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# REPORT

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**40<sup>th</sup> TERG MEETING**

**4-6 FEBRUARY 2020**

**GENEVA, SWITZERLAND.**

# High Level Summary of Report

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## OBJECTIVES

1. To discuss the PCE work and provide guidance for prioritizing PCE activities in 2020 and possible PCE 2.0 options;
2. To discuss and provide guidance on the Strategic Review 2020 inception report and new thematic reviews; and
3. To input into discussions on the broader Global Fund Monitoring, Learning and Evaluation functions and in particular the future of the independent evaluation function.

## SUMMARY

1. The TERG Chair greatly appreciated the information sessions by the secretariat to update PCE teams and TERG members on resilient sustainable system for health (RSSH), Access to funding, Community, Rights and Gender (CRG) and Monitoring and Evaluation and Country analysis (MECA) as well as audit plans by the Office of Inspector General (OIG). The PCE teams were grateful for the update and advice. These engagements also provided the TERG with contexts to discuss PCE work for 2020 and beyond.
2. The TERG was overall satisfied by the synthesis report presented by the PCE teams. There were areas that could be strengthened and be less descriptive, and recommendations that should be more robust, targeted, and more actionable.
3. The TERG provided guidance to the PCE teams to ensure solid final PCE reports (country and synthesis) are developed during the next weeks.
4. Looking forward the TERG would like to see further coordination and collaboration between PCE teams and the relevant teams in the Global Fund Secretariat.
5. The Inception Report of Strategic Review (SR) 2020 was presented by the Euro Health Group consortium consultants. The TERG was satisfied with the SR2020 inception report and clarified issues on some of the modules such as impact, Sustainability, Transitioning and Co-financing (STC) as well as the theory of change.
6. The key objectives, scope, and indicative evaluation questions were discussed on the thematic review on HIV prevention and criteria and methodology for selecting countries for case studies was also deliberated on.
7. The TERG members together with Secretariat representatives and the Inspector General heard a presentation by the independent consultant working on the Global Fund's monitoring, learning and evaluation (MLE) functions including independent evaluation in the Global Fund and provided their feedback to inform the ongoing MLE work.

## NEXT STEPS

- To arrange periodic contact between TERG SR2020 Steering Group with the SR2020 consortium on emerging issues and themes to ensure a better- and high-quality report that focuses on the most important issues;
- PCE working group to consider the future of PCEs beyond 2020 and make recommendations to the TERG
- To keep engaged with the Secretariat in the development of the MLE framework;
- To discuss potential additional thematic review and monitor progress of the thematic review on HIV prevention
- To explore an environmental policy/procedure for the TERG
- To finalize dates and location of the 42nd TERG meeting.

**DAY 1: TUESDAY, 4 February****Opening session****Chair: Cindy Carlson**

The TERG Chair opened the session by thanking all the participants for attending the 40th TERG meeting. The participants presented themselves, and all TERG members were asked to disclose any conflict of interest and all declared no conflict of interest. The agenda was adopted.

**Session 1: Current PCE Progress and Future of PCEs****Chair: Peter Barron**Country discussions

Prospective country evaluation (PCE) country presentations were discussed in parallel sessions, and key observations and discussion points were reported back to the plenary session.

Regarding the Democratic Republic of Congo (DRC) malaria grant, the key issue was that incidence is increasing although there is decrease in mortality. Reasons for this included improved diagnoses and reporting, but no explanation has been clearly agreed in the country. For Tuberculosis (TB), case notification is increasing but challenges remain, divided into country level factors and Global Fund business model factors. Country level factors included lack of accountability, weak financial management, and weak coordination and communication. Global Fund (GF) business model factors included frequent revisions of grants. The PCE has been very useful to DRC in terms of contributing further analysis to the malaria community.

Sudan has a concentrated HIV epidemic. There were country level factors hindering the progress of the work particularly the 2019 political upheavals. Global Fund business model factors encouraged high grant absorption more than long-term sustainability. Also, there was more focus on fiduciary risk mitigation with limited flexibility in program/ grant management. Sudan would benefit from having similar grant flexibilities to DRC (Complex Operating Environments) by balancing risk management and flexibility, as it is a complex, challenging operating environment.

