

# 31<sup>st</sup> TERG Meeting: Outcome Report

<b>Date</b>	7 – 9 February 2017
<b>Venue</b>	Hotel Lake Geneva, Versoix, Switzerland
<b>Chair</b>	Jim Tulloch
<b>Vice-Chairs</b>	Viroj Tangcharoensathien, Bess Miller

## **Objectives of the 31st TERG Meeting**

1. To guide and launch Prospective Country Evaluations (PCE)
2. To discuss and guide the Strategic Review 2017 and thematic reviews
3. To discuss recent developments in the Global Fund, including Program Quality and management responses to TERG reviews

## **Day 1**

### **Opening Session: Secretariat updates and Strategic Reviews**

**Chair: Jim Tulloch**

Marijke Wijnroks, the Chief of Staff of the Global Fund, delivered the opening remark. She welcomed four new TERG members: George Gotsadze; Helen Evans; Marie Laga; and Godfrey Sikipa, as well as three members who joined in September 2016: Cindy Carlson; Elizabeth Moreira de Santos; and Daniel Whitaker. She thanked three out-going members: Mickey Chopra (former TERG Chair); Viroj Tangcharoensathien (Vice-Chair); and Paulin Basinga for their significant contributions over the last six years. The role of the TERG as an independent advisory to the Board was acknowledged as valuable and helpful for the Global Fund to develop its new 2017-2022 Strategy and to improve policies and processes, such as differentiation of the funding process; Challenging Operating Environments (COE); and the Sustainability, Transition and Co-financing Policy. The Chief of Staff shared her expectation on the Prospective Country Evaluation (PCE), which aim to enable the Global Fund to improve program quality and maximize impact based on real time feedback. There is a need for further close collaboration between the Global Fund Secretariat and the TERG to make the best use of findings and recommendations to maximize the impact of Global Fund investments.

The TERG Chair welcomed the new members. Members gave self-introductions and confirmed that they had no conflict of interest. The TERG Chair highlighted some of the TERG's 2016 work, such the thematic review on the Cooperation Agreements. He outlined the overall objectives of the meeting and expected outcomes from each session and encouraged members to engage in discussions, while remarking the importance of the Strategic Review 2017 and PCE going forward.

### **Update on Global Fund Strategy**

Harley Feldbaum, Head of Policy Hub presented the Global Fund Strategy 2017-2022. He highlighted some significant achievement and impact of the Global Fund since its early days. It was explained that new Strategy was developed based on consultations with partners and the recommendations from the Strategic Review 2015 conducted by the TERG, which suggested to maintain the focus while fine-tuning some areas such as Resilient and Sustainable Systems for Health (RSSH), gender, human rights, and co-financing policies. He noted that Strategic Key Performance Indicators (KPIs) of the new Strategy will be finalized at the next Board meeting, and implementation KPIs are also being developed in parallel. The Secretariat is in the process of cascading these KPIs down through division, department, team, and staff levels in order to ensure the organization is on the right track to deliver the expected outcomes of the Strategy.

As the Strategy Implementation Plans (SIPs) details were restricted to the Secretariat, a question arose as to what extent the TERG (and SR2017 and PCE evaluators) have access to review and track the SIPs for evaluation purposes. Feldbaum assured that these will be shared for the TERG work.

### **Update on Program Quality/Impact through Partnership and the ‘Data Use for Action and Improvement’ framework**

Peter Hansen, Head of Technical Advice and Partnership Department (TAP), updated on the “Data Use for Action and Improvement” framework, which aims to generate evidence and learning in order to improve efficiency and quality of programs. He presented “Impact Through Partnership,” which expands the focus of the 2016 project “Implementation Through Partnership.” It intends to leverage partners in countries with a particular focus on measurable outcomes, data use for action and improvement, value for money and mutual accountability. He showed how Global Fund’s M&E activities, the TERG, and the PCE are linked to each other to generate evidence and learning to improve efficiency and maximize impact. Each pillar in the framework was further explained. Routine M&E activities are embedded into the grant making process, and ensure engagement from partners. Potential collaborative areas between the PCEs and the TAP included: joint planning on M&E investments; capacity development; in-country review processes; and feedback to other countries.

