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# REPORT

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39<sup>th</sup> TERG MEETING

10 -13 SEPTEMBER 2019

ANTIGUA, GUATEMALA.

# High Level Summary of Report

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## OBJECTIVES

The objectives of the 39th Technical Evaluation Reference Group (TERG) meeting were as follow;

- i. To understand the work of the Prospective Country Evaluation (PCE) Guatemala in relation to Guatemala's programs and how the Global Fund business model helps or hinders delivering results;
- ii. To discuss the approaches to PCE work and emerging findings to guide how to implement PCE in the last 5 months and possible options of PCE 2.0; and
- iii. To discuss responses to the independent assessment of the TERG, and TERG's plan for the rest of 2019 and for 2020, including Strategic Review 2020, and finalize the review of the Market Shaping Strategy (MSS).

## SUMMARY

1. The TERG Chair greatly appreciated the support provided by the Fund Portfolio Manager (FPM) and the Country Team (CT) to facilitate the arrangement of this TERG meeting. CT joined the site visits, and representatives from the Guatemala Ministry of Health (MoH), the Country Coordinating Mechanism (CCM) Chair, civil society implementers, as well as some partners such as PEPFAR participated in the TERG meeting and provided their perspectives. These engagements provided the TERG with contexts to discuss PCE work in Guatemala.
2. The TERG was overall satisfied by the progress made by the different PCE teams and considered that results are becoming robust, informative and useful. In particular, there have been more examples of real time use of evaluation findings and requests by country stakeholders and FPMs to PCE teams to support in-country processes. In some countries, country stakeholders are suggesting that PCE findings and recommendations be key inputs to their funding request process.
3. The TERG discussed how to ensure robust PCE reports are developed in the next 5 months and provided guidance to the PCE consultants. The TERG has agreed on its keenness to see further collaboration between PCE and the Global Fund Secretariat/countries on complementary modeling efforts; possibly in specific PCE countries. The TERG also discussed key principles and approaches for PCE2.0 for the next three years. It will depend on the replenishment outcome and available funding for the independent evaluation function.
4. The mid-term review on Market Shaping Strategy (MSS) was discussed. The TERG and the Global Fund Secretariat have agreed on the overall report and findings but felt some of the details should be further clarified. In particular, a shorter executive summary and a list of suggested actions and recommendations should be developed. The TERG requested the draft final report be further refined in the weeks following the meeting.
5. The Strategy Committee (SC) Chair called in and requested the TERG to consider an interim Chair arrangement for the next year, while the future of the independent evaluation structure is not clear. The TERG agreed Cindy Carlson as interim Chair.

**Opening session:****Chair: Jim Tulloch**

The TERG Chair opened the session by thanking all the participants for attending the 39<sup>th</sup> TERG meeting. In particular, the TERG Chair greatly appreciated the support provided by the Fund Portfolio Manager (FPM) and the Country Team (CT) to facilitate the arrangement of this TERG meeting. The participants introduced themselves and all TERG members were asked to disclose any conflict of interest and all declared no conflict of interest. The agenda was introduced.

*Epidemiology and program priorities*

Presentations were made by the HIV, malaria, and TB program leads from Guatemala Ministry of Health (MoH), focusing on the epidemiology, as well as challenges and good practices in implementation of these programs. The discussions were focused on delayed or late access of health services, malaria surveillance, and limited capacity of MoH. Furthermore, strengthening of health services, differentiated treatment, augmenting diagnosis and treatment, and expanding screening coverage (HIV) were discussed. Good practices and recommendations for improving implementation included the adapting the treatment framework to patient needs, more decentralization of treatment services for patients and messaging for remembering appointments.

In Guatemala, community health workers (CHWs) have integrated health care approaches for the malaria and the TB programs. The PAHO Country Representative highlighted the usefulness of alliances between public sector and NGOs.

Also, the importance of including the costs of planning and coordination elements in the national budget was mentioned in order for the alliances to be more effective and efficient, while assuring sustainability and transition. Furthermore, it was stressed that developing social contracting processes was important before components transition out of Global Fund grants. For key populations, particularly for transgender women, strategic plans exist, but implementation is not yet effective enough. Better monitoring is needed to document and improve integration of health services.

