

THE GLOBAL ELIMINATION OR ERADICATION ACCELERATION REVIEW (GEAR)

Process Description and Guide

INTRODUCTION

This step-by-step guide describes how to conduct the **Global Elimination or Eradication Acceleration Review (or “GEAR”) process** to assess a global disease elimination and eradication program.

The GEAR process may be adapted as an independent review for any disease-specific elimination or eradication program. It provides a framework to support teams in soliciting and analyzing feedback across the broad community of stakeholders involved in a disease elimination or eradication program, identifying the strengths of and risks to the program, and proposing areas for strategic improvement to increase impact. It builds on existing tools such as the WHO’s new Gap Assessment Tool and also provides useful feedback to partners providing technical support to national disease programs around the world. Ultimately, the purpose of the GEAR process is to improve and increase the efficiency and effectiveness of disease elimination and eradication efforts through applying an independent review and evaluation framework.

BACKGROUND

The [WHO 2030 NTD Roadmap](#) targets twelve diseases for elimination or eradication (E&E). To be successful in this next decade, the neglected tropical diseases (NTD) community will need to take a proactive and critical look at past experiences (both successes and failures), improve learning across the diseases and programs and build tools to help identify weaknesses to build stronger programs. The GEAR process and associated tools have been designed to facilitate this critical thinking and reinforce continuous learning to support all twelve NTD E&E programs included in the WHO Roadmap to stay on track to achieve their goals.

The GEAR process was designed by a small team from [Global Institute for Disease Elimination \(GLIDE\)](#) and [Bridges to Development](#). It is an independent review and evaluation method aiming to assess E&E programs based on what has and has not worked in past disease elimination efforts. The work began with the development of a [‘white paper’](#) reviewing disease elimination and eradication efforts which identified seven key risks to disease E&E programs. These findings were analyzed, and then presented for review at the Coalition for Operational Research on NTDs (COR-NTD) Annual Meeting (**October 2020**).

From **June 2021** to **May 2022**, the project team designed and tested the GEAR process and tools with the onchocerciasis community, selected as the disease program best suited to benefit from such a pilot. During that collaborative effort, the team developed:

- a **survey questionnaire** covering several facets of disease elimination
- and a series of **interview protocols** for key informant and focus group interviews;
- **an independent review process** drawing on an independent advisory group and engagement with a representative group of subject matter experts at various stages of the process

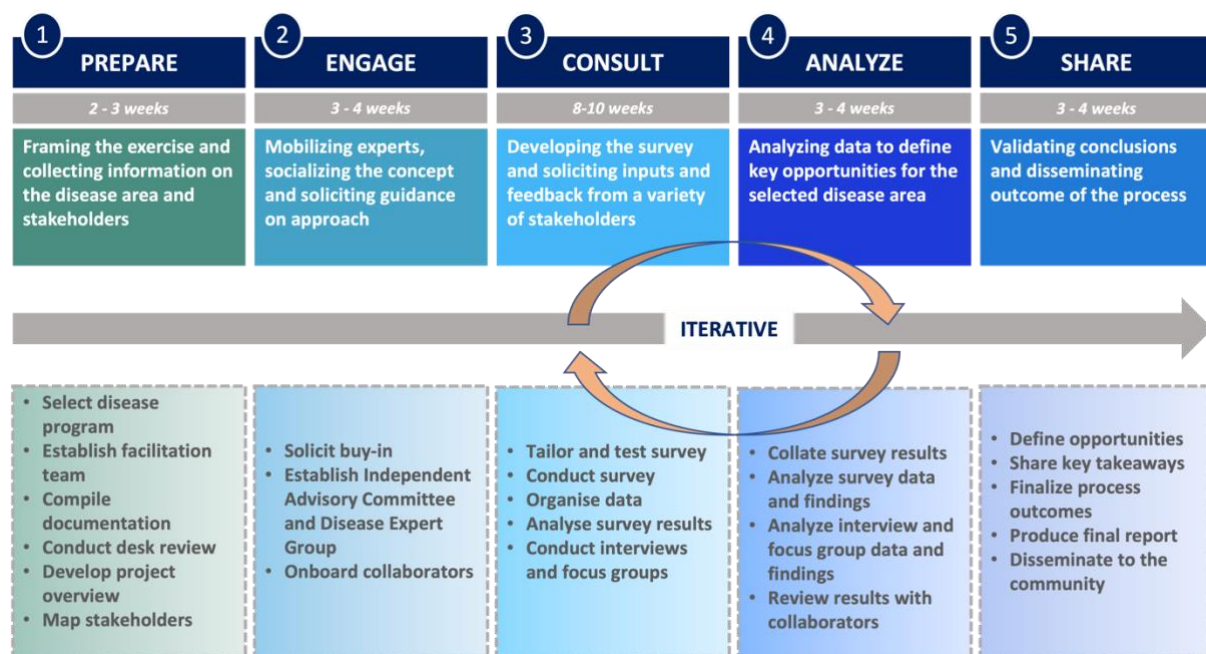
- a **synthesis of early learning and tools** for the GEAR process for use in other elimination and eradication efforts.

