

33rd TERG Meeting: Summary Report

19- 21 September 2017

Kampala, Uganda

Objectives of the 33rd TERG Meeting

1. Understand the PCE Uganda in relation to programs and review linkages in Uganda;
2. Facilitate learning and sharing experience between the eight PCEs; and
3. Provide guidance on PCE and its first synthesis report and promote finalization of PCE inception reports.

Day 1

Opening session: Uganda PCE Inception

Chair: Jim Tulloch

The 33rd TERG meeting was dedicated to the Prospective Country Evaluations (PCE) and held in Uganda to engage closer with a Country Evaluation Partner (CEP) team, as well as in-country stakeholders. Uganda is a Gavi Full Country Evaluation (FCE) country, and the same evaluation group has been competitively selected as the PCE CEP (IDRC).

The TERG Chair opened the meeting giving the floor to Vinand Nantulya, Chair of the Uganda CCM, and Strategy Committee representative to the TERG. He highlighted that “the PCE is a timely opportunity to assess how the Global Fund is delivering against its innovative model,” and reiterated the importance of the success of PCE.

All participants were asked to introduce themselves, and to declare any conflict of interest. The TERG welcomed Luisa Frescura, representing UNAIDS, as a new member.

Discussion

The opening session focused on the Uganda situation and its PCE inception report. The AIDS Support Organization (TASO), principle recipient from civil society, provided an overview of the grants they managed and of the associated operations and challenges. Representatives from the Ministry of Health gave an overview of the grant portfolio, as well as HIV, TB and malaria situations.

The Gavi representative to the TERG shared lessons learned from the Gavi FCE at the inception stage, and stressed the importance of stating areas for potential collaboration with the Gavi FCE.

Certain issues emerged. Among these, absorptive capacity challenges were encountered in using M&E budgets to improve data systems. Those essentially stemmed from organizational issues and financial systems unable to facilitate spending. Poor data quality and a health care worker community often inexperienced in the use of data for decision making at the local level, were also identified as critical issues. A challenge for TB was how to strengthen political commitment to emphasizing TB as a public health threat. Stronger advocacy systems and structures could enhance knowledge on TB, while reducing stigma and negative attitudes. Cross border mobility and malaria

poses a challenge. While DHIS2 provides good data sources, only aggregated data are available, including for HIV.

Conclusions/actions

- PCEs should observe and capture programs' ongoing challenges;
- PCEs should be responsive to country needs and focus on key stakeholders;
- The Global Fund Country Teams as key stakeholders can facilitate the PCE success; and
- More clarity on real-time feedback loop is needed: to be addressed in country specific Standard Operating Procedures (SOP).

Session 1: Presentation of PCE inception reports

Chair: Bess Miller

Discussion

Following the Uganda inception report presented at the opening session, the remaining PCEs that have been launched (Cambodia, Democratic Republic of Congo, Guatemala, Myanmar and Sudan) presented their inception reports, and country priorities, plans and early findings were discussed during this session. The TERG acknowledged progress made at the inception phase, as well as the challenges encountered thus far.

Conclusions/actions

- An overall understanding of countries' progress and priorities was achieved and it allowed the TERG to develop the guidance on finalization of inception reports;
- The TERG noted that the CEPs are well positioned to identify country needs and issues, specific evaluation questions and data sources;
- The TERG provided general feedback to the PCE consortia on inception reports, which were considered generally of good quality. Nevertheless, some key points still need to be addressed or defined more clearly:
 - capacity development (what is reasonable?);
 - data collection (how to strengthen? what to emphasize?);
 - role and composition of the high-level advisory group;
 - clarification on lines of communication;
 - work plans and priority questions;
 - impact assessment; and
 - approach to observation through the four "lenses", namely country ownership, partnership, sustainability and value for money.

Day 2

TERG executive session 1¹

Chair: Bess Miller

Discussion

The main purpose of this session was to discuss guidance for finalization of inception reports.

Two concerns regarding the inception reports emerged: the role of in-country capacity development and efforts to improve data quality and use of data. Since improving data quality and developing capacity are key PCE expected outcomes, two working groups were set up to address these topics and produce specific TERG guidance notes.

