

36th TERG Meeting: Summary Report

5 – 7 September 2018

Nay Pyi Taw, Myanmar

Objectives of the 36th TERG Meeting

1. To understand the work of the PCE Myanmar in relation to Myanmar's programs;
2. To facilitate learning and sharing experiences between the eight PCEs, discuss modalities of informing and improving program implementations, and reflect at the midpoint of PCE period;
3. To assess preliminary findings to provide guidance and start discussing PCE synthesis from 2018.

Day 1

Opening session: PCE lessons learned and way forward

Chair: Jim Tulloch

In his opening remarks, TERG Chair thanked the government of Myanmar for welcoming the TERG.

The Director General of the Ministry of Health and Sports noted that with the Global Fund's investment, there has been a significant improvement in the fight against the three diseases and iterated the Ministry's support for the Prospective Country Evaluations (PCE). A statement sent by the Global Fund's Myanmar Senior Fund Portfolio Manager (FPM) echoed that the PCEs would facilitate continuous program improvement and contribute to better program implementation.

Various members of the Ministry presented on the objectives, current state of the three diseases and efforts in Myanmar, including through the Global Fund grants.

Session 1: Situation in Myanmar

Chairs: Helen Evans, Daniel Whitaker

Two Principal Recipients (PRs) gave detailed presentations on their respective grants for the three diseases in Myanmar and provided information on the regional grant arrangements.

Discussion

- Human resources are widely acknowledged as a significant challenge in the three diseases.
- The TERG inquired whether there has been an effort to have a comprehensive approach to community systems. It heard that some efforts are being made, for example, standardizing incentive packages for volunteers.
- Trade-offs had been discussed at the last TERG meeting; the TERG inquired about the country stakeholders' opinions on the trade-off choices which the Global Fund faces (i.e. programmatic and fiduciary risks).

Conclusions

- PCE analysis can look into availability and retention of human resources.
- Given the feedback received, the PCEs may be alert to, and comment on, the impact of trade-offs, for example, between strict management of risk and flexible program implementation.

Country application of results chains and emerging findings from the PCE in Myanmar

The Myanmar PCE team presented its results chain for tuberculosis, which included evaluation questions on finding missing TB cases, treatment coverage, and treatment success. It also addressed the eight thematic areas along the results chain¹. While it is too early for definitive conclusions on impact, the preliminary findings indicate that the Global Fund's investments contribute to improvement in finding missing TB cases. The PCE noted concerns surrounding absorptive capacity, as well as programmatic and financial sustainability.

Discussion

The TERG commended partners in Myanmar on achievements on the three diseases. It provided guidance to the PCE for taking the analysis forward, and shared the concern around human resources, a component of Resilient and Sustainable Systems for Health (RSSH). For instance, while the increase in the number of GeneXpert machines is a positive, there may still be insufficient human resources to operate these machines. There is also a need to understand concretely the issue of low absorption.

The TERG proposed further strengthening the analysis across the results chain, refining the impact questions and further adding challenging questions for the PCE to answer, which will increase the added value of the PCE.

Action points

- The TERG encouraged the PCE consortia to conduct, in a standardized manner, a multifaceted analysis on reasons why absorption is not occurring.
- The PCE consortia should work to further strengthen the analysis across the results chains and reflect this in future presentations.

Session 2: Midpoint reflection of PCE

Chair: Bess Miller

PCE achievement and preliminary plan for the remaining period

Following the TERG meeting, the PCE consortia will continue data collection for impact and process evaluation, focusing on gaps in the results chains. The consortia aim to finalize at least one detailed results chain per country with findings.

The PCE consortia gave some examples of how the PCE is already adding value:

- To country-level stakeholders, for instance in relation to use of sub-national data, as well as the stakeholder forums at the country level;
- Through noting how the Sustainability, Transition and Co-financing policy is applied at the country level; and
- Through the approach of synthesizing findings and recommendations from all PCE countries on annual basis.

The current funding of the PCE implementation is available through the first quarter of 2020. This would mean that approximately the last nine months of the grants implementation will not be tracked. Therefore, the PCE proposed at least to extend the evaluation to track this, analyze the final grant reporting, as well as the requirements for the next funding cycle.

¹ The thematic areas for all PCEs are human rights, gender, key populations, partnerships, country ownership, RSSH, sustainability and transition, and value for money.

