

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

Special Working Group Meeting

Geneva, Switzerland 10 September 2008

1.0 Introduction

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

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

2.0 Review of Study Area 3 Draft Report

2.1 Background

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

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

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

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

- The design is not clear, there is a need to specify more clearly the evaluation hypothesis, framework and counterfactuals;
- There is a lack of meaningful contextual information such as health system status, national disease control strategy, timing and resource allocation;
- The report is too descriptive and lacks analysis of the linkages across observations, triangulation of data, summary graphs;

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

- Quality of the data should be considered as the backbone of the analysis. There is no empirical data highlighting the exact quality of routine data used, and no quantification of the missing data. The reliability should be distinguished according to data source.
- There is too much emphasis on information widely available. No clear distinction is made between new and existing data, while additional data collected are poorly valued;
- The impact component is relatively weak. It relies only on modeling and the modeling exercise is somewhat difficult to understand;
- Some data (particularly financial data) needs cross checking as in some cases there are inconsistencies with other partners' reports
- There is no real effort to include data from country-level evaluations or studies beyond main surveys (particularly relevant for high risk groups).

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

2.2 Discussions and Recommendations

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

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

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

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

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

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

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

Tuberculosis

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

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

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

Malaria

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

HIV/AIDS

- This chapter on HIV is probably the least coherent in terms of key messages. There are no real conclusions, no synthesis. Much data is presented, mostly from the UNGASS report.
- Quite rightly, the analysis of the epidemiology shows that the stabilization in prevalence and declines in incidence and mortality probably have preceded the scale

up of TGF resources. There is a need to take a closer look at the last 2 years, where a substantial increase in service coverage on both prevention and treatment side has been observed.

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

2.3 Next Steps

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

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

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

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

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

3.0 Next meeting

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

ANNEX A

MEETING AGENDA & PARTICIPANTS LIST

Meeting Objectives:

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

Wednesday 10 September

Venue: Care Fields, The Global Fund

	08.30 – 09.15	Welcome Coffee & TERG Retreat	TERG Members
1	09.15 – 09.45	Presentation of Study Area 3 Draft Report <ul style="list-style-type: none"> - Presentation of findings & preliminary conclusions <i>Chair: R. Korte</i>	R. Korte T. Boerma
2	09.45 – 11.00	Assessment of Study Area 3 Draft Report <ul style="list-style-type: none"> - TERG discussion of overall quality of report 	R. Korte
	11.00 – 11.15	Coffee	
3	11.15 – 12.30	Review of Partner & External Reviewer Comments <ul style="list-style-type: none"> - Presentation summarizing comments received from partners and external reviewers (20 min) - TERG discussion 	R. Korte C. Mahe
	12.30 – 13.30	Working Lunch	
4	13.30 – 14.00	Review process and timeline to finalize SA3 report <ul style="list-style-type: none"> - TERG discussion and recommendations 	R. Korte
5	14.00 – 16.00	Development of TERG Response to Macro <ul style="list-style-type: none"> - Develop and draft TERG key messages - TERG discussion and recommendations 	R. Korte
	16.00	Close of meeting	

List of Participants – TERG Working Group Meeting, 10 September 2008

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