

35th TERG Meeting: Summary Report

15 – 17 May 2018

Geneva, Switzerland

Objectives of the 35th TERG Meeting

1. Finalize Prospective Country Evaluations (PCE) consortia evaluation frameworks and synthesis plans.
2. Discuss lessons learned from 2017 PCE experience and guide PCE process evaluation.
3. Discuss and guide thematic reviews.

Day 1

Opening session: PCE lessons learned and way forward

Chair: Jim Tulloch

Opening remarks

The Global Fund's Executive Director addressed the TERG. The fact that resources are limited requires that investment needs to be very effective in order to end the epidemics by 2030, and the TERG has an important role to play in informing the Global Fund. The Executive Director urged the TERG to look at ways for using Global Fund funding more effectively, to allow for a better understanding of trade-offs and their cost, and to be 'hard edged' in its recommendations.

Discussion

TERG members discussed with the Executive Director the importance of course-correction and he emphasized the value of on-going and real-time information. PCEs are expected to provide this type of information.

Conclusions/actions

- The TERG to aim to provide "hard-hitting" contributions during the relevant Committee and Board discussions.
- PCEs to provide on-going feedback, as real-time as possible, to the Global Fund.

Session 1: Country evaluation framework, progress and challenges **Chair: Bess Miller**

Factors considered in developing common evaluation frameworks

In 2018 to date, the PCE consortia have been evaluating early grant implementation in PCE countries, with the aim to follow the disease specific results chain from inputs to impact. The PCE consortia have now a good idea of what data will become available and when; however, the current scope of the evaluation covers a large range of issues, and this is a challenge. Therefore, consortia requested guidance from the TERG on prioritization.

Integration of thematic and impact frameworks

The PCE consortia have developed standard results chains for each of the three diseases, which each PCE country can adapt to its context. A PCE consultant presented to the TERG an example of a results chain for the thematic area of human rights-related interventions.

Results chains, common input, activity and output elements across the three chains

PCE consortia leads presented shared elements of the results chains across the consortia (similarities reflect common health system factors). Common inputs include government expenditure, national strategic plans, and Global Fund and other development partners' investments. Common output types include improved quality of treatment and care, improved screening/testing/ detection of diseases, and improved prevention. Data on quality of care is limited.

Discussion

The TERG commended the PCE for the work on the frameworks produced to date, as well as for the inter-consortium collaboration. One of the key current challenges, in addition to scope, is to look at the national system while understanding there are aspects of it the Global Fund cannot influence.

The TERG shared suggestions to the PCE: it is important to consider indicators that are already collected and analyzed by the Global Fund, how the PCE is adding something new, and where the gaps are, as well as the progress on Resilient and Sustainable Systems for Health (RSSH). PCE consortia responded:

- The Country Evaluation Partners (CEPs) have tracked which indicators are already being collected at the country level.
- Intention has been to focus on what is supposed to happen at this stage of grant implementation. Data is meant to look at trends and to identify gaps.
- In some PCE countries, RSSH component is quite important, but PCE evaluators were unsure if a deep dive would be possible in all countries.

Conclusions/actions

- Based on the content presented, PCE evaluations will be useful beyond the PCE, to others who are doing analysis.

Session continued with country-specific presentations on PCE progress to date and the next steps.

Cambodia – The Technical Advisory Group on the PCE is being formed and a dissemination workshop took place with 70+ participants. Next steps are impact assessment, process evaluation, evaluation management and capacity building. Challenges include building relationships with changing stakeholders, and responding to six thematic areas while trying to meet the needs of different stakeholders.

Guatemala – CEP has focused their evaluation on three grants. Current activities include the dissemination workshop and some capacity development. Guatemala is in a unique position, and its funding request has taken a long time, partially due to the National Strategic Plan being delayed.

Senegal – The PCE in Senegal experienced some delays due to elections that took place this year and implied some changes in key stakeholders in country. However, the PCE team has managed to move forward on several areas, including impact and process assessment activities, data mapping and capacity assessment. Early observations are available.

