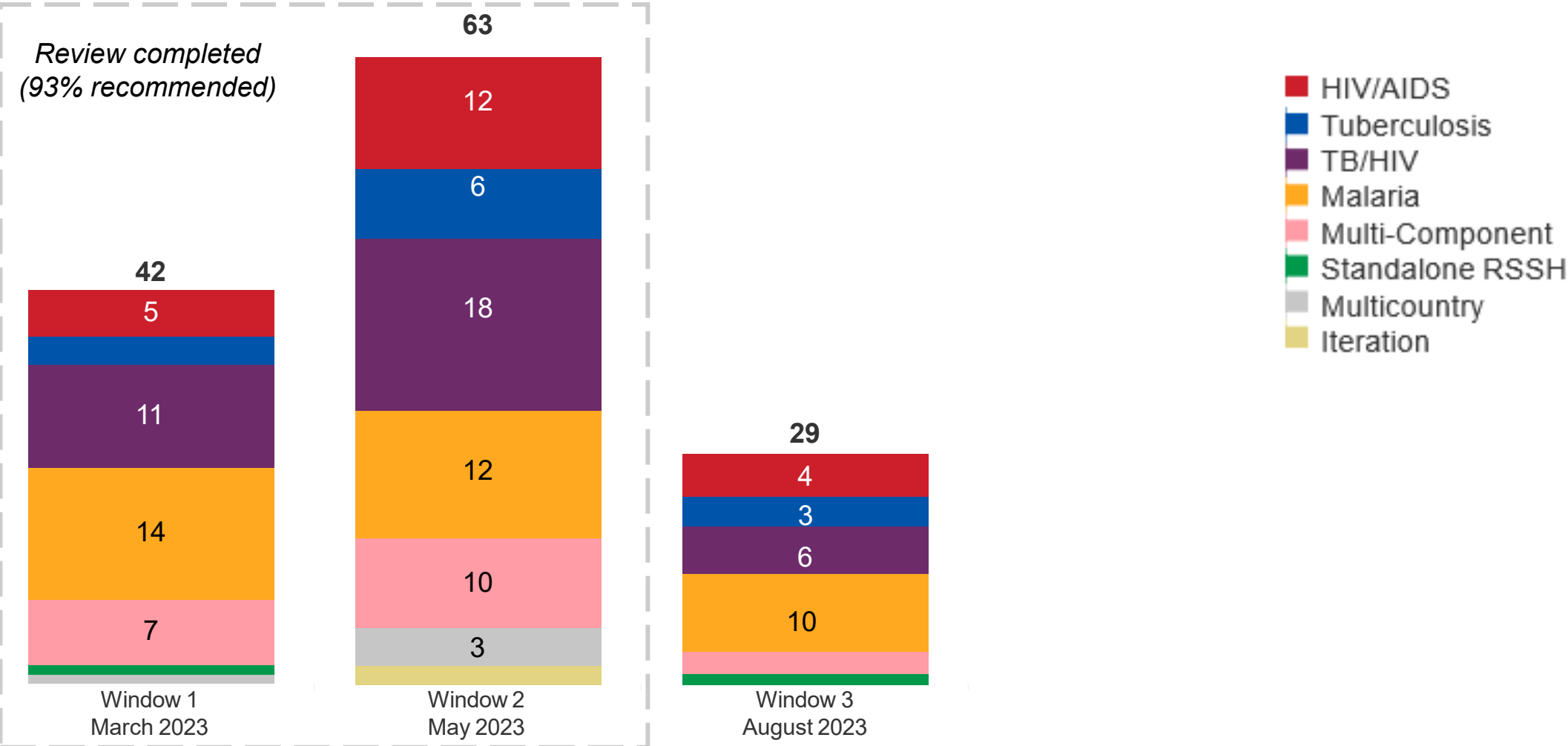# Technical Review Panel Window 2 Debrief

17 July 2023

Funding Requests in 2023

Over 200 funding requests are expected to be reviewed in the 2023-2025 allocation period (also known as Grant Cycle 7 or GC7). Half of these have been reviewed by the Technical Review Panel (TRP) in the first half of 2023.

