

# 30<sup>th</sup> TERG Meeting: Outcome Report

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| <b>Date</b>        | 13-15 September 2016                       |
| <b>Venue</b>       | Swissôtel Nai Lert Park, Bangkok, Thailand |
| <b>Chair</b>       | Jim Tulloch                                |
| <b>Vice-Chairs</b> | Viroj Tangcharoensathien, Bess Miller      |

## Objectives of the 30th TERG Meeting

1. Endorse the overall TERG multi-year plan, and discuss parameters on prospective country evaluations.
2. Understand and discuss key issues on transition and mortality data with in-country stakeholders in order to suggest how Thailand's transition plan may be enhanced and inform the details of the TERG approach, e.g., how transition may be prospectively evaluated.
3. Finalize thematic reviews and the TERG positions on national strategic plans (NSP) as a basis for grant applications and on the Cooperation Agreements with WHO and Stop TB partnership.

## Field Visits (Monday 12<sup>th</sup> September)

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TERG members split into two groups, A and B, and visited Chonburi province to observe how the civil registration and vital statistics are working and to understand the activities targeting key populations at the regional and district levels.

Group A visited the Chonburi regional hospital and a district-level health facility. TERG members learnt about the improvements in HIV/AIDS care in Thailand. Members were briefed on how the information systems are utilised for HIV/AIDS care in Thailand, such as patient registration and inter-hospital data sharing that utilises unique national identification numbers. At the municipal health facility, members observed data entry, drug and medical supply storage as well as treatment at this facility. Members appreciated the capacity of this facility, and their well-organised referral system to hospitals.

Group B visited the NGO named Service Workers in Group Foundation (SWING), Sub Recipient of Global Fund funding, which provides HIV/AIDS prevention services for sex workers, people who inject drug, and migrant workers, on site in Pattaya. Members were presented with the high quality of their strategic planning to reach out to the most vulnerable populations, with the application of principles of "Reach, Recruit, Test, Treat and Retain (RRTTR) as an effort to end HIV/AIDS. Then, the group visited the Banglamung district hospital, which provides treatment to HIV patients. Members commended the quality of services, organised structure throughout testing to treatment, and the good collaboration between the hospital and the NGO. Members questioned how these achievements would be sustained after transition, and the significant gap in the cascade of testing, counselling, and treatment. These field visits provided TERG members with rich input on transition and sustainability in the country.

## Day 1

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### Opening Session

**Chair: Jim Tulloch**

The meeting started with a word of welcome by Jim Tulloch, the Chair of the TERG. The Chair announced that the TERG has recruited seven new members, including three replacing out-going members in the beginning of 2017. Three new members could attend this meeting: Elizabeth Moreira de Santos, Dan Whitaker and Cindy Carlson. Thai participants were welcomed, including those from the CCM Secretariat, Ministry of Public Health, and International Health Policy Program (IHPP).

The Chair remarked that it is a critical moment for the TERG as well as the Global Fund Secretariat to shift toward greater focus on programme quality and therefore urged members to contribute to TERG's works, even between meetings. The TERG members were then prompted to declare any conflict of interest in order to reassure the independency of the TERG. Ken Castro declared that as ex-officio from the Stop TB Partnership, he will recuse himself from any discussion regarding the partnership agreement between the Global Fund and the Stop TB Partnership. Lastly, the Chair highlighted the three objectives of this meeting.

## **Overview of transition process in Thailand**

**Moderator: Petchsri Sirinirund**

- **Decision to transition from Global Fund support**

Petchsri Sirinirund, Executive Secretary of CCM Thailand, moderated this session. Somsak Akkasilp, Deputy Permanent Secretary of Ministry of Public Health, made a presentation on the transition process from the Global Fund. He explained that the remarkable economic development and decreasing disease burden led to this ambitious decision. Also he emphasised that an early decision on transition would allow more time for the preparation, systems and financial adjustments. Thailand aims to fully domestically fund HIV and TB programmes from 2017. However, it is still challenging to cover 50% of commodity and implement health insurance for migrants. Although a financial analysis shows significant gaps, he expressed optimism about the country's ability to achieve the ambitious plan. He notes that the domestic funding does not aim to replace the Global Fund support, but further aim to end the three diseases, hence huge programmatic challenges.

