

2020-2022 Technical Review Panel Observations Report

July 2022

Table of Contents

EXECUTIVE SUMMARY	4
Strategic focus	4
Technically sound	4
Potential for impact	5
HIV	5
TB	6
Malaria.....	6
Maximizing people-centered, integrated systems for health to deliver impact, resilience and sustainability .	7
Maximizing the engagement and leadership of most affected communities to leave no one behind.....	8
Maximizing health equity, gender equality and human rights	8
Mobilizing increased resources	9
Contributing to pandemic preparedness and response.....	9
OVERVIEW OF THE 2020-2022 ALLOCATION PERIOD	11
OVERALL CONTRIBUTION OF FUNDING REQUESTS TO THE GOAL OF ENDING AIDS, TB AND MALARIA	13
TRP observations on strategic focus of funding requests	13
TRP observations on the technical soundness of funding requests	15
TRP observations on the funding requests' potential for impact	16
TRP observations on HIV funding requests	16
Prevention	16
Testing and treatment	17
Key populations and affected communities.....	17
Human rights and gender.....	18
Integration of reproductive, maternal, neonatal, child and adolescent health with sexual and reproductive health and rights programs.....	19
HIV/TB	19
TRP observations on TB funding requests.....	20
Cascade of prevention, diagnosis, treatment and care.....	20
TB and COVID-19	21

Key and vulnerable populations and affected communities	21
TRP observations on malaria funding requests	22
Faltering progress in malaria control	22
Community case management.....	22
Data informed prioritization	22
TRP OBSERVATIONS ON POTENTIAL CONTRIBUTIONS TO 2023-2028 GLOBAL FUND STRATEGY MUTUALLY REINFORCING CONTRIBUTORY OBJECTIVES	24
Maximizing people-centered integrated systems for health to deliver impact, resilience and sustainability	24
People-centered, integrated quality services	24
Community-based service delivery and community-led monitoring.....	25
Maximizing the engagement and leadership of most affected communities to leave no one behind.....	26
Communities at the center of programs	27
Sustainability and public financing of services provided by community and civil society organizations	27
Maximizing health equity, gender equality and human rights	28
Health equity.....	28
Gender equality and human rights	29
Prevention of sexual exploitation, abuse and harassment	30
Mobilizing increased resources	31
Overall catalytic effect of funding requests	31
Leveraging partnerships	31
Transition and sustainability	32
Value for money and innovative financing approaches.....	32
Contributing to pandemic preparedness and response.....	33
Leveraging COVID-19 and multi-program investments	34
Community engagement and leadership, gender equality and human rights	34

Executive Summary

During 2020-2022 allocation period, the Technical Review Panel (TRP) recommended 195 funding requests for grant-making – a record allocation of US\$12.618 billion. Additionally, twelve requests (6% of the total) were iterated following review, and applicants were requested to resubmit these requests for a second TRP review prior to grant-making. The TRP also reviewed US\$6 billion in prioritized above allocation requests, resulting in a total of US\$5.7 billion being added to the Register of Unfunded Quality Demand. Furthermore, the TRP provided independent technical review for US\$878.5 million of catalytic funding investments: 15 Strategic Initiatives developed by the Secretariat, six multi-country requests, and Matching Funds proposed alongside 53 funding requests.

The TRP commends applicants for their strong funding requests which described programs that were strategically focused, technically sound and poised to deliver value for money and impact towards ending AIDS, tuberculosis (TB) and malaria. The TRP offers the following observations to assist applicants and their technical partners as they prepare future funding requests:

Strategic focus

- Most applicants aligned funding requests with national disease and health sector strategic plans and built on the challenges, results and impacts of national programs, and/or previous Global Fund investments.
- However, many funding requests included a large number of modules and interventions, with investments not sufficiently prioritized towards the highest impact interventions within the specific country context, in respect of epidemiology, available resources, and cross-cutting challenges.
- The TRP encourages applicants to prioritize modules and interventions, and to define a tighter strategic focus of programs using robust disaggregated data. Investments should focus on populations that are inadequately reached by prevention interventions and those populations that lack access to, and/or show lower retention in treatment and care services. In addition, applicants are encouraged to prioritize interventions that address related social determinants of health, including human rights and gender equality barriers and system weaknesses, as well as selecting investments that will ensure value for money and sustainability.

Technically sound

- Most funding requests were based on data of high quality and described scientifically robust, evidence-based approaches, aligned with normative guidance and national guidelines.
- However, the TRP still found funding requests that failed to prioritize epidemiologically appropriate interventions to improve equitable access to prevention, diagnostics, care and treatment services among, and led by, key and vulnerable populations. Too often these were relegated to the prioritized above allocation request (PAAR).
- Emerging evidence-based innovations that will improve the quality of people-centered services and programs need increased attention in funding

requests. Technical partners should support early adoption, scale-up, and equitable implementation of new normative guidance and guidelines and they should facilitate access to better prices for new health products.

- Comprehensive, rather than *ad hoc*, plans for technical assistance are needed to build sustainable local capacity. Regional and local technical support providers, or providers from implementer countries, should be used wherever possible, rather than costly international technical assistance.

Potential for impact

- The TRP found encouraging investments in high-impact, cost-effective interventions, including efforts to deploy available new tools and innovations. However, investments in prevention, especially for HIV and TB, were inadequate.
- The TRP found 91% of funding requests to be of good quality, and they were strongly aligned with national priorities. However, responses to inequities were insufficient and funding requests were weakest at addressing gender equality and human rights, with only 55% addressing gender-related barriers to services and 62% focusing on human rights. While the TRP was pleased with the notable improvement in addressing human rights barriers compared to the last cycle, the TRP is concerned that attention to gender equality remains weak and is not improving over time.
- The TRP also remains concerned that investments were overly focused on direct support instead of catalytic use of Global Fund resources within the overarching funding landscape to improved HIV, TB and malaria programs while strengthening health and community systems.
- In order to maximize impact, all countries should address sustainability, by focusing on the efficient use of Global Fund and other resources; integration of services; increasing and sustaining domestic resource mobilization; and using innovative mechanisms and co-financing arrangements.

HIV

- HIV funding requests presented strong testing and treatment programs, well aligned with WHO guidance, and included innovations such as self-testing, multi-month dispensing and virtual consultations – often leveraging opportunities created by the COVID-19 pandemic.
- There were challenges reaching the “last mile” in countries close to 90-90-90/95-95-95 and reaching underserved populations, in particular males, children, and key populations.
- The TRP was pleased to see more focus on key populations and adolescent girls and young women (AGYW) in the analysis that underpins funding requests. However, many requests did not consider all the key populations identified in normative guidance. The TRP also observed insufficient attention to intersectionality and the connections between various key populations. Few funding requests disaggregated key populations by gender, and those considering AGYW hardly ever paid attention to the overlaps between sub-groups of AGYW and key populations (e.g., AGYW who inject drugs).
- While there was commendable improvement in prioritization of HIV prevention relevant to local contexts, investments for key populations remain insufficient, especially for community-led interventions which tended to be in the PAAR. Overall, there was only a modest increase in those investments in key populations since the previous cycle.

- Applicants are encouraged to prioritize sustained, optimal coverage of high impact interventions targeted to key populations and AGYW. This includes greater investment to address human rights and gender-related barriers to achieve impact, including legislative barriers, such as criminalization.
- The TRP saw promising examples of integration, in particular with reproductive, maternal, newborn, child and adolescent health (RMNCAH) programs, but still not enough focus on sexual and reproductive health and rights (SRHR), even within prevention of mother to child transmission (PMTCT) programs. Prevention and mitigation of sexual and gender-based violence was infrequently prioritized for funding.
- Some stronger approaches to address HIV-TB coinfection were noted, yet most funding requests continued to present fragmented approaches to investing in HIV and TB prevention and treatment, and weak integration of HIV-TB services. While HIV key populations were relatively well defined, they were insufficiently described for TB and very few programs had an adequate analysis of gender.

TB

- Many TB programs maximized synergies with COVID-19 through bi-directional screenings, digital tools for treatment adherence, accelerating existing tools and innovations such as GeneXpert and computer-aided diagnosis, and deploying TB community members trained to also respond to COVID-19.
- The TRP appreciated that there was a TB cascade analysis in most funding requests and gradual improvement of TB diagnostic and treatment services. While funding requests showed increased prioritization of policies and guidance on TB prevention, the TRP is concerned that implementation of TB preventative treatment (TPT), especially shorter regimens, remains low.
- Applicants are encouraged to access more support to plan and implement interventions to prevent TB, and to diagnose and retain key and vulnerable populations in treatment and care, using detailed situational and data-driven analysis.
- Data and approaches for pediatric TB also need more attention, including availability and use of pediatric TB treatment, healthcare worker training to identify pediatric TB, robust contact investigations that include children and widespread adoption of TPT.
- The TRP is concerned that relatively few civil society and community-led TB organizations are mentioned in the development of TB funding requests and/or implementation. Community mobilization requires more investment, with greater attention to community health workers (CHWs) for TB and community health activities.