Mozambique – The PCE consultants organized a 2nd stakeholders meeting in February to refine the evaluation questions. The first High Level Advisory Panel was organized in March. PCE work has moved forward with impact and process assessment activities, data mapping and capacity assessment as well as IRB procedure. Early observations on grant implementation are available. Next steps will consist in continuing the results chain analysis, while developing technical team capacity, organizing the next meeting of the High Level Advisory Panel, continuing data collection and conducting data quality checks.

Uganda – CEP held a findings dissemination meeting, where evaluators shared how the findings are applicable for future funding requests. Key lessons learned from PCE's first year were the need to incorporate a more analytic approach and to highlight the successes as well as the challenges, including using cross-country comparison.

Democratic Republic of Congo (DRC) – CEP has adopted a provincial approach, formed a High Level Advisory Committee and hosted a meeting to disseminate the preliminary findings. Lessons learned were that a good selection of stakeholders and participatory approach for the dissemination workshop led to a constructive discussion and better stakeholder understanding of the PCE findings. Challenges include keeping the key informants engaged with the PCE.

Myanmar – Progress was achieved on the impact and process work streams. The CEP continuously communicates to the country stakeholders. As in Cambodia, this PCE evaluation includes looking at the regional grant for malaria.

Sudan – dissemination and High Level Advisory Panel meetings have taken place. Plans for the next steps include collection of the required data, preliminary data analysis (and in-depth grant data analysis), and preparing for the synthesis report.

Discussion/conclusions

Senegal and Mozambique are at much earlier stages of PCE implementation, and can therefore benefit from the lessons learned to date. Generally, TERG members found it would be helpful if process description and findings were contextualized. The TERG noted that the CEPs would benefit from clear TERG guidance on certain thematic areas for the evaluations, for instance, human rights.

Certain country teams requested more details on data distributions and strength of evidence. Country teams also inquired about the PCE's focus areas in particular countries. The TERG recognized that it is difficult to obtain the balance on PCE breadth vs. depth; this was one of the challenges it decided to address during this TERG meeting.

The TERG strives to stay conscious of country ownership and for the PCE to be useful for the countries; PCE should provide feedback which is as timely as possible.

Day 2

Session 2: Results chains, evaluation frameworks, Key Performance Indicators (KPI) and synthesis plans

Chairs: TERG leadership

A. Review and use of PCE thematic evaluation frameworks

A GEP representative presented five of the six priority areas – human rights, key populations, gender, RSSH and partnerships. The aim is to address the following questions:

- What programmatic areas or interventions is the Global Fund investing in to address each priority area?
- How are these being implemented, and what are the enabling or constraining factors to achieving the objectives?

A reference guide for the thematic evaluation frameworks has been developed, as well as “question banks” and indicators. Consortia requested TERG's feedback on these areas, especially provided that with the level of depth, some trade-offs may be necessary.

Discussion

Colleagues from the Community, Rights and Gender (CRG) department provided insight on how the PCE can support reaching Global Fund's strategic objectives (SOs), particularly SO3¹. There is enthusiasm around PCE's country-level analyses: these external evaluations can provide further insight on enabling and hindering factors.

¹ PCE reviewers should also consider that Strategic Objective 1, 2 have each an operational objective on key and vulnerable populations and community responses, respectively.

TERG members advised the PCEs to look at disease-specific KVPs, as well as at ethnic minorities. TERG also suggested utilizing practical indicators.

On partnerships, PCE needs to consider a range – implementing partners, LFA, technical partners, and other development partners (e.g., World Bank). On RSSH, the TERG advised to identify areas of the grants which could potentially have impact on the health system, and the quality of these interventions. Each of the priority areas is complex, and CEPs must have the capacity to address this.

Conclusions/actions

- CRG colleagues to share more comments in writing. Meanwhile, PCE evaluators and the TERG to refer to official Global Fund guidance on this thematic area.
- RSSH work can be narrowed down for 2018, while also specifying timelines for this area.
- Generally, the TERG and the GEPs to provide clear guidance to the CEPs, and pre-empt challenging areas for those evaluators who are new to the PCE.