**Session 1: Global Fund grant implementation****Chairs: Dan Whitaker and Ken Castro***Implementers' perspectives on managing Global Fund grants*

The Principal Recipients (PRs) and sub-recipients (SRs) presented their respective perspectives on managing Global Fund grants. Questions were raised on coordination of the three diseases between two different PRs. It was stated that all TB cases are offered HIV testing and, while there are coordinated actions, integration of programmes at health center level should be improved. Community health workers can give malaria treatment in some parts of the country but not in others. The MoH is looking at how to replicate good malaria treatment practice in other areas (e.g. Escuintla experience used in Alta Verapaz).

The country has not been sufficiently successful especially with the HIV 95-95-95 targets by 2030. Issues in HIV prevention and testing in key and vulnerable populations were discussed, with particular attention given to HIV programmes with sex workers, men who have sex with men (MSM), migrants and minors. For example, the Colectivo Amigos contra el SIDA (CAS) [which has services adapted to MSM] provides centralized testing, which is more accepted than community testing, and has convenient opening hours. Despite this, CAS had a decrease in funding, while funding for community work with MSM increased. This approach is not considered cost-effective by CAS. The UNAIDS country office partner stressed that working on completing the last mile and leaving no one behind means innovation is needed.

In terms of data management, TERG participants discussed the need for incentives/measures to ensure that the country has an appetite to collect and analyze the data. The CCM evolution project has been providing technical inputs on how to strengthen CCM structure, but challenges include frequent transitions in government, financial downturn in Guatemala, scarce resources in country and supply chain issues. A further challenge is getting data on indigenous people and prisons.

Resources have not been utilized efficiently as was observed low absorption especially in malaria grants, and it was important to identify drivers of low absorption. It was also stated that people at the ministry were not familiar with the procurement laws which makes procurement of commodities challenging.

## **Session 2: PCE update**

**Chair: Beatriz Ayala-Ostrom**

### *Overall progress*

The PCE consortia presented the overall progress of the PCE work and their analytical approaches for 2019. The focus of the PCE was on the contribution of the Global Fund to broader health impacts. The consortia gave examples of the added value of the PCE. For example, how in Sudan the PCE findings led to further evaluation of the SR selection and capacity development, in Mozambique, how the malaria program is using PCE findings to explain to implementers the drivers of case notification or how in Guatemala the PCE helped to better identify priorities.

When the PCE was initiated in 2017, PCE teams conducted assessments on data quality and availability, and ways to improve were recommended. As these assessments may still be relevant, they should be discussed again for the next funding cycle.

### *Closing remark*

The Guatemala CCM Chair provided closing remarks for the first day of the meeting with a focus on Guatemala situation. A key challenge is sustainability for HIV outcomes.

Day 2

11/09/2019

## **Session 3:**

### **PCE Progress on impact work stream**

**Chairs: Dan Whitaker and George Gotsadze**

#### *Discussions and main points*

The presentation on the Global Fund modelling work by Tim Hallett suggested that the counterfactual being used in the Global Fund modelling is that programmes/financing are 'unconstrained' by other factors that would affect reaching all geographies and all populations. There was also recognition, however, that there are real world constraints that need to be understood better. There also needs to be an examination whether the resources available could have been used differently to achieve better results.

Limitations are that the modelling needs lots of data, which is often difficult to come by, and that methods often assume that 'budget' and "funds transfer/disbursement from TGF" is the same as 'expenditure, which is often not the case confirmed across all PCE countries. For example:

- The models assume constant price of inputs (e.g. drugs and commodities), while PCEs confirmed significant price reductions;
- The models assume constant "intervention effectiveness" while this may not be the case.

More spending and lower (reduced) costs are leading to greater "impact" - at least to increasing coverage rates.

The TERG recognised that the health systems modelling and the modelling used by the Global Fund modelling represent different models and completely different approaches, serving different purposes. The TERG considered it helpful to look at coverage trends and unit costs, and to conduct unit cost comparisons.

TERG thoughts on EHG modelling:

- It could be applied where there is good sub-national data;
- In a number of countries where the Global Fund supports a growing proportion of the disease programme budget there is a strong relationship between investment, activities, output and coverage outcomes; and
- Similarly, where it's possible to track Global Fund investments in equipment and materials, there is a strong correlation with improving diagnosis/treatment.

TERG thoughts on IHME Structural Equation Analysis:

- Model results identify pathways/connections along the results chain, with estimates of efficiency, effectiveness and contribution, plus major drivers of impact.