Legend:
- HIV/AIDS
- Tuberculosis
- TB/HIV
- Malaria
- Multi-Component
- Standalone RSSH
- Multicountry
- Iteration

Review completed (93% recommended)

Window 1 — March 2023 (Total: 42)
- HIV/AIDS: 5
- TB/HIV: 11
- Malaria: 14
- Multi-Component: 7

Window 2 — May 2023 (Total: 63)
- HIV/AIDS: 12
- Tuberculosis: 6
- TB/HIV: 18
- Malaria: 12
- Multi-Component: 10
- Multicountry: 3

Window 3 — August 2023 (Total: 29)
- HIV/AIDS: 4
- Tuberculosis: 3
- TB/HIV: 6
- Malaria: 10

W2 TRP review outcomes

61 out of 63 Window 2 (W2) funding requests have been fully recommended for grantmaking. One funding request was iterated, and one component of an integrated funding request was iterated, resulting in a "partial" recommendation.

W2

1.5   1.5

97%

Grant-making   Partial   Iteration
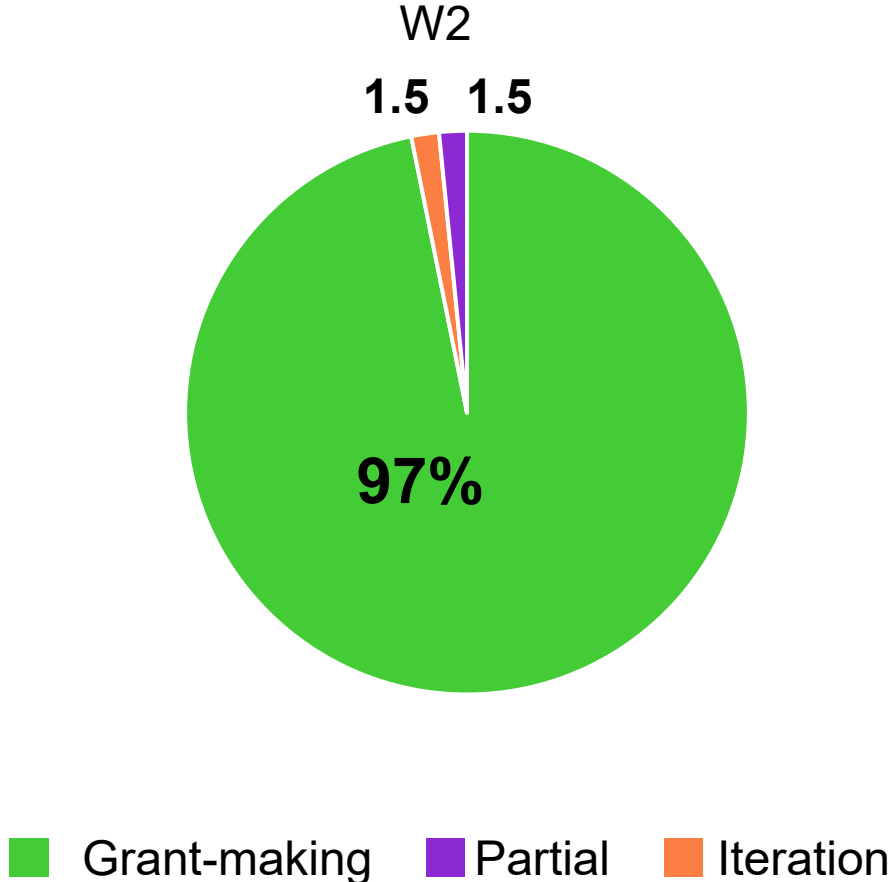
Recommended W2 funding amounts

TRP has recommended **$4.9B in funding** for grant-making in Window 2, including both allocation funds and matching funds. Together with Window 1, more than 2/3 of the allocation has now been reviewed and recommended.