Discussion

- TERG noted that the PCE now needs to provide expanded, in-depth analysis.
- The TERG inquired about how easily the PCE evaluators have been able to access the required data. This varies largely by country, and the TERG discussed potential solutions.
- The TERG reiterated the expectation that three disease results chains per country would be needed: the PCE responded that most will have more than one results chain.

Action point

The TERG to provide the consortia with a list of priorities for the next synthesis report.

Use of evaluation findings and program improvement modalities for the PCE

One of the PCE objectives is continuous improvement for programs. PCE teams discussed how to enable mid-course program improvement and real-time learning in a complex environment with multiple stakeholders and expectations, and health systems barriers. The PCE clarified also different communication strategies used by the consortia.

Challenges encountered:

- Timeliness: prompt approval of reports will lead to timely dissemination in country;
- Limited staff and funding for dissemination events;
- Translation of findings to recommendations, and recommendations to policy and actions²;
- Country flexibility to revise programs, and administrative process challenges.

Discussion³

The TERG is confident in the eventual success of these country evaluations. However, for the short-term, there is a need to unpack the PCE's added value and demonstrate how they avoid duplication.

The first PCE synthesis report has provided valid input for the allocation model discussion. Presently, the Strategy Committee expects the next stage of results and recommendations. Some of these will be directed at the Board or governance committee levels, and others to the country level.

The TERG appreciated the work on the results chains, which provides the PCEs with a common framework. Yet the results chain is an important tool but not an end product, and the PCEs need to provide analysis behind and between the results chains' links. The TERG noted also that so far, a number of pathways for each of the disease chains are lacking.

One of the important elements for the TERG to develop its guidance to the PCE teams is continued interaction between the two groups, facilitated by the TERG Secretariat. The evaluators are expected to provide insight on feasibility.

Action points

- The TERG would welcome PCE's observations on catalytic investment, if available.
- The PCE should address all the three diseases per country, and additional pathways should be elaborated in the results chains.
- The PCE needs to begin making robust recommendations to partners and to the Global Fund.
- The TERG should be informed if the PCE encounters challenges with buy-in in any context.

² Specifically, where the PCE's role fits in the context of national governments' actions.

³ In this session, TERG also shared guidance with the PCE from the TERG retreat.

Session 3: PCE early results and emerging findings

Chair: Bess Miller

The PCE presented a sample pathway (activities to impact) for the results chains for each country. The current status, findings and analysis, as well as the next steps were discussed.

DRC, malaria – The treatment pathway was presented. The PCE performed a process evaluation and observed certain implementation challenges:

- There is not yet a stock-out of supplies, but this risk exists.
- Despite best efforts, there is weak coordination between the PRs, as well as communication challenges. The PCE will continue to monitor effects of the delayed start of the sub-recipient (SR) activities.
- Data collected by disease programs are at times more accurate than HMIS data. Reporting seems to be improving, but parallel data systems are a concern.
- The flexible arrangements under the Challenging Operating Environments (COE) policy are not yet evident to the country.

The PCE evaluated also the performance-based financing, its successes and challenges, as well as effect on treatment outcome. The PCE informed the TERG of the co-financing situation. The PCE also portrayed that prevalence is declining, though not attributing this to a particular donor.

Discussion/ TERG guidance to the PCE

The TERG requested the PCE to see if there are false positive malaria cases which are being treated and recorded as cases, as this would have an effect on case numbers and quality of care.

The TERG inquired about the two data systems, and PCE clarified that HMIS is still weak and not very operational, especially for programmatic data. There is a definite effort to move to a single system.

The TERG asked the PCE to look into the described delays, and to see whether these reflect the Global Fund's processes, or country environment. The TERG further advised to consider the challenging operating environment and human resources for health. Lastly, more information on value for money should be provided.

Cambodia, HIV –

- In addition to success with the 90-90-90 targets, the number of ART facilities has increased, and there are investments in procurement and supply chain management.
- While the grant was signed and disbursed on time, PCE observed delays with the new PR and SR coming up to speed during early grant implementation.
- The PCE assessed human rights and gender barriers.

Discussion/TERG guidance to the PCE

- The TERG discussed with the PCE causes behind delayed disbursement.
- The TERG requested the evaluators to further check and triangulate the data.
- The TERG also urged the PCE to go beyond the current level of analysis, as well as to understand why a decrease in number of cases has been coupled with an increase in ARVs.

