

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

Working Group Meeting

**Geneva, Switzerland 16-17 December 2008**

## 1.0 Introduction

This document reports on the TERG Working Group Meeting which took place 16-17 December 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.

## 2.0 Review of Study Area 3 Draft Report

### 2.1 Background

On 2 December, The Five-Year Evaluation Study Area 3 Consortium (led by Macro International) submitted a revised draft of the Study Area 3 (SA3) report to the TERG (without the HIV chapter), in response to TERG feedback given at its 10<sup>th</sup> meeting. The revised HIV chapter was submitted on 8 December.

Ties Boerma, the Study Area 3 Consortium representative, explained that some of the data had not yet been analyzed and that some sections of the report are still under development, particularly the section addressing Health Systems Strengthening. However, the contractor confirmed that the agreed deadline for receipt of the final report (12 February 2009) will be met.

The main overarching issues raised by the TERG are outlined below.

### 2.2 Discussions and Recommendations

The TERG raised serious concerns to the contractors regarding the delays in receipt of key deliverables, which have put the evaluation substantially behind schedule. The contractors were asked to describe specifically how the final deadlines will be met. TERG emphasized the need to adhere to agreed deadlines that have been set with the Mid-Term Replenishment Meeting and 19<sup>th</sup> Board meeting in mind.

The TERG emphasized that Macro should work towards a homogeneous and comprehensive report focusing on the key and central conclusions and their justification, as well as a 20-30 page summary paper for presentation to the Board. Overall, the TERG found the report to be improved compared to the last version, but noted that the Health Systems Strengthening chapter had not yet been revised.

The TERG emphasized the need to:

- Highlight the broader strategic issues emerging from the study (e.g. regarding systems and impact) rather than reporting on the results as a survey;
- Ensure recommendations are concrete and targeted to specific audiences;
- Assess how data availability and quality affect the performance-based funding system, including the TRP's review of proposals;
- Include recommendations for simplification of the reporting system such as reducing the reporting requirements and number of indicators collected but ensuring higher quality indicators are tracked;
- Clearly articulate the Global Fund's contribution to the overall effort. The report should include a brief summary of the grants that have been signed, the timeline, how the funds have been used, how interventions are implemented. Disease-specific chapters should quantify Global Fund's share of the budget;
- Clearly state the source of data used (DCA, record review, global report,...).

The recommendations should focus on encouraging improved PR quality management systems and strengthening country level data quality and analysis capacity rather than establishing detailed financial tracking processes. The TERG also provided specific comments on each chapter, as follows:

#### Background, Study Design, Data Availability & Data Quality

- TERG found the tone of this chapter to be too negative and requested that the findings be presented alongside concrete suggestions for remedial action, and opportunities for improvement.
- The evaluation process which relies on the core principles of country ownership, capacity building and sustainability, should be further described, presenting success stories, challenges and lessons learned.
- The contractor should clarify the distinction between M&E system, HIS and HMIS and should identify which aspects need to be fixed. TERG emphasized that the HMIS and M&E system discussion could be included in the HSS chapter.
- The Background chapter is not very clear. TERG welcomed the alignment with the IHP principles and stressed this chapter should put a greater focus on the terms of reference of this evaluation.
- TERG asked that recommendations be targeted towards specific actors.
- TERG also emphasized the importance of the finding that health management information systems require significant capacity building, and the need to mobilize all the stakeholders to provide support in this area. The report should also examine reasons why funds currently available for such capacity building are underutilized, focusing on issues of HR capacity and sustainability. Appropriate and strong recommendations in this area are needed.
- The contractor should seek to quantify the amount invested in M&E so far by Global Fund and partners. It was suggested to include in the report the number and names of countries which have received Health Metrics Network (HMN) grants to do a national assessment of their HMIS systems. The report should also quantify the amount invested from Global Fund grants to strengthen the M&E systems.
- TERG requested additional emphasis on the data quality assurance process in this study and a comparison of the reliability of data included in country reports compared to data quoted in global reports.
- The M&E indicators used should be discussed. The report should question whether there are too many indicators and whether they are essential. An analysis should also be provided examining whether M&E indicators are influencing program management decisions at country level.