B. Value for Money (VfM)

GEP presented the remaining PCE priority areas and its three high level questions:

- How is VfM considered during the funding request and grant-making processes (particularly the use of evidence and best practices to guide resource allocation of Global Fund grants, decision-making process and relevance to needs)?
- How is VfM achieved during grant implementation (including resources efficiently disbursed and absorbed, measurement of cost of service delivery, and equity in distribution of services and benefits)?
- What factors have facilitated and/or hindered the achievement of VfM (particularly in terms of disbursement and absorption of funds)?

PCE VfM analysis focuses on the Global Fund's inputs and not the national programs as a whole. Much of the VfM information will be obtained from the PCE's process evaluation. The PCE identified as limitations relying on secondary data and the grant execution timelines (which affect what is measurable in 2018).

Discussion

The TERG stressed that there may be different methodologies used across consortia on VfM and this is acceptable. VfM is an important area, as expressed by the Executive Director at the beginning of the TERG meeting. Further:

- The three questions assume the funding model is adequate, which may not be the case. PCEs requested guidance on a potential alternative approach.
- The Global Fund Secretariat may have already looked into the disbursement and absorption sub-question. However, since it is often a key issue in many countries, PCEs should address this, though from a different angle.
- PCEs to note the differences between Technical Review Panel (TRP) recommendations and the actual signed grant.
- The TERG agreed with the proposed equity dimension (to measure how equitable the distribution of interventions has been).
- Savings should be looked at, especially in contracting (overhead and administrative cost).
- Allocative efficiency may be difficult to measure when information is lacking on why resources went to particular interventions. It should also be considered that some resources are more difficult to absorb (e.g., training vs. laboratory tests²).

² The TERG also requested the PCE to look into quality of training.

- In the process from an NSP to a funding request, PCE should look at the VfM linked to selection of activities.

Conclusions/actions

- PCE evaluators have proposed VfM analysis as a cost-outcome analysis, rather than a comparative analysis. The TERG requested that while the PCE may not be able to identify with certainty an optimal intervention, hypothesis can be generated.
- PCEs should strive to use budget data to identify information on costs, including costs of service provision, where available and to identify gaps and recommendations for strengthening budget data or for making financial expenditure data more user friendly for programmatic decision making.

C. Disease specific details

GEPs presented to the TERG the results chains for the three diseases³, providing details on the inputs, activities, outputs, outcomes and impact, while addressing also the contextual factors. The HIV results chain, for example, has 107 indicators, mostly from the modular framework (with modifications to ensure consistency and measurability).

HIV – Discussion

PCE is relying on secondary data. While evaluators are unable to correct primary data, they can correct classification, as well as make some judgement on quality at the activity level. The degree of uncertainty with the model is not yet clear. If the results chain points to a problem or lack of effectiveness, PCE's process evaluation will be able to verify and provide further information⁴.

Once the results chain is populated, it can be more valuable to inform specific areas of the results chain, and to make judgements about the most important areas, as opposed to a comprehensive analysis on the full results chain.

Conclusions/actions

PCEs to take into account the following TERG recommendations:

- Engagement at the country level around results. Among other reasons, this will increase country ownership, and improve utility of the PCE exercise.
- PCE consortia to make a comment on reduced incidence, while triangulating relevant data.
- PCEs to be able to apply a VfM lens to the results chain.

TB – Discussion and conclusions

The TERG advised the PCE to look into the following.

1. At the synthesis report level:
 - Global Fund's support for TB (big picture for the eight countries), including any reasons why money was not spent as intended.
 - Consequences of a combined TB-HIV approach.
 - Procurement and supply chain: process indicators and how decisions are made; purchase of drugs through the Global Drug Facility or by the countries themselves; and wasted resources.
2. For the country-level findings:
 - The strategic approach taken by the Global Fund. For instance, should the Global Fund be contributing to TB preventive therapy?
 - Different partners' role in leveraging TB funding.
 - Bending the TB curve: how could the Global Fund further accelerate the decline?