OVERVIEW OF THE GEAR PROCESS

The following sections describe each of the five steps of the GEAR process as depicted below. Each step proposes **specific tasks or activities** and offers factors to consider based on the oncho pilot.

Timing requirements are listed as approximations as this will likely vary greatly depending on scheduling availability, size of the facilitation team, etc. It is also expected that the GEAR Process Guide and accompanying resources could help shorten these target timelines for future processes.

Resources and tools developed during the pilot are available via hyperlink. These will need to be adapted as needed to the specific disease program under review.



GETTING STARTED

At the outset of the GEAR exercise, the following considerations will help shape the process, giving legitimacy and credibility to the outcomes:

- **Assuring independence:** an important principle for the integrity of the process is that it be free from undue influence from those who could have (or be perceived to have) a conflict of interest in the disease program or outcome of the review. While establishment of the independent advisory group is key, it is also important that the facilitation team include individuals with technical knowledge of the disease area, bringing valuable insights and relevant experience, while remaining neutral and objective during the evaluation.
- **Engaging knowledge experts:** as described in the Step-by-Step Guidance (below), a 'knowledge group' of disease area experts will bring invaluable perspectives and deep knowledge of the program. The group should be diverse in terms of geographic representation and roles within the program. This group will serve as an important sounding board throughout the GEAR process in interpreting the findings and supporting the analysis

to ensure the right questions are asked and provide useful feedback to the disease community.

- **Timing the process appropriately:** in planning the end-to-end timeline of the GEAR process, consider any upcoming events/existing opportunities that could be leveraged for community meetings (side events at ASTMH) or to help present and disseminate the findings and plan the process backwards to fit these dates.
- **Consulting early and broadly:** to help secure the 'buy-in' needed, build a consultation step to reach all relevant stakeholders. Manage this carefully so that a broad spectrum of views and experiences are heard as the plan is developed. Getting buy in from the key stakeholders at very beginning is key to a successful and smooth process.
- **Communicating effectively:** Consider different ways to communicate the purpose of the GEAR process to all stakeholders. Anticipate information needs and potential sensitivities across the stakeholders and think of ways to keep them informed and positively engaged throughout the process. Accommodate different language groups in communications and consultation to ensure meaningful participation and feedback.
- **Maximizing virtual meeting space:** Focus groups hosted online can support participation by diverse stakeholders, including some who may not be able to attend other in-person opportunities. Utilizing virtual platforms helps to control the costs and maximize participation in the GEAR process.
- **Learning and refining as you go:** To help improve the process for stakeholders and assure the most useful results, capture learning and adjust the process as needed. This also ensures that the GEAR tool continues to be improved, benefiting other disease programs that may use the tool in the future.

