&E partnerships, leading to behavior change, and informed TERG of the updated measurement framework for the new funding model (with a reduced number of indicators that focus on coverage, outcome and impact, at the national level); impact profiles and better coordinated approaches together with partners, e.g., use of facility surveys for data verification;
34. John provided an update to TERG on the investments made up to now in country data systems and also provided an update on the results of strategic investment in to the DHIS2 in Zimbabwe in 2013. In Zimbabwe, the joint investment with USG and the Global Fund grant filled a funding gap. All 10 provinces, 63 districts, all cities, all 6 central hospitals, and 66 admitting hospitals have been trained and currently report through DHIS2. John also informed the TERG on the additional investment of US\$ 17 million for investment in country data systems, which was approved by the SIIC through the special initiative fund.
35. TERG decided to review information included into Impact Profile which will serve as a key document to be used in Strategic Review. TERG also aims, working together with TRP, to ensure data quality is in concept note. TERG expressed the importance of keeping eye on the Global Fund M&E work to be at the national level, rather than at the level of PR;

**Session Outcome:** a) TERG reviewed the data quality tools; b) needs for further improvement and guidance in data quality assessment and investment.

**Next TERG Meeting:** September 2014 (date to be notified)

**List of Attendees**

<b>Name of attendee</b>	<b>Organization</b>	<b>Role</b>	<b>E-mail</b>
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13. George Gotsadze	TRP member	Invitee from TRP	
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