The Chair reiterated that the work of the TAP is closely connected to the TERG activities and reassured that the TERG continues to work closely and requested reciprocity. The TERG needs to strengthen its advisory function to provide inputs; avoid duplication of reviews and evaluations; generate organizational learning; and ensure evaluations feed into program improvement. The Chair also mentioned that the on-going thematic review on the underutilization of M&E investments will inform more efficient use of money invested in the data systems.

Needs for differentiated data utilization in COE countries were discussed. The importance of examining investments in capacity development was emphasized, as progress is insufficient despite considerable investments. Some flexibility in reprogramming may be needed to incentivize use of data, while striking a balance such that unduly restrictive accountability mechanisms do not stifle action.

The Secretariat raised two points expected from PCE: to support development of analytical capacity in countries; and to improve use of data and its management. PCE is expected to strengthen capacity at country level but beyond the selected 8 countries, there also needs to be synergy with the Global Fund Secretariat work. The TERG and the Secretariat may consider establishing a mechanism to ensure dialogue between PCE countries and others. The Chair re-emphasized that the PCE is designed to provide timely feedback to the Global Fund Secretariat for program improvement.

### **Strategic Review 2017 and discussion on practical and useful management responses**

The TERG commissioned the Strategic Review 2017 (SR2017) to the consortium of Itad and Euro Health Group (EHG). Sam McPherson, the review leader, presented an overview of the approach and the progress up to date. SR2017 aims 1) to review the Global Fund’s response to SR2015 and recommendations emanating from TERG thematic reviews and other evaluations; and (2) to analyze how lessons learned contribute to the readiness and approaches of the Global Fund to implement its 2017-22 Strategy. Key evaluation areas are: (1) translation of the Strategy into action plans; (2) promotion of country partnerships and sustainability; and (3) progress in measuring results more rigorously. He clarified that the SR2017 does not aim to conduct evaluations of the epidemiological impact; the strategy development/creation process; governance arrangements between and within Board and Secretariat operate around strategy design; capacity of the secretariat to deliver the strategy; the degree to which the high level strategic goals (e.g. ending epidemics) will be achieved as a result of the new strategy; the extent to which the Global Fund ‘business model’ will need to adapt to maintain relevance beyond 2019 horizon in new era of Sustainable Development Goals (SDGs), in light of the ‘end’ of ‘vertical’ funding (UHC etc.), or in light of new post 2016 world realities.

The TERG Chair added that the Board is keen to understand how TERG recommendations are used, and hence the SR2017 is one of the critical TERG deliverables of this year.

Harley Feldbaum, Head of the Policy Hub, presented the progress and evolution of the Secretariat's work since the SR2015 including risk management, differentiation, sustainability and co-financing. Based on the recommendation by the SR2015 to create a Theory of Change, an impact chain has been drafted, which linked the KPIs to the Strategy. However, it may be difficult to utilize this framework as a management tool. He requested the TERG to help the Secretariat to identify next steps to continuously and systematically monitor progress in implementation of the new strategy.

The TERG Chair urged members to engage with recommendations follow-up after completion of reviews. With regards to the risk mitigation function of the Secretariat, the Chair argued that a certain level of risk should be allowed in order to maximize impact. Lastly, he commented on one of the slides on SR2017 that, although SR2017 does not include in the scope, it might be important to start thinking how the Global Fund would better fit into the SDGs and consider how global health architecture might evolve over the next years and decades, and encouraged members to think how the TERG can flag and address some potential issues that the Global Fund may face in future.

### **TERG executive session on PCE**

**Chair: Jim Tulloch**

The TERG Chair outlined key information about the PCEs, including definition and goals, expected results, methodology (with Theories of Change to be developed for country level). The high level evaluation questions for the PCE are arranged by the four Strategic Objectives of the Strategy.