#### Tuberculosis

TERG found that the TB chapter was well developed and showed substantial improvement over the previous version. Overall the draft has matured considerably compared to the previous draft, and gives a fair and balanced representation of the experience of the fight against TB in these countries. TERG comments are provided for refinement and to sharpen the conclusions and recommendations as follows:

- Discrepancies in case detection and notification numbers reported in Tanzania require explanation.
- The contractor chooses not to use case detection rate for methodological reasons. However, since it is a MDG indicator, this should be further clarified.
- An estimation of the years of Life Saved by TB treatment should be provided.
- The study found that treatment success was higher than that reported by WHO – this should be clearly noted and explained.
- The report should emphasize that these 18 countries are not a representative sample of the high prevalence TB countries as they already benefit from well-established TB programs and declining prevalence. For this reason, they exhibit a lower increase in case detection rates in comparison with other countries.

- TB programs are associated with a robust, well-designed and globally standardized M&E system. The report should emphasize how this system could now move towards improved quality assurance.
- TERG suggested that the contractors should consider removing DOTS coverage as an indicator since its definition is unclear.
- The report should also discuss quality of microscopy.
- The contractor should highlight that the study design did not allow for collecting new data on TB/HIV co-infection or MDR. However, the report should at least include information about the TB/HIV interventions financed by Global Fund to allow a better comprehension of the problem (specifically, which interventions are conducted, and if no interventions are conducted, why?).
- Cotrimoxazole should be included in the service readiness chapter.
- The report should emphasize the positive effects of treatment and substantial number of deaths averted as positive aspects coming out of the study.
- The contractors should revisit the bivariate correlation analysis to ensure use of the most appropriate variables, and in particular explore the relationship between funding and total number of patients.
- A short statement should be included on TB beyond DOTS.
- The report should include reference to the duration and amount of funding from Global Fund grants in each country.
- The contractor should analyze and make statements about factors responsible for performance differentials across countries.

### Malaria

TERG generally found that this chapter presented an overly-optimistic impression given the recency of the scale-up of malaria interventions. Additional analysis is needed and findings and conclusions should be made clearer. In particular TERG noted:

- In trying to quantify impact, the report should consider the limitations of the short time frame between the investments made by the Global Fund and President's Malaria Initiative and the initiation of the evaluation. In particular, the report should recognize that a large number of countries have procured ACTs that have not yet reached facilities or patients, and that there is a time gap between supply of money, procurement, distribution and reaching clients.
- The Zambia case study should be less descriptive and more analytical, trying to identify the factors responsible for the success in Zambia.
- Countries' ACT policy change dates should be documented and the report should examine the role of The Global Fund in driving this policy change.
- Success stories regarding implementation of malaria interventions using other parts of the health system (such as the EPI campaign) should be described.
- TERG also requested the contractor to review the major Global Fund success claims and to attempt to verify these examples of reductions in malaria cases in some areas. Discrepancies should be explained. The contractor mentioned concerns with interpretation of data and highly selective clinic selection. The TERG requested the Global Fund Secretariat to provide the contractor with access to the relevant data.
- TERG noted that the large ACT supply for Rwanda compared to the needs should be examined. The report should consider if this large supply compared to the needs is linked to Rwanda's successful disease control strategies.
- TERG noted that the findings presented in the discussion of child mortality do not seem to lead to clear conclusions.
- TERG noted that ITN coverage results are highly variable across countries and that additional contextual information describing success factors or bottlenecks is needed. The report should present the original national (and grant) targets and the extent to which they have been achieved.
- The report should address effects on morbidity and recognize that number of cases as an indicator is not meaningful.

- TERG also asked that the contractors consider including recommendations linked to the Affordable Medicines for Malaria initiative (AMfM).