- **Planning for the transition**

Suriya Wongkongkathep, former Thai CCM Chair and Director General of Department of Development of Thai Traditional and Alternative Medicine of the Ministry of Health, introduced the transition plan. He clarified that the objective of this plan is not limited to replace the Global Fund support, but to ensure enough and continuous budget for ending AIDS and TB epidemics and elimination of malaria as committed in the Sustainable Development Goals (SDGs). The funding will be generated from multiple sources, including national and local governments, private entities, communities and societies. This plan will be implemented through the new Policy Committee, which consists of the government, Civil Society Organisations (CSO) and private actors. He concluded the presentation by emphasising that it will not be an easy path but a dynamic process.

- **Discussion**

TERG members were impressed with the detailed and ambitious plan. TERG members discussed with the Thai colleagues the linkages between this approach and primary health care delivery in Thailand, getting all actors together (and CCM or CCM equivalent is critical in this), and the importance of handing over the most cost-efficient and well suited programs to begin with (an analysis exists of efficiency of different programs).

One of the key questions raised by members was the funding for key populations interventions, especially from the private sector. It was clarified that the new committee will follow the Global Fund's CCM model to ensure the key population will be addressed. Currently, there is no legal framework in place yet which allows resource transfer from the government to CSOs. This prevents the collaboration between the two parties despite the available budget.

## **Session 1: Transition and sustainability (1)**

### **Governance and financing**

**Moderator: Walaiporn Patcharanarumol**

- **Governance and financing**

Walaiporn Patcharanarumol, from IHPP opened the session. Nakorn Preamsri, Director of Principal Recipient Administrative Office of the Ministry of Public Health, gave an overview of the ongoing grants in Thailand, as well as the targets and timelines for the three diseases programmes after

transition from Global Fund funding in 2017. The targets are: malaria elimination by 2024, ending AIDS epidemic by 2030, and TB epidemic by 2035. The financial estimation revealed that the resource gap to achieve these targets is 6,816 million Thai Baht. In order to fill this gap, a new financial mechanism will be developed to pool funding from the government and private sectors, which will be allocated to both governmental and non-governmental organisations to implement programmes aligned with the national strategies. The next steps are: extension of ongoing grants; policy advocacy and amendment of the financial regulation for resource mobilisation from the government budget to grant CSOs; finalisation of the new financial mechanism and its piloting; and improvement of the migrant health insurance scheme.

- **Thailand fund to end AIDS, TB and malaria foundation**

Jaruwaree Snidwongse na Ayuthaya, a consultant for the resource mobilisation addressed in the previous presentation, further described a detailed plan for the “Thailand Fund to end AIDS, TB and Malaria Foundation (TFATM)”. This is a Public-Private-People Partnership, some aspects of which have been modelled upon the Global Fund system. She explained the financial mechanism to raise funding from various sources. While the progress has been good, the challenges include stagnated economic growth, lack of established and functioning organisation as funding mechanism, and slow bureaucratic procedures.

- **Discussion**

TERG members congratulated the remarkable efforts of Thai stakeholders to sustain disease programmes. It was discussed how to encourage private sector’s engagement. When Thai participants were asked when would be the right timing to start transition, they emphasised that the earlier, the better, as Thai experience shows it is still challenging even after the first initiation of transition discussion occurred five years ago. It was noted that countries can and should start addressing structural barriers for transition, such as regulations or legal frameworks sooner, as it takes considerable time to amend them, and the Global Fund should initiate the discussion on this.

