

# 38<sup>th</sup> TERG Meeting

9 - 11<sup>th</sup> April 2019

Geneva, Switzerland

## Objectives of the 38<sup>th</sup> TERG Meeting

1. Discuss the functioning of the TERG and its Secretariat, including the Review of the TERG, and collaboration with the Gavi Evaluation Advisory Committee (EAC)
2. Discuss and provide advice to Global Fund on M&E
3. Discuss PCE updates and provide guidance
4. Finalize thematic review on Sustainability, Transition and Co-financing (STC) policy and discuss review on Market Shaping Strategy (MSS)

## Day 1

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### Opening session

**Chair: Jim Tulloch**

The TERG Chair opened the session by thanking all the participants for attending the 38<sup>th</sup> TERG meeting. The participants presented themselves and all TERG members were asked to disclose any conflict of interest. The agenda was introduced.

### Monitoring and Evaluation Update

The Technical Advice and Partnership (TAP) department presented focusing on program monitoring and evaluations, including:

- Grant monitoring: Results reported in performance framework (PF) mostly reflect national performance. The PF is not a tool for program management.
- Monitoring data and program quality is emphasized and a risk framework is in place.
- There is a need to work on integrating more Resilient and Sustainable Systems for Health (RSSH) elements.
- Evaluations in Focused Countries are carried out systematically.
- Thematic reviews conducted by Global Fund Secretariat: 11 were planned and 3 RFPs launched. The scope of work was developed in a way for countries to do their own evaluations.

In addition, an update on the RSSH Roadmap was presented and discussed. As agreed during the October 2018 SC meeting, the Roadmap took into account the technical review panel (TRP) RSSH report, the TERG RSSH review and Secretariat perspectives. The Roadmap identifies seven key strengthening actions, the objective of which is to improve the quality and impact of RSSH investments, recognizing that significant funding has been already invested in RSSH. Discussion points included:

- TERG members recommended to identify the gaps in RSSH investments and to build a corporate theory of change around those. The Secretariat acknowledged this, and clarified that it intends to do so for the next strategy period.

The SI department gave an update on strategy targets, with focus on the impact level. There has been a change in the methods of reporting, which are now completely aligned with corporate performance reporting. The team also reminded the participants that the philosophy of key performance indicators (KPIs) is to track results of the whole national program, not only GF investments.

The TERG appreciated the updates by TAP and Strategic Information (SI) departments and discussion on monitoring and evaluation, including data use for action and impact measurement. Discussion points included:

- The GF has aligned with national indicators which should follow WHO standardization to reduce reporting burden while reducing the number of process indicators.
- It is important to ensure prospective country evaluation (PCE) teams have access to M&E data from TAP and are alerted when there is data on their country.
- Disease specific relevant activities, especially in TB – as there are new commitments and targets from the UN and a process to develop an accountability framework – should be reflected in the GF framework.
- TERG members recognized that the amount of M&E information at the GF is impressive. It should be ensured countries use this data.
  - The Global Fund Secretariat reassured that this data is oriented towards data use for action and improvement.
  - The data is collected by and for countries. The Global Fund is supporting this process with technical assistance and quality assurance.

#### Ethics, code of conduct and managing conflict of interest for TERG and its consultants

The Ethics Office conducted a training session, similar to a recent session for the Board, on ethics and managing conflict of interest, to the TERG and its consultants for PCE with the TERG Secretariat. The session with realistic examples was helpful to understand potential issues and how to respond to emerging situations. Ethical risks which TERG might face were discussed. Conflict of interest occurs in a situation in which a person has a competing personal, professional or financial interest that could have an actual, potential or perceived effect on their ability to fulfil their responsibilities to the TERG and the Global Fund. Conflict of interests are assessed on a case-by-case basis and mitigation measures are applied where possible.

#### **Session 1: PCE impact work**

**Chair: Bess Miller**

PCE teams provided methodological updates, a draft work plan for 2019 and examples of HIV in Cambodia, TB in Myanmar, as well as malaria in DRC, Guatemala, and Mozambique. The discussion was joined by WHO disease department representatives, SI department, and CT members who are in Geneva. The TERG guided the PCE consortia to work closely with SI department on modelling.