ROLES AND RESPONSIBILITIES

ENTITY	DESCRIPTION	ROLE
GEAR Facilitation Team	The team should be informed on the disease area selected, familiar with key stakeholders to enable effective engagement. As facilitators they should be objective and independent as they will design questions, support the participants understanding of different views across the community and guide discussions.	The facilitation team is responsible for the end-to-end coordination and conduct of the review. This team steers the whole process and oversees all the steps as described below. The team should be prepared to address any concerns raised by the disease community on the evaluation, and incorporate feedback into the design of the process
Disease Expert Group	The Disease Expert Group is selected from the stakeholder mapping exercise and should represent a diverse set of leaders in the disease community. It is important that the individuals bring varied expertise, including but not limited to implementation, donor, research, social science, and have experience working in the disease areas in relevant geographies	The disease expert group will ensure that the review process is adapted to the disease program under review. It provides insights into assumptions of current efforts, reviews materials, and can help ensure broad stakeholder engagement and robust input from across their networks. The experts review the analysis and advise on how to best present outcomes to the disease community to ensure most effective use of the findings.
Independent Advisory Group	The Independent Advisory Group is comprised of senior leaders from varied program areas and is intended to offer extensive experience valuable to the disease area under review. This group's experience should be beyond the disease area e.g., environmental, other E&E programs, sustainable development etc. It is important that selected leaders are independent and do not present a conflict of interest in the outcomes of a review of the selected disease area.	The independent advisors provide high-level and unbiased guidance to the facilitation team throughout the GEAR process and provide expert advice on the materials, analysis and outcomes to ensure the integrity of the process and findings.
Disease community stakeholders	Stakeholders from the disease community are those individuals and organizational bodies working in the disease program under review who bring valuable inputs to the GEAR process during the consultations. They are identified through a stakeholder mapping exercise that considers all elements of the program and geographies affected by the disease.	Disease community stakeholders share insights, knowledge and information with the facilitation team, expert group, and independent advisors, helping the GEAR process to identify the key challenges and opportunities for improvements for the disease program to address. This group will also receive the evaluation outcomes and determine the next steps required to act on the findings.

FIVE STEP PROCESS

STEP 1: PREPARE	
<p>Summary: Defining the scope of the evaluation and collecting relevant documentation to understand the disease landscape and inform the design of the process.</p> <p style="text-align: right;">Estimated time to complete: 2 – 3 weeks</p>	
<p>Expected Outcome: At the end of this first step, the team will have a clear vision of the GEAR process mapped out for the specific disease area selected. The team will be able to demonstrate an understanding of the key strengths and gaps in program from the desk review. Communication tools and a stakeholder map developed will be finalized and provide all the information needed to conduct the necessary outreach and present the process to the community.</p>	
1.1 Select disease program	<ul style="list-style-type: none"> • Select a disease program that could benefit from the GEAR process, considering: <ul style="list-style-type: none"> ○ When a disease program was last reviewed ○ Diseases which have established new program goals ○ Performance factors such as, recent disease outcomes or persistent challenges to achieving M&E goals ○ Availability and experience of team and resources to undertake the GEAR process ○ Interest of key partners to support engage around the selected diseases area • Opportunities to present findings
1.2 Establish a facilitation team	<ul style="list-style-type: none"> • See description of facilitation team in “Roles and Responsibilities” table above • Identify a small team of 3-4 individuals to steer the process • The facilitation team should be informed on the disease area selected and be able to map and engage with stakeholders. Refer to the “Roles and Responsibilities” table above for more details on this. <p style="margin-top: 10px;">Tools & Tips</p> <ul style="list-style-type: none"> • Anticipate the various language groups that will be engaged in the process and select team members with the appropriate linguistic skills
1.3 Compile documentation	<ul style="list-style-type: none"> • Collect background documents that are relevant to the disease area under review such as guidance documents from endemic countries, WHO and other technical agencies, elimination strategies, regional frameworks, M&E frameworks • Review any recent evaluations in the disease area, evaluations or studies conducted by partners on implementation programs which may provide insight into the E&E challenges within the selected disease area • Set up a platform to share documentation across the team <p style="margin-top: 10px;">Tools & Tips</p> <ul style="list-style-type: none"> • Examples of background documents reviewed for the oncho pilot include; WHO NTD Roadmap, Uniting Action Framework and WHO GA (country level tool), MERLA (RTI/ACT East tool)
	<ul style="list-style-type: none"> • Extract and note key findings from step 1.3 and familiarize the team with the disease context