Senegal organized a joint malaria campaign with Gambia, which was novel and successful. This was due to Global Fund flexibility as well as involvement of country team and partners (MoH and donors) using a multisectoral approach. Institutional arrangements for grant management continued to pose a challenge in terms of the changes to principal recipient (PR) and sub recipient (SR) in addition to the complexity of grant revisions. The PCE also supported country stakeholders to analyse TB/RSSH bottlenecks and facilitated a high-level work with the CT on how to address these. Sustainability was still an issue as most grants were for short-term fixes and not long-term approaches.

In Mozambique, there were noticeable reductions in mortality due to HIV and malaria and to a lesser degree TB. Lack of leadership in the different tiers of the government, exacerbated by weak community capacity, is an important issue. Also, poor retention of patients on HIV treatment were reported. Grant absorption was low in human rights areas, as country stakeholders still seem to struggle to understand the concept of human rights barriers to services. Sustainability of program and co-financing remained limited, and there was slow progress in relation to resilient and sustainable systems for health (RSSH).

Uganda also observed noticeable reductions in mortality due to HIV and malaria and to a lesser degree TB. There was significant reduction in mortality in HIV, although community mobilization was weak. The flexibility of the Global Fund business model facilitated timely responses to the upsurge in malaria in 2019. Community response systems have been challenging in relation to the TB response. A PCE deep dive focused on district level innovations that have attempted to address some of programmatic challenges.

Cambodia was close to achieving 90-90-90 targets. Coordination has been generally solid between key partners and sub-sub implementors in the country. The Ministry of Finance (MOF) became the PR and it is now a good example of the MOF being the PR. There were challenges in the capacity of the health systems and poor remuneration of care givers as well as in poor data reporting and analysis. There is an inherent risk of increasing HIV infection rate if the budgets and funding for HIV prevention interventions are reduced. For TB, case notification is not mandatory, and creates challenges for prevention, treatment and contact tracing. Prevalence of Multi Drug Resistant Tuberculosis (MDR -TB) is high in Cambodia.

In Myanmar, the Global Fund has made a vital contribution to the rapid scale up of antiretroviral treatment (ART) coverage through its support to National AIDS Program to increase public sector ART sites. For TB, as the major source of TB funding, GF grants supported TB treatment centers covering all townships and Community based TB treatment center (CBTBC) intervention increased to three quarters of all townships in 2018; the number of missing TB cases has fallen over the years. However, grants supporting health systems strengthening, e.g., human resources for health, health information system and M&E, as well as community systems, and human rights and gender objectives still experienced challenges hindering meaningful progress and require more attention.

In Guatemala, the three diseases show progress toward outcome and coverage targets and have made strides to reach key and vulnerable populations (KVP). Across all three diseases, detection of new cases remains a persistent bottleneck to impact, caused by different types of implementation barriers depending on the disease program. The three programs continue to depend on the Global Fund and external donors to implement key activities for KVP. In current grants, RSSH has a strong emphasis on HMIS/M&E.

In the discussion TERG members made several points indicating that the prospective aspect of the PCE should be used more. A strong point was made that the PCE needs to go even further beyond description with a stronger focus on the "Whys". Also, there is a strong interest in understanding how the Global Fund can play a catalytic role for some issues, for example, integration of disease data with DHIS2. There should be clear messages from PCE to stakeholders, the country teams, and the TERG on what is working at country level and about what could be changed to improve impact.

### Synthesis presentation and discussion

The synthesis analysis revealed that grant revisions have been relatively successful in the eight countries. While country teams (CT) helped accelerate grant revisions, processes were still widely reported as cumbersome by country stakeholders.

The absorption on RSSH has been weak among PCE countries, except for Myanmar. Reasons include: complex country processes for funding approvals and disbursements; needs for diverse stakeholder involvement; poor planning; and general coordination challenges for implementation of RSSH activity.

