TERG Update

48th Board Meeting
GF/B48/12
15-17 November 2022, Geneva
1. Overview and timeline

2. Evaluation of Challenging Operating Environment (COE) Policy*

3. Evaluation of accelerating equitable deployment and access to innovation*

4. Ongoing workstreams
   • Evaluation of Data-driven Decision Making
   • RSSH mapping exercise

5. Transition
   • C19RM evaluation
   • Country Steered Review

* The TERG position papers on the COE and the innovation as well as the initial Secretariat management responses to the COE and the innovation are available at the Governance portal.
Overall Progress

Jan 2022  
Feb TERG  
March SC  
May/June TERG  
July SC  
Sep TERG  
Oct SC  
Dec

- C19 RM 2021 evaluation
- Community engagement and Community led response evaluation
- TB prevention evaluation
- Challenging Operating Environment (COE) policy evaluation
- Accelerating equitable deployment and access to innovations
- Data for decision making (jointly with OIG-led audit)
- Rapid CSSH mapping
- Scoping exercise for Country Steered Review
- Wambo.org pilot evaluation

Coordinated evaluation stage

Draft  | Final report  | BBL  | Final report

End April  |  |  | End of August

ToR stage  | ToR stage  | ToR stage  | ToR stage  | ToR stage

C19RM evaluation
Challenging Operating Environments
Key Conclusions of COE Evaluation

1. Unclear and inconsistent individual risk appetites constrain the use of the policy and contributes to inconsistent operationalization.

2. Limited understanding of the COE policy at the country level, and the lack of a structured opportunity to consider flexibilities, innovation and partnership appropriate to the context contributes to the policy not fulfilling its potential.

3. Periodic COE stakeholder meetings hosted by the Secretariat’s COE Team are appreciated opportunities for exchanging lessons learned, yet additional opportunities for learning and sharing are needed.

4. The standard three-year program planning cycle is insufficient to achieve measurable change in health systems contexts, particularly amidst chronic instability.

5. Human resources for health (from program management to service delivery) are often particularly scarce in COE settings due to insecurity, out-migration and violence.

6. In some COE contexts, governance and implementation structures can by-pass government programs and local stakeholders for expedience, resulting in strained relationships and a lack of ownership by national authorities. Clear plans for strengthening engagement of governments and local stakeholders in program implementation are needed, but seldom exist, and were not evident even for transition from ASP in some context.

7. Despite the increased risk of sexual exploitation and harassment in unstable contexts, no evidence was found of consistent or appropriate efforts to apply the Protection from Sexual Exploitation and Abuse, Sexual Harassment and Related Abuse of Power Operational Framework (2021) – nor to ensure the safety and security of key and vulnerable populations (KVPs), particularly in their engagement with Global Fund activities – due to lack of prioritization and resources.

8. Despite the well-established link between GBV and HIV transmission, and the increased risk of GBV in unstable contexts, limited evidence was found of adequate consideration of gender-responsive approaches and GBV support or partnerships in COE countries due to a lack of prioritization and resources.
The TERG endorses the key findings, high-level conclusions and the recommendations of the evaluation. The TERG recommends that the COE Policy be maintained, as is, without revision at this time as TERG considers the policy adequately robust to address the heterogeneous challenges in the diverse COE Global Fund portfolio countries.

The TERG’s assessment is that the five objectives of the evaluation have been addressed well, despite the constraints under which the team had to work which included the COE context being a challenge. The TERG did question the evaluators as to why they had not specifically addressed the policy’s impact specifically on the three diseases (part of recommendation 1). They explained that key stakeholders’ feedback was significantly focused on the underlying weaknesses of the systems in countries rather than the specific diseases. However, at TERG’s request, they have compiled the information they had available to them in Annex 7: Disease specific considerations.

The methodology used was appropriate in the circumstances and the resulting report is clearly written including the executive summary.
**TERG Position on COE Evaluation Recommendations (1/4)**