An in-depth discussion on the methodology of the evaluations took place. In this session, TERG discussed various key issues for guidance and decisions. Some conclusions include:

- An in-country advisory group would be necessary and helpful, preferably an existing mechanism. In cases where no such group is already present, a new group will be set up.
- Evaluators are encouraged to utilize standard, proven and internationally recognized methodologies where exist. For topics without such identified methodologies, some flexibility would be acceptable. Needs for common protocols will be further discussed. The TERG will approve the methodologies, and modify if necessary.
- Coordination and collaboration among global consortia will be emphasized, for efficiency and effectiveness, to a degree possible in contexts.

The TERG also discussed in-depth and commented on the proposed priority topics under each PCE objective. As details of implementation of the PCEs at country level were to be determined, it was agreed that this information will be further defined and articulated in the PCE Charter and SOP.

## **Day 2**

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### **Session 1: Overview of PCE**

**Chair: Viroj Tangcharoensathien**

A panel discussion was held with lead persons from the three consortia: a consortium led by Institutes for Health Metrics and Evaluation and PATH (IHME); one led by Johns Hopkins University (JHU); and one led by Euro Health Group/Itad (EHG). The TERG Chair outlined the five areas for discussion: Theories of Change (ToC); impact measurement; process evaluation; capacity development; and coordination and learning across the eight countries and the consortia.

The discussants from the three consortia summarized their plans to conduct the PCE, including the ToC approach. The plans and ToC were in preliminary stages of development given the early stage of the PCEs. IHME has developed a ToC at the global level, which will then be adopted at the country and thematic levels (i.e. gender). JHU has used the ToC to prepare the evaluation plan, and are attempting to account for every step in the evaluation. This consortium envisages measuring or utilizing existing data for each step of the theory of change. EHG consortium discussed advantages of a ToC approach over a results chain framework. The context and dialogue within countries should

also be taken into account. The TERG requested the consortia to collaborate with each other, including consolidating and elaborating the ToC, as well as the balance between the local and global perspectives after visiting the countries and speaking with stakeholders.

Various aspects of the PCE scope were discussed. The PCE consultants agreed to develop country-specific (and possibly theme-specific) ToC taking into account situational analyses. A balance needs to be identified in evaluating the entire program/s and components funded by the Global Fund because the Global Fund finances country's programs and systems, and its investments vary by country. How the Global Fund funding works in a country has to be evaluated within a broader context. The TERG Secretariat additionally clarified that it is in discussion with WHO how PCE's Country Evaluation Partners (CEP) can play a significant role in health sector and disease program reviews.

The consortia representatives explained their perspectives on impact measurements. JHU provided information about impact indicators and proposed measurement of Global Fund's Strategic Objective 1. IHME approach takes lessons learned from Gavi's Full Country Evaluations and includes resource tracking studies and measuring coverage of key interventions over time. Euro Health Group/Itad will utilize expertise from its partner University of California San Francisco. The discussion focused on operationalization, in particular of mortality impact, data sources and use, and impact measurement. A question was raised how to capture the impact of the Global Fund on shifting the paradigm. The TERG Chair informed the PCE consultants of TERG's decisions on the need to utilize coherent methods with common protocol and tools across eight countries, while innovations and nuances will be allowed. In particular, the consultants must utilize internationally (i.e. WHO) accepted standards where these are available, though these could be presented with additional methodologies.

The PCE consortia leads continued to present their detailed approaches. Country-level PCE consultants shared their views on observation, country capacity development, approach to building trust for the PCEs, etc. TERG expressed concern over uncertain methods in some cases, and discussed characteristics of embedded observers, and communication process. A Fund Portfolio Manager encouraged the TERG to take a country-centric approach, rather than a top down one. He indicated that Country Teams have suggestions on scope and evaluation questions for the countries, and encouraged the TERG to take these into consideration. Finally, he made suggestions on communication modalities for the PCEs. TERG concluded that processes would be different for different countries and agreed to include some of the suggestions in the PCE Charter and SOP.

## **Session 2: Operationalizing PCE**

**Chair: Bess Miller**

Breakout sessions were arranged to discuss operationalization of the PCEs in the eight countries. Country consultants presented epidemiological and other background information (country situation, Global Fund grants, key stakeholders, proposed approach, data sources and availability, team composition and risks in implementing the PCEs). Some details are provided below.