#### Incorporating process evaluation and impact: plan for 2019

The PCE discussed the key elements of the 2019 approach: integration of process and impact work; ongoing grant and business model tracking; deep dives; impact modelling; and synthesis within country – across grants and deep dives. The PCE will use advanced modelling to quantify and explain the relationship between inputs/activities and outputs/outcomes. Grant tracking continues in 2019 with a view on how the business model interacts and affects implementation at the country level. The PCE also aim for one deep dive per disease for 2019, which builds capacity for further deep dives in future, and presented the deep dive prioritization criteria. A summary of the first deep dive topics was presented for March - May 2019.

#### Impact modelling

As there are no opportunities for quasi-experimental study design, the PCE teams have to perform an observational analysis, evaluating with greater depth and detail using e.g., structural equation modeling (SEM). As an example of modelling the results chains in DRC was discussed, which included

trends, subnational patterns and other available resources to measure co-variance in the SEM. The presented "full model" reflects the results chain as comprehensively as possible under ideal circumstances. Different ways to leverage all the data analyzed are being explored. Eurohealth group's (EHG's) approach includes a contribution analysis to assess GF contribution to facilitating and hindering factors.

In terms of country deliverables, the PCE will present a short report of 10 pages with policy brief and a slide deck for dissemination results at global and country level. As synthesis deliverable options, the TERG expressed interest in both a concise report, a series of policy briefs, and the detailed slide deck.

### Discussion

Key discussion points included:

- Impact and process should be linked, and what the model will bring to what is already known should be highlighted. The impact should be that of national programs, and GF's contribution should be assessed in context with other stakeholders.
- It is important to see how the GF business model plays out at subnational level; otherwise, it will be a missed opportunity.
- A deep dives approach is accepted but the TERG would appreciate being provided with options and rationale on topics.
- It would be helpful to complement this analysis by looking whether the program as a whole makes use of the resources efficiently, which is directly linked to GF KPIs.
- The PCE teams confirmed they could submit possible draft material from one of the deep dives by end of Q2 2019. They will require more insight from the TERG what the draft material should look like and what information the TERG requires.

### Discussion (Cambodia)

The PCE team presented the review of results chain data to identify deep dive areas, impact modelling to assess GF's contribution and inform the deep dive, as well as next steps for the deep dive. Cambodia is close to reaching the 90-90-90 targets and the PCE team has refined and validated the priority evaluation questions to focus on (i.e. factors influencing provincial disparities in 90-90-90 results, GF grants' influence on disparities and effectiveness in supporting national program outcomes). In terms of impact modelling, the team has hypothesized relationships between outputs, outcomes and impact for HIV in Cambodia (efficacy and effectiveness). Some key points in the discussion were:

- Some data from national programs is not complete.
- Modelling the relationships between variables should help to explain what is going on in country. There is a large degree of variation within the country.
- Consequences of reduction of funding across funders should be examined.
- Human Resources for Health (HRH) and their lack is a chronic problem. The Global Fund, together with the TRP and the TERG, has widely discussed the percentage of resources going to salary support. HRH, including sub-national distribution, is suggested as a deep dive.
- WHO representatives reiterated that the crucial factor for 90-90-90 and its provincial differences in Cambodia is pockets of populations being systematically left out. Hence, focus should be on whether there are micro populations and how other structural factors such as the local economy have influenced. The PCE teams have aggregated data at the level of the health facility, however the majority of the epidemic is in the capital. The PCE should engage with partners at country level regarding the hypotheses and results.

### Discussion (DRC)

The PCE team updated the TERG on a recent dissemination meeting in DRC with broad participation of stakeholders, plans for deep dives, impact evaluation model results for malaria, and next steps. Two malaria deep dives are in progress – community case management and the availability, quality, and use of data. The team is in consultation with DRC CT and other stakeholders to finalize the deep dive

topics on HIV and TB. The PCE has tried to model the results chain using historical trends and subnational data to reflect health system dynamics. Main points discussed were:

- The modelling should give insights for the SC.
- Economic studies often fail to understand what is happening. Costs are not fully inclusive, e.g. the cost of training, out-of-pocket expenditure, etc. It is good to recognize what the GF is covering and what it is not. The PCE team is exploring ways to address those issues.
- Differences in efficiency should be explained by taking into account population density and other factors which may have an impact.
- The CT noted rationalization was performed in terms of geographical coverage, so some provinces were left aside.