Malaria

- Malaria cases and deaths have remained high or significantly increased in many countries. Sustained, optimal coverage of high impact interventions, such as appropriate vector control and universal access to diagnosis and treatment among most at-risk populations, should be prioritized before considering other interventions.
- The TRP was pleased that many funding requests used microstratification to inform interventions in high-burden, high-impact countries, through the support of WHO and other technical partners. However, funding requests could be improved by using localized surveillance, monitoring and evaluation to guide the tailoring and targeting of malaria prevention and treatment interventions to maximize coverage and impact on burden reduction.

- The TRP was encouraged that some funding requests also included solid analyses with disaggregated data based on human rights and gender assessments that the country had conducted. This is an increase on previous allocation cycles, but still not universal. The TRP encourages countries to use the Malaria Matchbox Tool, and other tools, to capture and use disaggregated data for programming.
- The TRP saw many good examples of CHWs as part of integrated community case management, yet there was inadequate harmonization and integration with CHWs focused on maternal, newborn and child health.

Looking forward: Based on reviews in the 2020-2022 cycle, and noting the above contributions of funding requests to the primary goal of ending HIV, TB and malaria, the TRP also has the following high-level observations on how future funding requests could contribute to the mutually reinforcing contributory objectives of the new 2023-2028 Global Fund strategy:

Maximizing people-centered, integrated systems for health to deliver impact, resilience and sustainability

- Many funding requests described community systems and efforts toward people-centered, integrated systems for health, yet disease-specific interventions, especially for key and vulnerable populations, remained vertical with limited integration within systems for health. Stigma and discrimination in mainstream public health systems often create barriers for key and vulnerable populations to access integrated services. Notwithstanding this, the TRP has observed that funding requests failed to consider a holistic approach to health, addressing wider issues such as co-morbidities and mental health.
- Many funding requests stated that they planned to address “quality”, but few invested in monitoring and measuring the “quality” of services provided. Community-led monitoring is an important part of this approach that the TRP encourages applicants to invest in.
- Community systems and responses are incorporated in many funding requests, yet these investments are limited and overly focused on CHWs rather than the full scope of community infrastructure and services envisaged. CHWs are an essential health systems component – not solely related to community systems – yet the scale of investment in funding requests is currently not commensurate with the level of ambition envisaged and certainly not for CHWs employed by community organizations, including services led by key and vulnerable population peers.
- The TRP is concerned that few funding requests made adequate investments in the health policy and systems needs required to optimize CHW programming and to align with WHO guidance. Applicants are encouraged to develop longer term plans and execute viable sustainable financing pathways.
- The TRP encourages implementer governments to increase financing – from domestic sources as well as Global Fund investments - for comprehensive community systems, including for community-based organizations and service delivery led by key and vulnerable populations and most affected communities, as well as for CHWs of all types.
- More broadly, the TRP urges implementer governments to increase domestic health financing and to strengthen public financial management systems.
- Government leadership, working in partnership with relevant stakeholders, is essential to design and operationalize policies and practices that will place people at the center of quality services.
- People-centered HIV, TB and malaria services should be incorporated into the essential healthcare service package under universal health care schemes, including through private sector participation.

- The TRP encourages applicants to prioritize strengthening of core health system functions, including procurement and supply chain management and the provision of essential health services, prior to investing in new technologies that often require extensive support before being fully integrated into health systems.

Maximizing the engagement and leadership of most affected communities to leave no one behind

- The TRP was pleased to see increased attention to the active engagement and leadership of communities in the development of funding requests and national strategic plans (NSPs), but noted this is still mostly focused on HIV. The TRP expects to see increased efforts to include and build effective community engagement and leadership in planning, implementation and monitoring of TB and malaria programs.
- Few funding requests were focused and structured to meet the holistic needs of affected communities, especially key and vulnerable populations. The TRP encourages integrated, holistic services, in particular programs with the active and meaningful engagement of communities, and programs led by people with lived experience of HIV, TB and malaria.
- Sustainability plans should include public funding and contracting mechanisms (often known as “social contracting”) and co-financing for civil society and community-led advocacy, monitoring and other functions. All are critical for government accountability, political commitment and quality of services, especially in countries planning for transition from Global Fund support.

Maximizing health equity, gender equality and human rights

- An increasing number of malaria funding requests recognized socio-economic inequity that makes people more vulnerable to severe cases of malaria, as well as the special vulnerabilities and barriers to accessing services among cross-border populations and migrants.
- TB care and prevention among migrant, mobile, refugee and cross-border populations also received increased attention, but differentiated approaches to reach identified populations were inadequate. In particular it was difficult to guarantee prevention interventions and continuity of care of migrants and migrant workers due to insufficient inter-country coordination and collaboration, and limited incentives to work across borders. This was also seen in some multi-country funding requests.
- The TRP noted increasing commitment to address issues related to equity and equality in all three disease programs, especially to meet specific needs of key and vulnerable populations. The TRP also appreciated the increased use of globally recognized tools to assess human rights and gender-related barriers. Yet too frequently, interventions to address the issues were insufficient to meet the scale of need, were siloed, and often included in the PAAR.
- Few gender assessments considered all genders. Funding requests rarely addressed the needs of transgender, non-binary and gender non-conforming people, and where they did, often their needs were still (inappropriately) combined with those of gay men and other men who have sex with men. In other funding requests “gender” seemed to be interpreted as “women and girls” rather than, for example, considering the needs of men who are highly vulnerable to TB and designing programs to address their weak health seeking behavior.
- The TRP remains concerned that the gender assessments that were conducted rarely translated into well targeted services and interventions with metrics to monitor outcomes. Too few funding requests considered the wider determinants of poor health, including racial, indigenous and ethnic inequities in access to services.

- Regular collection, update, analysis and use of disaggregated data is critical to identify intersectional gaps. Disaggregation should consider socioeconomic status, age, gender, race, indigenous and ethnic background, education and other epidemiologically relevant demographics. The resulting analysis should be used to propose relevant interventions, with corresponding budget set aside in the allocation budget.
- The TRP recommends applicants analyze and mitigate financial barriers to access, especially among economically disadvantaged populations, including removal of user fees, or integration of HIV, TB and malaria services in universal health coverage schemes, to achieve greater equity, mitigate poverty and improve access to services.

Mobilizing increased resources

- The TRP was pleased to see data from funding landscape and gap analysis tables being used to direct funding and programming to critical areas. However, it was often challenging for the TRP to detect the catalytic effect of Global Fund contributions and to understand how Global Fund resources aligned with and complemented other sources of funding, domestic and external. In some cases, Global Fund financing was insufficiently aligned with other external and domestic resources.
- Funding request documents should prompt applicants to provide information on the overall funding of systems for health including main stakeholders, health financing analysis and reforms, and how Global Fund investments are integrated. Applicants should also provide information on overall health sector performance and efficiency, including health financing indicators, in performance frameworks.
- The TRP encourages applicants to minimize spending on program management, while strengthening the capacities of systems for health to deliver quality services, including through the harmonization of salaries and rationalization of the use and distribution of salary supplements.
- Many funding requests had an overemphasis on commodities and short-term support for human resources, rather than investing in building longer-term sustainable processes, systems and policies, with a focus on efficiencies, integration, coherence and maintaining government expenditure on health.
- The TRP encourages applicants to use innovative mechanisms and co-financing arrangements, aligned with the Sustainability, Transition and Co-financing (STC) Policy, to build better value for money. Applicants are encouraged to program Global Fund investments and domestic resources together, to complement each other and to ensure a focus on high impact, effective interventions.
- The TRP noted some strong funding requests that accelerated partnerships across sectors. Implementer governments are encouraged to strengthen national leadership for inclusive multisectoral partnerships, to support stronger, better integrated outcomes, and to strengthen private sector collaboration for service delivery, going beyond the provision of discounted health products.
- The TRP encourages strong domestic buy-in and increasing health budget for health financing reforms that address the entire health system, and encourages applicants to leverage external technical and financial support if required.

Contributing to pandemic preparedness and response

- The TRP appreciated the scale and speed of applicants' responses to COVID-19 and the varied ways in which funding requests reflected the immediate and sustainable steps taken to: mitigate the impact on HIV, TB and malaria programs; build on experience – for example

learning from TB contact tracing programs to set up contact tracing for COVID-19; and achieve quality improvement – for example using digital adherence and multi-month prescribing.

- Overall the TRP observed that, in the context of COVID-19 in allocation funding requests, community systems strengthening, gender equality and human rights considerations were rarely included in pandemic preparedness responses. This was most notable in the lack of attention to community sector responses, and missed opportunities to engage key and vulnerable populations and address their specific vulnerabilities and exclusions.
- The TRP encourages opportunities to take stock of the lessons learnt from HIV, TB and malaria, in order to avoid the trap of a disease-specific approach when designing and implementing pandemic preparedness and response interventions, including investments through the Global Fund's COVID-19 Response Mechanism (C19RM).
- Applicants are encouraged to address broader societal and community impacts of novel pandemics and emergencies, to address human rights considerations, and to ensure that women, girls and key and vulnerable populations have safe access to prevention, diagnosis and care. Additionally applicants should increase attention to multi-pathogen interventions, and take a more collaborative approach to health programs, health systems, and health sector development.