### Myanmar

The PCE will be implemented by a consortium consisting of Myanmar Health and Development Consortium (CEP) and Euro Health Group (GEP). Secondary data collection and analysis will take place, complemented by primary data collection in gap areas. In terms of contribution, the team plans to support strengthening of data and M&E systems. TERG discussed the PCE in Myanmar and asked for a few clarifications. Given the country context, especially migrants and associated sensitivities, careful consideration needs to be given in developing the PCE evaluation framework.

### Cambodia

The PCE will be implemented by Angkor Research and Euro Health Group. The proposed supplementary data collection will depend on gaps in areas such as data, mortality tracking systems, etc. The consultant agreed to coordinate with the Global Fund Secretariat and grant implementers,

to avoid duplication of efforts. It was noted that a composition of both national and international staff in the team would provide greater benefits.

The Fund Portfolio Manager (FPM) for Cambodia shared her views on the focus of the PCE and situation. The FPM suggested also paying attention to the logistics management information system (LMIS), community health workers, and choosing the right moment for PCE engagement, given the 2017 grant application cycle. Lucie Blok, Chair of the Technical Review Panel (TRP), noted that PCE results should ideally feed into grant management. The team welcomed the idea of evaluating Global Fund models/mechanisms in Cambodia.

#### Sudan

Secondary analysis will focus on document review. Data sources include NSPs, monitoring reports, and records from service providers. Particular risks for the PCE in this country include the volatile economic situation, which in turn leads to high turnover of human resources.

#### Mozambique

The team plans to develop a ToC for how investments lead to impact on disease, health systems and sustainability, as well as to conduct various baseline-mapping activities. The evaluation proposes to utilize a mixed methods approach, and the consultant also presented their prospective process evaluation structure. Risk and mitigation plan was also presented.

The FPM reiterated how intertwined the Global Fund funding is with the national programs. The Global Fund is the largest donor for TB. Discussion focused on opportunities to work with the Country Team, Ministry of Health, as well as other partners and research institutions.

#### Senegal

Malaria programs collect data at the community level (and other diseases as well). Linking local level data into routine reporting is challenging. DHIS was officially launched last year and has been a successful case in western Africa. Participants shared advice on additional data sources, prevention programs, key populations and team composition for the PCE.

#### Democratic Republic of Congo (DRC)

The team will prioritize evaluation questions and geographic scope, given the country's size. Capacity development is critical in the context of DRC, and a community driven approach was suggested. DRC is a challenging operating environment (COE) country, and the Global Fund COE policy is applied.

The FPM for DRC offered support on identifying data sources and advised the PCE team to ensure that evaluation questions are relevant; e.g., gender is a crucial component to evaluate. It was agreed that DRC is a complex environment and Country Team support and coordination are crucial.

#### Uganda

GAVI FCE experience showed the importance of country ownership, relevance, usefulness, close coordination with partners at the same time with maintenance of independence. Communication is also important: not as auditors but rather supportive evaluators.

The Country Team represented by its Public Health M&E specialist shared an expectation for the PCE and reiterated the importance of collaborating with partners. He noted that the Global Fund prioritizes the National Strategic Plan, in order to achieve synergy. It was suggested to make the evaluation framework more specific as there are numbers of M&E human resources in countries.

#### Guatemala

Challenges in Guatemala differ from other PCE countries: it is moving toward a transition stage. Guatemala faces challenges in absorption capacity and commodity systems need improvement. Particularly Strategic Objective 4 of the Global Fund Strategy has to be considered for Guatemala. As the country has a very limited number of expertise in the three diseases, international (regional) persons, in addition to nationals, would provide benefit to the team.

The TERG concluded that the presentation and discussions had been very fruitful, but further consideration would be important, for instance, to a clear learning component, ensuring evidence-based decision-making and others. The TERG Chair specified that the most important aspect of the PCE is to look at the Global Fund mechanism and outcome at the country level.