<p>1.4 Conduct desk review</p>	<ul style="list-style-type: none"> • Confirm through reviewed documentation that the GEAR process for the select disease area will not duplicate work released by other agencies <p>Tools & Tips</p> <ul style="list-style-type: none"> • Key questions to consider when conducting desk review: <ul style="list-style-type: none"> ○ Are there any evaluation tools that currently exist for the selected disease? ○ What gaps exist in the evaluation and assessment of the selected disease? • Use Monitoring and Evaluation Review form as a guide
<p>1.5 Develop a project overview</p>	<ul style="list-style-type: none"> • Draft communication documents i.e., an introductory 1-pager and/or slides to explain the GEAR process to stakeholders which should clearly: <ul style="list-style-type: none"> ○ Outline the purpose of the independent exercise ○ introduce the facilitation team ○ Explain how GEAR differs from other tools (and how it adds value to similar work already completed) ○ Describe the different points of engagement for those interested in the process ○ Present how the outcomes will be shared with the community <p>Tools & Tips</p> <ul style="list-style-type: none"> • Identify any words/phrases that are key to the disease program but might be misconstrued, and provide definitions for these in the communication documents e.g., “partnership”, “program”, “stakeholders” • Use and adapt the provided communication materials from oncho pilot: <ul style="list-style-type: none"> ○ One pager describing the program ○ Template slide to build the overview ○ Frequently Asked Questions (FAQs)
<p>1.6 Map stakeholders</p>	<ul style="list-style-type: none"> • See description of disease community stakeholders in the “Roles and Responsibilities” table • Consider all elements of the program and geographies affected by the disease. Ensure that stakeholders from all areas are part of the review and stakeholder mapping • Identify relevant disease stakeholders, collaborators, and other groups to validate results, identify program gaps, and enhance community buy-in <ul style="list-style-type: none"> ○ Include relevant normative agencies (e.g. WHO, CDC, ESPEN) and key donors (e.g. philanthropic institutions, pharmaceutical companies etc.) • Analyze stakeholders, including threats and opportunities supporting effective engagement and buy-in • Create a spreadsheet to identify key stakeholders categorizing them by role within the disease community, level of influence, and potential value-add for interviews • Categorize stakeholders as survey respondents, focus group members, interviewees and those with whom the process will be discussed more generally • Plan and prioritize engagement of key stakeholders in terms of who is essential to engage early on <p>Tools & Tips</p> <ul style="list-style-type: none"> • Questions to consider when mapping stakeholders:

- Who are the key thought leaders in this area?
- Are there any actors whose buy-in will be essential to the process going forward?
- Use and adapt the [stakeholder tracking form](#) and the [stakeholder matrix](#)
- Continue to add stakeholders as they are identified while conducting the evaluation

STEP 2: ENGAGE

Summary: Mobilizing key experts, socializing the concept, soliciting guidance and feedback on approach.

Estimated time to complete: 3 -- 4 weeks

Expected Outcome: Formal/informal endorsement of process by normative agencies or thought leaders. An established Independent Advisory Group and Disease Expert Group, that represent diverse perspectives and expertise relating to the selected disease area. A well-defined onboarding process leading to well oriented participants that are clear on the objective of the process and their roles.

2.1 Solicit buy-in from normative agencies and leaders

- Using stakeholder mapping, confer with relevant teams at key institutions (e.g. WHO, CDC, ESPEN) and key donors (e.g. philanthropic institutions, pharmaceutical companies etc.) to inform them about the initiative and offer an opportunity to discuss and engage.