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<td>1. Agree on an adapted risk acceptance approach with clear financial risk thresholds for COE grant portfolios and provide clear guidance to the relevant departments across the Secretariat and country implementing partners for NFM4. Communicating a higher and clearer level of financial risk acceptance to CTs and country-level partners will facilitate greater use of the policy and encourage innovation. <strong>Who:</strong> Global Fund Secretariat, Board. <strong>When:</strong> NFM4 funding request development processes.</td>
<td>1. Balancing risk with program outcomes and impact. (Recommendation 1) asks the SC and Board to agree on an adapted risk approach with clear financial risk thresholds for COE grant portfolios which are then conveyed to the CT’s and country partners. The report concluded that without greater direction from the Board and senior management there was a tendency to avoid risk and proceed with business as usual (Conclusion 2) even though the COE policy principles stress flexibility. As an example, the Niger case study suggested that what country stakeholder saw as excessive fiduciary controls, inhibited flexibility and innovation.</td>
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2. **Ensure a more consultative process to engage country stakeholders on operationalizing the COE policy during NFM4 and future grant making processes.** Built into the revised Operational Policy Note, this process can include an orientation to the policy, rationale for COE designation, and a participatory review of the operational plan for program implementation, with discussion on what flexibilities are necessary to facilitate the process. It should also include discussion of how the COE policy and ASP (where appropriate) will be jointly utilized. **Who:** GF Secretariat (A2F requirements and OPN update to reflect this more consultative process). **When:** At the beginning of NFM4 grant implementation. | 2. One of the intentions in commissioning this evaluation had been to provide recommendations to inform the OPN’s and the implementation of NFM 4 grant round. **The TERG recognizes that the guidance material for this grant cycle are in the final stages of finalization.** While the Secretariat is to be commended for making some of the adjustments suggested, **we urge the Secretariat to consider all the recommendations during the NMF 4 grant negotiations.** Action on them will be critical to the Global Fund delivering on key commitments in its 2023-2028 Strategic goals with its strong focus on equity and "more on making catalytic, people-centered investments". |
3. Mindful of donor’s understandable concerns that funds are not misused, the TERG considers Recommendation 3 to pilot packages of flexibilities in five or more COE countries representing diverse contexts, as a constructive way to progress this issue. No one size will fit every country and an openness to new ways of thinking and operating is important. The TERG notes that this would involve operational research to maximize the lessons learnt and that the newly constituted Independent Evaluation Panel (IEP) will have an interest and potentially a role in this.

4. The TERG fully endorses this recommendation and urges the secretariat to take up this recommendation for operationalization and ensure cross team peer learning of best practices and to consider all the recommendations during the NMF 4 grant negotiations.

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<td>3. Pilot packages of pre-defined flexibilities for five or more COE countries representing diverse contexts, to test whether an automatic/opt-out differentiated approach contributes to improved results within acceptable risk thresholds. These packages may include simplified funding request and reporting templates, fewer indicators, longer reporting timeframes, automatic limited liability clauses for implementers in high-risk areas, adapted allocation formula, increased budget flexibility, flexible reprogramming timeframes, and shorter approval timelines. This process can be reviewed for modification or scale-up for NFM5.</td>
<td>3. Mindful of donor’s understandable concerns that funds are not misused, the TERG considers Recommendation 3 to pilot packages of flexibilities in five or more COE countries representing diverse contexts, as a constructive way to progress this issue. No one size will fit every country and an openness to new ways of thinking and operating is important. The TERG notes that this would involve operational research to maximize the lessons learnt and that the newly constituted Independent Evaluation Panel (IEP) will have an interest and potentially a role in this.</td>
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<td>4. Ensure that practical examples of COE best practices with regards to flexibilities, innovation and partnerships are referenced in the OPN and routinely documented and disseminated, particularly in preparation for grant negotiations during NFM4, and throughout the funding cycle. Ensure that successful case studies – including examples of tools and templates used – are well known to support adapted replication and efficiency through additional documentation and wider stakeholder meetings.</td>
<td>4. The TERG fully endorses this recommendation and urges the secretariat to take up this recommendation for operationalization and ensure cross team peer learning of best practices and to consider all the recommendations during the NMF 4 grant negotiations.</td>
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### TERG Position on COE Evaluation Recommendations (3/4)