PCE consultants also reflected on the discussion, and agreed that it would be necessary to present further their ideas to the FPMs for their comments. The TERG Vice-Chair thanked the CTs and FPMs for their valuable inputs, which are instrumental to move forward on the PCE.

The Global Fund Board Chair attended the breakout sessions. In addition to sharing his expectation on the PCE, the Board Chair acknowledged TERG's independent work and its technical expertise to guide the business model and encouraged the TERG to be more vocal. The Board Chair urged the TERG to follow up on TERG recommendations, and think beyond making recommendations. The TERG agreed that there is a need for systematic follow-ups, including the SR2017.

## **Day 3**

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### **Session 2: Operationalizing PCE (cond.)**

**Chair: Bess Miller**

Bess Miller opened the session with outlining the agenda items of the day.

Alba Vilajeliu, Senior Program Officer in Evaluation at GAVI, presented lessons learnt from GAVI Full Country Evaluations (FCE). She provided the overview and summarized the added value of the FCE: in-depth understanding about design and implementation of GAVI programs at the country level; high quality report to generate organizational learning; real time decision making at country level; and capacity building. She shared some lessons learnt from FCE experience in the last four years, from planning, implementation, to dissemination phase. She mentioned that FCE will enter the second phase with continuation in three countries that were assessed in the first phase in order to optimize what has been built. For instance, there was limited understanding of the objective of FCE, so during the second phase, ToR will be shared with relevant stakeholders and the role of the country FCE team clearly documented. Another lesson learned was that it is possible to maximize use of findings by ensuring concise results and suggesting actionable recommendations. She concluded her presentation by addressing a potential opportunity for the TERG and GAVI to collaborate in PCE/FCE countries, such as sharing data and disseminating findings.

TERG members expressed their appreciation for the presentation. The FCE experience provided valuable lessons to establish the framework of the PCEs. A key to the success for capacity development would be to incentivize country ownership by presenting usefulness of PCE for the country at initial stages and giving greater flexibility in evaluation approach and structure to country contexts and needs. Another good practice was to send a PhD student from countries to IHME as part of capacity building training. GAVI experience also encouraged the TERG to "socialize" findings among country stakeholders so as to utilize in decision making. For instance, GAVI prepared a two-page summary of findings, which contributed to evidence-based decision making. It is also important to include stakeholders into data analysis at country level. TERG members reiterated the importance of capacity development and flexibility for taking into account countries' contexts and existing mechanisms. Lastly, it was discussed that it would be challenging to strike balance between country ownership and independence in evaluation. It would be critical how to mitigate the potential conflict of interest, rather than how to completely exclude stakeholders who may have conflict of interest.

The rapporteur (Cindy Carlson, jointly with Mickey Chopra) summarized themes emerging from the breakout sessions and highlighted three key areas, namely: logistical, operational, and technical issues. First, the mechanism of the communication channel to stakeholders was still unclear. One comment has been that a comprehensive communication charter to drive communication across multiple actors would be useful. Operationalization needs to be further discussed: how to balance between the independence of evaluations and involving country stakeholders; how to set up advisory panels/groups; timing of launching country studies; and identification of experts who are familiar

with the Global Fund processes at national level. Lastly, the lack of consensus around the development and use of ToC was one of the technical issues discussed during the meeting. Globally coherent ToC would be needed to triangulate findings and identify common issues across the eight selected countries. This would then need to be adapted to capture specific contexts in different countries.

A country evaluator commented that a clear guidance from the TERG on the operationalization of the PCE would be useful. A sophisticated theory or approach is sometimes burdensome for countries and there needs to be a balance between providing prescriptive guidance and giving certain autonomy to countries. It took time for GAVI to spread understanding of FCE in countries and get buy-in. Objectives and approaches of the PCEs need to be clearly articulated because Global Fund-supported programs and the stakeholders tend to be more complex than vaccine programs. Members emphasized the learning aspect of the PCEs, rather than independent evaluation.