Tools & Tips

- Leverage the communication tools developed in Step 1, to enhance the understanding of the community stakeholders selected for engagement
- Address any questions or concerns and commit to open communication throughout the process to gain support.
- Mitigate the risk of skepticism and enhance community willingness to engage by garnering participation and buy-in from key institutions early to help steer the process
- Use the stakeholder map/tracking sheet to note the outcomes of the discussions and how each stakeholder will engage with the process

2.2 Establish a Disease Expert Group

- Use stakeholder mapping to select a group of up to 10 experts in the disease area as key opinion leaders to guide the GEAR process, as described in the “Roles and Responsibilities” table.
- Ensure diverse set of expertise in the group, including but not limited to those with experience in, implementation, donor, research, social science, and relevant geographies
- Draft a [Terms of Reference](#) document to outline expectations including but not limited to; providing insights on assumptions of the elimination or eradication efforts, reviewing survey questionnaire and topics for focus group discussion, validating survey distribution list, helping increase response rate (by promoting through their networks to ensure broad representation and robust input), consulting on the interview protocol, summary of data collected and on draft findings for feedback

Tools & Tips

- Identify, to the extent possible, clear expectation for time commitment and engagement of early in the process

2.3 Establish an Independent Advisory Group

- Create a matrix of potential program areas and experience that would be valuable to the disease area under review
- Identify senior leaders with experience in the program areas identified above. This group’s experience should be beyond the disease area e.g., environmental background, other E&E programs, sustainable development etc.

	<ul style="list-style-type: none"> • Ensure the selected leaders are independent and do not present a conflict of interest in the outcomes of a review of this disease area • Develop a Terms of Reference for the Independent Advisory Group <p>Tools & Tips</p> <ul style="list-style-type: none"> • Refer to and adapt the Terms of Reference for the Disease Expert group for the Independent Advisory Group • Review the Independent Advisory Group engaged in the oncho pilot and consider inviting them to contribute to the disease area selected • Provide avenues and opportunities for Advisory Group members to engage with the facilitation team if they are unable to attend scheduled meetings by e.g. sharing slides and recording meetings for them to provide inputs or feedback
<p>2.4 Onboard collaborators</p>	<ul style="list-style-type: none"> • Use the communication documents in Step 1 to onboard Independent Advisory Group and Disease Expert Group • Hold separate sessions to orient the experts, share expectations on the next steps of the process, and create space for initial discussions • Ensure strong buy-in and availability at key milestones of the process <p>Tools & Tips</p> <ul style="list-style-type: none"> • Use the project overview slide deck to present during onboarding • Outline a clear meeting agenda (see suggested template and examples)

STEP 3: CONSULT

NOTE: Steps 3 and 4 are iterative, once analysis is complete, additional consultations will be needed to validate and explore emerging themes

Summary: Soliciting input and probing for experiences and perspectives across the diversity of stakeholders. This step has two phases – the first phase involves collecting data through the survey, which is then analyzed (Step 4); the second phase builds on the analysis to inform a second consultation via one-on-one interviews and focus group discussions.

Estimated time to complete: 8- 10 weeks

Expected Outcome: The iterative consultation and analysis (Step 4) produce a collection of insights from a wide variety of stakeholders in the disease community which provide information into key risks/successes applicable to the global disease program. The facilitation team now has the necessary data from which they can identify key themes and opportunities for improvement to strengthen E&E approaches within the global program.

3.1 Tailor and test the survey

- Define and develop survey questions according to the selected disease area under review ensuring that they are designed to reveal the strengths, weaknesses and key risks to the program
- Translate the survey into relevant languages (as the experience of different language groups can vary within disease programs)
- Select an online survey platform (e.g., survey monkey, google form etc.) best suited to the purpose of the survey as each will offer different features
- Upload contents of the survey into the selected platform to test parameters and appropriateness
- Present survey to Independent Advisory Group providing high-level overview of themes and categories of the survey, length, method of analysis and demonstrate how questions will enable interview discussions
- Trial the survey with facilitation team and Disease Expert Group to determine if questions are clear; assess how results can be interpreted and visualized, identify any technical issues and gain general feedback
- Finalize the survey based on early feedback