## **Session 1: Transition and sustainability (2)**

### **Community participation, implementation and monitoring**

**Moderator: Petchsri Sirinirund**

- **Community participation**

Petchsri Sirinirund initiated the afternoon sessions. Promboon Panitchpakdi, Executive Director of the Raks Thai Foundation and civil society representation on the CCM, gave a presentation on civil society involvement, which will be one of the critical parts of implementing national transition plan. He summarised three strategies: capacity building; management and resource mobilisation; and advocacy. Dr Promboon addressed the issue of serious legal restrictions in government support to CSO, as well as links between government hospitals and CSOs. Civil society is advocating for inclusiveness in carrying out public health activities. Harm reduction challenges in Thailand, migrant health advocacy, and other related policies are all on the CSOs’ work plan.

It was emphasised that community participation is critical to end epidemics, in terms of sustainability, and therefore mutual learning among CSOs and other partners needs to be strengthened.

- **Implementation and Monitoring**

Nittaya Phanupak Puenpapong, Deputy Director of Thai Red Cross AIDs Research Centre, gave an overview of community-led health services (CLHS). CLHS will be given by well-trained and qualified, but non-medical, community health workers. CLHS are implemented by the partnership between community-based organisations, the government and public health services, and complement the conventional facility-based health services. They are crucial to reach out to key populations and contribute to filling the gap throughout the cascade of reach, recruit, test, treat, prevent, and retain (RRTTPR). The challenge going forward is how to differentiate tasks from other health personnel. It

is necessary to move quickly through the next steps to ensure sustainability – accreditation, legalization and financial mechanisms.

- **Discussion**

TERG members commented that the presented plans are exciting, innovative and impressive. Some questions were raised, such as the linkage between primary health care services and CLHS, coordination among development partners on differentiated programmes, and coverage of adolescents and migrants into these service programmes. Thai participants clarified on these points and the moderator concluded the session.

### **Session 1: Transition and sustainability (3)**

#### **Putting it together**

**Chair: Viroj Tangcharoensathien**

- **Global Fund Sustainability, Transition, and Counterpart financing policy and transition assessment**

The session started with the presentation on the Global Fund Sustainability, Transition, and Counterpart financing (STC) policy and transition assessment, by Michael Borowitz, Chief Health Economist of the Global Fund (by telephone). He explained that the role of the STC policy is to ensure a focus on sustainability in the countries eligible to transition soon. Implications for future evaluation on transition are: 1) several critical areas to maintain and scale-up impact (especially contracting with non-state actors); 2) second wave evaluations of transitioning components.

He also noted that one of the considerable challenges is a systematic monitoring of countries' transition processes, and how to address key population during that period.

- **Initial discussion on TERG approach to transition**

The session Chair commented that planning for transition has to start as soon as possible, even for low income countries. He mentioned that the question for the TERG is how it can utilise its expertise and experience to contribute to the development of transition plans in countries. On this point, it was discussed that a systematic monitoring of how countries transition is lacking and is needed.

TERG members pointed out that the STC policy may lack a clear view of the role of CSOs and non-state actors. It was argued that transitioning requires bottom-up planning, and support for strengthening national strategic plans will also be critical to ensure alignment among disease programmes and their sustainability. Lastly, it was noted that transition is not only a financial advantage for the Global Fund, but also an opportunity to share information and experience from the transitioning countries and utilise them for other implementing countries.

- **TERG review of National Strategic Plans (NSPs)**

**Lead discussant: Mickey Chopra**

Joost Hoppenbrouwer, consultant from the Euro Health Group, (by telephone) gave a summary of the methodology, the focus of this review, as well as its findings and recommendations. The lead discussant emphasised that the TERG needs to reiterate recommendations and provide further guidance on this topic. TERG members appreciated the findings and recommendations and welcomed the presented checklist meant to strengthen NSPs. Members expressed a frustration with the lack of direct use of NSPs and shared a view that robust NSPs are highly important for successful transition and sustainability. It was agreed that it is a good timing and opportunity to further advance this. Silvio Martinelli, Head of Access to Funding Department at the Global Fund, by telephone, drew attention to ongoing efforts to differentiate and simplify the application process, based on previous TERG reviews as well as this review's preliminary findings and recommendations. It was emphasised that more engagement of the Global Fund during grant implementation is critical, rather than focusing too much on the application process. It was also noted that NSPs should be linked to the national health sector plans. Lastly, the TERG agreed to produce a position paper on this subject for the Strategy Committee and emphasized close engagement with the relevant Secretariat teams.