Sudan, malaria – the following key observations were made by the PCE:

- Limited capacity has prevented the direct implementers from being involved in decisions on setting priorities, including during the submission of the prioritized budget plans.
- Delays in RSSH implementation led to early re-programming for a number of reasons, for example, delayed disbursement of funds to the PR, and monitoring and risk management mechanisms for the new PR.
- Human rights and gender do not receive separate budget allocations, as stakeholders say malaria services can be accessed at every facility.
- The long lasting insecticidal net (LLIN) distribution and utilization maps are available. There are positive trends for LLIN utilization for women (including pregnant women) and children under five.

Discussion/TERG guidance to country evaluators

- The TERG appreciated information on delays, which can critically affect case management.
- Many bed-nets have been distributed, but utilization in some cases is very low, and the PCE should explore this as a high programmatic risk.
- The PCE should follow the reprogramming, which began recently.
- The PCE should also note if services may not be accessible to some, due to conflict or security concerns.

Uganda, malaria – The case management pathway of the malaria results chain was presented. The Global Fund is a major funder of malaria case management, 74% of grant funds for case management are for facility-based management of uncomplicated and severe malaria.

First procurement for malaria commodities was completed, but resulted in overstock, and funds were re-allocated as a result.

Root cause analysis of delayed implementation (Q1-Q2 2018) was performed, with the following identified: lack of clear Global Fund guidelines on SR selection; staff performance assessment – an innovation led by the government – leading to delayed staff contracts; long stepwise process for on-boarding public sector SRs that was not sufficiently considered; a new Global Fund policy on grant closure. Next steps for the evaluation: resource-tracking study, sub-national financial flows.

Discussion/TERG guidance to the PCE

The TERG noted that the PCE should generate added analysis or information that the programs and the country team do not have. Additional recommendations (in addition to the one on creating much clearer guidelines for the selection of SRs) drawn from the root cause analysis should be developed. Some additional suggestions were provided, such as to weigh root causes according to importance, perform a cross-country comparison between Uganda and DRC (as the same pathway was used), and look at whether Global Fund funded inputs are filling the existing needs in fighting the three diseases.

Guatemala, TB – The Global Fund is by far the most important donor to the TB response, while partnerships have played a strong role in addressing program bottlenecks.

- Overall, evidence shows that components of sustainability such as co-financing and government health information systems are improving for the TB and HIV programs.
- Expenditure on TB program per case cured is increasing.
- CCM functionality is a critical element for the Global Fund architecture, and a process was recently undertaken to re-engineer the CCM.

The PCE identified opportunities for methodological improvement in geographical prioritization, with a new approach⁴. The PCE would propose to add seven geographical departments and exclude three departments based on analysis of additional variables and trends.

Discussion/TERG guidance to the PCE

The TERG acknowledged the PCE for delivering on the prospective aspect of the evaluation and proposing a new methodology for the national TB program, with geographical prioritization, as well as for contributing to the Guatemala's TB funding request, building on lessons learned from the HIV funding request. The evaluators were encouraged to expand their analysis, including on community health workers' involvement in programs; consideration of indigenous populations in grant implementation; and parallel data systems. The TERG recommended to look at the long-term budget of the MoH and its capacity to sustain MDR-TB treatment activities, as well as opportunities to compare with Myanmar TB results chain – with special attention paid to TB in prisons.

Mozambique, malaria – presentation focused on the prevention pathway. Elements of the Global Fund's strategy are all targeted in the national grants, with a large proportion of activities and budget focusing on health promotion and disease prevention.

The evaluation questions were organized into two broad categories of vector control and case management. The Global Fund grants supported all LLINs, and the main challenge is storage and transportation in certain districts. Overall, from 2011 to 2015, progress has been made on approaching universal coverage of insecticide-treated nets (ITNs) in many provinces, while prevalence of malaria decreased. While there was a timely disbursement by the Global Fund, delay occurred at the country level when funds were transferred between different ministries.

Next steps for the PCE:

- Mapping of the indoor residual spraying (IRS) campaigns, and following the preparation of the next campaign.
- Assessing the impact of the 2016-17 mass campaign distribution of bed nets using new 2018 Malaria Indicator Survey (MIS) data⁵.
- Further exploring transmission in two provinces where the trend is worsening, despite progress on vector control.