Overview of the 2020-2022 allocation period

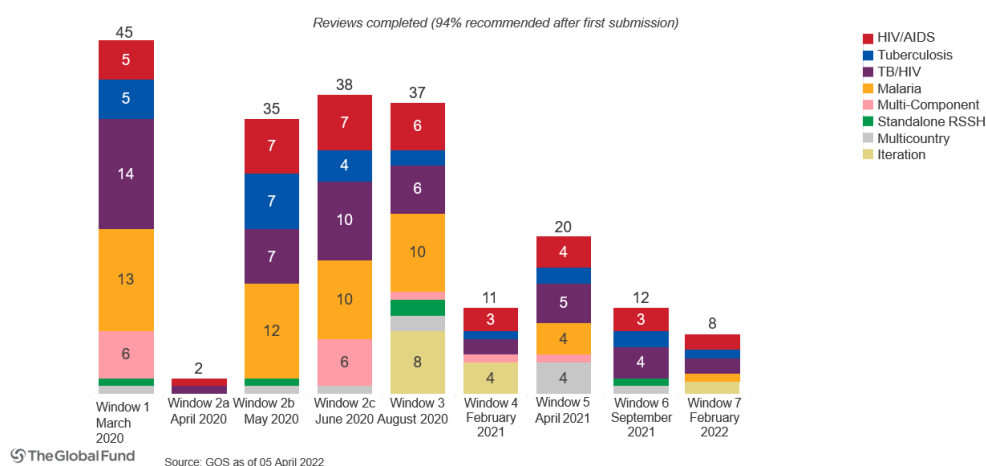
When reviewing funding requests submitted to the Global Fund, the TRP is guided by its Terms of Reference, including the detailed Review Criteria and Review Approaches which spell out how the TRP undertakes independent technical reviews to assess strategic focus, technical soundness and potential for impact. As a result of the unprecedented impact of the COVID-19 pandemic during the 2020-2022 allocation period, the TRP adapted its processes and conducted virtual review meetings through the participation of 173 TRP members from 61 countries and all regions, including 91 men and 82 women (one of whom identified as a transwoman), were successfully mobilized in seven remote review windows.

The TRP reviewed 207 funding requests (including six allocation-based multi-country funding requests), of which twelve funding requests (6% of the total) were iterated, necessitating a second TRP review prior to grant-making. The TRP therefore recommended 195 funding requests for grant-making, totaling US\$12.618 billion in allocated funds; and consisting of 90 Full Review, 54 Tailored for Focused Portfolios, 32 Tailored for NSP, 10 Tailored for Transition and 9 Program Continuation funding requests. The TRP also reviewed US\$6 billion in PAAR resulting in a total of US\$5.7 billion being added to the Register of Unfunded Quality Demand.

In addition, the TRP reviewed 15 Strategic Initiative (SI)¹ detailed investment plans developed by the Secretariat (totaling US\$ 356 million), six multi-country requests (totaling US\$ 181.5 million) and US\$ 341 million of catalytic Matching Funds, proposed alongside 53 funding requests. The TRP also reviewed 13 standalone PAAR updates.

Funding request review and recommendation

195 out of 207 Funding Requests reviewed in Windows 1-7 have been recommended for grant-making, with a 6% iteration rate.



Normative guidance and scientific evidence, including disaggregated epidemiological data, formed the basis of TRP’s assessment of technical soundness of funding requests. When assessing the strategic focus of funding requests, the TRP considered country context, overall programmatic and

¹ For 2020-2022, catalytic investments include strategic initiatives that are needed to support the success of country allocations but cannot be funded through country grants. In November 2019, the Global Fund Board approved 19 such workstreams totaling US\$343 million under the strategic initiatives’ modality.

financial landscape based on national and subnational data, alignment with national strategic plans, and how the proposed investment builds on lessons learned from implementation of national programs and previous or ongoing Global Fund grants. In assessing potential for impact, the TRP was guided by the Global Fund's 2017-2022 Strategy: Investing to End Epidemics,² with its focus on:

- maximizing impact towards ending the epidemics of HIV, TB and malaria;
- contributing to building resilient and sustainable systems for health;
- promoting and protecting human rights and gender equality;
- ensuring effectiveness and efficiency of program implementation; and
- promoting sustainability and co-financing.

The TRP lessons learned reports from 2020, as well as reports from window 1 and window 2 of the 2020-2022 allocation period, have already been published. In addition, during this period the TRP published an Advisory Paper on Resilient, Sustainable Systems for Health. This TRP observations report highlights the TRP's consolidated observations from reviews conducted during the entire 2020-2022 allocation period. The TRP's observations are geared primarily to applicants and their technical partners to help improve the quality of future funding requests, especially in the 2023-2025 allocation period.

² The Global Fund announced its new [2023-2028 Strategy: Fighting Pandemics and Building a Healthier and More Equitable World](#) at the end of 2021. The [TRP's Terms of Reference and Review Criteria](#) were updated accordingly to align with the new strategy; however, the review criteria for the funding requests in the 2020-2022 allocation period remained linked to the previous TRP Terms of Reference and Global Fund Strategy.

Overall contribution of funding requests to the goal of ending AIDS, TB and malaria

To reach the ambitious Sustainable Development Goal targets for HIV, TB and malaria, [the Global Fund] will support catalytic people-centered HIV, TB and malaria investments that are differentiated to country context and tailored to people's needs, particularly those of key and vulnerable populations. To maximize impact, equity, quality and build sustainability, these investments will be based on country-owned plans and aligned with technical partner guidance and include a redoubled focus on incidence reduction and addressing structural barriers to HIV, TB and malaria outcomes.

- *2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World*

During the 2020-2022 allocation period, 94% of the 207 funding requests reviewed by the TRP (a total of 195) were recommended for grant-making on the strength of their strategic focus, technical soundness and potential to deliver value for money and contribute to the impact of ending AIDS, TB and malaria.

The TRP rated 91% of funding requests as being of "good" or "very good" quality. Noting that all Global Fund investments should contribute to the primary goal of ending AIDS, TB and malaria, the TRP assessed the extent to which funding requests demonstrate strategic focus, technical soundness and potential for impact. Of Tailored for NSP funding requests, 94% were assessed as being of good or very good quality, followed by 89% of Full Review funding requests, 86% of Tailored for Focused Portfolio funding requests and 80% of Tailored for Transition funding requests. Statistics on Program Continuation funding requests are not included due to the low number of funding requests presented.

The TRP noted that HIV and malaria funding requests tended to be strongest (scoring 95% and 93% respectively) whereas TB funding requests had weaker ratings, with just 79% assessed as being of good or very good quality. The weaknesses with TB funding requests clustered around value for money, sustainability and inadequate attention to human rights and gender-related barriers. Overall funding requests tended to be weak at addressing gender equality and human rights. Only 54% of funding requests were considered to be good or very good at addressing gender-related barriers to services, and this measure has hardly shifted since the last allocation period. The next weakest aspect of funding requests was efforts to address human rights barriers, but the TRP was pleased that there was a notable improvement, with 63% of funding requests now judged as good or very good on human rights – an increase of 10% since the last allocation period.

TRP observations on strategic focus of funding requests

Overall, the TRP found funding requests to be strategically focused as they built on the challenges, results and impacts of national programs and/or previous Global Fund investments. Most funding requests were aligned with national strategic plans. The TRP commends the sound, up-to-date and correct use of data that guided most funding requests. However, funding requests could be better prioritized when using disaggregated data by markers of populations at elevated risk, equity stratification including socioeconomic status, age, gender, race, indigenous and ethnic background, education and other epidemiologically relevant demographics. Additionally, many applicants regardless of the type of funding request included too many modules and interventions in a bid to cover all the needs outlined in the corresponding national strategic plan. This often resulted in a lack

of strategic focus, with investments not sufficiently prioritized towards the highest impact interventions within the specific country context to ensure value for money and sustainability.

The TRP was particularly impressed by applicants' tremendous efforts to mitigate the negative impact of the COVID-19 pandemic on their HIV, TB and malaria programs during the 2020-2022 allocation period. While the TRP did not review the Global Fund C19RM³ grant applications, wherever possible, the TRP reviews considered synergies between the C19RM funds, grants funded through the HIV, TB and malaria allocations, and other Global Fund catalytic investments. Overall, the TRP noted the positive efforts and innovations deployed by applicants to mitigate the negative impacts of COVID-19 on HIV, TB and malaria programs and to ensure continuity of services, e.g., through multi-month dispensing of drugs, virtual consultations and bi-directional screening for TB and COVID-19. As the COVID-19 pandemic response matured, the TRP detected more opportunities to achieve synergies between allocation funding for HIV, TB, malaria and resilient and sustainable systems for health as well as COVID-19 response investments, in order for applicants to gain longer-term benefits. When reviewing multi-country applications (regardless of funding source) and other catalytic investments, the TRP noted a number of occasions where there could have been greater opportunities to maximize synergies across the various Global Fund investments.

Guidance for applicants for future funding requests

- Better prioritize and define the strategic focus of programs through more robust data, disaggregated by gender and other markers of equity stratification, including key and vulnerable populations, age, socio-economic status, age, gender, race, indigenous and ethnic background and education to inform evidence-based prioritization of proposed investments.
- Accordingly, carefully prioritize modules and the highest impact interventions within the specific country context, including focus on populations with elevated risks of infection and exposure, and related social determinants, rather than spreading the Global Fund investments thinly across too many modules and interventions with limited potential for sustainability and value for money.
- Strengthen and demonstrate linkages and synergies between grants funded through the HIV, TB and malaria allocations and other Global Fund initiatives including, but not limited to, pandemic preparedness and response programs, multi-country grants and other catalytic investments. For example, leverage investments in procurement and supply chain management under COVID-19, especially digital logistic management systems, to also serve HIV, TB and malaria programs.