#### Discussion (Guatemala)

The PCE team presented the progress, malaria grant implementation, deep dive on malaria volunteer collaborators, public expenditure on malaria, and next steps on deep dives. It was highlighted that volunteers are crucial for malaria elimination and their sustainability must be addressed. Other key points discussed were:

- The PCE started to work on malaria deep dive in February and did not expect the agreement will not be signed by April.
- The range of connected problems with financial management would benefit from a more political analysis. It would also be interesting to analyse the counterfactual because GF is not currently involved.
- The use of volunteers is beneficial for value for money (VfM). A comparison of different volunteers' models would be interesting.

#### Discussion (Myanmar)

Myanmar has a higher treatment success rate (TSR) than regional/global comparators. However, TSR has been noted to vary significantly by state/region, which does not at times correspond with other related indicators (i.e. it can be low where other health system indicators show good performance). This has led to a hypothesis that TSR at the sub-national level could be linked to other factors including the presence of KVPs, who are more likely to fail treatment.

The Myanmar PCE team presented their analysis of linkages along the TB result chain with the objective of assessing which factors are influencing TSR at national level and sub-national level; and how the Global Fund (activities, policies, business model, etc.) were contributing to improvements in TSR at the various levels, which could lead to recommendations on how Global Fund grants could be better designed to catalyze further improvements in TSR, particularly in low performing areas.

The need for PCE to provide added value was stressed. Some of the suggestions included the need to look at other treatment outcomes in addition to TSR (TB mortality and loss to follow-up); to examine reasons for low treatment outcomes and regional variations; to identify how future programming and new grant design can be enhanced to improve treatment outcomes; and to document best practices related to Myanmar's high TSRs.

#### Discussion (Mozambique)

The PCE team reminded that malaria remains the important public health problem in Mozambique. Prevalence has stayed the same nationally from 2011 DHS to 2018 MIS, with provincial differences. Deep dive would analyse provincial disparities in prevalence and case notification rate – particularly in Zambezia and Nampula, with other selected provinces as control cases.

The team reminded that first the focus of the PCE was much on bed nets and has shifted as soon as they could look at the 2018 data, and they needed to look at the reasons for these disparities in the two provinces. They agreed that it will be a challenge to get the data around the stock-out rates, Service availability and readiness assessment (SARA) survey and MOH sources will be explored. They also pointed out that even if to some extent their analysis looked different to the ones performed by Institute of health metrics and evaluation (IHME) at this stage, University of California San Francisco (UCSF) and IHME had a close collaboration and in the end their analyses may not be so different.

Finally, it was also reminded that, even if the PCE uses some data from regional grants (like MOSASWA or E8 for Southern Mozambique), the PCE was expected to focus on the country level, not the regional level, generally excluded from the scope.

## **Day 2**

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### **Executive session**

**Chair: Jim Tulloch**

#### Discussion on guidance on PCE

The TERG Chair updated the participants on the recent Strategy Committee (SC) meeting. To prepare its guidance to the PCE, the TERG discussed modeling and deep dives.

### **Session 2: Thematic discussions**

**Chair: Bess Miller**

#### Sustainability, transition and co-financing (STC) Policy Review

The consultants expressed their appreciation to the relevant GF personnel and presented the objectives, timeline and methods, including ten country case studies (field-based and desk-based), a corporate review, triangulation and synthesis.

#### Discussion (STC policy review):

- Regarding procurement, there are still many issues remaining related to fiscal issues or money coming from co-financing.
- A toolbox for GF Country Teams should include a way for political economy analysis and action.
- The recommendations should be prioritized, and it stated to whom they are directed.
- Additional indicators could be considered, e.g., on integration, RSSH and system sustainability.
- The GF secretariat indicated that STC policy is a very early approach. Attention should be paid regarding the framework or Theory of Change and how all policies fit together. Regarding key populations, they are largely financed by external partners, which has implications for sustainability.
- WHO representatives argued that most issues go beyond program issues, including efficiency, and questioned which entities should have the mandate to work on global public goods and others that need to be collectively funded. Regarding health financing strategies, it should be looked at whether there are coherent policies in place.
- More examples linked to the recommendations are expected from the participants and these recommendations should be actionable.