## HIV/AIDS

Generally the TERG found the HIV chapter to be substantially improved over the last version, but emphasized that much work remains to be completed. The TERG made the following specific requests and recommendations:

- The report would benefit from a substantive discussion and justification of the reasons for the emphasis on the three interventions examined: ART, VCT and PMTCT, and should discuss prevention strategies beside VCT and PMTCT. An analysis should be provided showing the distribution of the funding of these three interventions compared to other interventions.
- The poor availability of data on prevention services with emphasis on MARP should be explained further. However, more information should be provided on prevention activities using for example, Global Fund grant proposals and reported indicators to allow a better comprehension of the problem (examining which interventions are conducted, and if no interventions are conducted, why?).
- Community-based interventions are inadequately addressed despite their importance in Global Fund grants (stigma reduction, role of PLWA, etc). The report should specifically address the role of services to affected communities and the role of services to people living with the diseases.
- The simplification of national HIV programs to a description of ART, VCT and PMTCT gives the false impression that any difference in effects at country level can be attributed solely to these interventions.
- The report should also provide distinct analyses of appropriate interventions applied to general versus concentrated epidemics and should examine the logic of the interventions funded by the Global Fund. Are the partners funding the right mix of interventions?
- Data gaps are an underlying theme throughout the report. It would be useful to include an HIV-specific table relating the different types of data Global Fund requires with the data gaps in each country. The report may show that indicators do not exist for the most basic functions funded. The data deficits for each country should be listed. Recommendations should be provided about the minimal level of information needed to be able to provide acceptable quality services.
- The report should discuss cost-effectiveness of services, linking grant disbursements to results achieved. The link between funding and disease burden should also be investigated further. Large differences in funding per person should be broken down into prevention, treatment and care.
- The report should clarify the contribution of the World Bank MAP including yearly financial contributions.
- The detailed analysis of PMTCT services is highly relevant and should be extended to ART and VCT.
- The TERG requested a further assessment of the size of the unmet need for PMTCT and associated diagnostics.
- Gender issues and quality of services should be further addressed.
- In summary, TERG requested an additional, more in-depth presentation and discussion of the HIV chapter. A follow up discussion will be organized via e-mail.

## Financing

- This chapter requires major revision. TERG advised Macro to revisit the data, remove unreliable data, and revise this chapter to ensure simple, clear messages are presented. TERG emphasized the need to distinguish between the terms: allocation, expenditure, financing and disbursement, which can be confusing to the common reader. This chapter should focus successively on total health expenditure, external funding and National Health Accounts separately.

- It would be good to have some information about national (government) contributions for the three diseases after the implementation of Global Fund projects. Are national investments increasing or decreasing? Is it possible to have this information collated by WHO regions?
- The challenge of conducting this exercise should also be presented as a finding, emphasizing issues of data quality and reliability. It would be useful to compare NHA and NASA findings whenever possible.
- TERG noted that the data presented in the tables indicate a massive increase in funding available for the three diseases, and moderate increase in funds for rest of health sector. In relative terms, due to the large increase in budget for the three diseases, it appears funding for the other health areas has decreased. TERG emphasized the importance of distinguishing between the relative and absolute measures.
- This chapter should also examine the relationship between the breakdown by disease and burden of disease. A discussion should be included about the strategic allocation of resources (in follow-up to some findings of the Study Area 1 report). Are resources reasonably distributed for health system issues?
- The concept of sustainability should be further defined and discussed. Sustainability should be also considered in relation to disease burden.
- The TERG requested that Macro cross-check figures with PEPFAR and the World Bank.
- TERG suggested that in examining financial tracking, the time lag between disbursement and interventions reaching end users should be investigated and suggested that a special study on this subject be organized by the Secretariat.

#### Health System Strengthening

The TERG did not review this chapter since it had not been revised since the last version. However, the TERG urged the contractor to fully address the TERG comments on this chapter made during the 10<sup>th</sup> TERG meeting. The following additional recommendations were made:

- TERG noted that the report mentions that there is no evidence that a migration of human resources occurs as a response to Global Fund investments. This claim should be examined carefully as there is a general belief that Global Fund monies affect migrations of health workers.
- TERG emphasized that the report should discuss the fact that impact on health systems is the result of scale up, but that over the same period, demand has increased as the epidemics have worsened.
- The report should reinforce the message that despite lack of evidence of negative effects, there are missed opportunities for strengthening health systems, either by the strengthening of cross-cutting components (procurement system and HMIS systems) or by the strengthening of closely related health system (reproductive health, sexually transmitted disease, blood control).
- Additional information should be provided regarding the logistics of drug procurement and distribution, examining pooled procurement and the development of parallel systems.
- The contractor should discuss systems effects due to reduced disease burden.