Tools & Tips

- Review and tailor the [GEAR oncho questionnaire](#) as a starting point
- Avoid generic survey questions, feedback from the oncho Disease Expert Group was that specific questions garner the most useful information
- Consider the optimal way to aggregate and present the data as this will inform the design
- Consider various question and answer formats and select the most appropriate (e.g. multiple choice, Yes/No, sliding scale etc.)
- Limit open-ended answers in the survey, further insights can be gained in focus groups and interviews
- Tailor the survey to be applicable across stakeholders allowing more detailed questions to be skipped if not relevant to a recipient
- Consider the perspective of the respondents (e.g., national, local, global) and balance the survey questions accordingly

	<ul style="list-style-type: none"> • Avoid developing a lengthy questionnaire. Consider how long it may take to complete the survey and indicate this to respondents • Review translations carefully as translation can alter the meaning of the questions • Include optional comment boxes for respondents to provide additional detail. This can help to understand divergent answers or determine if questions were misinterpreted • Assign member of facilitation team to proof-read survey carefully before sign-off
3.2 Conduct the survey	<ul style="list-style-type: none"> • Using the stakeholder tracker, collate the email addresses of selected respondents • Share invitations via the survey platform or email, including information about the GEAR process and how the survey responses will be used • Invite stakeholders to participate in key languages • Provide a deadline for responses and the expected time required to complete the survey • Encourage participants to share the survey with others <p>Tools & Tips</p> <ul style="list-style-type: none"> • See example of invitation email used for oncho pilot • Send reminders a few days before the deadline to increase response rates • Select a focal point from the facilitation team to address any questions or comments about the survey
3.3 Organize data	<ul style="list-style-type: none"> • See STEP 4.1: ANALYZE to collate and clean-up results
3.4 Analyze survey results	<ul style="list-style-type: none"> • See STEP 4.1: ANALYZE to collate and clean-up results
3.5 Conduct 1:1 interviews and convene focus groups	<ul style="list-style-type: none"> • Identify relevant stakeholders who can provide insight into complex issues highlighted by the survey and categorize as individuals for 1:1 interviews or as members of a focus group set up according to themes relevant to the disease area • Determine which topics require a deeper dive and then identify which focus groups/individuals could provide valuable insight • Schedule and conduct 1:1 interviews and focus groups to solicit individual input that will help understand and identify emerging issues or opportunities • Plan how to make the focus groups/interviews consistent and aligned • Plan how to code the content coming out of the focus groups/interviews - to assist in identifying key themes and messages • Prepare questions for discussion which can provide valuable and quantifiable data • Clearly present data and findings from the survey as background to see if focus groups can help with interpretation of results • Solicit focus group input through online/in-person discussions • Note outcomes and if additional interviews or focus groups may be required based on the outcomes of the interviews <p>Tools & Tips</p>

	<ul style="list-style-type: none"> • Share background materials in advance • Establish a set format for the focus groups, e.g., focus group structure used in oncho pilot • Consider having in-person working sessions as focus groups where possible • Note that, hosting focus groups online, allows for the invitee list to be more inclusive • Limiting participation to no more than 10 people helps ensure more active participation • Virtual meetings allow for more flexibility e.g. to host a additional focus groups, or split a group to allow for more effective discussion • Invite at least 50% more people than you want to participate to account for last minute schedule changes or connectivity issues • Consider hosting separate meetings for different language groups to enhance participation • Allocate approx. 1 – 3 hours towards planning and conducting meetings. Consider the necessary time needed to conduct each interview and focus group to meet deadlines • Consider polling focus group members on key findings of the process so far to kick-start discussions around specific themes, see example poll used in oncho pilot • Allow adequate time for open discussion and call on people to contribute to ensure diverse voices are heard • Leave time at the end of the call for discussion and to go into more detail on responses • Take notes to identify key themes, areas of agreement/disagreement between participants
<p>3.6 Present findings to Independent Advisory/Disease Expert Group</p>	<ul style="list-style-type: none"> • Arrange meetings to present focus group and interview findings to Independent Advisory/Disease Expert Group • Solicit feedback from Independent Advisory/Disease Expert Group on: <ul style="list-style-type: none"> ○ The key-themes and outcomes identified ○ Where additional analysis or data may be needed ○ Interpretation of results ○ Presentation of results • Improve data and presentation <p>Tools & Tips</p> <ul style="list-style-type: none"> • Consider adapting and utilizing meeting agenda to share GEAR oncho findings with these groups • Share the material in advance and opportunities identified • Provide ample time to review findings; host support session(s) for experts to discuss if more information is needed