In addition, Standard Operating Procedures (SOP) were discussed, with a focus on the communication lines of recommendations and the High-level Advisory Group.

¹ Concurrently, the PCE consortia ran a parallel session to discuss cross cutting issues.

As the TERG will submit the work plan for 2018 to the Strategy Committee, related discussions such as themes for new reviews were initiated.

Conclusions/actions

- The high-level advisory group should be, where possible, an existing body. It is up to GEP/CEP to define who will be included in these groups based on the country situation and context. Members should have appropriate expertise, credibility, sufficient independence and no conflict of interest. WHO and other partners, including civil society representatives, could be included. CCM members, in principle, should not be part of the Advisory Group;
- The SOP, revised at the 32nd TERG meeting and based on agreed principles and guidelines, will be further updated to include the most recent discussions, as noted above regarding lines of communication and considerations for the composition of high-level advisory groups. Furthermore, as per previous discussions, the PCEs will be conducted with a participatory approach and recommendations emanating from the PCEs will be issued jointly with Global Fund Secretariat Country Teams. Regarding this point, it is expected that the CEP will develop and maintain good communication with Global Fund Country Teams, including sharing work plans in order to maximize opportunities for meeting and promoting synergy when Country Team members are visiting the country;
- PCE consortia will finalize the inception reports based on the suggested structure developed at this meeting; and
- The TERG focal persons will review their specific country inception reports and will provide feedback with specific attention to: (i) any critical omissions in their respective country inception reports; (ii) relevance and adequacy of the evaluation questions; and (iii) issues in the general sections of the PCE reports for the country.

Session 2: PCE cross-cutting issues

Chair: Wuleta Lemma

Discussion

The TERG opened this session communicating the SOP principles to the PCE consortia, and held general discussion on PCEs. With respect to the independence of the evaluation, in light of the participatory approach and the co-creation of recommendation between CEP, national stakeholders and Country Teams, it was clarified that, CEPs were to build trust with Country Teams without losing their independence as evaluators.

The PCE consortia presented progress achieved on cross-cutting areas of work, specifically process evaluations, value for money/program quality, impact assessment, and synthesis report.

Conclusions/actions

- As measure of success of the PCE, the TERG clarified that, in three (potentially six) years, the PCE will be considered successful if it: (i) has led to improvements in national programs and Global Fund in-country operations in the concerned countries; (ii) has provided a better understanding of how Global Fund policies and processes play out in countries and how they can be improved; (iii) has shown progress towards more robust and data-based estimates of outcomes and impact; (iv) has provided lessons learned on prospective evaluations that can inform a more thorough approach to evaluation by the Global Fund, (v) has developed capacity in country (within realistic expectations);
- The TERG requested the GEP to ensure the PCE will provide by January 2019 robust evidence to influence the Global Fund business model. The final product should allow generalization of findings/conclusions;
- The TERG will finalize and provide concrete written guidance on cross-cutting areas of work that are expected to be addressed in the final inception reports (DRC, Guatemala, Uganda, Cambodia, Myanmar, and Sudan); and

- The revised SOP will be shared with the PCE consortia for their comments.

Day 3

TERG executive session 2²

Chair: Wuleta Lemma

The TERG discussed cross-cutting areas of work and agreed on final guidance to the PCE consortia. The TERG also discussed its work plan for 2018 and potential thematic review areas. While discussing upcoming membership recruitment, the TERG remarked that currently, expertise on supply chain is missing, and that geographical representation must be considered. Further, the importance of identifying potential TERG members with additional expertise in health economics and impact assessment as well as programmatic experience at country and/or local level was reiterated. As the second tenure of the TERG Chair is up to May 2018, discussion happened about ensuring continuity of the direction of the TERG work.