Considerations for Technical Partners and the Secretariat

- Support applicants to access, use and analyze data of high quality, disaggregated by key and vulnerable populations, age, gender, race, indigenous and ethnic background, education and other markers of equity stratification, for prioritization of interventions in funding requests.

³ Known as C19RM, the COVID-19 Response Mechanism supports countries to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and initiates urgent improvements in health and community systems.

TRP observations on the technical soundness of funding requests

Overall, the TRP noted funding requests to be technically sound, based on scientific evidence and aligned with current normative guidance, including national guidelines. The TRP was encouraged that some funding requests included approaches based on new and emerging evidence-based interventions and improvements for service delivery.

Despite many good partnerships among implementer governments, civil society, multisectoral bodies and technical partners, the TRP noted that some funding requests revealed significant technical gaps. The TRP continued to observe that many funding requests failed to prioritize investments in effective interventions to improve equitable access to prevention, diagnostics, care and treatment services among key and vulnerable populations. Too often, highly effective interventions for key and vulnerable populations were relegated to the PAAR. Insufficient characterization of evidence-informed interventions to address gaps in HIV and TB prevention and treatment cascades was another common observation.

In several instances, especially in focused portfolios, the TRP observed limited use of normative guidance - e.g., adoption of dolutegravir-based regimens for HIV treatment, use of shorter regimens for TB preventive treatment (TPT), revising the HIV diagnostic algorithm – for a variety of reasons, including cost considerations, as well as delays in adoption of national guidelines.

The TRP also observed that many funding requests still request costly international technical expertise and do not pay enough attention to strengthening local capacity, and to leveraging local or regional expertise. Deploying local expertise and building in-country capacity would be in line with the new Global Fund strategy and the TRP's commitment to advance decolonizing and non-discriminatory frameworks that are designed to empower the most affected communities.

Guidance to applicants for future funding requests

- Epidemiologically appropriate interventions are essential to improve equitable access to prevention, diagnostics, care and treatment services, especially among key and vulnerable populations. The TRP expects to see these prioritized in future funding requests.
- Evidence-based interventions for, and led by, key and vulnerable population groups should be included in the allocation budget. They should consider inter-connections between groups, and address gendered dimensions, as well as addressing diverse needs of adolescents and young people.
- Design and implement emerging evidence-based innovations that will improve the quality of people-centered services and programs.
- Define comprehensive plans for technical assistance that will build sustainable local capacity, rather than requesting technical assistance on an *ad hoc* basis, and use regional and local technical partnerships to ensure maximal impact and avoid duplication.

Considerations for the Secretariat and Technical Partners (and broader members of the Global Fund partnership)

- Support early adoption of new normative guidance and guidelines and facilitate access to better prices for the recommended newer health products across the

applicant income status continuum e.g., shorter regimens for TPT through market shaping initiatives.

- Increase support to build sustainable local capacity, using local and regional technical support providers, or providers from implementer countries, wherever possible.

TRP observations on the funding requests' potential for impact

The TRP observed that, while funding requests were generally well aligned with national disease strategic plans and national health sector plans, they still overly focused on operating costs and health products rather than strengthening systems for sustainable national responses, including in countries that should be planning for future transition from Global Fund support. The TRP further observed the use of Global Fund resources to address too many financial and programmatic gaps in national strategic plans, often leading to suboptimal potential for impact. The TRP found encouraging investments in high-impact, cost-effective interventions, including rapid and equitable deployment of available new tools and innovations. However, the TRP observed that funding requests showed slow progress towards prioritization of prevention, especially for HIV and TB. Similarly, the TRP noted gaps in high quality, rights-based, and people-centered services and insufficient responses to inequities, including gender inequality, and human rights barriers that limit access. These gaps were seen across the prevention, diagnostics, treatment and care continuum, and, if not addressed, will limit the potential for impact from Global Fund investments.

Guidance for applicants for future funding requests

- Regardless of the country's proximity to transition from Global Fund support, sustainability should be addressed more robustly in all funding requests, by focusing on efficiencies, integration, and increasing and sustaining domestic resource mobilization, as well as encouraging use of innovative financing mechanisms and effective implementation of co-financing efforts to improve value for money.
- Prioritize investments directed at strengthening health and community systems and programs, including integrating into universal health coverage packages and addressing human rights, instead of prioritizing direct support interventions. Budgets should minimize spending on program management and salary supplements.
- Appropriate indicators for impact and sustainability, disaggregated according to context, should be developed and used to track program impact, including through community-led monitoring.

TRP observations on HIV funding requests

Prevention

The TRP observed commendable improvement in prioritization of HIV prevention to relevant local contexts in funding requests. However, the TRP continues to observe the following prevention gaps, especially for key populations, including gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and people in prisons and other closed settings:

- Insufficient prioritization of prevention, through domestic funding and Global Fund investments, especially in funding requests from applicants in core and high impact countries;

- Insufficient differentiation in programming at country-level and inadequate tailoring of program delivery to different key populations, with insufficient attention to the overlaps between sub-populations, including the interconnections between key populations and AGYW;
- Incomplete or insufficient prioritization of prevention packages and approaches that are both people-centered and designed to reach underserved populations (for example: integration with programs for SRHR, inclusion of sexually transmitted infections, viral hepatitis care, mental health care and gender-based violence prevention and mitigation, addressing emerging alcohol and drug consumption and chemsex, prioritization of people with overlapping risks and vulnerabilities, utilization of virtual outreach, and increasing attention to confidentiality and security concerns in highly stigmatized settings and online interventions);
- Decreasing number of civil society Principal Recipients – with a related potential negative impact on the reach of prevention programs for key populations;
- Limited ability to generate reliable data to inform programming decisions, and inconsistently adopted targets;
- Despite progress and increase in pre-exposure prophylaxis (PrEP) funding, most activities continue to be funded as pilot or in PAAR, and there has been minimal focus on PrEP for AGYW in Sub-Saharan Africa; and
- Worrying leakages across the PMTCT cascade, and limited progress towards elimination of mother-to-child transmission across core, high impact and focused countries, especially in challenging operating environments.

Testing and treatment

The TRP observed that most funding requests followed WHO normative guidance, as well as national guidelines. Additionally, funding requests showed high uptake of innovations for service delivery of HIV treatment, including digital health platforms for consultations, HIV adherence monitoring, and differentiated service delivery such as multi-month dispensing and community adherence approaches. HIV drug resistance monitoring was well addressed in funding requests.

However, the TRP noted some delays in updating HIV testing algorithms and slow scale-up of impactful testing approaches, including HIV self-testing. Some countries, notably in focused portfolio countries, have not yet adopted the test-and-start approach to ensure initiation on antiretroviral treatment (ART) without delay. In countries that are approaching UNAIDS 90-90-90 or 95-95-95 targets there were challenges reaching “the last mile”, as well as reaching people diagnosed with HIV who are not on ART. In addition, the TRP noted insufficient services for underserved populations, in particular males, children and key populations with HIV. There has also been slow transition to newer HIV treatment regimens such as Dolutegravir-based ART regimens.

The TRP noted somewhat siloed approaches to HIV programming in many funding requests, with insufficient data and action to address co-infections and co-issues – notably viral hepatitis, cervical cancer and mental health issues.

Key populations and affected communities

Most HIV funding requests indicated that key populations and affected communities were meaningfully engaged in the design of programs and service delivery. However, the TRP observed insufficient inclusion of, and funding for, community-led approaches and interventions. When community-led and community-based interventions were mentioned in funding requests, the TRP noted that most of these tended to be included in the PAAR. The TRP would like to see systematic

and independent verification of the meaningful engagement of key populations and affected communities in all aspects of programs, from development through implementation to monitoring. Funding requests increasingly described community-led monitoring as a tool to monitor the quality of HIV programs. The TRP would like to see this scaled-up in the future. The TRP continues to observe room for more progress in the development of state funding and contracting mechanisms (often referred to as “social contracting”)⁴ to engage non-governmental, civil society, and key population organizations and networks to deliver services to achieve improved outcomes. The TRP expects to see more efforts directed to building capacity, especially in those implementer countries with high government co-financing of HIV programs, including those that are planning to transition from Global Fund financing.

The TRP was pleased to see key populations identified in most funding requests. While key population cascade data was increasingly included in funding requests, for both prevention and treatment, the TRP saw room for this data to be more accurate and up to date. Metrics to assess services for partners of sex workers in HIV prevention and treatment were often missing. Overall, the TRP noted that few funding requests directed adequate domestic and Global Fund financing to key populations. In particular there was limited programming for transgender people – where this existed, services were often, inappropriately, combined with provision for gay men and other men who have sex with men – and funding was rarely adequate for people in prisons. Very few applicants in sub-Saharan Africa dedicated sufficient funding for people who use drugs, and some countries still failed to invest adequately in programs for gay men and other men who have sex with men.