STEP 4: ANALYZE

Summary: Analyzing data to assess and understand the risks and challenges in achieving the disease elimination or eradication goal. This step also has two components: the first step involves analyzing the survey results to inform interview and focus group discussions, the second step is to conduct analysis of inputs from the interviews and focus groups.

Estimated time to complete: 3 – 4 weeks

Expected Outcome: Findings of the survey, focus groups and interviews are analyzed, interpreted, consolidated, and shared with the Independent Advisory/Disease Expert group for input. Feedback is incorporated and reflected in subsequent consultations in focus groups and interviews. Opportunities for E&E strengthening for the selected disease area begin to take shape.

4.1 Organize data

- Determine the best approach and tools needed to analyze the data collected in the survey
- Note the average responses for each question
- Identify if any questions were routinely skipped
- Identify if there were divergent responses to highlight outliers or questions that respondents may have had difficulty interpreting

Tools & Tips

- Simple analysis in survey platforms e.g. Survey Monkey are usually sufficient to conduct a preliminary review of data and identify basic trends in responses
- Plan to leverage the Advisory/Disease Expert Groups to provide an objective review of findings and to highlight where additional inquiry might be needed
- Consider presenting only the most relevant data to specific groups e.g. during the oncho pilot following request of WHO, outcomes were split in two, partnership or program related issues

4.2 Analyze survey data

- Review links between respondent backgrounds and survey responses including e.g.:
 - Language
 - Geographical areas
 - Years of experience in the disease areas
 - Type of organization
 - Professional background
 - Basic knowledge question
- Examine survey responses at either end of the spectrum to identify areas where disease programs may need to be improved or where they have been successful
- Review divergent responses that may need further clarification or exploration in interviews or focus groups
- Develop a slide deck to share findings with the Independent Advisory/Disease Expert Group presenting:
 - A general interpretation of the results (without conclusions)
 - What gaps in the disease program have been identified?
- Hold consultation meetings with Independent Advisory/Disease Expert Group to present findings and request inputs on:
 - Areas of risk identified through survey results
 - Which stakeholders to engage to gain more insight into the results

	<ul style="list-style-type: none"> • Identify if anything is missing from the current findings and if so, develop follow-up questions based on survey results (especially where there are divergent answers) <p>Tools & Tips</p> <ul style="list-style-type: none"> • Extract key findings and plot them in a graph cross referencing key risk areas e.g.; tools, knowledge, strategy, partnership, research agenda
<p>4.3 Consult stakeholders on findings and solicit inputs</p>	<ul style="list-style-type: none"> • See STEP 3.5 CONSULT Conduct 1:1 interviews and convene focus group
<p>4.4 Analyze findings from Interviews and focus groups</p>	<ul style="list-style-type: none"> • Extract key themes and summarize key findings from interviews and focus groups to present alongside the survey results • Use analysis to determine if interview questions were well positioned and make amendments where necessary. Apply new approach in subsequent interviews for consistency • Examine divergent responses and investigate what they imply about the program • Leverage survey data and assessment to inform questions and approach for interviews and focus groups <p>Tools & Tips</p> <ul style="list-style-type: none"> • Consider using a tool such as a qualitative analysis structure (<i>A Guide to Improving MDA Using Qualitative Methods, RTI International</i>) to gather key themes from focus groups and interviews • The oncho pilot revealed variation in responses across Francophone, Anglophone and Lusophone countries, therefore accommodating participation of different language groups is essential
<p>4.5 Define the opportunities for strengthening the selected disease area’s EE program</p>	<ul style="list-style-type: none"> • Consolidate all data and inputs from stakeholders to develop presentation to the disease community on “opportunities” identified through the process • Assess strengths, weaknesses and gaps in the results • Identify the opportunities for the disease community to address and overcome challenges to E&E for the selected disease area based on findings from the survey and deliberations of the Disease Expert Group and the Independent Advisory Group <p>Tools & Tips</p> <ul style="list-style-type: none"> • Keep in mind that the focus of the exercise is to present the findings about the risks and not to prioritize or present solutions to the challenges found • The disease community will be responsible to consider these findings and agree on recommended next steps together and prioritize based on importance and feasibility of addressing the challenges.