Discussion/ TERG guidance to the PCE

- The PCE to note the factors associated with increase/decrease in insecticide resistance and any behavioral bottlenecks associated with low use of insecticides.
- The process mapping to signal the barriers to program implementation, for instance, exploring why and when ITN and other stock outs occur, as applicable.
- When mapping IRS, the PCE to keep in mind the criteria of when IRS is used.
- The PCE to check the epidemiological profile in the two provinces where transmission is worsening.
- The PCE to note to what extent the evaluation is affecting the implementation plan, if applicable.

Senegal, malaria – The PCE presented its preliminary findings for each stage in the malaria prevention impact pathway:

- There has been a decrease in cases and malaria prevalence, but the south remains a high burden area.

⁴ For the following indicators: percentage of individuals defined as “respiratory symptomatic”; TB incidence rate among incarcerated persons; treatment success rate in cases of sensitive TB.

⁵ In November 2018, updated information will be available from the MIS.

- There has been a reduction in Global Fund's investments, declining funding to the national malaria control program by nine percent.
- Distribution of ITNs occurred mostly in the north, and not in the regions with the most prevalence. There were however high distribution rates of LLINs to pregnant women in the high burden region of southern Senegal.
- Preliminary recommendations included:
 - To intensify the behavioral communication campaigns in high burden zones, and to increase the accessibility and use of ITNs in these regions.
 - To work with the health districts for sustainability, and to engage community leaders.

Discussion/ TERG guidance to the PCE

The discussion focused on the data strike in the country, how it can affect the program and the PCE, and potential mitigation. During the strike, health workers are collecting data but not sharing it. Additionally, more information on the activities and partners' coordination would be needed.

Plenary discussion: key points from general discussion on the disease results chains

- It is important for the PCE to look at the different funding streams in country, how they corroborate, and how the Global Fund is coordinating with partners and the government.
- How should the PCE focus on both impact and processes? It is important to focus on the Global Fund business model and processes. In addition, an in-depth analysis of the results chains, including outcome and impact, are also important.
- Within the frameworks of the disease results chains, the TERG would like to see also evaluation of cross-cutting and thematic areas. In general, the TERG noted that analysis of the components of RSSH was lacking.
- It is critical to look at the resource allocation at the country level compared to the disease hotspots. Are appropriate tools for this being used, and do they translate to better allocation decisions in the countries?
- PCE's strength of evidence is also very important.

Action points

- The PCE to hold off making conclusions regarding impact, and to collect more data.
- The PCE to analyze funding and commodity flows, as well as locations of facilities and interventions, to determine if services are adjusted according to disease prevalence areas.
- The PCE to provide deeper-level analysis on RSSH-related matters based on the three disease results chains.

Session 3 (continued)

Preliminary discussion on the operationalization of the Global Fund business model at country level

- Grant agreements and grant management actions are used as a mechanism to ensure that the Secretariat's concerns on grant arrangements and strategic priorities are addressed.
- A case could be made for some portfolio rationalization.
- There are substantial delays to initiation of grant implementation in most countries, and there is some evidence that certain policies and procedures (while often justified) delay it.
- There is evidence that fiduciary and programmatic reporting requirements take attention away from implementation.
- The experiences on the efficiency and functioning of the CCMs have been mixed.
- It is unclear how differentiated policies and practices are being implemented in countries (for instance, arrangements for COE, program continuation cases).

Discussion

- The TERG noted that the PCE can benefit from keeping abreast of Secretariat initiatives, such as the CCM Evolution. Moreover, the TERG is conscious that in many instances, the PCE can build on and triangulate the work already conducted by the Global Fund Secretariat⁶.
- Sub-national level assessments are quite important. This raises the issue of the Global Fund costs not being available at the sub-national level in most countries.

Action points

- The PCE needs to keep abreast of the Global Fund's work (with facilitation through the TERG Secretariat, as necessary).
- The PCE should understand how the CCM Evolution is applicable to the PCE countries.