Human rights and gender

The TRP observed that AGYW were increasingly mentioned as key and vulnerable populations in HIV programs; yet there was insufficient attention paid to intersectionality and the multiple elements of social identity, social systems and processes, and the linkages among key populations and with AGYW. While some AGYW needs were addressed in many high-burden countries and challenging operating environments, as well as in some focused portfolios, there is a need to improve the differentiation of AGYW programs including the use of data to identify the most affected geographical regions, the intersections with key populations, and to provide individualized structural, social, behavioral and biological interventions.

The TRP noted that human rights barriers, including legislative barriers, such as criminalization of behaviors or HIV transmission, prevented or complicated effective HIV interventions for key populations and most affected communities in many funding requests. The TRP encourages applicants to dedicate more funding to address these constraints, in order to achieve more impact. While more funding requests are addressing human rights barriers, this still remains one of the weakest aspects of the funding requests reviewed in this allocation period.

⁴ “Social contracting” is a popular term for public contracting mechanisms that involve the process of governments bringing civil society organizations into the provision of health services, by providing them with funding and the responsibility of service delivery.

Integration of reproductive, maternal, neonatal, child and adolescent health with sexual and reproductive health and rights programs

The TRP saw some improvement in integrating HIV and RMNCAH⁵ programs. Some focused portfolio HIV funding requests that tried to address the specific needs of female key populations included integration with SRHR programs. This integration sought to make services more tailored, and in some programs, there was a welcome focus on cervical cancer prevention, treatment and care. However, integration of HIV services and SRHR remains suboptimal and this was also observed in PMTCT programs, where the TRP would expect to see this addressed. In addition, prevention and mitigation of sexual and gender-based violence, which is an important aspect of HIV programming as well as a key component of comprehensive SRHR services, while mentioned in some funding requests, was infrequently prioritized for funding. The TRP encourages applicants to intensify efforts to integrate HIV and RMNCAH programs for people of all genders, and especially for key populations.

HIV/TB

Some funding requests reviewed by the TRP during the 2020-2022 allocation period described plans, actions and priority investments to strengthen TB and HIV programs, including but not limited to: efforts for TB/HIV service integration in terms of case finding for each disease, establishing a one-stop-service, coordination meetings and joint supervision. However, most funding requests continued to present fragmented approaches to investing in HIV and TB prevention and treatment, as well as weak coordination of HIV and TB integrated services. The TRP is concerned that this could further exacerbate the lack of sustainability. Even though efforts to coordinate TB/HIV activities were reflected in several funding requests, there was little evidence to support the integration of operations through supportive activities such as training, supervision, and monitoring and evaluation. Furthermore, scale-up plans for integrated services were often missing, and TB/HIV integration targets were not well delineated. The TRP welcomed the increasing number of funding requests using legal and/or gender assessments of HIV/TB responses that also provided disaggregated data and good human rights and gender analysis. In combined HIV/TB funding requests, key and vulnerable populations for HIV were well defined, whereas key and vulnerable populations for TB remained insufficiently described, and very few had an adequate analysis of gender with related services to address different needs.

Guidance for applicants for future funding requests

- Tailor prevention packages to the specific needs of affected key, vulnerable and priority communities, paying particular attention to gender- and age-specific needs. Accordingly, increase the ambition of HIV prevention targets for these groups and select Principal and Sub-Recipients with key and vulnerable population expertise, including those led by and engaging with the community.
- Scale up prevention innovations such as HIV self-testing and PrEP, while moving away from low impact prevention interventions such as education and awareness workshops.

⁵ Reproductive, maternal, neonatal, child and adolescent health services (RMNCAH) include a broad range of services throughout the life cycle, and including sexual and reproductive health and rights (SRHR). WHO normative guidance, drawing on the Lancet Guttmacher commission, states that HIV services should be integrated within a comprehensive definition of SRHR.

- Use data to align geographic gaps in coverage for AGYW where they are a key or vulnerable population, and consider intersecting vulnerabilities within sub-groups. Differentiate investments in awareness raising campaigns, particularly for young people.
- Accelerate the uptake of WHO-recommended HIV testing algorithms and approaches, such as index testing, community-based testing, optimized network-based testing and HIV self-testing.
- Correctly and consistently present the HIV treatment cascade. Collect accurate and up-to-date disaggregated data on the HIV treatment cascade for key and vulnerable populations, including viral load provision and suppression in HIV cascade data.
- Ensure interventions related to pediatric HIV are available where the epidemiology indicates an unmet need, including for key and vulnerable populations.
- Use a reproductive life cycle approach for sexual and reproductive health and reproductive rights, and integrate HIV services with RMNCAH in line with normative guidance.
- Define key and vulnerable populations for both HIV and TB, with accompanying program targets, in combined HIV/TB funding requests.

Considerations for the Secretariat and Technical Partners

- Provide guidance and support for the scale-up of community-led monitoring of HIV programs.
- Support and ensure correct and consistent analysis and reporting against joint UNAIDS 95-95-95 and prevention goals.

TRP observations on TB funding requests

Cascade of prevention, diagnosis, treatment and care

The TRP was pleased to see TB cascade analysis in funding requests to reveal the gaps between the estimated incidence and notifications, as well as the number of notifications and the number of those initiated on treatment. The TRP also noted increased prioritization of TB prevention in policies and guidance. However, implementation of TPT, especially use of shorter regimens, remains low.

The TRP noted that the TB cascade analysis often did not cover prevention as a part of the continuum of TB care. The failure to deliver TB prevention as part of the continuum of TB care was a notable omission in many funding requests, particularly the lack of monitoring mechanisms for TPT. The TRP was pleased to see some interventions for TPT in funding requests. However, it is concerning that this was nearly always only in policies and guidance, and not implementation. The TRP expects to see a similar level of attention paid to TPT as is currently afforded to TB treatment.

Additionally, there was insufficient assessment of gaps along the TB cascade, and the approach taken to address these gaps was not different from the approach applied in previous funding requests.

Funding requests generally demonstrated gradual improvement of TB diagnostic and treatment services through the introduction of new technologies and tools, including molecular WHO-recommended rapid diagnostic tests, computer-aided detection, and all-oral regimens for multidrug-resistant TB. Drug-resistant TB programs also demonstrated awareness of antimicrobial resistance.

TB and COVID-19

The TRP commends applicants for their mitigation of the impact of COVID-19 on TB programs, notably through the uptake of digital tools for treatment adherence, bi-directional screenings for TB and COVID-19, and accelerating use of GeneXpert in this context, as well as computer-aided diagnosis. Community members trained in the TB response were also strategically deployed to respond to COVID-19 as well as to address TB, particularly in contexts where health facility access was limited due to lockdowns or movement restrictions.

Key and vulnerable populations and affected communities

In most TB funding requests, attention was paid to key and vulnerable populations, including interventions for prevention, treatment and care among high-risk populations such as migrant, mobile, refugee and cross-border populations. However, the analysis and interventions to meet the needs of these populations could be improved. In contexts where children were acknowledged as a vulnerable population, appropriate approaches were not always proposed in funding requests. There was rarely an adequate gender assessment or targeting of services to meet gender-specific needs for TB prevention and treatment.

The TRP found that more capacity development was needed for people who work on and participate in community health activities, especially given that to date there have been relatively low levels of organizing by communities of people directly affected by TB. While CHWs are frequently mentioned in HIV, TB and malaria funding requests, gaps remain in harmonization and more sustainable domestic funding of CHW programs provided by mainstream health services and community organizations. The TRP expects to see more efforts to ensure that people living with and affected by the three diseases, and key and vulnerable populations, are prioritized to provide community-based services.

Guidance for applicants for future funding requests

- Prioritize introduction of new tools that are essential for scale-up and impact e.g., mWRD as initial test for TB diagnosis, oral regimens for drug resistant TB.
- Include prevention as part of the analysis of TB cascade of care as well as the analysis of gaps along the cascade, and translate this into tailored interventions. For example, investments in TPT require a monitoring component.
- Improve data and approaches for pediatric TB, including availability and use of pediatric TB treatment, healthcare worker training to identify pediatric TB, robust contact investigations that include children and widespread adoption of TPT.
- Support planning and implementation of interventions to prevent TB, and to diagnose and retain key and vulnerable populations in treatment and care, using detailed situational and data-driven analysis.
- Address antimicrobial resistance through strengthening of laboratory diagnosis capacity, mechanisms and networks, utilizing drug sensitivity tests, using next-generation genomic sequencing, and the surveillance system based on laboratory results.
- Given the relatively small number of community-led TB organizations in countries, invest in more community mobilization and wider engagement of community-led organizations in TB activities within the context of broader strengthening of community health systems.

TRP observations on malaria funding requests

Faltering progress in malaria control

The TRP observed that reductions in malaria cases and deaths have stalled or significantly increased in many countries, especially high-burden, high-impact countries in Africa. There is an urgent need to ensure sufficient funding is allocated to sustain high coverage of malaria prevention among the most high-risk and underserved populations through appropriate vector control and universal access to malaria diagnosis and treatment. Funding for new interventions should not be requested until sustained high coverage of appropriate vector control and universal access to diagnosis and treatment are achieved among the most at-risk populations.