The PCE reported that only a small portion of catalytic investments resulted in innovative and ambitious programs.

The synthesis presentation provided five draft operational considerations regarding: grant revisions; catalytic investments; M&E gap; RSSH in upcoming funding requests; and contributory versus direct RSSH investments.

In the discussion, the GF Secretariat suggested a more in-depth analysis on the causes of grant revision issues. The Secretariat supported the synthesis findings on grant absorption issues, as well as on the difference between absorption and programmatic performance.

There is a need for a coordinated approach for PCE teams to identify commonalities across countries and to identify any common causes. This would help for better synthesis. In addition, it would be useful to better record what contribution PCE is making, both in countries and at the GF Secretariat level.

Some additional clarifications were requested regarding the Matching Funds and how innovative and catalytic they have been in helping to address the GF priorities. The TERG also requested additional information on program revisions. It was also pointed out that it is important to further consider country factors in order to better understand the reasons for limited investments in RSSH that have been allocated through unfunded quality demand (UQD) during the portfolio optimization exercise.

### **Session 1: Current PCE Progress and Future of PCEs (cont.)**

**Chair: George Gotsadze**

The two consortia for PCE made a joint presentation on extension for 2020 and PCE 2.0 and outlined the core focus of the PCE for the coming months/year. The presenters suggested that the PCE needs further alignment with Secretariat questions. Also, synthesis reports have not necessarily met the goals of relaying information in a way that is accessible and useable. They also mentioned the challenges of using grant and program outcome measures instead of implementation process tracking as a means of monitoring grant progress.

To improve clarity and common understanding, the PCE consortia suggested GF business model may be composed of and explained by a) Global Fund's strategies and principles, b) policies and processes of the Fund, and c) structures, such as PRs, CTs, technical partners, local funding agents (LFA), etc. The PCE consortia outlined the number of deep dives (2) they intended to undertake in 2020 and the contributory story. The health systems modelling will be excluded from the next synthesis report. The consortia mentioned that they will put more emphasis on integrated mixed-methods (qualitative and quantitative) based on specific evaluation questions. Each PCE team will undertake an in-depth analysis of the funding request process for the next allocation period and implement two to three deep dives that mostly will have a business model orientation, which should allow for improved cross-country synthesis.

The PCE consortia also suggested continuing developing CEP capacity, establishing a framework for PCE 2.0, undertaking a rapid analysis of the funding requests and a common topic to improve coordination. Narrower focus in 2020 should free up resources and enable additional quality checks by the GEPs.

The PCE consortia will also aim to undertake rapid analyses and develop briefs for global and country level audiences throughout the year and as well as prepare annual reports that consolidate this work.

## **Day 2: WEDNESDAY, 5 February**

### **TERG Executive session**

**Chair: Dan Whitaker**

*A summary of the TERG Executive discussions on PCEs is provided in the Day 2 session covering feedback to the PCE teams.*

### PCE 2.0

Regarding the PCE 2.0, there may be a diminishing return to continue to do the same. Therefore, reluctance to continue PCE the same way is to be expected, and agreeing on how to improve efficiencies and effectiveness, e.g., streamlining its scope, would be important. Similarly, the TERG needs to agree on whether the original objectives should be maintained or updated to reflect whichever different direction is decided on. The TERG needs to remind global stakeholders such as the Secretariat and the Board/Strategy Committee that PCE is an in-country evaluation platform and as such it can be used flexibly to adapt to changing circumstances. In the context of ending the 3 diseases, the Global Fund will need to continuously adapt quickly policies and guidance to countries, and the TERG aims to steer the role of the PCE in providing a formative ongoing evaluation mechanism.

Decision: The TERG's PCE Working Group (focal points of PCE focal points) will convene in order to gather the suggestions and bring forward ideas for what the shape and scope of PCE 2.0 should be.

## **Session 1. Current PCE Progress and Future of PCEs (cont.)**

### Feedback to PCE teams and discussion

**Cindy Carlson**

The view and guidance of the TERG was communicated and discussed with PCE teams. TERG members were of the opinion that the deep dive approach should be maintained. How to select the deep dive topic was discussed, possibly with more prescription on the choice of topics to ensure solid synthesis based on country evidence and a more coherent approach.