- **Brief update on a review of reasons for underutilisation of Global Fund investments in improving country data systems**

The TERG Secretariat briefed on the progress of the review. Consultant selection has just been finalised and an inception report is due at the end of September. Country visits will be conducted between October and December, and a draft final report will be submitted by the next TERG meeting. TERG members shared their expectation for this review and commented that it is important to ensure that findings are utilised at the country level.

The session Chair wrapped up the discussion of the day. The transition work by Thailand is not only transition from the Global Fund grants but ‘transition to ending epidemics’. The TERG received enriching inputs from Thai participants on what transition means and how the TERG can contribute. The day’s discussion helped the TERG to note areas of focus for the planned Prospective Country Evaluations.

## **Day 2**

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### **Summary of day 1**

Bess Miller, Vice-Chair of the TERG, welcomed everyone and summarised the discussion of day 1. In sum, Thailand has an ambitious plan to achieve full domestic financing of the end of the three epidemics. The plan includes a dramatic shift to scale-up use of community-led services and to get legal authority to do this and to train community workers to provide high level care. There are active methods ongoing to raise funds to accomplish this plan, including appeals to wealthy individuals, corporations, and other national and international donors. The TERG and the Global Fund Community have much to learn as we follow Thailand’s progress on this transition.

### **Session 2: Mortality data**

**Chair: Viroj Tangcharoensathien**

- **Overview of Thailand Civil Registration and Vital Statistics (CRVS)**

Vichian Chidchanognarth, Director of Bureau of Registration Administration, gave an overview of the Thai Civil Registration System. Following a transformation lasting several decades, the electronic based system was introduced in early 2000s. Currently, an identification card with a unique ID code and a microchip, which contains various personal information, is provided to Thai citizens. The ID number is linked with the vital events, health insurance, taxation, driver’s licence, education etc., which enables lighter administrative process and more rigorous data management.

TERG members appreciated the educational and impressive presentation. Members wondered how this remarkable progress could be replicated in other countries. Mr. Vichian clarified that it is a simple process but continuous efforts to manage large amounts of data are required for the long term, also legislation and financial penalty for non-adherence is required such as 24 hours mandatory reporting of death and fifteen day for births by the households. TERG members noted that both household surveys and civil registrations are managed together by the Ministry of Interior in Thailand, which allows for further robust data management.

- **Use of CRVS data for Universal Coverage (UC) Scheme**

Netnapit Suchonwanich, from the National Health Security Office, presented how CRVS data is used in the UC Scheme in Thailand. It was explained that a national ID card plays a significant role in implementing universal health insurance in Thailand. Without registering to CRVS, people are not entitled to receive public services. Overall, it was emphasised that the robust CRVS data enables well-functioning national health insurance scheme.

The TERG appreciated the presentation. The confidentiality and legal framework of the data management were discussed. It was clarified that the data is highly secured, and patients are informed that data would be shared only among specific types of medical professionals.

- **Cause of death estimation**

Kanitta Bundhamcharoen, Director of Bureau of Burden of Disease Program of IHPP, introduced the burden of disease (BOD) programme in Thailand. The current CRVS system is capable of disaggregating cause of death by gender and age. A key challenge is that there is a significant gap on the quality of cause of death in the civil registration system for which a regular verification using verbal autopsy was applied for adjustment of cause of deaths in the CRVS.

- **Discussion on TERG approach to mortality data** **Lead discussant: Don de Savigny**

Don de Savigny, a TERG member, briefed on the current global situation of the mortality data systems. He explained that the latest DHIS2 can include a cause of death module and the new WHO guideline is a great improvement, and emphasised that the TERG would be in a right place to recommend investments in this area.