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| **5.** Provide clear tools and guidance to support the use of flexible partnerships and contracting mechanisms to encourage partnerships with organizations appropriate to the needs of each COE context in NFM4. This may include direct service contracts with the Secretariat, or blended financing and payment-for-results/direct facility funding contracts at the country level, drawing on best practices identified in COE and non-COE designated high-risk environment countries. It should also include clearer guidance on how the CCMs (or equivalents) and PRs should engage the humanitarian community.  
 **Who:** GF Secretariat.  
 **When:** In preparation for NFM4 grant making. | **5.** There is evidence that flexibilities are being utilized, new non-traditional partnerships are bearing fruit, and some innovations, such as the regional mechanism to address HIV, TB and malaria in the Middle East Response (MER), were evident.  
 **Flexibilities:** Country Teams – particularly core and focus countries – find the process for accessing flexibilities onerous, and along with country stakeholders and partners, and find the lack of guidance on possible flexibilities a barrier to using the policy  
 **Innovation:** The COE policy has facilitated some innovative and effective approaches to address COE contexts; however, they are not well known, which limits opportunities for replication, adaptation and scale-up.  
 **Partnerships:** The TERG notes and commends the Secretariat on the use of new non-traditional partners with its engagement in the humanitarian-development-peace nexus which has contributed to increased program coverage. |
| **6.** Ensure long-term (6 - 9 years) and contingency planning for strengthening resilient and sustainable systems for health in COE portfolios is undertaken jointly with partners and national stakeholders. Plans should be prioritized, recognize and address constraints specific to the COE context (e.g., social, political, economic, geographic, cultural aspects), define measurable indicators to assess progress, and provide clear roles for national stakeholders and partners.  
 **Who:** GF Secretariat with partner support.  
 **When:** During NFM4 | **6.** Contingency planning strengthening resilient and sustainable systems for health (Recommendation 6), The underlying weakness of systems is a recurring theme across most TERG evaluation. It is concerning that the evaluators found that RSSH activities were often deprioritized in the face of immediate needs and that this under investment has significant implications for sustainability. TERG strongly recommends ensuring Global Fund supports and makes impactful and sustainable cross cutting health systems strengthening investments. This should of course take into account the need to work with partners including the country government and communities to find the balance on health systems support and health systems strengthening in COE context. This requires a careful analysis for decision making within the Global Fund’s mandate to fight AIDS, TB and Malariae. |
**TERG Position on COE Evaluation Recommendations (4/4)**

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| 7. Facilitate participatory capacity strengthening planning to address underlying constraints to local ownership, leadership and implementation of grants. Work with appropriate partners (e.g., World Bank, USAID) to develop a grant management capacity assessment and planning tool to be used through a participatory process facilitated by the CT and COE Team with country-level public, private, and community stakeholders and partners to develop a country ownership plan.  
Who: GF Secretariat (Country Teams and COE Team), with partner support.  
When: Develop tool to roll out during NFM4, with plans to run through NFM5 and beyond. | 7. The TERG notes and commends the Secretariat on the use of new non-traditional partners with its engagement in the humanitarian-development-peace nexus which has contributed to increased program coverage. These partnerships will be of continuing importance as the number of displaced, mobile and migrant populations continues to increase and where there are spillovers from crises in one country to other countries and grant recipients. However, there are opportunities to deepen and expand these relationships |
| 8. Prioritize implementation of the prevention of sexual exploitation, abuse and harassment (PSEAH) operational framework, including the safety and security of key populations involved in Global Fund activities. In addition, GBV prevention and response requires special attention in COE portfolios. Ensure that COE country proposals identify SEAH- and KP safety and security related risks, and incorporate corresponding mitigation measures into program design, preferably through use of the SEAH risk assessment tool. Coordinate with the GBV cluster at the country level to determine how Global Fund investments can best to leveraged to mitigate the risks and consequences of GBV – a key contributing factor to HIV transmission in emergency and unstable settings – and other forms of violence and harassment against key and vulnerable populations.  
Who: GF Secretariat (A2F, with technical guidance from CRG), with partner support.  
When: During NFM4 grant making and early grant implementation | 8. The TERG endorses the recommendation to prioritize implementation of the prevention of sexual exploitation, abuse and harassment (PSEAH) operational framework, including the safety and security of key populations involved in Global Fund activities. TERG suggest that there should be requirement that all COE’s must address PSEAH in their applications. In addition, GBV prevention and response requires special attention in COE portfolios. Clarity and careful distinction have to be made on GBV, PSEAH to avoid any conflation of these issues that seem similar but are very distinct for appropriate measures and expertise to be used to address them. SRH-GBV "Intersection", then focus needs to be on the funding of objective 2 of the MISP "Prevention of sexual violence and responds to the needs of survivors" according to the Minimum Initial Service Package for Sexual and Reproductive Health (MISP). |
Equitable Access to Innovations
Key Conclusions on Evaluation on Innovation

1. There is a lack of a clear approach to supporting innovations, and specifically with regards to how equity in innovations access will be supported.

2. The Global Fund is not organized effectively to support innovations, with multiple teams within the Secretariat managing different aspects of innovations (technical, procurement, country engagement) and with limited coordination, accountability and differing incentives.

3. Several aspects of the Global Fund’s funding model do not naturally support innovations and there has been sub-optimal use of available “strategic levers” within the funding model.

4. While the Global Fund’s funding model is fundamentally demand-driven, there is a core need to guide and better inform the country demand for innovations for optimal outcomes.