³ Impact chains have been developed collaboratively by the consortia. But their application to each country, and analysis will vary by country contexts and consortia.

⁴ Gavi's Full Country Evaluations also utilized this technique.

- Grant tracking: discrepancy between contents of the TRP-recommended and signed grants may be even more relevant for TB.
- Identification of key populations for TB (depending on each country's context), and coverage.

It may be difficult for the evaluators to differentiate between the work of the national TB programs and the Global Fund's contributions. Often, national TB programs do not have the time to produce analysis, and this can be one of the added values of the PCE. The TERG discussed also whether it is worthwhile to assess allocative efficiency of NSPs and how the programs are funded. For certain countries, PCEs should look at how money is used to find missed cases, or at how to improve quality of services.

Malaria – Discussion

The TERG noted that the results chain model appears to have a large number of indicators, and that the PCE teams should be conscious to keep the volume at a level that would make analysis realistic. The PCE teams have selected indicators based on where robust, relevant and quality data is available. The TERG provided detailed comments on the malaria results chain:

- A move beyond simple “coverage” indicators, to utilize instead “effective coverage”, which accounts for proper diagnosis and other factors for effectiveness. Consideration of probabilities conditional to other factors, as opposed to simple probabilities.
- Mortality reviews as a source of data (including verbal autopsy), concerning in particular mortality in pregnant women due to malaria. It would also be interesting to look at intermittent preventive treatment in pregnancy (IPTp).
- Long-lasting insecticide-treated bed net (LLIN) distributions: assessment must be made on how many people actually slept under the LLIN, and whether the LLIN is of adequate quality.
- Commodities and stock-outs: see if drug stores have some type of logistics management information systems, as well as what mitigation measures are in place in case of stock-out.
- Important to look at the cascade around severe cases of malaria, since less deaths from severe cases suggests that the health system is responding well on malaria cases.
- Separate out some indicators to report on community vs. facility level work. Similarly, activity indicators in the procurement and supply chain management should be separated.

The TERG further noted that the District Health Information Systems (DHIS) should already be able to provide large amount of data in many countries.

Actions

Consortia to reply to the TERG on how the indicators will be improved based on the discussion.

D. Consortium-specific approaches to impact, resource tracking and process evaluation

Consortia presented their work for each of the session's themes. Challenges included avoiding duplication and competing timelines (e.g., Principle Recipient fatigue from accommodating different evaluator/auditor groups); operationalizing the process evaluation and managing the scope, real-time processing and management of data; and collecting process data now that will help inform impact interpretation later.

Next steps for the consortia – to verify alignment of impact questions with thematic evaluation frameworks; to map key process evaluation questions to all sub-impact questions. In addition, the TERG reflected that the consortia are working on categorizing budget line items, which may be similar to the work WHO has conducted as part of its review on RSSH investment.

Conclusions

The TERG noted that some of the data which the consortia seek to collect are likely also being collected by the Global Fund. Since it is crucial for the PCE to have a strong value-added, rather than a duplicative, component, the TERG requested the consortia to reflect on this further.

Actions

The TERG Secretariat to look into the work conducted by the WHO on categorizing budget items, and to share the results of this research with the consortia.

E. Synthesis report

Consortia briefed the TERG on the availability of findings for the next synthesis report. As per the endorsed structure for the synthesis report, focus will be on the business model and the in-country implementation of the Global Fund's strategy; impact will be addressed as well. Consortia requested some direction from the TERG, particularly on the timeline and deadlines.

Discussion

The TERG inquired about how the GEPs continue to collaborate with and monitor the progress of the CEPs. Their methods include regular calls and country visits.

The TERG is confident that the second PCE synthesis report will provide insightful information that clearly adds value. TERG members agreed that this will also require continuous and serious engagement from the TERG members. However, it was stressed that a balance is needed between putting large effort into the synthesis report itself and having enough robust findings and conclusions to respond to the Strategy Committee's needs.