#### Market Shaping Strategy Review

The TERG focal point provided the background for the Market Shaping Strategy (MSS): half of the Global Fund spending go to commodities, and there have been significant reductions of unit prices in various commodities, arguably the most important achievement by the Global Fund toward impact. MSS covers across diagnostics and treatment products.

#### Discussion (MSS review)

- The review consultants were advised to look at Global Drug Facility (GDF) and liaise with Clinton Health Access Initiative (CHAI).
- Preparedness for country transition and access to drugs are important topics – i.e. the limited attractiveness to suppliers of the small markets of some transitioning countries.
- TERG stressed that reflections on how the strategy could be reoriented would be welcomed, which was agreed by the review team.
- There will be no country visits and all interviews for the MSS review will be done remotely. In addition, both Wambo.org interface per se and any supply chain related issues within countries will be excluded from the scope of the MSS review. This is to avoid overlaps and confusions



with other concurrent evaluative processes on Wambo.org and supply chains. However, it was clarified that the review team will assess the interaction between Wambo.org and market shaping objectives.

- The consultants were offered to link with the country evaluation partners (CEPs) of the eight PCE countries as they provide a good platform for support.

### Reporting back on Partnerships and RSSH reviews

#### RSSH review

The SC has received input from the TERG, TRP and the Secretariat on RSSH during its last meeting in March 2019. TRP and TERG's RSSH reviews fed into the secretariat's RSSH Roadmap presented at the SC, while Office of Inspector General (OIG) has been doing more work on RSSH in parallel.

- The last slide of the secretariat's Roadmap presentation at the SC included how they have taken up TERG's recommendations on RSSH, with the exception of the first recommendation related to Theory of Change which will be taken into account for the next strategy period.
- The developed roadmap is a complex piece of work with approximately 60 actions to do.
- Regarding publication, TRP's report is already published; the TERG has agreed with the secretariat to publish its report, the OIG's report will be published in the next weeks.
- The secretariat clarified that the RSSH information note will be published in July 2019. The RSSH roadmap is still high level and the secretariat is now working on including more details. The roadmap also represents part of the guidance for the next replenishment period.

#### Partnership review

The TERG Chair informed the participants there has not been much discussion on the Partnership review during the SC meeting in March 2019.

- The review missed out on capacity – i.e. do organizations involved in providing TA have the capacity to deliver the expectations for TA partnerships.
- The best practices part of the report may be the most useful.

TERG members reminded the participants that there was a workshop on RSSH and Partnerships during which partners shared the SC view of the varying quality of the Partnership review.

- The TERG needs to ensure the right people attend such workshops.
- During the aforementioned workshop, different RSSH reviews confirmed the findings of the TERG RSSH review which increased the validity of TERG findings.

### **Session 3: TERG/EAC Joint Meeting**

**Chair: Jim Tulloch and Rob Moodie  
with Marijke Wijnroks and Anuradha Gupta**

#### Status of the collaboration between GF and Gavi

The chairs of the Global Fund TERG and Gavi's Evaluation Advisory Committee (EAC) briefly introduced the participants to the session and everyone presented themselves. Both the GF and Gavi aim to collaborate better and look for further opportunities to work together, while recognizing and respecting their differences. This type of collaboration should be looked at as a spectrum and the two organizations should coordinate their efforts.

#### Gavi Full Country Evaluations (FCE) and PCE: Lessons learnt

The FCE country perspective from Zambia was presented. Key points included: taking advantage of the window of opportunity across the results chain to inform country teams, structure of FCE, central technical and programmatic coordination, cross country collaboration, ensure evaluation is country centric and there is a formal link to MoH, ensure the government is able to identify its evaluation capacity within the country in which they can leverage when needed, dissemination of findings to policy makers through annual reports, and anchoring dissemination of findings with major planning processes to maximize impact.

The Gavi perspective was presented, which included the demand for and utility of each evaluation, elements for consideration during the RFP stage, contracting and implementation. Key discussion points included undertaking an extensive literature review during the RFP stage, criteria for prioritization of evaluation questions, management of stakeholder expectations and engagement as well as monitoring the evaluation implementation.

The Global Fund perspective presented included the PCE approach, lessons learned and consideration for PCE 2.0. Discussion points included PCE goals, the initial steps and achievements of the PCE since 2016, lessons learned from evaluation partners, country partners, Secretariat teams, Gavi and TERG. The consideration for PCE 2.0 in a reduced funding scenario included three options: a contractual relationship directly with CEPs, reduced number of countries, or a significant reduction in scope.