#### Additional considerations

- At the last meeting, TERG members suggested that Study Area 3 findings should be discussed in light of documented information on active grants (e.g. baseline data provided to TRP, key data needed in grant milestones, etc). The contractors proposed to conduct two country case studies examining use of data and indicators.
- The contractors committed to conducting a peer review by relevant technical agencies before submitting the final document.
- TERG welcomed the summary provided of the evaluation tools used and requested a conceptual paper outlining the next steps and capturing lessons learned. The tools need to be integrated into the proposed way forward. This strategic plan should then be refined with partners. Although joint workshops were planned for both SA2 and SA3, the TERG

recommended that no dissemination workshops be held. Instead, the TERG requested that the Secretariat work with partners to refine the Model Evaluation Platform,

- A 1-4 page executive summary should be provided for each country report following a sample template.

## 2.3 Next Steps

The TERG emphasized the need to ensure a quality report is received within the specified deadlines. The final Study Area 3 report will be reviewed by the TERG at its February 2009 meeting, and the results will be presented to the PSC in March. It is likely that the results will also be discussed at the Mid-Term Replenishment Meeting in April. Finally the TERG Summary Report and Final Study Area 3 Report will be presented to the Board at its 19<sup>th</sup> Meeting in May 2009. In order to meet these deadlines, TERG requested submission of the following deliverables according to the schedule below:

Date	Action
20 January	Revised HSS Chapter sent to TERG
12 February	Study Area 3 Final Report and Model Evaluation Platform sent to TERG
26-27 February	11 <sup>th</sup> TERG meeting – Review SA3 Final Report and Discuss TERG Summary Paper on SA3
1 March	1-4 page summary of each country reports sent to TERG
3 March	Deadline for submission of documents to PSC
17-19 March	Presentation of Final SA3 Report and TERG Summary Paper to PSC
15 April	Deadline to send documents to Board for 19 <sup>th</sup> Board Meeting
6-8 May	Presentation of the Final SA3 Report and TERG Summary Report on SA3 to the 19 <sup>th</sup> Board Meeting

## 3.0 Review of Synthesis Report

### 3.1 Background

In correspondence from Macro to the Chair TERG in late October, Macro confirmed that the TERG would receive 'a good, complete draft of the Synthesis Report, based on a TERG-approved outline and incorporating Study Area 3 findings as well as those from Study Areas 1 and 2' two weeks in advance of the TERG meeting in December. The TERG and Secretariat anticipated receiving a full and mature version of the Synthesis Report on 2 December but instead received an early stage outline. The TERG expressed dissatisfaction to be still at the stage of reviewing an outline instead of the final report. In light of the repeated extensions granted (the initial deadline for submission of the draft Synthesis report was 15 August 2008) and the incomplete nature of the deliverables, the TERG and the Global Fund Secretariat expressed serious concerns about Macro's ability to deliver a final Synthesis Report by the deadline of 12 February 2009.

### 3.2 Discussion & Recommendations

Representatives from Macro apologized for not meeting the deadlines and agreed that deliverable dates had been missed, explaining the challenges of developing a complete draft of the synthesis report in parallel to the finalization of the SA3 report. To ensure adequate opportunity for TERG review of the developing draft before the final deadline, TERG and Macro agreed to an iterative process for review of the developing report according to the schedule below.

### 3.3 Next Steps

Macro indicated that an internal draft will be prepared by 23 January and circulated to the TERG for initial feedback on findings and conclusions. If earlier conclusions are available a conference call will be held to discuss.