Conclusions/actions

The TERG to address during its Executive Sessions the synthesis report timeline and deadlines.

TERG executive session⁵

Chair: Jim Tulloch

Discussion

The TERG discussed its business matters, such as membership, governance and engagement with the Strategy Committee.

The TERG found that the PCE have successfully responded to the TERG's requests on the overall approach (e.g., coming up with disease-specific results chains). Moving forward, the PCE can propose added values in two ways: a) timely independent informational input for the Global Fund's decision-making, b) identification of new information, evidence, and approaches. TERG welcomes countries prioritizing their own needs, yet noted that the PCE needs to fulfill certain criteria, such as adequate attention to key and vulnerable populations for TB and malaria.

The TERG brainstormed on which upcoming thematic reviews will be most relevant to the PCEs. The TERG also discussed timelines for the synthesis report, funding for data gaps for the PCEs and other matters related to management of the PCE.

Conclusions/actions

- Countries can retain flexibility to prioritize some aspects of the PCE.
- Some PCE countries are covered under regional grants. PCEs should assess regional grants, but from the perspective of the country program – such as on interaction and impact.
- The synthesis report must be succinct, with a presentation accompanying it. More effort should be allocated to the annual country reports. As previously, the synthesis report must be delivered on time, to be able to feed into Strategy Committee's discussions.
- The thematic reviews on a) Global Fund's partnerships and b) RSSH will feed into the PCEs.

⁵ Concurrently, the PCE consortia ran a parallel session to share experiences between the GEPs and the CEPs.

- Proposals for funding to fill the primary data gaps for PCEs should be well-defined.
- Most of the PCE budget should be spent in-country.

Day 3

TERG executive session (cont'd)⁶

Chair: Jim Tulloch

The TERG continued its discussion on the PCE, stressing in particular the focal points' role. PCEs have also been requested to contribute to the Global Fund's Key Performance Indicators (KPI) assessment: the TERG identified that PCEs can and should address as integral part of their work how the targets were set, and look into baselines, quality of data and how to link to global targets.

TERG members suggested to hold a TERG retreat immediately before the next TERG meeting.

Conclusions/actions:

- In-country data gaps for the PCE must be identified with proposed improvement measures.
- The TERG will provide guidance to the PCE on its contributions to the Global Fund KPIs.
- The TERG would like GEPs to ensure that an adequate set of skills, full-time equivalent, leadership and credibility is present at the CEP level.
- The TERG will hold a call between focal points to share experiences.
- The TERG agreed to hold a TERG retreat on the margins of the 36th TERG meeting in September.

Plenary discussion and guidance on PCE

Chair: Jim Tulloch

The consortia briefed the TERG on its session on sharing experiences among the PCE evaluators. Better managed and clear communication at the global PCE level is key, as well as a collaborative relationship with the Global Fund country teams and other Secretariat teams. Consortia also requested guidance on presenting the PCE findings.

Discussion/conclusions

The TERG informed the consortia of decisions and guidance from the preceding TERG executive sessions. There was an agreement that for the PCE to add value, new information and analysis are key. PCE should also provide timely information for decision making; evaluators can use their discretion when this feedback needs to be immediate; the TERG and TERG Secretariat can also provide advice on this.

Additional TERG guidance:

- Overall there is a level of comfort with the current PCE approach; the TERG endorses integrating the thematic frameworks into the results chains.
- The scope for the PCE remains as is. However, stand-alone, large studies on areas such as RSSH, or partnerships, are not expected.
- PCE should continue to follow grants and implementation, identifying success stories and challenges (with proposed potential solutions), observing the CCMS, and documenting whether or not grants go ahead as planned, and whether the country dialogue continues throughout.
- Pathways – for each disease, PCE should identify pathways (those which are important to impact, and those where the PCE can have an effect and help resolve an issue, and where there is the least data available), and follow these.

⁶ Concurrently, the PCE consortia ran a parallel session to synchronize evaluation frameworks and questions.

- The PCE timeline remains unchanged, in line with the Strategy Committee's meeting dates.