The TERG suggested that PCEs in 2020 should examine the entirety of the grant cycle, from funding request to (almost) closure, through the lens of equity of access to services and programmes, as well as components of RSSH, and STC investments. The consortia were provided with a suggested cyclic illustration of grant process. The PCE should analyze how grants have been changed throughout the course of the grant cycle, what content has changed, why and when the changes were made. The purpose is to try to understand some of the drivers underlying grant revisions, e.g.

balancing increasing investments in addressing human rights barriers to service access and disbursing funds.

Going forward, the TERG would like PCE team to scale down the impact modelling and use WHO/UNAIDS country estimates, which the Global Fund also uses, though other sources of estimates can be additionally presented. The TERG strongly requests for PCE to analyse the appropriateness of country targets and the target setting process and ensure there is analysis of how the previous cycle of funding request and grant making, revisions and grant implementation informed new funding request. Furthermore, the TERG encouraged the PCE team to work more closely with Secretariat teams. The TERG also requests that teams develop more concrete 2020 plans and that elements of PCE that may be transferrable should be identified to strengthen M&E in other countries. For other PCE work – they should keep using an equity lens – and can continue to use work on sub-national and sub-group data to analyse what is happening.

The PCE team generally agreed with guidance provided, including:

- On country-based platform to respond to stakeholders: requests by country stakeholders have to be discussed with GEPs and with the country's TERG focal point.
- On STC, the TERG would like the PCE to reflect on what happened throughout the cycle, e.g. particularly in regard to the funding request process;
- On the COE Policy, the work that was done and presented to the Strategy Committee should be considered annexed to the synthesis report.

PCE teams need to work on a document on country deliverables to be submitted to the TERG PCE working group.

As there are sensitivity issues on publications, a document on policy and processes for publications related to PCEs will be developed by the TERG to be agreed upon by the GF Secretariat and PCE consortia.

## **Session 2. Strategic Review 2020**

**Chair: Evelyn Ansah**

The EHG team presented their SR2020 inception report, which had been revised on the basis of feedback received from TERG members and the Secretariat. The theory of change (ToC) mapped to the Secretariat's "conifer of control", strategic integration of other health issues (module 7) and market shaping topics were discussed in depth. Importantly, questions were asked on how to analyse impact and the possible data availability challenges at national or sub national levels. Impact will be analysed based on grant targets, which will be stratified into gender, age, and/or regions. The TERG suggested that socio-economic status be added as a metric in the analysis. The TERG was generally satisfied with the revisions made to the inception report. The main recommendations were to: a) broaden Module 7, b) add poverty as a metric in the analysis for the first strategic review question; and c) clarify how cocreation of recommendations would be done in a way that would strike a balance between independence, quality and utility. The EHG team clarified issues related to the proposed methodology for the country case studies and the need to strengthen Module six, with emphasis on co-financing and sustainability.

## **SESSION 3: Thematic Reviews**

**Chair: Marie Laga**

The HIV thematic review focal points gave a process update presentation. The update discussed the key objectives, scope, indicative evaluation questions and timelines for the review. The TERG is

working in close coordination and consultation with UNAIDS and WHO on this review. Secretariat representatives also expressed their strong support for this review and the importance and urgency to understand how to improve Global Fund approach. The TERG focal points discussed the criteria and methodology for selecting countries for case studies. These criteria include geographical diversity, the epidemiological situation, type of GF portfolio, alignment with other on-going/recent work (i.e. alignment with UNAIDS for country selection and work done by the Global prevention coalition (GPC)), as well as possibly benefitting from visits for recent TERG reviews such as SR2020, and which window countries were applying through). It was agreed that in consultation with the selected supplier the Global Fund focus areas like human rights, adolescent girls and young women (AGYW), Office of Inspector General (OIG) audit visits should be considered when selecting the countries. Also, it was mentioned that there should be geographical diversity in the choice of countries and adding a layer of purposiveness. It was opined that a detailed analysis of Global Fund classification, i.e., high impact, core and focused may be less critical. There should be a quantitative aspect using change of incidence in countries. There were also suggestions that the review seek to analyse what HIV prevention areas Global Fund grants are spent on and their cost effectiveness. Again, the scope of HIV prevention was also discussed in terms of understanding how much the Global Fund invests in key HIV prevention activities.