The TERG Secretariat clarified that repeated consultations with the eight CTs and other teams in 2016 indicated these teams generally wanted less frequent engagement but some distance with the PCE, but observed that CTs are now asking for further engagement. Also, the discussions at this meeting made it evident that it would be preferable to set up a high level advisory group, depending on country contexts. Accordingly, the draft SOP will be updated to reflect this change.

The TERG Chair summarized the discussion and reiterated that each country has unique contexts, to be taken into consideration. Other points that need further elaboration are: refinement of the SOP; contracting with evaluators and clarification on roles, responsibilities, tasks and timeframes; positioning of country teams; the governance and relationship at country levels; the structure of evaluation platforms; review of data source mappings and data gaps; capacity development plan; prioritization of evaluation areas at country level; coordination across global evaluation consortium; stakeholder mapping at country level; risk mitigation plan; and communication plan. It was reiterated that final inception reports are to be submitted by mid-May. The Chair also clarified that PCEs will look at both Global Fund funded activities and national programs since the Global Fund business model is designed to support national programs.

### **Session 3: Thematic reviews**

**Chair: Viroj Tangcharoensathien**

Thematic reviews were discussed in breakout sessions, followed by a plenary.

#### **• Thematic review on data investment**

**Lead discussant: Dan Whitaker**

Allison Osterman and Gilbert Asiimwe from PATH presented findings from the thematic review on reasons for underutilization of Global Fund investments in improving country data systems. This review aims to identify root-causes of the underutilization of Global Fund's investments in M&E. The review found that underlying root causes were: sub-optimal coordination among stakeholders; misalignment between Global Fund systems and country processes; and high transaction costs to expend the Global Fund funding. These are rather general issues across grants and activities, rather than M&E specific. Furthermore, evidence revealed that greater availability of data that became available by the investment was not necessarily translated to greater use of data for decision making, due to the limited analytical capacity and numbers of staffs at country level. It was pointed out that staff at sub-national levels do not see clearly how the data is used and for what purposes. Hence, they recommended to provide more supportive supervision and training in order to decentralize the responsibility and turn these data "producers" into data "consumers", which would consequently incentivize them to collect and manage more quality data and analyze and validate it.

TERG members commended the review work, with interesting findings and conclusions. The lead discussant recapped the three main problems, namely poor coordination, misalignment and high transaction cost, and commented these findings will be a perfect introduction bridging to the PCEs. TERG stressed that a long-term human resource plan is essential for sustainable in-country capacity and urged consultants to make clear recommendations.

A participant from the Global Fund Secretariat also appreciated findings and suggested pursuing the idea of a single M&E plan at country level, to lead partners and stakeholders in the same direction for M&E system improvement and capacity.

The review team was encouraged to consider additional key informant interviews to draw best practices from Rwanda, where the M&E unit has been successful in motivating people to stay in positions in the country. The Head of the Strategy Impact and Investment Divisions of the Global Fund recapitulated that the Global Fund needs to play a catalytic role to invest into this type of long-term capacity development, e.g., establishing an award for young professional career development.

As requested at the last 30<sup>th</sup> TERG meeting, Don de Savigny, with Jeanine Condo, Erin Eckert and Viroj Tangcharoensathien, presented how the Global Fund could support national mortality data systems and Civil Registration and Vital Statistics (CRVS) Systems. Historically, the TERG has recommended to spend 5-10% of funds to M&E, of which the TERG specified 2% for routine Health Management Information System (HMIS) and 1% for CRVS. Separately, special initiatives funding has been invested into country data systems in priority countries. While the Global Fund has supported the expansion of CRVS and other registration system, the recommendations remain unclear on where and how exactly the investment should be targeted to strengthen mortality data collection. It is an opportune moment to have a guidance note to inform grant applications in the new allocation period. It was suggested that the CRVS would be an emerging opportunity for the TERG to further guide investment. WHO has developed a new guidance on the integration of community-based verbal autopsy into CRVS, enabling verbal autopsy as a routine function. Draft TERG recommendations included (1) support accelerated rollout of the DHIS2 Cause of Death module as part of CRVS; (2) facilitate development of a DHIS 2 Mortality Module as part of CRVS for integrating verbal autopsy causes of death from community death; (3) develop the Global Fund guidance note; and (4) support countries who wish to introduce sample verbal autopsies in CRVS.