#### Discussion on PCE/FCE

- Participants expressed it would be useful to exchange how PCE can go forward and take lessons learned from Gavi.
- There is a long-lasting effect on doing in-country evaluation. In Gavi's experience evaluation capacity at country level and the processes continued beyond the lifespan of FCE and so sustained impact can be expected.
- A key consideration of evaluation is how the evaluation results contribute to government processes and to countries efforts to improve health outcomes.
- Countries' priorities for evaluation may not coincide with key concerns to the GF board. The TERG/PCE need to achieve an agenda of mutual interest at different levels.

#### Discussion on TERG/EAC roles

- The TERG Chair indicated that the TERG may look different going forward. Compared with EAC, TERG is a very hands-on group; the TERG Secretariat oversees engagement, while there is a lot of engagement from TERG Focal Points during the evaluations.
- The EAC Chair clarified that the EAC is providing guidance around centralized evaluations.
- The participants were split into groups to brainstorm on collaboration opportunities. The questions and topics discussed were: sharing lessons learnt; common evaluation topics; leveraging planned-for evaluations to include relevant and common questions; planning for jointly conducted/managed evaluations; joint dissemination and facilitation of use if findings; leveraging networks for service providers; and sharing management tools. The discussion resulted in the following list of potential collaboration areas:
  - Alignment with country plan, e.g. one plan; contribution by GF and Gavi to national plans, e.g., Joint health systems strengthening platform; contribution to primary health care (PHC)/ Universal healthcare (UHC);
  - RSSH/HSS; integrated services; common delivery platform; DHIS2/data systems;
  - Community system/engagement; Private sector engagement;
  - Equitable access;
  - Quality improvement;
  - Innovative financing;
  - Cash flow and bottleneck;
  - Commodity; supply chain; pooled procurement; procurement after transition out
  - Sustainability; transition
  - Partnership;
  - Internal governance structure;
  - Consequences of uncoordinated multiple visits.

The synthesis of the discussion could feed into the TERG review. Volunteers from TERG and Gavi were selected to come up with ideas on which collaboration opportunities are most practical.

## Day 3

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### Executive Session

Chair: Jim Tulloch

The term “GF contribution” as proposed by the PCE consortia refers to their attempt to attribute quantified outcomes to the GF. The usefulness of such an approach for the Secretariat is unclear as it deviates from the established contributory approach and business model of the GF. Some TERG members reiterated the GF’s fundamental principle of transparency should lead to complete and open sharing of information.

There is a mismatch between current arrangements and what is required from the TERG. It should be made clear to the Board what are the appropriate resources that the TERG requires for the work asked from it and the outcomes the TERG can achieve in case of scaled-back resources. The importance of TERG’s work was seen in the case of criticism by a Lancet article on Global Fund’s evaluation where the response from the Global Fund was that the TERG fulfils the role of independent evaluation.

The issue of independence was further discussed. The TRP, for example, is ultimately independent only within its daily work. The TRP shares a similar issue with the TERG around its usefulness (i.e., it is deemed useful when it becomes important for some constituencies, however this varies when the TRP makes a statement with which constituents/the Secretariat do not agree). It is important to find the balance between independence and the need for close collaboration.

It is important for the TERG to have better visibility within the Global Fund. For instance, an important finding of both TRP and TERG reviews on RSSH is that the modular framework is inappropriate for many RSSH objectives. Revisions should be made as part of the development of the RSSH roadmap; TERG RSSH focal points should be involved in this process as subsequent performance monitoring is key.

#### STC review

The TERG suggested that it would be good to complement this review in about two years with another one looking more closely at transition. In addition, as this review did not go deep into procurement issues, the contribution from the MSS review will be needed. It would be useful to make the STC review available to technical partners in addition to the Secretariat, the Board/Strategy Committee as it is a very good quality report. The possibility was discussed of extending the timeline for the STC review to strengthen the market shaping and procurement aspects in conjunction with the MSS review team.

The TERG needs to make sure it agrees on the recipient audiences for each TERG review. Realistic timelines to complete reviews have to be factored - time the reviewers have with the Secretariat builds up trust, which may impact the quality of input the consultants receive from the Secretariat.