5. The Global Fund’s comparative advantage with respect to country perspectives and insights on demand is not being adequately used to support market shaping, including through timely and accurate demand forecasts.

6. There is need for further clarity on how the Global Fund will work with partners to support innovations, as well as some key gaps in partner work to support scale-up by the Global Fund.

7. The Catalytic Funding initiatives have shown positive results with regards to demand shaping, as well as partner coordination and transitions. Several Strategic Initiatives and Matching Funding approaches have been successfully deployed to support the initiation and early scale-up of different innovations.

8. Innovations on service/program delivery and health systems management tools and processes (i.e., non-product innovations) face additional challenges. The diversity of these non-product innovations makes managing and supporting roll-out by the Global Fund more complex.
Recommendations on Evaluation on Innovation (1/3)

1. Develop a systematic approach to supporting innovations, alongside necessary organizational aspects
   • Provide a clear institutional sense of priority and direction on innovations
   • Assign roles and responsibilities across Secretariat teams, with associated communication channels and accountability frameworks and refinements to business processes

2. Pro-actively capture and analyze information on the introduction and scale-up progress of innovations
   • Create a systematic approach to capture and analyse data on innovations, in conjunction with partners
   • Create sub-indicators to KPI S10 for priority products that track scale-up by country against ambitious targets, in coordination with partners
   • Update the PQR database and include country performance/ results indicators on innovations, including on their equitable deployment, where feasible

3. Conduct ongoing strategic scanning to identify availability and need for innovations, and inform Global Fund support/ signaling
   • Improved knowledge base, in discussion and coordination with recipient countries:
     ➢ Mapping of the innovation landscape to identify and track evolving maturity of existing innovations + evidence on emerging innovations [= innovations availability]
     ➢ Analysis of existing portfolio of tools to fight HTM to identify impeding issues (e.g., disease resistance) that potential innovations could mitigate [= innovations need]
Recommendations on Evaluation on Innovation (2/3)

3. (cont.) Conduct ongoing strategic scanning to identify availability and need for innovations, and inform Global Fund support/ signaling

- Greater use of knowledge base:
  - Signal to global and country stakeholders about innovations expected to be supported by the Global Fund
  - Based on scanning, adjust and prepare own activities to support innovation

4. Optimize use of Global Fund “strategic levers” to support innovations including (i) market-shaping (ii) funding guidance, review and support (iii) catalytic investments (iv) funding modalities

Optimisation of strategic levers to be considered carefully within context of the Global Fund mandate, model and resource envelope

(i) Strengthening market shaping activities for product innovations – ensure the MSS is fully implemented, partner coordination (e.g., roadmaps), improve demand forecasting, engage early in manufacturer negotiations, explore use of volume commitments (or similar)

(ii) Improve funding guidance and review/ feedback to support demand creation for innovations – stronger guidance on use of innovations, stronger and clearly communicated TRP criteria, greater use of portfolio optimization, consistent and supportive messaging through CTs

(iii) Further strategic use of catalytic funding as appropriate

(iv) Reviewing the expansion and adaptation of other funding modalities to facilitate innovations - review of business processes & skillset to align with requirements to facilitate innovation
5. Strengthen the engagement & role of countries and communities within the identification and implementation of innovations

- Support access to funding for non-traditional recipients of funding (e.g., community-based organisations, private sector organisations)
- Encourage dialogue with countries in innovation pipeline, provide access to latest information & technical expertise, support cross country learning on innovations

6. Ensure more systematic partner coordination in support of innovations

- Ensure systematic, institution-wide and documented approach to Global Fund working with partners on innovations
- Early engagement by Global Fund to facilitate transition of partner work
- Strong collaboration with partners on cost-effectiveness data and evidence
- Seek out appropriate partnerships for non-product innovations

7. Strengthen consideration of equitable deployment within the support for innovations

- Develop a clear approach on how equitable deployment of innovations is considered going forward and collect data and information on equitable deployment of innovation
TERG Position on Evaluation on Innovation

The TERG considers that the evaluation was rigorous and endorses the key findings, conclusions and recommendations of the Evaluation. In addition, TERG wishes to highlight the following:

A. The draft KPI S10 requires further improvement as it doesn’t capture **measurement of associated equity** and **how innovative advances are differentially valued**. The Global Fund needs to consider whether innovation is best measured through some form of **regular qualitative assessment** that considers the **importance of specific innovations**, the **extent and speed with which scale-up has been achieved**, **how equitable deployment has been**, and the **effect of Global Fund actions and/or funded activities** compared to what would likely have happened in their absence.