<b>Date</b>	<b>Action</b>
<b>12 January</b>	<b>Draft conclusions for Synthesis Report send to TERG</b>
14 January	TERG Teleconference (13:00 CET) to discuss draft conclusions and provide initial feedback
<b>2 February</b>	<b>Draft Synthesis Report circulated to TERG for review</b>
6 February	TERG teleconference (13:00 CET)
<b>16 February</b>	<b>Final Draft of the Synthesis Report sent to TERG</b>
26-27 February	11 <sup>th</sup> TERG meeting – Review Final draft of the Synthesis Report and Discuss TERG Summary Report on Synthesis Report
3 March	Deadline for submission of documents to PSC
17-19 March	Presentation of Synthesis Report and TERG Summary Report to PSC
15 April	Deadline to send documents to Board for 19 <sup>th</sup> Board Meeting
6-8 May	Presentation of the Final Synthesis Report and TERG Summary Report on Synthesis Report to the 19 <sup>th</sup> Board Meeting

## 4.0 Review of Benchmarking Study

### 4.1 Background

At the conclusion of Study Area 1 in November 2007, the TERG identified in its summary report the need for a benchmarking study. In response to this identified gap, Macro submitted a draft benchmarking study on 3 December 2008 as an annex to Study Area 1. Some conclusions of this benchmarking study may be integrated in the final Five-Year Evaluation Synthesis Report.

### 4.2 Discussion & Recommendations

The TERG welcomed the Benchmarking Study as an annex to Study Area 1 and while supporting the use of the MEFF tool, the TERG questioned its discriminatory power. TERG emphasized that in interpreting qualitative findings and subjective comments, as found in the TERG 360° Stakeholder Survey, opinions of the Global Fund differed significantly by stakeholder group. The contractors were requested to take this into consideration in interpreting the results. TERG emphasized that the Global Fund was created to be different to other development organizations, which makes it difficult to assess the Global Fund using benchmarks from past studies.

In considering the benchmarking results in the area of procurement, the TERG recognized that the Global Fund shifts more responsibility to countries than other development agencies. TERG requested the Secretariat to clarify questions raised in Study Area 1 and 2 regarding alleged discrepancies between procurement policy and practice. The Secretariat agreed to submit a formal response to the TERG before its February meeting.

Macro will review the TERG feedback on the benchmarking study and make the appropriate changes. The final version will be labeled as an annex to the SA1 report and will be submitted on Feb 2.

## **5.0 TERG Renewal**

### **5.1 Background**

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

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

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

The following TERG members have served at least one full term and are now eligible to rotate out: Rolf Korte, Rose Leke, David Barr, Stefano Bertozzi, Bashirul Haq, Loretta Peschi

### **5.2 Discussion & Recommendations**

The ambiguity in the TERG TORs and in the appointment decisions leaves significant room for interpretation and application of the TORs. Thus the TERG requested the Secretariat Legal unit to propose appropriate amendments to the TERG TOR for decision by the Board at the 19<sup>th</sup> Board Meeting in May 2009.

TERG decided that to ensure continuity, existing members will be encouraged to remain active until the new members are confirmed by the Board in May. The TERG Chair discussed the situation individually with each of the original members and advised that three TERG members have offered to retire from the TERG in May 2009

The remaining three original TERG members agreed in principle to remain in place until November 2009 at the earliest, and May 2010 at the latest. The TERG requested the Secretariat to begin soliciting Board nominations in January 2009 to fill these seats.

The TERG Chair also requested that formal letters be sent to each TERG member advising them of the term remaining and asking how long they would like to serve. A matrix showing the technical specialization mix and regional/gender balance of the TERG will accompany the letter.

## **6.0 TERG Self-Assessment**

### **6.1 Background**

The TERG decided at its last meeting to propose to the Board to undergo a self-assessment, and requested Secretariat support to develop a TERG self assessment methodology. A draft framework for the assessment of the TERG was prepared for review by the TERG.

### **6.2 Discussion & Recommendations**

TERG decided that the development of the self-assessment paper should be an iterative drafting process initiated by the TERG Support Team. The TERG Chair will present this paper to the Board as ‘a voluntary self assessment’ and as guidance to future TERG members.