Community case management

The TRP was pleased to note increased investment in community case management and expanded access to diagnosis and treatment for people living in poverty, as well as rural and hard-to-reach populations that are often most at risk of malaria. Such investments included paid and volunteer formalized community health workers. However, gaps remained in availability of non-malaria commodities, and harmonization of CHWs with maternal, newborn and child health programs. The TRP also noted the need to develop an appropriate framework that allows for the remuneration of CHWs for malaria, to ensure that the approach is aligned with WHO guidance on CHWs and is addressed as part of broader workforce planning.

Data informed prioritization

The TRP observed that most funding requests relied on the epidemiological stratification that is included in nearly all national strategic plans for malaria in order to tailor and target interventions, including to high-risk and underserved populations. Microstratification was used to inform interventions in high-burden, high-impact countries through the support of WHO and other technical partners. However, funding requests could be improved by using localized surveillance, monitoring and evaluation to better guide the tailoring and targeting of malaria prevention and treatment interventions to maximize coverage and impact on burden reduction. The TRP noted that most malaria funding requests identified high-risk populations for targeted malaria interventions and services, especially in low transmission and elimination settings. Some funding requests also included solid analysis with disaggregated data based on human rights and gender analyses that the country had conducted. Uptake of the Malaria Matchbox Tool and other tools is recommended by the TRP to improve analysis, capture and use disaggregated data for programming.

Guidance for applicants for future funding requests

- Use localized surveillance, monitoring and evaluation data for malaria programming.
- Ensure a foundation of sustained high coverage of appropriate vector control interventions and universal access to malaria diagnosis and treatment among the highest burden populations, especially in high-burden, high-impact countries. Once sustained high coverage of these core interventions has been achieved, countries should consider adding supplemental WHO-recommended strategies to reduce the malaria burden further.
- Use the Malaria Matchbox Tool to capture and use disaggregated data for programming.

- Engage affected communities to develop behavior change and communication approaches for targeted and context-specific malaria messaging.

Considerations for Technical Partners

- Support and build capacity for malaria microstratification in countries beyond those classified as high-burden high-impact.

TRP observations on potential contributions to 2023-2028 Global Fund Strategy mutually reinforcing contributory objectives

While the funding requests that the TRP reviewed during the 2020-2022 allocation period were based on the 2017-2022 Global Fund Strategy, this section of the report presents the TRP's high level observations on how future funding requests could potentially contribute to delivering the objectives of the new 2023-2028 Global Fund Strategy. In doing this, the TRP hopes that its observations will help applicants to respond effectively to the 2023-2028 Global Fund Strategy when developing their funding requests during the 2022-2025 allocation period. This is intended to complement, and not to replace, the detailed Global Fund guidance and application materials for the next allocation period.

The TRP will assess funding requests to consider the extent to which they are strategically focused, technically sound, poised for sustainability, have potential to deliver impact and contribute to the Global Fund's primary goal of ending AIDS, TB and malaria. The TRP's observations specific to the primary goal are covered above (paragraphs 6 - 35). In support of this primary goal, the Global Fund Strategy defines mutually reinforcing contributory objectives (noted below) that must be jointly pursued and considered holistically to support achievement of this goal in specific country contexts.

Maximizing people-centered integrated systems for health to deliver impact, resilience and sustainability

Resilient and sustainable systems for health are critical to deliver outcomes against HIV, TB and malaria, to meet people's and communities' broader health needs, to build pandemic preparedness and response capacities, and to achieve Sustainable Development Goal 3. RSSH encompasses not just the national health system but also services provided by communities, the private sector and other providers, which together should ensure that individuals' health needs are met wherever they seek care.

- *2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World*

People-centered, integrated quality services

The TRP observed that funding requests described community systems and efforts toward people-centered, integrated systems for health. However, disease-specific interventions remained vertical, with limited integration within systems for health and weak private sector involvement. Most funding requests 'supported' health systems to address disease specific interventions, rather than integrating the interventions in 'sustaining' health systems. Technical assistance was generally provided on an *ad hoc* basis, to support specific interventions of HIV, TB and malaria programs. Funding requests lacked details of how to evolve investments into systemic and sustainable people-centered approaches. However, the TRP observed some good practices e.g., planned integration of HIV, TB and malaria programs in primary health care and universal health coverage schemes.

Overall, the TRP was concerned by insufficient detail regarding the coordination and implementation arrangements of integrated services, and missing information about how the support provided through the Global Fund will be sustained beyond the life of the grants. The TRP observed opportunities for stronger partnerships across national health, social, community and private sector

stakeholders to strengthen integrated, people-centered quality services, and noted that there were some examples of good practice. For example, there was some improvement in quality where community-led monitoring processes were deployed. However, the TRP noted limited attention to defining and monitoring quality of services, despite frequent mentions of “quality” in funding requests.

Community-based service delivery and community-led monitoring

Where community systems are strong, communities are well placed to advocate for and deliver services tailored to their needs, and to define and lead monitoring and evaluation processes that can assess quality and deliver the most impact. While the TRP saw more discussion of community-based monitoring, there was limited investment in truly community-led monitoring.

The TRP also noted that many funding requests included modules on community systems strengthening (CSS),⁶ yet most of the investments were still focused on CHWs. Few funding requests addressed the broader aspects of CSS, including strengthening community organizations and investing in advocacy, as well as building the leadership of most affected communities. CHWs are an essential component of resilient systems for health and are often highly effective in delivering services to key and vulnerable populations. This is especially true when the CHWs themselves are from these communities, including people with lived experience of HIV, TB and malaria as well as key and vulnerable populations. The TRP saw too few examples where CHW programs that engaged people from the most affected communities met the standards set in normative guidance, which include that CHWs should be properly trained and remunerated. There were also examples of attempts to deploy CHWs to manage services across all diseases in contexts where background levels of stigma and discrimination are very high. Local community members who are not key and vulnerable population peers may not be as well suited to support people from key and vulnerable populations.

Guidance for applicants for future funding requests

- Monitor and measure the quality of services provided, aiming for continual improvement and strengthening of sustainable services. Specifically, applicants should invest in community-led monitoring of services to achieve this goal.
- People-centered approaches require measurable indicators, a step-by-step plan and timelines in order to integrate responses to HIV, TB and malaria while building resilient and sustainable systems for health. Community-led monitoring is an important part of this approach.
- People-centered HIV, TB and malaria services should be incorporated into the essential healthcare service package under universal health care schemes, including private sector participation.
- Instead of taking a disease-specific approach, promote integrated, holistic services such as one-stop-shops across HIV, TB and malaria, as well as co-infections of the three diseases, comorbidities, mental health and RMNCAH tailored to the implementation context – while recognizing that key and vulnerable populations may require focused services, especially where high rates of stigma and discrimination exist in the community.

⁶ Community systems strengthening (CSS) is an approach that promotes the development of informed, capable and coordinated communities, and community-based organizations, groups and structures.

- Address the need to sustain systems for health rather than just focus on support. Analyze and articulate the interdependencies and/or trade-offs between short-, medium- and long-term investments, considering what will be needed to strengthen the health system and sustain long-term gains.
- Prioritize strengthening of core health system functions, including procurement and supply chain management (health product management), and provision of essential health services prior to investing in new technologies that require supportive system integration investments.
- Increase implementer government commitment to financing community health services as well as the HIV, TB and malaria response.
- Strengthen government leadership, working in partnership with relevant stakeholders, in the design and operationalization of policies that will place people at the center of quality services.
- Increase domestic health financing and strengthen public financial management systems.
- Increase investment in strengthening community systems, including community-based organizations and services led by key and vulnerable populations, and delivering a range of services and advocacy.
- Increase investment in community-led monitoring to enhance the quality and impact of services.
- Enhance the detail of proposals to strengthen and scale-up community-led monitoring, advocacy, leadership, engagement and mobilization.
- Ensure integrated training to avoid community health worker silos. Community cadres should be trained, remunerated and deployed to strengthen health and community systems and responses, ensuring coordination between partners and programs.

Considerations for Technical Partners

- Support technical assistance plans that focus on national capacity building, specifically to support strengthening and integration of supply chain management systems (health product management) with health management information systems, financial management systems and logistics management information systems.

Maximizing the engagement and leadership of most affected communities to leave no one behind

The leadership of communities living with and affected by the three diseases has been central to the success of the Global Fund's unique model since its founding... Communities are often best positioned to guide and implement health programs to effectively respond to their diverse needs, and to identify and contribute to addressing structural barriers to HIV, TB and malaria outcomes. Robust engagement of communities helps ensure that investments are evidence and rights based, gender and age responsive, equitable, and sustainable.

- *2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World*

Communities at the center of programs

The TRP noted that few funding requests were focused and structured to meet the holistic needs of affected communities, and this was especially the case for key and vulnerable populations. While there was increased attention to key and vulnerable populations, including their partners, this was often limited to disease-specific interventions. There was insufficient use of the opportunities to include co-infections and comorbidities such as viral hepatitis b and c, cervical cancer or mental health, and to design integrated programs that simultaneously address human rights, gender equality and cross cutting issues. The TRP saw limited programs of this type, with services for key and vulnerable populations typically focused on single disease-specific prevention and often fragmented.