- Causal relationship at intermediate steps may be made clearer by showing a dose response association;

In general, the Global Evaluation Partners (GEPs) found that Country Evaluation Partners (CEPs) are not yet able to undertake modelling, though some have asked for training in this area.

#### **Session 4: PCE deep dives**

**Chair: Cindy Carlson**

The meeting participants were divided into three groups to cover deep dives in the three disease areas. The quality and content of the deep dives were highly varied. The TERG agreed that the best deep dives were ones that told a more focused story (e.g., the Guatemala public financing deep dive). The tension between the need to respond to country versus Global Fund needs was raised again. In general, the TERG suggested that for future deep dives the PCEs should:

- Apply scientific rigor and ensure analysis and conclusions are based on strong evidence;
- Provide a more critical look at the application of Global Fund policies;
- Make stronger recommendations based on robust evidence from the deep dive; and
- Provide more information on how deep dives are systematically informing course corrections in countries.

The TERG also asked to see a list of proposed deep dives, evaluated against the criteria agreed at the April TERG meeting.

#### ***HIV deep dive session***

##### Cambodia

Cambodia's deep dive found that the national HIV/AIDS program supports the MMS rollout nationwide, but there are several limitations to a rapid expansion. These include the lack of a roadmap for the rollout and limited existing guidance as well as HRH capacity in NCHADS to work on MMS. There are limitations in HRH capacity at the ART sites (pharmacists) and shortages (data entry clerks) and limited external TA is available to support the national programme. There are weak PSM processes in place to manage the supply chain from the central level to subnational level. There are challenges with data management across the cascade; multiple databases are incomplete, uncoordinated and suffer from limited HR. They are currently being upgraded.

##### DRC

Outreach testing among sex workers was reduced during the last grant making in 2017 but revised during implementation. The testing strategy took time to be implemented, but implementation is slowly improving as CHWs were trained in 2019 on targeted HIV testing. Performance based financing (PBF) resulted in increased HIV testing but the yield was low because the indicator was the number of people tested instead of number of positive cases. Discussions are on to change the indicator. The PCE team suggested going forward that the PCE should look at the adverse incentives for spending before the end of 2019 in order to increase absorption.

##### Sudan

The Global Fund makes a meaningful contribution to the HIV response. However, substantial efforts were still required to elevate the government's contribution to overcome social and health-system issues, sustain and scale-up HIV prevention interventions, and meet Global Fund grant targets. Prevention activities have been sustained since their launch in 2011 through creation of an enabling environment for the HIV interventions among KPs. The fact that the HIV response is generally donor driven with minor direct government contribution challenges sustainability.

#### ***Malaria deep dive session***

##### Mozambique

Mozambique focused on the reasons for an increase in case notifications despite flat prevalence. Factors explaining the increase include more malaria testing, better availability of clinicians' overtime which relates with number of cases, population growth, and more health facilities reporting systematically by DHIS2. Also, the business model factors influencing grant contribution to outputs and outcomes were discussed. There is strong country ownership despite health systems issues like poor infrastructure and weak supply chain systems.

## Uganda

Uganda experienced an “upsurge” of confirmed malaria cases in June 2019. The PCE is planning an investigation to independently confirm the existence and magnitude of the upsurge and will explore flexibility of the Global Fund model in supporting the response to the malaria upsurge.

## Guatemala

The deep dive covered the work of community volunteers (CoVols) in two different departments (Escuintla and Verapaz). The PCE team found that CoVols are highly committed to community malaria case finding, and in Escuintla, treatment as well. The CoVols are responsible for the majority of case detections but receive a minimal proportion of GF financing. Challenges for maintaining the CoVol programme as Guatemala heads towards transition include the fact that they are not well linked to the formal health system and there are no plans in place for sustaining community malaria systems.

### ***TB deep dive session***

## Myanmar

The PCE team presented their deep dive on TB treatment success rate, highlighting that the Global Fund provided support to case-finding and community-based services and has made a vital contribution to the scale-up of effective TB interventions. Strong leadership and commitment of NTP was highlighted as positively influencing program outcomes. A range of barriers preventing access to TB services were also discussed.