Conclusions/actions:

- Each TERG focal person should aim to visit the assigned PCE country once a year, and opportunistically, if in the region for other reasons. This may be particularly needed for high-level representation in the country during high level meetings such as PCE dissemination events. The role of the TERG focal persons should be more explicitly defined in the SOP;
- The TERG decided on five potential evaluation areas to discuss with the Strategy Committee for thematic reviews in 2018: Impact Through Partnerships initiative; Sustainability, Transition and Co-financing policy implementation; impact of the Global Fund investment on Resilient and Sustainable System for Health; Catalytic Investment: its use and modalities; and positioning of the Global Fund in a rapidly changing global health development environment, including in relation to the Sustainable Development Goals; and
- The TERG agreed to hold its 34th and the 35th meetings in the weeks of the 5th February and 14th May 2018 in Geneva.

Closing session

Chair: Jim Tulloch

During the closing session, the TERG requested the PCE consortia to conclude the inception phase in a timely manner and move to implementation.

The TERG reviewed the beneficiaries of the PCE results, and emphasized that the Board, the Strategy Committee, the Global Fund Secretariat and the PCE countries themselves have high expectations from the findings of the PCE evaluations and the synthesis reports with the recommendations that will result. Timing is critical, since results should feed into the 2019 replenishment strategy.

Conclusions/actions:

- The TERG, building on high level guidance documents prepared at the previous TERG meeting in Geneva and after three days of intense discussion in Kampala, will provide the PCE consortia with a guidance note to address the issues raised in the inception reports. These essentially linked to the cross-cutting areas of work, namely process mapping, resource tracking and Value for Money (VfM), capacity development, impact assessment, and synthesis report;
- The TERG reiterated they welcome communication and knowledge sharing among CEPs. CEPs expressed their satisfaction and usefulness of the opportunities to share experience at Kampala meeting. The TERG Secretariat was requested to coordinate software with which sharing information and documents can be facilitated, e.g., Basecamp;
- The TERG Secretariat will coordinate and provide to the consortia country and disease specific comments based on inputs received from the TERG focal persons, disease focal persons, and the Global Fund Secretariat prior to and immediately following the TERG meeting; and

² Concurrently, the PCE consortia ran a parallel session to share experiences.

- The PCE consortia will deliver revised inception reports by mid-October.

The 33rd TERG meeting was followed, the day after, by focused discussions (TERG leadership and focal persons and TERG Secretariat) on the following topics: key points for TERG position papers on the Strategic Review 2017, M&E and absorptive capacity reviews; thematic review on in-country assurance for program risk; thematic review of the implementation of gender-responsive programming at country level; and PCE cross-cutting areas.

Annex: List of participants and observers

I. TERG members

Jim Tulloch (Chair)
Bess Miller (Vice-chair)
Wuleta Lemma (Vice-chair)
Abdallah Bchir
Cindy Carlson
Dan Whitaker
Erin Eckert
George Gotsadze
Godfrey Sikipa
Helen Evans
Jeanine Condo
Kenneth Castro
Luisa Frescura
Osamu Kunii
Vinand Nantulya

II. Resource persons

Frank Mugabe (Program Manager-TB, Ministry of Health)
Joshua Musinguzi (Program Manager-HIV, Ministry of Health)
Jimmy Opigo (Program Manager-Malaria, Ministry of Health)
Vicent Bagambe (Program Coordinator Global Fund Coordination Unit, Ministry of Health)
Dick Muhwezi (TASO)
Carol Kamyia (Evaluation Officer, Uganda)
Edgar Kestler (PI, Guatemala)
Faith Namuyaga (Senior Evaluation Officer, Uganda)
Felix Pinto (M&E Specialist, Mozambique)
Gilbert Asiimwe (PCE lead, Uganda)
Ian Ramage (PCE lead, Cambodia)
Katharine Shelley (Senior Evaluation Officer, PATH)
Karen White (UCSF/Euro Health Group)
Leon Kapenga Mukonkole (Deputy Director, PATH DRC)
Melissa Hewett- Marx (Johns Hopkins University)
Moses Kamyia (PI, Uganda)
Nwe Nwe Aye (PCE lead, Myanmar)
Paul Balogun (ITAD/Euro Health Group)
Peter Waiswa (Co-PI, Uganda)
Samira Abdelrahman (PCE lead, Sudan)
Steve Lim (IHME)

II. TERG Secretariat

Ryuichi Komatsu

John Puvimanasinghe

Sylvie Olifson

Sara La Tour

Felicetta Catanzaro

Jutta Hornig