Meaningful community engagement in program design, implementation, review and evaluation includes leveraging strong and effective participation in multisectoral partnerships at both national and sub-national levels. Such engagement can enhance the quality and impact of country-owned strategies, policy making and the efficiency of services. The TRP saw too few examples of meaningful community engagement in multisectoral partnerships and the governance structures that plan, oversee and review programs. Where community engagement was observed it was rarely sufficient to translate into quality service provision.

The TRP did note an increased focus on programs with the active engagement and leadership of communities, but this is still mostly observed in HIV, especially HIV prevention and ART programming. There were limited examples of building effective community leadership in TB and malaria.

Sustainability and public financing of services provided by community and civil society organizations

In some funding requests public contracting and funding of services provided by civil society and community organizations (often referred to as “social contracting”) was used to improve reach and retention for testing, diagnosis and treatment, including among key and vulnerable populations. Some funding requests (including use of key population Matching Funds) also planned for a piloting mechanism, matching Global Fund grants with public funding for peer-led key population programming, especially as countries moving towards transition. Nonetheless, public contracting of this type still faces structural, political and legal barriers in being used or scaled-up in a timely manner. Strategies for public financing and sustainability of other important functions of community systems, like advocacy, human rights, community-led monitoring and needs assessment were missing in most funding requests. The TRP observed a decreasing number of civil society Principal Recipients, which in many countries has been essential for access to key HIV interventions, particularly for key and vulnerable populations.

Guidance for applicants for future funding requests

- Include integrated, holistic services for most affected communities and key and vulnerable populations, in particular programs with active and meaningful engagement of communities, especially leadership of people with lived experiences of HIV, TB and malaria.
- Strengthen government leadership, working in partnership with relevant stakeholders, in the design and operationalization of policies and practices that will place people at the center of quality services.

- Include public contracting mechanisms and co-financing for sustainable delivery of services through civil society, communities and key and vulnerable populations in all contexts, but especially in countries planning for transition.
- Plan sustainability solutions, including public funding for civil society and community-led advocacy, monitoring and other functions critical for government accountability, political commitment and quality of services, especially in countries planning for transition.

Maximizing health equity, gender equality and human rights

Human rights and gender-related barriers, including stigma, discrimination and criminalization, increase vulnerability to HIV, TB and malaria acquisition and limit access to services... The Global Fund's potential to have sustained impact on the three diseases and catalyze meaningful progress toward achieving the global targets hinges on its ability to advance more equitable responses and effectively reach those most affected, including key and vulnerable populations and young people. A concerted, coordinated and intensified effort across the partnership is needed to drive lasting change to better reach those most vulnerable to infection, safeguard the rights of affected communities and individuals, and realize more equitable health outcomes.

- *2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World*

The TRP noted that many funding requests, particularly for HIV, acknowledged the special programmatic contributions offered by affected communities for reaching key and vulnerable populations with prevention services. However, adequate corresponding interventions and budget were not always included, the issues identified were too frequently addressed in silos and proposed interventions were often included only in the PAAR.

The TRP saw too few funding requests where multisectoral partnerships were leveraged in an efficient and effective way to address common structural determinants of health outcomes, or to address the known barriers to gender equality, equity and human rights.

Health equity

The TRP observed an increasing commitment to addressing issues related to equity and equality in all three disease programs in the 2020-2022 allocation period, especially to address the specific needs of key and vulnerable populations. However, many funding requests consistently failed to include allocation budgets that corresponded to the scale of interventions required to reach populations at greatest risks of disease and those hardest to reach. In most instances these interventions were placed in PAAR with no guarantee of funding. Some of the TRP's observations related to equity in disease specific contexts include:

- While HIV funding requests generally included greater attention to services for underserved populations, including migrants and indigenous people, the TRP observed equity gaps in funding requests that were tailored for transition.
- The TRP noted an increased attention to TB care and prevention among migrant, mobile, refugee and cross-border populations, but differentiated approaches to reach identified populations were inadequate. In particular, prevention interventions and continuity of care of migrants and migrant workers were difficult to guarantee due to insufficient inter-country

coordination and collaboration, and limited incentives to work across borders. These challenges were also seen in some multi-country funding requests and the TRP noted that performance frameworks did not always allow for adequate monitoring of progress.

- The TRP was concerned that too few funding requests considered the wider determinants of poor health, in particular racial, indigenous and ethnic inequities in access to services.
- An increasing number of malaria funding requests recognized socio-economic inequity that makes people more vulnerable to severe cases of malaria, as well as the special vulnerabilities and barriers to accessing services among cross-border populations and migrants. However, the TRP found insufficient use of Malaria Matchbox Tool assessments to inform improved delivery of people-centered and equitable services.

Gender equality and human rights

Funding requests increasingly proposed evidence-based interventions to remove human rights and gender-related barriers, yet this was still an area of weakness in many funding requests. While the TRP was pleased to observe the use of globally recognized tools in assessments of human rights and gender-related barriers, the issues identified were too frequently addressed in silos, and proposed interventions were often included only in the PAAR.

Few gender assessments considered all genders, and even where there were strong gender analyses these were rarely translated into well targeted services and interventions to meet the needs of women, men and transgender people in all their diversity. Funding requests rarely addressed the needs of transgender, non-binary and gender non-conforming people, and where they did their needs were often still (inappropriately) combined with those of gay men and other men who have sex with men. The TRP remains concerned that the gender assessments that were conducted were rarely translated into well targeted services and interventions, with metrics to monitor outcomes. Several funding requests that addressed “gender” seemed to equate this with “women and girls” rather than, for example, considering the needs of men who are highly vulnerable to TB and designing programs to address their weak health seeking behavior. Male-friendly health services were only included in a small number of funding requests. The TRP still did not see sufficient interventions to prevent and mitigate gender-based violence, and where these were included they rarely addressed all genders.

Regular collection, update, analysis and use of disaggregated data is critical to identify intersectional gaps. Disaggregation should consider socioeconomic status, age, gender, race, indigenous and ethnic background, education and other epidemiologically relevant demographics. The resulting analysis should be used to propose relevant interventions, with corresponding budget set aside in the allocation budget.

While human rights guidance is increasingly used, especially by the applicants participating in the Breaking Down Barriers Strategic Initiative, very few applicants foresee tackling underlying harmful policies and practices, such as addressing criminalization of key populations, for which the Global Fund’s new Strategy commits to do more.

Guidance for applicants for future funding requests

- Strengthen the identification and response to significant socio-economic, ethnic, racial and other inequalities.
- Integrate interventions to address human rights and gender-related barriers throughout programs, and to leverage multisectoral partnerships to improve the impact of programs. This might include working with government ministries,

departments and agencies working beyond health, such as justice ministries, to address access to justice for key and vulnerable populations, and to consider opportunities for decriminalization.

- Deploy a cross-cutting approach toward social determinants and health promotion as well as gender.
- Regularly collect, update, analyze and use disaggregated data to identify intersectional gaps and inequities. Disaggregation should consider socioeconomic status, age, gender, race, indigenous and ethnic background, education and other epidemiologically relevant demographics. The resulting analysis should be used to propose relevant interventions, with corresponding budget set aside in the allocation budget.
- Ensure that legal, gender, stigma and key population assessments, disaggregated data, and human rights and gender analysis inform programming. Interventions to address barriers identified through human rights and gender assessments should be included in the allocation budget.
- Use a comprehensive gender lens to ensure that services are well focused on the needs of all genders, including to address and mitigate gender-based violence.
- The TRP would like to see enhanced and more precise geographic focus, and layering of evidence-based interventions to address the needs of key and vulnerable populations.
- Accompany analysis of human rights and gender-related barriers with corresponding interventions and metrics to monitor outcomes as well as appropriate allocation budgets.
- Analyze and mitigate financial barriers to access, especially among economically disadvantaged populations, including removal of user fees, or integration of HIV, TB and malaria services in universal health coverage schemes, to achieve greater equity, mitigate poverty and improve access to services.
- Undertake activities that facilitate legal reforms to decriminalize key populations with a view to bring about greater equity for all people, leaving no one behind.

Considerations for Technical Partners and the Secretariat

- Support countries with tools, and/or secure technical assistance to address the holistic needs of key and vulnerable populations, including across borders.
- Provide greater guidance for applicants on performance for results and performance-based financing components of funding requests, especially with regards to consistent engagement of most affected communities.
- Develop better guidance (or additional modules) on the planning of theory of change and performance frameworks for multi-country grants, as the existing modular framework does not capture progress from advocacy- and capacity building-focused multi-country grants.
- Leverage Global Fund Country Coordinating Mechanisms to lend their diplomatic voice and use multi-country dialogues to exchange good practices, in order to boost specific activities related to legal reform and human rights barriers.

Prevention of sexual exploitation, abuse and harassment

During this allocation period, there was increased global attention to addressing the risks of sexual exploitation, abuse and harassment in programs supported by external partners, and the Global

Fund adopted an [Operational Framework on the Protection from Sexual Exploitation, Abuse and Sexual Harassment \(SEAH\) and Related Abuse of Power](#). Prevention of SEAH has been introduced in the TRP's Terms of Reference, including review criteria. The TRP will consider how SEAH risks are addressed in future funding requests.

Guidance for applicants for future funding requests

- Develop context-specific approaches to address sexual exploitation, abuse and harassment risks.