## Uganda

The deep dive showed that, nationally, an increase in case notifications for all forms of TB was facilitated by improvements in TB case reporting, integration of parallel reporting systems, and improved availability of diagnostics. In six selected districts for the deep dive, TB case notification was largely attributed to increased availability of GeneXpert diagnostics and innovations at district, facility and community levels. District-specific barriers to case identification were also discussed.

## Senegal

The deep dive presented by the Senegal team indicated that despite GF investments in TB, the number of confirmed TB cases has remained relatively unchanged. Disparities in TB case detection suggest potential inequities in the delivery of TB care. The number of detected MDR-TB cases has increased likely due to increased coverage and utilization of GeneXpert and better treatment availability, but further scale-up has been stalled due to the inability to procure additional GeneXpert machines. Both country contextual factors and operational challenges to better understand the implementation delays and low absorption were also discussed.

## Guatemala

Guatemala PCE team’s deep dive presentation focused on the quality of sputum samples. The lack of preliminary assessment of sputum samples at the moment of collection in the field or health facility and other factors were highlighted during the presentation.

Commonalities for programme challenges were found in terms of the availability of the services, the operationalization of GeneXpert and health system issues. There were also issues around key and vulnerable populations particularly in finding people. One critical area was the strengthening of the health systems in country as the grants do not address long term systemic issues, but more short-term issues particularly in health commodities and products

### **Session 5: PCE plans until March 2020**

***Chair: Evelyn Ansah***

The PCE consortia presented the plan for the remaining work. There should be better links with GF Secretariat on PCE planning. Also, issues on the base expenditures of the PCEs were raised. The plans for PCE from September till March 2020 were detailed as follows:

Sept-Dec 2019

#### *Consolidation and finalization of scheduled work*

- Completing contribution analysis, deep dives, quantitative analysis and health systems modelling

- Continuation of grant tracking including where possible next funding request processes
- Evidence and analysis for synthesis
- Continued dissemination of PCE findings to influence ongoing processes and plans

#### *Development of deliverables*

- Drafting and submission of annual country deliverables
- Development of synthesis product

Jan-March 2020

#### *Finalization and dissemination of findings and deliverables*

- Development, submission and finalization of country and synthesis deliverables
- Dissemination of PCE findings

### **Executive session on PCE guidance**

***Chair: Helen Evans***

#### *Overall approach and plan going forward*

The results of the survey on PCEs from the Secretariat Country Teams, the TERG and the TERG Secretariat were presented and discussed. TERG members felt identified challenges would be well addressed in PCE 2.0. Some of options discussed included:

- Put the CEPs at the centre of PCE with targeted TA
- Define/focus PCE scope
- Improve proximity of PCEs with national programmes
- Enhance communication pathways especially between CEPs and TERG/TS
- Have fewer full scope PCEs
- Build in rigorous analysis of cost effectiveness
- Could establish a pool of consultants to provide TA

#### *Communications and Dissemination*

The TERG discussed how PCE findings and analysis should be disseminated to a broader audience to ensure that PCE results inform and influence programme and policy. One possibility was to develop a communication management process and the TERG suggested hiring a communication consultant at the TERG Secretariat. The TERG emphasized the need for timely feedback in country for real-time change. The TERG discussed further consideration needs to be given by the TERG and PCE teams to the production of peer reviewed article(s) and the process for approving these for publication.

Day 3

12/09/2019

### **Call with Strategy Committee Chair**

***Facilitator: George Gotsadze***

SC Chair clarified expectations on the TERG leadership, independent assessment of the TERG, and SR 2020 planning. TERG members agreed to have an interim chair arrangement while the structure and terms of references of the independent evaluation function at the Global Fund are being reconsidered.

### **Session 6: On-going TERG thematic review**

***Chair: Peter Barron***

#### *Mid-term review of the Global Fund Market Shaping Strategy (MSS)*

The mid-term review of the MSS was presented by the review team. While the review shows a significant progress in the implementation of the MSS, the Secretariat and TERG broadly agreed upon missed opportunities presented. Roles and skills are not documented, and this would have been helpful in the report. The TERG would have liked to see more insights on KPIs. For specific product categories, GF should develop cross-team technical perspectives (with input from partners) that articulate how market shaping will contribute to the fight against the three diseases. This includes looking at the new products and seeing how GF can anticipate when a product comes to the market.

This is a mid-term review and must address immediate changes by the end of the MSS. Some issues that were raised may be taken up by SR 2020, as its terms of reference include a procurement aspect.