B. Equitable access to innovation cannot be assessed until the Global Fund clearly **defines equity** for its purposes, and **develops protocols on how equity may therefore be measured**. This is a prerequisite for Recommendation 7.

C. Similarly, Recommendation 4 on optimizing use of strategic levers cannot be fully addressed until the Global Fund has carried out a **full review of the extent to which its funding modalities can/should be varied**, potentially implying **changes in business processes** and **alignment of skillset**. This includes assessing **how best to support and systematically facilitate innovation via output- and potentially outcome-based financing modalities**.

D. The TERG wishes to include in Recommendation 6 a significant focus on the need for **selection and prioritization of innovations** from among the wide universe of potential safe and efficacious innovations. This must be referenced to an assessment of the likely Value for Money of the innovations.
2022 Evaluations still to be completed
Evaluation of Data-driven Decision Making (DDDM)
Jointly conducted with an OIG audit

1. Summary objectives

• To map the Global Fund (GF) data investments since 2017 and to document the progress in data use for country programs at the country level as a result of all data-related investments;

• To identify, using a health system strengthening perspective, gaps, weaknesses/challenges that need to be overcome to improve use of data for decision-making at the country level for country programs and country-level hindering and enhancing factors; and

• To identify potential scalable activities in DDDM at country level and document good practices and concrete examples.

2. Main features

• Eight country case studies have provided the country-focused information from this evaluation. Half of the case studies were done remotely half, half in person.

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Next steps

• End-October: TERG position paper developed

• Post Nov Board (TBD): Position Paper/Secretariat Response at SC session
RSSH Mapping Exercise
(In collaboration with WHO)

1. Summary objectives

- To conduct a rapid review of GF’s approaches to RSSH tracking and categorization methods and tools, and compare this to other categorization schemes used to track HSS investments.

- To (i) analyze Global Fund investments in cross-systems and disease-specific areas over time, (ii) compare this with Secretariat reported RSSH funding, and (iii) determine what areas the GF supports in cross-systems funding.

- To, in a sample of fifteen (15) countries, (i) provide a granular assessment of the relative proportion and types of Global Fund investments in cross-systems and disease specific areas (ii) assess the alignment of RSSH investments to national health priorities, and strategies, and contributions to national systems and procedures.

- To draw together evidence from across the workstreams to make recommendations to support the operationalization of investments in RSSH under the new Global Fund strategy.

2. Main features

- A mix of granular analysis of budget and expenditure data on RSSH is designed for the country case studies, however as anticipated there are likely to be issues with access, availability and definitional challenges in some countries. Desk reviews and key informant interviews, are being facilitated by WHO country offices.

Next steps

- 15 November 2022: Final Report
- Post Nov Board (TBD): Paper
The last TERG meeting, held on 6 and 7 September, had a joint meeting with IEP, discussing:

- Contents and timing of next steps for C19RM evaluation
- Country Steered Reviews
C19RM Evaluation

1. Evaluation of the C19RM was originally conceived as needing three stages:
   • Phase 1 (May 2020 – May 2021): Completed and presented to the SC19 meeting
   • Mid-Term (May 2020 – Sep 2022)
   • End-Line (May 2020 – Dec 2023)

2. September Joint IEP/TERG meeting discussed the purpose and timing of having a mid-term evaluation starting at the end of 2022. Given the pace of C19RM grant implementation and changes being made, it was mutually agreed that, rather than having a dedicated mid-term evaluation, C19RM would become a deep dive topic for the end-line Global Fund Strategy (2017 – 2022) Review (Strategic Review 2022).

3. In order to have sufficient data to adequately assess the entirety of the C19RM expenditure the end-line evaluation would need to start in Q2/Q3 2024 as otherwise financial data especially will not be available to the evaluation team.
Country Steered Review
Methodology and preliminary results

Purpose: To seek guidance from (country) stakeholders on features and content of CSR tool.

Methodology:

• Online survey (response rate: 220/535 = 41%) from 9 countries across portfolios, GF regions, and other characteristics such as COE and ASP.
• Key informant interviews (n=52) from the same countries, plus global level stakeholders.

Discussion on tool options mentioned, for consideration:

• Opt-out of anonymity, questionnaire varies with grant cycle, possibility to give in-person information, feedback through CCM.

Next steps:

• Coding and analysis of the available KII and qualitative information from the completed survey.
• Complete stakeholder consultation report, with options for a CSR process and tool.
• Have feedback session with GF stakeholders on results and resulting tool options (November).
• Feedback and stakeholder consultation with direct input for tool development, to be ready (mid-December).
Thank you!