The TERG congratulated the remarkable progress of Thailand and shared a view that this would be a good example for other countries. The TERG agreed to encourage further improvement in mortality measurement, which are well aligned with the Sustainable Development Goals (SDGs). Some challenges were noted, such as a need to train physicians to accurately code deaths in the system; and to invest more in DHIS2 to further capture data on cause of death. The Global Fund supports the Health Data Collaborative, and based on the amount from catalytic investments, more discussions can take place on exact support for these kinds of initiatives.

### **Session 3: TERG multi-year plan (1)**

**Chair: Bess Miller**

- **Update on the M&E and programme quality strategy**

Peter Hansen, Head of Technical Advice and Partnership Department, gave an overview on the current thinking of the Secretariat on positioning of a draft Global Fund's M&E strategy 2017-2022. The Global Fund is shifting away from a standalone M&E strategy and developing Program Quality strategy embedding an M&E component, in order to further improve programme quality. Three questions were posed to the TERG: (1) to what extent the TERG views this nascent approach as sound and useful; (2) feedback from the TERG to improve the approach; and (3) what the TERG sees as the key opportunities to leverage TERG expertise, reviews and evaluations to help improve programme quality.

- **Discussion on the overall TERG multi-year approach and scope for SR 2017**

The TERG Chair presented a draft TERG multi-year plan. The TERG has decided to develop the plan by taking into account the result of the TERG self-assessment conducted early this year. He briefed on the priorities outlined in the draft including that the TERG will put more of its focus on advisory and learning functions in the next years. Considering the previous presentation by the Secretariat, the Chair shared his view that the TERG is on right track to address programme quality. Lastly, he noted that it is necessary to rethink how the TERG can further collaborate with the Secretariat.

Reflecting on the two presentations, a TERG member commented that the Global Fund and the TERG have to be aware of the trade-offs between maximising efficiency and value-for-money and ending epidemics. In response to a question as to what the Global Fund means by "quality" – quality of services or quality of data, Peter Hansen clarified that the Global Fund takes it in a broad sense as greater impact of the investments. It was further added by TERG members that the service satisfaction of patients should be also considered.

Lastly, members reemphasized on the proposed five priorities for the TERG. It was unanimously decided to shift the last two agenda items in this session to the next day.

- **Prospective evaluation on gender**

**Lead discussant: Anna Thorson**

Anna Thorson, TERG focal point for the gender review, updated the TERG on the progress of the thematic review on gender. Heather Doyle from the Community Rights and Gender Department of the Global Fund could not join the discussion by telephone due to a connection problem. Anna

informed the members that following extensive deliberations and input from the TERG, Heather Doyle and the CRG department, and Grant Management Division members, the Terms of Reference had been finalised. The TERG decided the focus of this review will be on women and adolescent girls. Other components of gender (men and key populations such as MSM, transgender etc.) will be included in future evaluations. The review will provide a crucial case study/base line analyses at country level, to inform forthcoming prospective evaluations. It was also explained that this review will exclusively focus on country level to complement the Secretariat's internal review which focused on in-house Global Fund activities. Anna confirmed that the RFP for the evaluation will be advertised in October 2016.

- **Review of Corporation Agreements**

**Lead discussant: Paulin Basinga**

Alice Gilbert and Kaveri Kumar, consultants from the Cambridge Economic Policy Associates, made a remote presentation on the findings and recommendations of the thematic review. They reported that the agreements were more or less successful in producing its expected achievements. However, there was feedback from most in-country consultations that the Concept Note requirements had been heavy and burdensome; and capacity building in countries has been limited. Major challenges are to minimise the burden to produce concept notes and to put more emphasis on monitoring the progress of implementation. The agreements have not supported the implementation of concept notes and national strategic plans (NSPs). The review has provided a set of seven recommendations for future TA provision.