#### **TERG Executive Session.**

**Chair: Cindy Carlson**

Feedback on SR2020 and thematic Review inputs (HIV prevention and second Thematic Review topic).

The TERG was satisfied with the presentation on SR2020 and the fact that the recent comments were taken on board by the SR2020 team. It was opined that though challenging it may be interesting to see subnational analysis in the impact work and geographical presentation in the selection of countries. The steering committee needs to arrange periodic close contact with the SR2020 consultants to ascertain early emerging issues and themes in order to agree on narrowing/selecting on themes to ensure a high-quality report that focuses on the most important issues

For the thematic review on HIV prevention, it was agreed that there should be a robust methodology in selecting the countries for case studies. Also, it will be important to have about 5-6 countries for the case studies in consultation with the selected supplier and the Country Teams. OIG audit visits should be kept in mind when choosing the countries. Again, the selection of countries should be both logistically feasible and methodologically sound.

The TERG discussed the need for a more robust process in choosing thematic reviews as a longer-term plan in consultation with the Strategy Committee, acknowledging that there have been previous TERG's effort to develop an overarching M&E plan for the current strategy. Some topics were recommended as possible themes for the additional review, and the Chair will discuss them with the SC.

#### **DAY 3: Thursday, 6 February.**

**Chair: Cindy Carlson**

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



After the TERG concluded deliberation on its feedback on the SR2020, they also discussed the status of the recruitment and renewal policy, and next steps on the renewals were clarified. The TERG did not come to an agreement on an additional thematic review.

Furthermore, the TERG discussed publication policy and agreed it was a cumbersome process which takes a long time. There was an understanding however that one reason for the delay in publishing TERG documents was the stringent Secretariat processes, which many members felt needed to be reviewed again given the need for the TERG to provide an independent view of the Global Fund's work.

In addition, there was discussion to synchronize terminologies used in grant management processes in the TERG/PCE teams to the Secretariat to help in better understanding and communication.

#### **Session 4: Global Fund Monitoring, Learning and Evaluation**

**Chair: Cindy Carlson**

**Jim Tulloch and Marijke Wijnroks**

The Chief of Staff opened the session on Monitoring, Learning and Evaluation (MLE), reminding the participants that after the independent assessment of the TERG was presented to the SC, it became obvious that the Global Fund needed to review and discuss its MLE function, in order to ensure better definition of the role of the TERG in an overall approach. A consultant presented the work that has already been done on MLE. The goal of any eventual Global Fund MLE function should be to "Ensure availability of reliable, timely evidence that would inform decisions and facilitate continuous learning and improvement to accelerate achievement of results."

Three group discussions took place to comment on the drafted principles of the MLE function that were presented, with a focus on independence, transparency, quality, partnership, alignment, adaptability and differentiation, utility and learning. The main discussions concerned:

- the importance of independence as a key principle;
- the specificity of the evaluation challenges for the Global Fund such as on human rights and RSSH;
- overlap and fragmentation of evaluations and reviews (i.e., lack of an agreed overall M&E plan, which the TERG has facilitated; limited visibility of Secretariat internal evaluations; independent advisory mission by the OIG);
- tensions and trade-offs between quality, independence, timeliness and utility;
- challenges around creating a culture of evaluation, and balancing the learning, insurance and accountability dimensions;
- differentiating between continuous review and evaluation;
- the role and funding of evaluation in the context of ending the epidemics.

Next steps: the MLE independent consultant's work will be presented at the March SC meeting. The final result should inform a stronger evaluation function in the organization.

**TERG Executive session (cont.)**

**Cindy Carlson**

The TERG considered it important to review a more advance version when ready, hoping the inputs provided by the TERG are well incorporated in the version that will be shared with the SC.