Preliminary discussion on implementation of the Global Fund Strategy

RSSH (Strategic Objective 2) – While the Global Fund aims to improve RSSH, major gaps in health systems are not necessarily addressed. Other challenges:

- Global Fund shorter grant cycles may be less conducive to RSSH investments.
- There is varying evidence that RSSH grants are targeting areas supporting UHC efforts.
- At the grant implementation stage, the PCE noted historical challenges with absorption of funds, and delays in planned activities⁷.

Human rights and gender (Strategic Objective 3) – Preliminary PCE findings were consistent with those of the Strategic Review 2017: there has been progress in the Global Fund prioritizing these topics, but improved operationalization at the country level is needed. The PCE described, with select detailed examples, inclusion of human rights and gender in the eight PCE countries' grants. As next steps, the PCE will conduct a process evaluation of related activities, extend the results chains to make human rights and gender more evident, and analyze sex-disaggregated data from Health Management Information Systems, wherever possible.

Conclusions

- The PCE needs to continuously use Secretariat resources (i.e. the RSSH information note) and should also consider external tools which measure and assess countries (e.g., on UHC).
- Coordination and collaboration is essential between the PCE and thematic reviews (e.g., on RSSH). For any RSSH work funded by the Global Fund, the PCE should comment whether there is a long-term vision.
- Topics of human rights and gender span beyond the ministries of health, and PCE should look into implications for grants.
- The PCE should consider additional disaggregation for analysis, such as by geography.
- TERG discussed also if funds are a good proxy for progress towards addressing RSSH, human rights and gender.

The PCE provided the TERG with a methods update. The consortia are utilizing varied approaches to data collection and analysis, including meeting observations, document review, key informant interviews, resource tracking, root cause analysis, geospatial analysis and process mapping. Efforts at ensuring data quality include identifying outliers, missing data and data inputted in error. In

⁶ For instance, the tracking of time from grant signing to disbursement, or on implementation of the flexibilities for COE.

⁷ The PCEs are yet to synthesize grant analyses of RSSH investments across all PCE countries – key focal area for the next synthesis report.

2018-2019, one of the consortia will run a malaria data model to determine associations between coverage and impact using historical data.

Preliminary discussion on Value for Money (VfM), partnerships, and sustainability

Economy and efficiency – Early (and incomplete) analysis of Price and Quality Reporting data suggests countries have had mixed experiences in terms of prices paid for health commodities. Absorptive capacity continues to be a significant issue. Additionally, delays to grant implementation, and stock outs, have been noted.

Equity and effectiveness – Evidence is emerging that grants are targeted to increase access to health services, and to address the specific needs of key populations. While early interpretation of impact work suggests that Global Fund investments are contributing to impact, there may be an opportunity to increase their effectiveness by further targeting interventions based on sub-national epidemiological information.

Partnerships – There is positive evidence on partnerships and coordination in the PCE countries. For instance, in DRC, partners and donors were involved in the set-up of health mapping, and the national Performance-Based Financing strategy.

CCMs is seen a key mechanism for engaging partners, and stakeholders in many PCE countries prioritized CCM functionality as an evaluation question for the PCE. Therefore, the PCE proposed to add looking at functionality of the CCMs in the PCE countries. Other possible areas to explore further include the existing different partnership arrangements of the Global Fund.

Financial and programmatic sustainability – Both the Global Fund and the national programs pay increased attention to operationalizing sustainability. Yet while domestic commitments are increasing, decreases in external funding occur faster⁸.

Efforts to reduce parallel and/or fragmented systems have been reported. Challenges remain with programmatic sustainability for civil society-led activities when donor funding declines.

Discussion

- The TERG found the session useful to understand what the PCE can deliver. It is important to highlight what is innovative (i.e. sustainability analysis) and to explain further.
- The Global Fund Secretariat has likely performed work on allocative efficiency, which would be useful for the PCE. Similarly, there is on-going Secretariat work on CCM Evolution.
- The TERG would like to spend more time thinking about different models of technical assistance. It is also launching a thematic review on technical support partnerships.
- DHIS data may be used to validate what the disease programs are using. The PCE also should look into how the Global Fund is indirectly or directly contributing to DHIS.

Conclusion

Where relevant, important for the PCE to collaborate with on-going TERG thematic reviews, as well as Secretariat teams (i.e. the CCM Hub) to enrich the analysis.

Day 3

Executive Session

TERG discussed guidance to GEP and CEP, as well as future TERG thematic reviews.