Two additional pieces of work were identified: a 3-page “punchy” overview and a list of all recommendations included in the report with page numbers, to be added as an annex. The Secretariat should give a high-level response to the report, as well as an outline of how it is going to respond to the recommendations, to be presented during the SC deep dive.

### **TERG Executive session on PCE guidance**

**Chair: Cindy Carlson and Helen Evans**

The TERG further discussed the PCE work presented and developed the guidance.

### **Closing session of joint meeting**

**Chair: Helen Evans**

#### *Communicate PCE guidance*

The TERG thanked the PCE teams for their work. Overall the TERG was pleased with the progress made by PCE teams and is of the opinion that the results are becoming robust, informative and useful. In particular, several examples have been reported of real time use of evaluation findings and requests by country stakeholders and FPMs to PCEs to support in-country processes as independent evaluators or facilitators. In some countries, stakeholders have a clear expectation that PCE findings and recommendations will be key inputs to their funding request process.

The following guidance takes into account TERG members input following the TERG meeting:

1. The TERG has seen the PCEs enjoy increasing credibility, with good engagement of multiple stakeholders (country and Secretariat). Dissemination meetings have been a good forum for this in many countries. Findings are also beginning to inform NSPs and thinking around the next grant applications. The TERG stresses the importance of PCE findings and recommendations to be used to inform the next wave of Global Fund grants;
2. A key achievement of the PCE has been to identify bottlenecks in grant and program implementation and provide a reality check;
3. The PCE teams have started to show innovative use of mixed methods to describe and explain what is happening across the results chain for different diseases; Deep dives have been a good innovation, with potential to provide a more solid evidence base for other areas of the PCE. More use of sub-national data were available would strengthen findings and enhance the value of the PCEs;
4. On impact and modeling: The TERG is supportive of the innovative use of mixed methods to describe and explain what is happening across the results chain for different diseases. The TERG is keen to see further collaboration between PCE and the SI department/CTs on modelling efforts, as they are complementary. The modelling work may not be conducted in all PCE countries but in a few selected ones, for example, in Myanmar. The TERG requested the PCE teams to continue the use of the modelling for the deep dives as is currently being done and to highlight in the synthesis report how modelling is being used. The PCE teams also need to emphasise that the PCE ‘Health Systems’ model is complementary and contributes to the central Global Fund modelling, such that the two groups of modellers should continue to find ways to build on their complementarities.
5. The TERG has seen capacities developed in CEPs. The TERG recognizes that the GEPs have been working with CEPs to develop capacities in using results frameworks and process evaluation; The TERG would of course like to see capacities of CEPs developed in other particular methodological areas, e.g. impact assessment and, where feasible, modelling. At the moment the focus of the PCEs needs to be on delivering the 2019 deliverables. Depending on the shape of PCE 2.0, there may be some scope for investing in developing further capacities, based on the assessed abilities, needs and interests of the different teams.
6. The TERG thanks the PCE teams for providing more information on the added value of the PCE platform, demonstrating added value of the PCE for the Secretariat and for country stakeholders. The priority now is to develop robust country and synthesis reports. No extra work, beyond what was discussed at the TERG meeting in Guatemala, need be undertaken as part of the PCE platform over next six months unless there has been a comprehensive discussion on resources (time, human and finances) between all relevant stakeholders (GEP, CEP, in-country partners, TS, TERG FPs, CTs, etc.).
7. The TERG would like to see more of the ‘whole picture’ – what is the overall effect on the national programme in terms of contribution to national results frameworks. The TERG



understands this is usually presented as part of the synthesis report but should also be part of the country level analysis.

8. The information collected and the analyses undertaken as part of the PCE work should be used to inform the TERG's Strategic Review 2020 (SR2020). The TERG requests the PCE teams to collaborate with the SR 2020 consultants, where requested, although no additional analysis is expected from the PCE teams.

The TERG suggested there should be continuous dissemination of relevant PCE findings in country and ensure they are contributing to ongoing programme improvement/course corrections. Also, TERG would like to see more feedback on the dissemination process findings and what program changes are being made. There is a need to set a date for the submission of second round of deep dives.