## **7.0 Next meeting**

TERG agreed to schedule the 11<sup>th</sup> TERG meeting on 26-27 February 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

### AGENDA

#### Meeting Objectives:

- Review the Five-Year Evaluation Study Area 3 Draft Final Report
- Develop the TERG response to contractor on the Study Area 3 Draft Final Report
- Review the Five-Year Evaluation Draft Synthesis Report
- Develop the TERG response to contractor on the Draft Synthesis Report

**Tuesday 16 December**

**Venue: Hope Plaza, The Global Fund**

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|----------|--|--|
| <b>1</b> | <b>09.00 – 09.30</b>                               | <b>Introduction &amp; Review of Agenda</b><br><i>Chair for morning session: R. Korte</i>   |
| <b>2</b> | <b>09.30 – 10.00</b>                               | <b>Overall situation and strategic issues</b> <ul style="list-style-type: none"><li>- Presentation - T Boerma</li><li>- TERG discussion</li></ul>  |
| <b>3</b> | <b>10.00 – 11.00</b><br><i>Inclusive of coffee</i> | <b>Detailed Review of SA3 Report: Background, Study Design, Data Availability &amp; Data Quality</b> <ul style="list-style-type: none"><li>- Presentation - C Abou-Zahr</li><li>- TERG discussion and recommendations</li></ul>            |
| <b>3</b> | <b>11.00 – 11.45</b>                               | <b>Detailed Review of SA3 Report: Malaria Chapters</b> <ul style="list-style-type: none"><li>- Presentation - F Greenwell, T Boerma</li><li>- TERG discussion and recommendations</li></ul>  |
| <b>4</b> | <b>11.45 – 12.30</b>                               | <b>Detailed Review of SA3 Report: TB Chapter</b> <ul style="list-style-type: none"><li>- Presentation - F Greenwell, T Boerma</li><li>- TERG discussion and recommendations</li></ul>  |
|          | <b>12.30 – 14.00</b>                               | <b>Working Lunch - TERG Retreat: TERG Members only</b>   |
| <b>5</b> | <b>14.00 – 16.00</b>                               | <b>Detailed Review of SA3 Report: HIV Chapter</b> <ul style="list-style-type: none"><li>- Presentation - F Greenwell, T Boerma</li><li>- TERG discussion and recommendations</li></ul> <i>Chair for afternoon session: to be confirmed</i> |
| <b>6</b> | <b>16.00 – 17.00</b><br><i>Inclusive of coffee</i> | <b>Detailed Review of SA3 Report: Financing</b> <ul style="list-style-type: none"><li>- Presentation – T Tan-Torres</li><li>- TERG discussion and recommendations</li></ul>  |
| <b>7</b> | <b>17.00 – 18.30</b>                               | <b>Study Area 3 Next Steps</b>   |

- Presentation - revised HSS chapter, Model Evaluation Platform, dissemination strategy - Macro
- Options for continuing country engagement – T Boerma
- TERG discussion and recommendations

**Wednesday 17 December**

**Venue: Hope Plaza, The Global Fund**

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|-----------|-----------------------------------|---|
| <b>8</b>  | <b>9.00 – 9.30</b>                | <b>Introduction of Case Study on Grant Cycle &amp; PBF</b>  |
|           |                                   | <ul style="list-style-type: none"> <li>- Presentation by T. Boerma</li> <li>- Questions, Clarifications</li> </ul>                                      |
| <b>9</b>  | <b>9.30 – 10.30</b>               | <b>Review of Benchmarking Study</b>   |
|           |                                   | <ul style="list-style-type: none"> <li>- Presentation on Benchmarking Study by L. Ryan</li> <li>- Questions, Clarifications</li> </ul>                  |
| <b>10</b> | <b>10.30– 12.00</b>               | <b>Review of Draft Synthesis Report</b>   |
|           | <i><b>Inclusive of coffee</b></i> | <ul style="list-style-type: none"> <li>- Presentation on Synthesis Report by J. Sherry</li> <li>- TERG discussion and recommendations</li> </ul>        |
| <b>11</b> | <b>12.00 – 13.00</b>              | <b>TERG Self-Assessment</b>   |
|           |                                   | <ul style="list-style-type: none"> <li>- Introduction of Self Assessment Proposal by R. Korte</li> <li>- TERG Discussion and Recommendations</li> </ul> |
| <b>12</b> | <b>13.00</b>                      | <b>Close of Meeting – Conclusion &amp; Next Steps</b>   |
|           |                                   | <i><b>Lunch served</b></i>  |
|           | <b>14.00 – 16.00</b>              | <b>Working Group to finalize TERG recommendations</b>   |

## List of Participants – TERG Working Group Meeting, 16-17 December 2008

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