⁸ There is however some evidence of financial planning to sustain programmatic gains, e.g. the 10 year roadmap between the government of Cambodia and UNAIDS.

- For explanatory power on RSSH, the PCE must look across the three disease results chains.
- PCE should place some level of focus on the most relevant thematic issues per country.
- The PCE should keep a pulse-check on program implementation: how things move forward and activities turn into outputs and outcomes.
- The TERG identified a risk of a narrowly focused assessment of one grant over time, while an aim is to improve business models.

TERG thematic reviews

The TERG is preparing a list of potential topics for future thematic reviews, and aims to categorize it, as well as to add proposed dates.

Closing session

Chair Jim Tulloch

The TERG acknowledged the PCE's progress and communicated the following guidance:

- All PCE members must understand the Global Fund model. This is necessary for robust evaluation, and the TERG and its Secretariat can support the evaluators on this.
- The PCE needs to focus now on analysis of grant implementation, e.g., adherence to work plans, enablers and inhibitors, and reasons behind low absorption and delays, if applicable.
- The PCE needs to move to an in-depth analysis of the results chains, looking across the three diseases (e.g., on RSSH) and for impact.
- The PCE needs to understand the roles and investment of other key donors and players in order to better capture the value of the Global Fund's contribution in country.
- Its prospective nature makes the PCE unique, and PCE should exploit this in full.
- The TERG encourages the PCE teams to build on the already available data to raise the level of analysis and feedback. The TERG Secretariat can help obtain data.
- Good relations and trust with the various stakeholders are essential to the PCE. Feedback to program is important, and should follow the PCE country-specific procedures or determine if an evaluator can provide feedback in their personal capacity.

There is a need to unpack and demonstrate the PCE's added value while avoiding duplication. This value lies in the PCE's "explanatory power" and level of analysis.

Action point

Following the meeting, the TERG to provide the PCE evaluators with further articulated guidance, including on added value.

Executive session

TERG agreed on future meeting dates.

Annex: List of participants

I. TERG members

Jim Tulloch (Chair)
Bess Miller (Vice-chair)
Abdallah Bchir
Beatriz Ayala Öström
Cindy Carlson
Daniel Whitaker
Elizabeth Moreira dos Santos
Erin Eckert
Evelyn Ansah
George Gotsadze
Godfrey Sikipa
Helen Evans
Kenneth Castro
Luisa Frescura
Maria Laga
Mari Nagai
Osamu Kunii
Peter Barron
Timothy Poletti

II. Resource persons

Bernardo Hernandez Prado (PCE/IHME-PATH)
Katharine Shelley (PCE/IHME-PATH)
Edgar Kestler Giron (PCE Guatemala)
Gilbert Asiimwe (PCE Uganda)
Salva Mulongo (PCE DRC)
Melissa Hewett-Marx (PCE/Johns Hopkins University)
Steve Harvey (PCE/ Johns Hopkins University)
Tavares Lopes Madede (PCE Mozambique)
Tidiane Ndoye (PCE Senegal)
Clare Dickinson (PCE/Euro Health Group)
Matthew Cooper (PCE/Euro Health Group)
Shaan Chaturvedi (PCE/Euro Health Group)
Nwe Nwe Aye (PCE Myanmar)
Aye Mar Lwin (PCE Myanmar)
Aung Nay Oo (PCE Myanmar)
Mon Mon (PCE Myanmar)
Mohamed Albirair (PCE Sudan)
Sokha Reach (PCE Cambodia)

III. Myanmar guests

Dr Thar Tun Kyaw (Director General, Ministry of Health)

Dr Thandar Lwin (Deputy Director General, Ministry of Health)

Dr Sithu Aung (Director Disease Control and Manager, National TB Program)

Dr Aung Thi (Manager, National Malaria Control Program)

Dr Daw San Hone (Deputy Director, National AIDS Program)

Dr Ikushi Onozaki (Medical Officer, TB, WHO Myanmar)

Dr Attila Molnar (Programme Director, UNOPS Asia Region, Global Fund PR)

Ms Antonia Powell (Programme Director, Save the Children, Global Fund PR)

IV. TERG Secretariat

Ryuichi Komatsu

John Puvimanasinghe

Sylvie Olifson

Sara La Tour

Seda Kojoyan

Jutta Hornig