The TERG discussed developing the TERG's Col policy. Particular concern is the duration of cooling off periods, agreeing in principle that it makes sense that members of the other governing functions of the Global Fund as well as current experts who provide services to the TERG may not be selected as voting TERG members during their appointment as active members. Global Fund Secretariat staff may not be selected as voting TERG members before a cooling off period of a full funding cycle (three years) has passed. If selected as non-voting member, a TERG member may not engage in reviewing/evaluating work performed by himself/herself or directly under his/her leadership. The concern is the possibility tthat s/he evaluates his/her work and managing the perception of COI in such situations.

Also discussed was exploring an environmental policy/procedure for the TERG. It was agreed that the TERG Secretariat would explore different approaches and options that may be best for the TERG, and report back in a future meeting.

The TERG was informed that the WHO Evaluation Office has requested that the TERG Secretariat be on the steering committee for evaluability assessment for SDG3.

TERG members reported back on the PCE discussion sessions with representatives from the CRG and the Grant Portfolio Support and Solution (GPS) departments, which were collaborative and very informative. The focus on the human rights and gender session was focused on the data analysis limitation and challenges with data disaggregation, given that human rights and gender are cross cutting issues.

The session with GPS was focused on Global Fund processes as well as the proposed PCE work on the grant cycle. The TERG stressed the importance of using consistent and aligned terminology with the Global Fund and updated their guidance on the work to be done in 2020 accordingly, reiterating that one of the objectives would be to make decisions around changes to grants more transparent.

### **Next meeting**

The TERG reconfirmed that 41st meeting will be held on 3-5 June. The TERG agreed that the 42nd meeting should have enough time to develop TERG position papers to submit to the SC in a timely manner, and that the TERG Secretariat will explore options on locations.

## **Annex**

### **Participants list 40<sup>th</sup> TERG Meeting**

**Geneva / Switzerland**

**4 – 6 February 2020**

#### **TERG**

James Tulloch  
Cindy Carlson  
Beatriz Ayala-Ostrom  
Dan Whitaker  
Evelyn Ansah  
George Gotsadze  
Godfrey Sikipa  
Helen Evans  
Kenneth Castro  
Mari Nagai  
Maria Laga  
Peter Barron  
Timothy Poletti  
Osamu Kunii  
Luisa Frescura  
Esther Saville

#### **TRP**

William Pick, TRP Vice-Chair

#### **TERG Secretariat**

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

#### **EHG**

Louisiana Lush  
Starley Shade  
Juliana Moodley  
Ian Ramage  
Nwe Nwe Aye  
Samira Abdelrahman  
Etelvina Mbalane  
David Winters  
Clare Dickinson

#### **IHME**

David Phillips  
Herbie Duber  
Katherine Shelley  
Godefroid Mpanya  
Shakilah Nagasha  
Adama Faye  
Carmen Cerezo

**WHO** – no participation

**Global Fund** (including Pre-TERG meeting on 3 February)

**Office of Executive Director**  
Marijke Wijnroks, Chief of Staff

**Independent Consultant on MLE**  
Nina Schwalbe

**Finance and Administration Division**  
Adda Faye  
Alexander Birikorang

**Strategy and Policy Hub**  
Harley Feldbaum  
Hannah Grant  
Aditi Srinivasan  
Rhiannon James

**Grant Management Division**  
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Julia Schwank  
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Saman Zamani  
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Traki Jouini  
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Daisy Lekharu  
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Johannes Hunger  
Mehran Hosseini

Manjiri Bhawalkar  
Carol D'Souza

Kate Thomson  
Heather Doyle  
Alexandrina Iovita  
Ed Ngoksin

Jacqueline Bataringaya  
Lindsay Smith

**Risk Department**  
Sai Pothapregada  
Chandrani Chatterjee

**Supply Operations**  
Melisse Murray

**Ethics Office**  
Petra Forsstrom De Leon

**Office of Inspector General**  
Mouhamadou Diagne  
Daniel Petrescu