Actions

Consortia need more clarity on what is expected of them on the KPIs. The TERG will request the relevant Global Fund Secretariat teams to provide more details to the PCE.

Session 3: Thematic reviews

Chair: Bess Miller

Review on Resilient and Sustainable Systems for Health (RSSH)

The purpose of this upcoming review is to assess the current approach to RSSH investments. Elements of country selection criteria have been generally agreed. While staying conscious of not overburdening countries, the TERG discussed the value of using a PCE country as a case study. The TERG also appointed focal points for this review, and agreed to widely share the request for proposals. Review is planned to be finalized in the fourth quarter of 2018.

Country Ownership

At the 34th meeting, the TERG Secretariat presented to the TERG results of its research work on country ownership, focusing on the grant cycle. The TERG Secretariat proposed a framework depicting the dimensions, characteristics and fundamentals of country ownership within the context of the Global Fund supported programs. The TERG agreed on the conceptual importance of the topic, and to focus on the next steps and the framework. It assigned dedicated TERG focal points on this topic.

Partnerships

The TERG focal points shared the initial thinking on this review:

- Proposal to look at partnership with organizations that are providing any form of technical or management support to countries;
- Examine the different expectations on definition of partnerships;
- Characterize the principles of partnership approach identifying their similarities and differences;
- Assess partnership approaches in terms of the extent to which they enhance capacity development of grant managers and implementers in countries;
- From the above, make more explicit what partnerships should achieve.

Through discussion with the Global Fund Secretariat, the TERG agreed to emphasize the country level for this review, as well as to pay attention to assessment of quality of outputs from partnerships. The TERG noted that while country ownership, and partnerships more generally are quite inter-related, they cannot be combined into one review.

Closing session

Chair: Jim Tulloch

TERG Chair closed the meeting and thanked the out-going TERG members for their service.

Following the 35th meeting, the TERG hosted a feedback session at the Global Fund Secretariat on May 18 2018, on the topic of country ownership.

Annex: List of participants

I. TERG members

Jim Tulloch (Chair)
Bess Miller (Vice-chair)
Abdallah Bchir
Beatriz Ayala Öström
Cindy Carlson
Daniel Whitaker
Don de Savigny
Elizabeth Moreira dos Santos
Erin Eckert
George Gotsadze
Godfrey Sikipa
Helen Evans
Jeanine Condo
Kenneth Castro
Luisa Frescura
Marie Laga
Osamu Kunii
Peter Barron
Vinand Nantulya

II. Resource persons

Steve Lim (PCE/IHME-PATH)
Katharine Shelley (PCE/IHME-PATH)
Sandra Saenz de Tejada (PCE Guatemala)
Gilbert Asiimwe (PCE Uganda)
Salva Mulongo (PCE DRC)
Melissa Hewett-Marx (PCE/Johns Hopkins University)
Haneefa Saleem (PCE/Johns Hopkins University)
Tatiana Marrufo (PCE Mozambique)
Adama Faye (PCE Senegal)
Clare Dickinson (PCE/Euro Health Group)
Kate Macintyre (PCE/Euro Health Group)
Nwe Nwe Aye (PCE Myanmar)
Samira Abdelrahman (PCE Sudan)
Keo Kimhorth (PCE Cambodia)

III. The Global Fund

Executive Director – Peter Sands

Grant Management – Ibrahim Faria, Noemie Restrepo, Nicolas Farcy, Izaskun Gaviria, Olivier Cavey, Soso Getsadze

Policy Hub - Harley Feldbaum

Technical Advice and Partnerships – Peter Hansen, Viviana Mangiaterra, Igor Oliynyk
Community, Rights and Gender – David Traynor, Ed Ngoksin
Office of the Inspector General - Tracy Staines, Collins Acheampong

IV. TERG Secretariat

Ryuichi Komatsu

John Puvimanasinghe

Sylvie Olifson

Sara La Tour

Seda Kojoyan

Felicetta Catanzaro

Jutta Hornig