#### Market Shaping Strategy (MSS) review

The TERG recognized that this is a specialized subject and some members may not be familiar with the issues. Discussion drew attention to several factors that should be taken into account: i) half of the Global Fund money goes into procurement, ii) the pharmaceutical industry sits on the GF Board and iii) the review team is not entirely independent from the pharmaceutical industry. The Head of Supply Operations stressed the importance of education components of the report. This is also a well budgeted review, so the TERG should be demanding. It will be crucial to have the inception report by the end of April.

Wambo.org is not in the scope of the review for two reasons: first, there is a piece of work on this going to the Board in fall 2019 and second, this platform does not impact on market shaping. The TERG Chair suggested to go back to SC discussions and see if something specific was decided on this point.

The TERG will send verbal and written guidance to review teams to ensure their ideas are well understood.



## **Closing session Communicating TERG PCE guidance**

**Chair: Jim Tulloch**

PCE guidance provided during the meeting.

## **TERG Executive Session (cont.)**

**Chair: Jim Tulloch**

### Review of TERG

The consultants selected to conduct the review of the TERG used an online survey platform to gather information and insights from TERG members and selected TERG secretariat staff. They presented some of the results from the survey during the session to get a feeling of the current status of TERG's thoughts, actions and efforts so far. On its own it is not the foundation for future developments. TERG members raised the point that the way some questions were formulated introduced sample bias, which the consultants took into account. The TERG has served the GF well up to now, however it should not necessarily continue in its current form as the time to do some changes has come and there is a certain appetite for reforms.

The TERG is an important contributing factor to positive external evaluation of the GF. There was a broad agreement among the participants that independent evaluation should receive more resources; this component of the GF is small compared to other organizations.

### Strategic Review (SR) 2020

The TERG Chair informed the participants that the Strategic Review (SR) 2020 will be initiated soon. Two timeline options for the execution of the review were presented. The review will inform the next GF strategy and will be presented to the Strategy Committee. The initial draft version of the objectives of the SR2020 was presented by the Chair. SR2020 is a meta-analysis of evaluation work done by the TERG, the Secretariat and others.

The TERG will consult with the Strategy Committee and the Secretariat to have a sense of what they would like to see in the SR 2020.

Additional thematic reviews could be commissioned to feed into the SR 2020 – topics to be discussed with the Strategy Committee. There are a number of opportunities for input to the SR 2020 from PCE.

### Next TERG meetings

The next TERG meeting will take place in the week of 9 September 2019. The location is to be decided, however it is most likely to be held in Guatemala or Geneva, Switzerland. The final decision for the destination will be partly based on the comparison of all costs. Following that, the first TERG meeting in 2020 will be held in the week of 3 February 2020.

## Participants list 38<sup>th</sup> TERG Meeting

Geneva / Switzerland

9 – 11 April 2019

### **TERG**

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Bess Miller  
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### **TRP**

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## **WHO**

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## **PCE**

Louisiana Lush  
Starley Shade  
Alexandra Thenot  
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Mohamed Albirair  
Sonia Enosse  
David Phillips  
Allison Osterman  
Salva Mulongo  
Charles Opio  
Sandra Saenz de Tejada

## **A Review of STC Policy**

Roberto Garcia  
Patricia Moser  
Juliann Moodley

## **An Independent Assessment of the TERG**

Stein-Erik Kruse  
Jaap Broekmans

## **A Review of Market Shaping Strategy**

Gabriel Seidman  
Mathilde Bussard  
Johanna Benesty

## **Global Fund**

Office of Executive Director - Marijke Wijnroks  
Grant Management Division - Maria Kirova, Urban Weber, Cynthia Mwase, Abigail Moreland, Annelise Hirschmann, Luca Occhini, Dumitru Laticevschi, Matthew Macgregor, Nicolas Farcy, Sandra Kuzmanovska, Ganna Bolokhovets, Gonzalo Penacoba-Fernandez, Corina Maxim, Brian Kanyika  
Strategy, Investment, Impact Division - Johannes Hunger, Mehran Hosseini, Peter Hansen, Nathalie Zorzi, Suman Jain, Viviana Mangiaterra, George Shakarishvili, Olga Bornemisza, Igor Oliynyk, David Traynor  
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Office of Inspector General - Collins Acheampong,  
Ethics Office - Nick Jackson, Petra Forsstrom De Leon