TERG members agreed on the proposed recommendations, with caveat that the Global Fund is not to provide the technical guidance (related to #3). It was clarified that the Global Fund has been already working on #1 and #2 with the University of Oslo. In addition, it was insisted that the Global Fund should remain as a key player to catalyze partners to facilitate implementation in country.

- **Thematic review on gender**

**Lead discussant: Anna Thorson**

Anna Thorson, a TERG member, gave an overview of the evaluation approach of the thematic review on implementation of gender responsive programming at country level. The purpose of this review is to assess plans, policies and programs related to the three diseases and reproductive health and rights. The proposed approach is desk reviews, key informant interviews, online survey and 10 country case studies, of which 5 countries will receive country visits. The inception report is due on 3<sup>rd</sup> March, following the draft final report on 31<sup>st</sup> May, and final report on 30<sup>th</sup> June. It was stressed that this gender review focuses only on women and girls given the timing and feasibility. It will look at inequities specifically within HIV and TB programs and health systems.

It was commented that this review is well positioned as a baseline study for the PCEs. Considering excessive amount of work for PCEs in countries, it was suggested to conduct desk reviews for PCE countries, instead of visits.

## **TERG Executive Session**

**Chair: Jim Tulloch**

- **Selection of a Vice Chair**

As one of the two TERG Vice-Chairs ends his second term as a TERG member, the TERG needed to select a Vice-Chair guided by the TERG ToR and SOP. Prior to the meeting, the TERG agreed on the selection process and criteria during the TERG call held on 26<sup>th</sup> January 2017, and Vinand Nantulya, the focal point of the Strategy Committee to the TERG, chaired the election process. The TERG voting members (both in-coming and out-going) elected Wuleta Lemma as the new Vice Chair.



- **Wrap up of the PCEs**

The Chair recapped the points discussed in the meeting, and emphasized the importance of strengthening the advisory function of the TERG. PCE evaluation questions should be adapted at country level based on TERG's guidance and the broad PCE framework. He also stressed that one of the main features of PCEs is capacity development and PCEs should emphasize more learning than traditional evaluations. In summary, there are immediate needs of: standardized briefing note to communicate with country stakeholders; guidance note for the TERG focal points; and slide desk that clearly outlined the overview of PCEs. It was reminded that the Global Fund Secretariat welcomed the emphasis on country ownership and differentiated approaches.

The TERG requested to the TERG Secretariat to establish online shared folders for documents and progress of evaluations. It was also suggested to include information on mapping of data, resources and stakeholders in inception reports. TERG focal points to each country were decided as following:

Senegal: Cindy Carlson, Erin Eckert	DRC: Marie Laga, Erin Eckert
Guatemala: Ken Castro, Dan Whitaker	Sudan: George Gotsadze, Jeanine Condo (TBC)
Cambodia: Bess Miller, Wuleta Lemma	Myanmar: Helen Evans, Salil Panakadan
Uganda: Godfrey Sikipa, Anna Thorson	Mozambique: Elizabeth Dos Santos, Wuleta Lemma

- **2017 thematic reviews**

TERG members discussed thematic reviews in 2017; in addition to the gender review, two to three reviews will be planned. It was agreed to postpone finalization of themes as inception reports of PCEs could identify cross-cutting issues. Members listed some topics for consideration. These included: Implementation Through Partnership; Global Fund governance mechanism and management at country level; governance arrangement between the Board and the Secretariat in relation to the strategy development process; how the Global Fund fits in the emerging global health architecture and the era of Sustainable Development Goals; community involvement; local resource mobilization; effectiveness and efficiency of LFA; value for money; follow-up study on market shaping; investment in capacity building; drug-resistance malaria; and Resilient and Sustainable System for Health.