The lead discussant appreciated their work. Reflecting back on the thematic review on NSPs, TERG members again shared a frustration at the burden of the Global Fund specific concept note requirements. The TERG considered that it would be more important and cost efficient to build longer term capacity in country, rather than focusing on Global Fund specific concept notes. To conclude, the lead discussant encouraged members to provide their comments on the draft paper.

## **Day 3**

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### **Summary of day 2**

The TERG Vice-Chair, Viroj Tangcharoensathien, summarised the discussion in the previous day. He highlighted the importance of capacity building, and addressed that gender will be one of the critical components in Prospective Country Evaluations (PCEs). TERG members shared their view on Thailand's experience.

### **Session 3: TERG multi-year plan**

**Chair: Jim Tulloch**

- **GAVI's Uganda Full Country Evaluation (FCE)**

The Chair shared the experience and observation from his visit to the GAVI's Full Country Evaluation (FCE) in Uganda. He emphasised that FCE requires a significant amount of engaging work, and so would TERG PCEs. The GAVI established a team embedded in country, which allows continuous process evaluation. This will also help developing capacities in countries. He stressed that it is necessary to consider mechanisms to translate PCEs into policy improvement.

- **Discussion points for PCEs**

The Chair summarised discussion points for the TERG: recruitment of a team; clarification of the focus of PCEs; relationship with international evaluation partners; and compatibility among the three diseases. TERG member Wuleta Lemma gave a more detailed presentation on the outline of PCEs. She emphasised that the ultimate goal of PCEs is to understand the pathway from investments to impact through a clear logical framework; in addition to improving program quality. This would help design the new Global Fund strategy for after 2022. Considering these points, it was stressed how the TERG design PCEs is crucial.

Members generally supported the overall definition, goal, objectives, and principles, but felt it was important to continue to flesh out details. TERG members agreed that it needs to be much clearer and sharper in order to clarify the PCE's operationalisation. It was suggested that existing NSP, M&E framework and data should be used as much as possible, and suggested that PCEs could start with the mapping exercise to identify existing M&E activities. Members also argued that the PCE may have a catalytic role in capacity building, improving data system, and building procurement system.

Members discussed the focus on PCEs: whether it should be a Global-Fund centric, systematic approach, or focused on the broader aspects of ending the three diseases. It was generally agreed that PCEs should mainly focus on Global Fund supported activities, but also must take into account a whole picture of the systems in the country.

It was agreed to determine high-level evaluation questions globally and based on them, allow countries to adapt them and develop sub-questions tailored to the country-specific context. This will enable the TERG to address global questions in a coherent manner as well as country specific ones.

Lastly, TERG reemphasised that the value of conducting PCEs is not only to generate evidence but also to deliver further impacts for the neediest populations. Some modification was made to the draft goal, and the TERG decided to continue working on this in the following sessions. Members volunteered in working groups for the break-out sessions in the afternoon, including gender; mortality data; thematic reviews on NSP & partnership agreement; and PCEs.

Each groups from the break-out session shared their outcomes with other members. The gender group noted that while the thematic review will specifically focus on women and adolescent girls, the PCEs should include other gender groups. The group on NSP and the partnership agreement reviews presented next steps: to emphasise NSP as priority for developing concept notes and to link this point to PCEs. The mortality data group also described the next steps: to develop guidance material and to hold a workshop for the Global Fund Secretariat on the implementation of the new WHO guideline. Lastly, the PCE group shared some edits made on the draft goal and objectives.

#### • **Discussion with GAVI's Evaluation Advisory Committee Chair**

Robert Moodie, Chair of GAVI's Evaluation Advisory Committee gave an overview of lessons learnt through GAVI's Full Country Evaluations (FCE) (by telephone). He explained that FCE is also a prospective evaluation and encouraged the TERG on designing the evaluations as prospective. Some questions were raised and discussed on the design and framework of GAVI evaluations. Overall, the TERG received encouragement and a positive impression of GAVI FCE.