The TERG agreed that the PCE teams should present a draft synthesis at the TERG meeting in February, and that the final report, with a solid slide deck, may be submitted three weeks before the Strategy Committee in March. The TERG discussed and agreed the need for a workshop with GF Secretariat and PCE team before the TERG meeting in February and the need to use the PCE platform to inform SR2020. Also discussed was the importance to consider weaving VfM throughout the report/ presentation and include any additional work that's been done through the PCE platform.

Deep dives have been a great addition and there is need for a second one in each country except for Sudan.

PCE consortia provided lessons learned from PCE to date and their perspectives on future shape of PCE as inputs to TERG's deliberation on PCE2.0.

#### **TERG Executive session on business matters and plans**

**Chair: Jim Tulloch**

There was a discussion around the process for TERG members being selected to be focal points for different TERG activities. So far it has been a very pragmatic process with people volunteering and/or selection taking into account different members areas of expertise. It is important for the full capacity of the TERG to be utilized.

The TERG also discussed possible thematic review items for 2019-2020.

Day 4

13/09/2019

#### **TERG Executive session on business matters and plans**

**Chair: Jim Tulloch**

Following the agreement to decide on an interim Chair arrangement, the ex-officio member who represents the Strategy Committee chaired the process and deliberation, and the TERG agreed to select Cindy Carlson as interim Chair. In the context of the discussion on the future shape of the independent evaluation function, the TERG may be called on to look into the evaluation function of other relevant organizations. Further, Elizabeth Moreira announced to the TERG members her decision not to renew her membership

The country selection criteria for SR 2020 were discussed. The TERG broadly agreed with the criteria and advised on the addition of grant performance, grant absorption, HIV incidence and TB incidence to the selection criteria.

The TERG also discussed the future shape of PCE (PCE2.0). There was a clear agreement to improve efficiency and reduce costs especially at the global level. The TERG agreed to continue deliberation on the process, necessary skill-sets, focus of PCE2.0, and other key aspects. The TERG Chair closed the meeting with remarks on the progress of the SR 2020, PCE discussions and next steps. He reiterated great appreciation to the out-going TERG member, Elizabeth Moreira, by highlighting her contribution to the TERG in past years.

*Wrap up:40thTERG meeting.* First week of February 2020, in Geneva.

## List of Participants

### **TERG**

James Tulloch (Chair)  
Beatriz Ayala-Ostrom  
Cindy Carlson  
Dan Whitaker  
Elizabeth Moreira dos Santos  
Erin Eckert  
Evelyn Ansah  
George Gotsadze  
Godfrey Sikipa  
Helen Evans  
Kenneth Castro  
Luisa Frescura  
Mari Nagai  
Osamu Kunii  
Peter Barron  
Timothy Poletti

### **TRP**

Michele Moloney-Kitts (Vice-Chair)

### **TERG Secretariat**

John Puvimanasinghe  
Jutta Hornig  
Ryuichi Komatsu  
Sara La Tour  
Sylvie Olifson  
Uchenna Anderson Amaechi

### **PCE Consortia**

Annette Cassy  
Aye Mar Lwin  
Bernardo Hernandez Prado  
Carmen Cerezo  
Carol Kamyra  
Clare Dickinson  
David Phillips  
Edgar Kestler  
Ian Ramage  
Katharine Shelley  
Louisiana Lush  
Margarita Ramirez  
Mohamed Albirair  
Roger Tine  
Salva Mulongo  
Sandra Saenz de Tejada  
Starley Shade

### **Presenters at day 1 of Meeting**

Adolfo Miranda, Malaria sub-program, Ministry of Public Health and Social Assistance (MSPAS)  
Ana Loyda Hesse, TB program, MSPAS  
Andrés Azmitia, Economist in public health, CDC Guatemala  
César Galindo, Director, Colectivo Amigos Contra el SIDA (CAS)  
Enrique Maldonado, Economist, PCE-Guatemala, CIESAR  
Heidi Mihm, Coordinator for Central America, PEPFAR  
Lucrecia Ramírez de Castellanos, Director of programs, MSPAS  
Mario Gudiel, HIV grant manager, Instituto de Nutrición de Centroamérica y Panamá (INCAP)  
Rosa Adriana Lopez Carrillo, Executive Director, Organización Mujeres en Superación (OMES)  
Silvia Rios, HIV program, MSPAS  
Stacy Velasquez, Executive Director, Organización Trans Reina de la Noche (OTRANS)  
Waleska Zeceña, CCM Chair