- **TERG documents policy**

The TERG has been discussing document policy in recent meetings, since the current Global Fund document policy does not easily allow TERG reviews to be widely available to public. To facilitate transparency and learning, the TERG considers that it is necessary to develop a policy for the TERG. Members shared the importance of maximizing transparency as much as possible and agreed to raise this issue to the Strategy Committee. The TERG will propose two options: (1) all TERG products (i.e., reviews, evaluation reports, position papers and meeting reports) are to be released to the general public, following submission to the Committee and a three month 'cooling off' period; (2) selective disclosure of TERG reports, following approval by the Committee. The caveat will be added in either case that PCE documentation would follow a separate standard operational procedure. It was mentioned that maximization of transparency would be also an interest of constituencies.

- **Decisions**

It was decided to hold the 32nd TERG meeting in Geneva for three days during 6-9 June and 33rd TERG meeting in one of the PCE countries during the week of 18 September.

**Closing session****Chair: Jim Tulloch**

The TERG Chair closed the meeting with remarks on the progress of the PCE discussions and next steps. He reiterated great appreciation to the three out-going TERG members by highlighting their extensive contribution to the TERG in past six years.

The TERG leadership and several members remained an additional day to participate in a workshop on the M&E investment and guidance on improving mortality measurement as well as one on the TERG review on Cooperation Agreement between WHO, Stop TB Partnership and the Global Fund; and the Brown Bag Seminar on the launch of the PCE at the Global Fund Secretariat.

## **Annex: List of Participants and observers**

### **I. TERG members**

Jim Tulloch (Chair)  
Viroj Tangcharoensathien (Vice-chair)  
Bess Miller (Vice-chair)  
Anna Thorson  
Cindy Carlson  
Dan Whitaker  
Don De Savigny  
Elizabeth Moreira dos Santos  
George Gotsadze (in-coming)  
Godfrey Sikipa (in-coming)  
Helen Evans (in-coming)  
Kenneth Castro  
Marie Laga (in-coming)  
Mickey Chopra  
Osamu Kunii  
Paulin Basinga  
Vinand Nantulya  
Wuleta Lemma

### **II. Resource persons**

Adama Faye (Cheikh Anta Diop University)  
Alba Vilajeliu (Gavi)  
Allison Osterman (PATH)  
Baltazar Chilundo (Universidade Eduardo Mondlane)  
Elaine Green (ITAD)  
Emily Carnahan (PATH)  
Giada Tu Thanh (ITAD)  
Gilbert Asiimwe (PATH)  
Ian Ramage (Angkor Research and Consulting Ltd)  
Jon Cooper (ITAD)  
Matthew Cooper (ITAD)  
Melissa Marx (John Hopkin University)  
Michele Gross (Euro Health Group)  
Nwe Nwe Aye (Myanmar Health and Development Consortium)  
Paul Balogun (ITAD)  
Rose Gawayia (independent consultant)  
Sam McPherson (ITAD)  
Samia Seif Alnasr Mirghani Elhassan (Blue Nile National Institute for Communicable Diseases)  
Sanja Matovic (Euro Health Group)  
Steve Lim (IHME)  
Trad Hatton (PATH)

### **III. Observers**

Norbert Hauser (Chair, the Board)  
Itziar Larizgoitia (WHO Evaluation Office)  
Julia Martin (Vice-Chair, the Strategy Committee)  
Lucie Blok (Chair, the Technical Review Panel)

### **IV. The Global Fund**

Marijke Wijnroks (Chief of Staff)

Harley Feldbaum (Policy Hub)  
Peter Hansen (Technical Advice and Partnership)  
Nathalie Zorzi (Monitoring Evaluation and Country Analysis)  
Estifanos Shargie (Monitoring Evaluation and County Analysis)  
Ibrahim Faria (Grant Management Division)  
Kirsi Viisainen (Grant Management Division)  
Nicolas Farcy (Grant Management Division)  
Qi Cui (Grant Management Division)  
Saman Zamani (Grant Management Division)  
Soraya Khamsi (Grant Management Division)

**V. TERG Secretariat**

Ryuichi Komatsu  
Eriko Maruyama  
Felicetta Catanzaro  
John Puvimanasinghe  
Jutta Hornig  
Sara La Tour  
Seda Kojoyan  
Sylvie Olifson (incoming team member)