### **Executive Session**

The TERG discussed modalities of their interaction during and between meetings. Bess Miller, TERG Vice-Chair, urged members to get more involved, in addition to their oversight of thematic reviews. She proposed to reinstitute a teleconference between each TERG meeting in order to get more regular updates, such as reports from the Strategic Committee and Board meeting. Members agreed to this suggestion and further suggested to produce an agenda for a teleconference to ensure a productive discussion. It was also commented this will enable members to capture the whole picture of TERG work, which contributes to deeper discussion during meetings. It was also agreed to designate an accountable person in each focal point group of thematic reviews in order to maintain constant responsiveness. In addition, it was requested for the TERG Secretariat to share draft documents for comments further in advance. The TERG Chair again encouraged stronger engagement from members.

The discussion moved on to the Strategic Review 2017 (SR2017). The TERG Chair proposed that SR 2017 would be a relatively light activity focused on how the recommendations from Strategic Review 2015 were incorporated into the new Global Fund Strategy.

Taking into account the date of next Strategy Committee meeting, it was decided to hold the next TERG meeting from 7<sup>th</sup> to 9<sup>th</sup> February 2017 in Geneva, Switzerland.



## **Concluding session**

To conclude, the TERG Chair again welcomed new members and appreciated everyone's engaging discussion. He expressed great appreciation to Vice-Chair Viroj Tangcharoensathien for hosting the meeting in Bangkok.

TERG leadership and several members remained an additional day after the meeting to further discuss TERG outputs to the Strategy Committee.

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

### **I. Distinguished guest speakers**

Dr. Somsak Akkasilp (Deputy Permanent Secretary, Ministry of Public Health)

Dr. Kanitta Bundhamcharoen (Director, Burden of Disease Program, International Health Policy Program, Ministry of Public Health)

Mr. Vichian Chidchanognarth (Director, Bureau of Registration Administration: BORA)

Mr. Promboon Panitchpakdi (Executive Director, Raks Thai Foundation)

Dr. Walaiporn Patcharanarumol (International Health Policy Program, Ministry of Public Health)

Dr. Nittaya Phanupak Puenpapong (Deputy Director, Thai Red Cross AIDS Research Center)

Dr. Nakorn Prem Sri (Director, Principal Recipient Administrative Office, Department of Disease Control, Ministry of Public Health)

Dr. Petchsri Sirinirund (Executive Secretary, CCM Thailand)

Dr. Jaruwaree Snidwongse na Ayuthaya (Consultant, resource mobilization from private sector to accelerate ending AIDS, TB, and malaria)

Ms. Netnapit Suchonwanich (National Health Security Office: NHSO)

Dr. Suriya Wongkongkathep (former CCM Chair, Director General, Department of Development of Thai Traditional and Alternative Medicine: DTAM, Ministry of Public Health)

### **II. TERG members**

Jim Tulloch (Chair)

Viroj Tangcharoensathien (Vice-chair)

Bess Miller (Vice-chair)

Anna Thorson

Bernard Nahlen

Cindy Carlson (in-coming)

Dan Whitaker (in-coming)

Don De Savigny

Elizabeth Moreira dos Santos (in-coming)

Jeanine Condo

Kenneth Castro

Mickey Chopra

Osamu Kunii

Paulin Basinga

Vinand Nantulya

Wuleta Lemma

### **III. Resource persons**

Alice Gilbert, Kaveri Kumar (CEPA)

Joost Hoppenbrouwer (Euro Health Group)

Rob Moodie (Chair, GAVI's Evaluation Advisory Committee)

### **IV. Observer**

Erin Eckert (Co-Chair, RBM MERG)

## **V. The Global Fund**

Michael Borowitz (Policy Hub)

Peter Hansen (Technical Advice and Partnership)

Silvio Martinelli (Access to Funding)

### **TERG Secretariat**

Ryuichi Komatsu

John Puvimanasinghe

Jutta Hornig

Seda Kojoyan

Eriko Maruyama