STEP 5: SHARE

Summary: Validating conclusions with Independent Advisory/Disease Expert Group and identifying opportunities for program improvement. Importantly, the findings from the evaluation should not aim to solve the problems but rather to share key areas of risk to the program with the community so that they can look to create solutions.

Estimated time to complete: 2 - 3 weeks

Expected Outcome: The GEAR independent review and evaluation on the selected disease area is complete and the findings have been effectively communicated to the relevant stakeholders in the disease community and easily available for reference online.

5.1 Produce final report

- Capture the findings of the evaluation in a final report, highlighting opportunities to support actions and next steps to strengthen the program and increase impact

Tools & Tips

- Review the [Case Study from the Oncho GEAR Process](#) and consider using this as a possible report format

5.2 Disseminate results to the community

- Following recommendations from Disease Expert and Independent Advisory Group, share findings with the relevant communities:
 - Plan for a workshop to share the findings with the community
 - Consider the audience with whom you want to share the findings (e.g. WHO STAG group or a WHO M&E working group)
 - Consider where the findings will be the most useful
 - Consider adapting the [agenda and presentation](#) from the meeting to share findings from the oncho GEAR process

Tools & Tips

- Develop brief to capture general findings
- Target events to present findings
- Reach out to networks to disseminate findings
- Ensure the readout to the disease community is accessible to everyone that was engaged throughout the process, i.e. inform all survey recipients
- If readout to community is at an event, aim to have this accessible to the endemic countries (if online, in a favorable time-zone)
- Engage with the relevant WHO team(s) to enhance uptake of the results while maintaining that the facilitation team remain an independent broker in communicating the findings
- Find a home or platform for the findings to be accessible (.i.e. online site) by disease community

GEAR RESOURCES

The following resources are examples, each GEAR process should adapt the following tools for application to the selected disease area.

COMMUNICATION MATERIALS	
	One - pager
	Overview Slides
	Frequently Asked Questions (FAQs)
DESK REVIEW	
	Monitoring and Evaluation Review form
	Stakeholder Tracking form
	Stakeholder matrix
CONSULTATION WITH INDEPENDENT ADVISORY GROUP AND DISEASE EXPERT GROUP	
	Introduction meeting agenda – Independent Advisory Group
	Introduction meeting agenda – Disease Expert Group
	Terms of Reference – Independent Advisory Group
	Terms of Reference – Disease Expert Group
SURVEY	
	Survey questionnaire (word format)
	Introductory email for survey
FOCUS GROUPS & INTERVIEWS	
	Focus group and interview structure
	Focus group presentation (including agenda)
	Focus group poll
	Interview presentation
ANALYSIS	
	Qualitative Analysis Tool (From “A Guide to Improving MDA Using Qualitative Methods”, RTI International)
	Presentation and meeting agenda for presentation of findings (Part 1 Background) (Part 2 Findings)
PRESENTING FINDINGS	
	GEAR Oncho Pilot Case Study (English) (Française) (Português)
	Presentation from oncho community readout