Mobilizing increased resources

In the context of enormous economic challenges stemming from the COVID-19 pandemic, [the Global Fund] must be unrelenting in [its] efforts to catalyze and scale up domestic and international resources to get the fight against HIV, TB and malaria back on track, to deliver on the 2023-2028 Strategy, and to accelerate progress toward Sustainable Development Goal 3.

- *2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World*

Overall catalytic effect of funding requests

The catalytic effect of Global Fund contributions was variable across country contexts, and it was difficult for the TRP to assess impact and attribution. In some cases, Global Fund financing was insufficiently integrated with other domestic and external resources. The TRP was pleased to see data from funding landscape and gap analysis tables being used to direct funding and programming to critical areas. However, it was often challenging for the TRP to see how other sources of funding related to programming of Global Fund resources. Currently the funding landscape and gap analysis tables only provide amounts that the implementer government and other external partners contribute, but does not describe the interventions being supported, and rarely describes the broader health system investments.

Overall, funding requests were well-aligned with national strategic plans and national health sector plans, yet funding requests often prioritized short-term effectiveness (support) over the long-term impact (strengthening) required for building resilient and sustainable systems for health. Many funding requests were unbalanced, with over-emphasis on commodities and short-term support for human resources. This limits the potential for Global Fund investments to build longer-term sustainable processes and systems.

Leveraging partnerships

Multisectoral partnerships, including partnerships across public, private and community sectors, were mentioned in most funding requests as a means to strengthen resilient and sustainable systems for health, and to address the social determinants of health. However, there was limited attention to governance and mechanisms to ensure that there was meaningful engagement across sectors. Where multisectoral partnerships were included, the reflections rarely translated into meaningful interventions, outputs or outcomes.

The TRP noted some strong funding requests that accelerated partnerships across sectors, for example working with the private sector (to increase testing, diagnostics and treatment sites), public

contracting and funding with civil society organizations to reach marginalized communities and retain them in treatment and care, and with strong government leadership to design and oversee the strategic and policy frameworks and operations. The TRP also noticed increasing investments in private sector collaboration for service delivery, and some innovative practices with private sector engagement with trainings and support for human resources for health, especially in transition, focused and low HIV, TB and malaria burden countries. However, descriptions of collaboration with the private sector in funding requests varied hugely across contexts. The TRP also noted the opportunity to clarify effective mechanisms for oversight of quality of services and attainment of data in private sector collaboration.

Transition and sustainability

The TRP noted some positive examples of transition and sustainability practices, such as continued public financing of HIV services delivered by community-based organizations during the COVID-19 pandemic. However, in most funding requests, there is room for improvement in addressing medium-term efficiency, sustainability and transition. Even in countries preparing for transition from Global Fund financing, the TRP observed insufficient attention to sustainability and insufficient transition planning. There were large financial and programmatic gaps in funding requests in countries planning for transition from Global Fund support. The TRP observed that most tailored for transition funding requests were insufficiently focused and included high operational costs or commodities rather than the necessary investments in the health system to prepare for transition.

Value for money and innovative financing approaches

The TRP appreciated the section of the funding requests asking for information on how value for money would be addressed. However, the TRP is concerned that the requested dimensions of value for money are not clear to applicants, particularly allocative and technical efficiency and sustainability. There was also limited attention to health financing reforms across the entire health system, such as financial protection policies, user fee removal and performance-based financing, among others.

Guidance for applicants for future funding requests

- Provide a longer-term perspective on health sector investments and explain the link between funding requests and the overall NSPs or health sector investments towards universal health coverage goals. Clearly describe how Global Fund investments complement domestic, external and other financing resources for overall systems for health, and specify the partnerships and interventions that would support the outcomes of the investments specific to the country context.
- Implementer governments are encouraged to strengthen national leadership for inclusive multisectoral partnerships, in order to support stronger, better integrated outcomes specific to their context. Provide detail of approaches to strengthening private sector collaboration for service delivery, going beyond the provision of discounted health products.
- Take into consideration the overall governance, political and institutional challenges of HIV, TB and malaria responses, and the health sector more generally.
- Address sustainability in funding requests – this is expected of all applicants, including from challenging operating environments. This may include a focus on efficiencies, integration or maintaining government expenditure on health.
- Budgets should minimize spending on program management, while strengthening the capacities of systems for health to deliver quality services, including through the

harmonization of salaries, rationalization of the use and distribution of salary supplements, and the use of innovative mechanisms and co-financing arrangements to enhance efficiency and impact. Applicants are encouraged to explore innovative financing approaches and to leverage support to develop new approaches.

- Include value for money criteria from the onset of priority setting and funding request development. Some dimensions of value for money may be contradictory. Make and articulate trade-offs explicitly, such as between equity and efficiency or effectiveness and sustainability.

Considerations for the Secretariat and Technical Partners

- Avoid promoting “quick fixes” and superficial solutions to complex problems, paying closer attention to the overall governance, political and institutional challenges of HIV, TB and malaria responses, and the health sector more generally, so as to support appropriate reforms together.
- Ensure that there is strong domestic buy-in and increasing health budget for health financing reforms that address the entire health system and leverage external technical and financial support if required, including leveraging innovative financing approaches.
- Support applicants to enhance their understanding of value for money, and build on previous information sharing approaches to continue to make value for money asks clearer for the 2023-2025 allocation period. Provide more guidance on how to address value for money as an integral part of priority-setting and funding request development, through briefing notes and more detailed guidance in application instructions.
- Funding request documents should prompt applicants to provide information on overall health system funding, including main stakeholders, health financing analysis and reforms, and how Global Fund investments are integrated, as well as overall health sector performance and efficiency, including health financing indicators in performance frameworks.
- Support health finance analysis and participate in country-level discussions on health reforms.
- Further reinforce transition timelines and provide guidance for countries to implement the Sustainability, Transition and Co-financing Policy.

Contributing to pandemic preparedness and response

The COVID-19 pandemic is overloading systems for health, reducing economic growth, constraining domestic resource mobilization and will be the largest single cause of infectious disease mortality in the world in 2021. It is imperative that [the Global Fund] helps countries effectively respond to this health crisis because controlling this pandemic is a prerequisite to getting HIV, TB and malaria and broader Sustainable Development Goal efforts back on track. It is also critical that [the Global Fund] helps countries better prepare for future pandemic threats to reduce the risk that subsequent pandemics further derail progress against HIV, TB and malaria and broader global health goals.

- *2023-2028 Global Fund Strategy: Fighting Pandemics and Building a Healthier and More Equitable World*

Leveraging COVID-19 and multi-program investments

Against the backdrop of COVID-19, the TRP observed a broader approach to public health programs, health systems and health sector development, contributing to pandemic preparedness and response. Most funding requests included investments that indirectly contribute to the essential preparedness capacities in the International Health Regulations. Such investments included legislation and financing, as well as laboratory, surveillance, human resources and health service provision. Funding requests demonstrated responsiveness to pandemic preparedness and response, mainly through adaptation in order to ensure the continuity of HIV, TB and malaria services. In the 2020-2022 allocation period, funding requests proposed SARS-CoV-2 PCR diagnostic capacity which leveraged existing Global Fund-supported GeneXpert machines, aligning with HIV and TB diagnostic investments. Additionally, funding requests demonstrated learnings from TB contact tracing programs by setting up contact tracing for COVID-19, and there were modifications in the delivery of services, such as multi-month prescribing and virtual consultations. The TRP hopes to see more multi-pathogen interventions in future funding requests in support of this new area of Strategic focus, as well as a more collaborative approach to health programs, systems for health, and health sector development.

Community engagement and leadership, gender equality and human rights

Overall, the TRP observed that in funding requests addressing pandemic preparedness and response in the context of COVID-19, community systems strengthening, gender equality and human rights considerations were not included. This was most notable in the lack of attention to community sector responses, as well as missed opportunities to engage key and vulnerable populations and to address their specific vulnerabilities and exclusions. There was inadequate investment in some of the broader consequences of COVID-19, including increased rates of gender-based violence and the challenges of coerced shelter that increased the vulnerabilities of many communities, and failed to facilitate access to prevention, diagnostic and care services. There was also insufficient attention placed on the provision of resources and adequate personal protective equipment for community and frontline health workers – often female - who experienced additional challenges and movement restrictions, to deliver services during the pandemic.

Guidance for applicants for future funding requests

- Analyze and mitigate the impacts of the COVID-19 pandemic, and local responses, on domestic resource mobilization and funding for HIV, TB and malaria.
- Take stock of the lessons learnt from HIV, TB and malaria, avoiding the trap of a disease-specific approaches when designing and implementing pandemic preparedness and response interventions, including C19RM investments. Funding requests should describe complementarity and synergy between the Global Fund grants for HIV, TB and malaria and programs to build pandemic preparedness capabilities.
- Increase attention to multi-pathogen interventions in future funding requests, and take a more multisectoral OneHealth approach⁷ to health programs, systems for health, and health sector development.

⁷ One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and inter-dependent.

- Address the broader societal and community impacts of novel pandemics and emergencies to ensure that women, girls, and key and vulnerable populations have safe and uninterrupted access to HIV, TB and malaria prevention, diagnosis and care services, and ensure that services are put in place to respond to any heightened vulnerabilities caused by these challenges.
- Reflect on a broader, collaborative approach to public health programs, health systems, and health sector development supporting pandemic preparedness and response in funding requests.