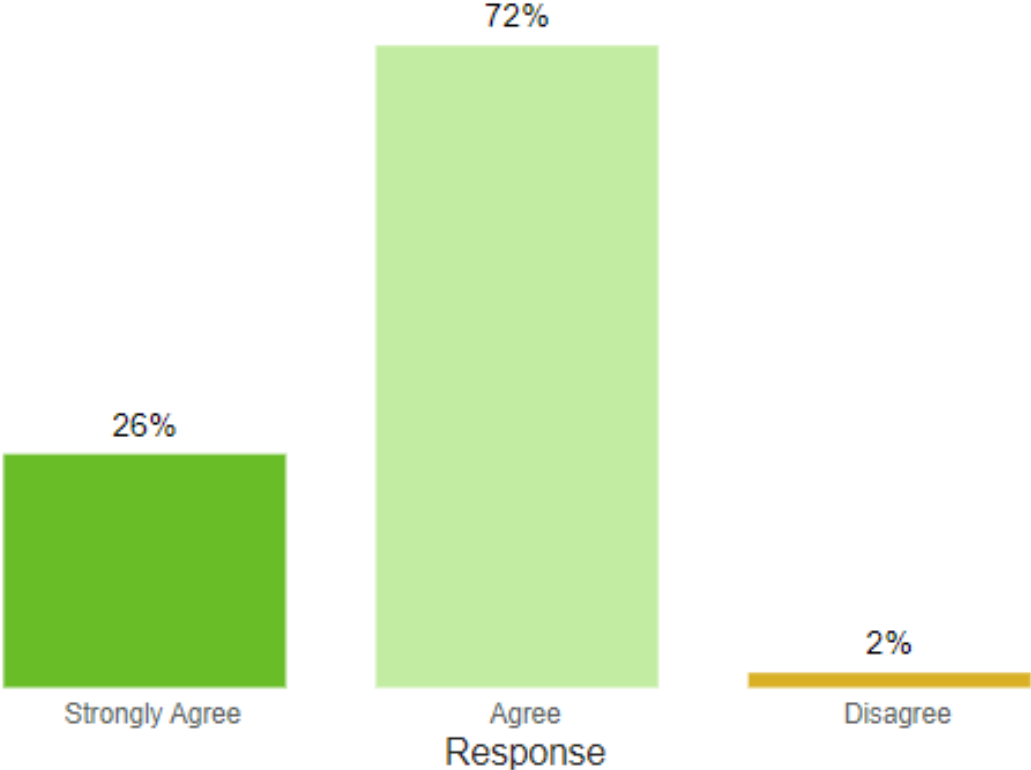|	Recommended Amount (US$)	% total communicated
Allocation	4,776,379,165	36%
Matching Funds	104,700,00	38%
Total	**4,881,079,165**	**36%**

Matching fund priority areas recommended for grant-making

TRP has recommended all Matching Funds reviewed in Window 2, noting that several countries will need to continue to work towards fully meeting all conditions during grant-making.

	Requested Amount (US$)	Recommended Amount (US$)
HIV Prevention	15,750,000	15,750,000
TB: Find & successfully treat the missing people with DS-TB and DR-TB	32,000,000	32,000,000
Incentivizing RSSH quality and scale	30,200,000	30,200,000
Effective community systems & responses	14,600,000	14,600,000
Scaling up programs to remove human rights and gender related barriers	12,150,000	12,150,000
Total	**104,700,000**	**104,700,000**

TRP Funding Request Quality Survey: Overall

The funding request delivers strategically focused and technically sound responses that are aligned with the epidemiological context and maximizes potential for impact.
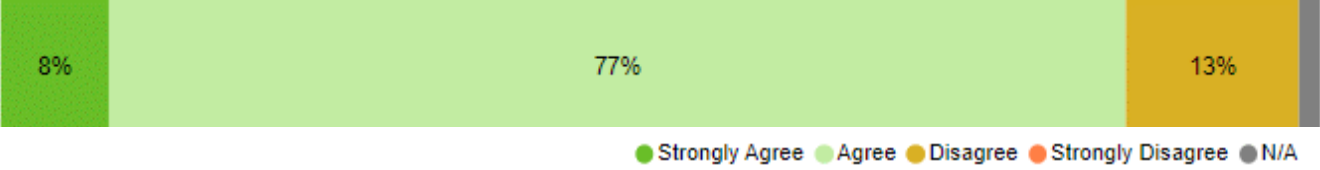

THE GLOBAL FUND

Source: TRP funding request quality survey. Window 2 (W2) FRs fully recommended for grantmaking, N=61, Chart rounded

TRP Funding Request (FR) Quality Survey: RSSH

TRP observed **strategic focus on Resilient & Sustainable Systems for Health (RSSH) in 85%** of Window 2 funding requests recommended for grant-making. This is 8 points higher than in Window 1 and 14 points higher than Grant Cycle 6 (2020-2022 Allocation Period) overall, although focus is still more on system support.

Among funding requests which include investments in pandemic preparedness: the TRP saw that appropriate investments were being made (77% positive) and that these investments complemented C19RM (83%).

Focus on RSSH: The funding request demonstrates a strategic focus on resilient and sustainable systems for health to improve effectiveness, efficiency and sustainability of the disease program(s).
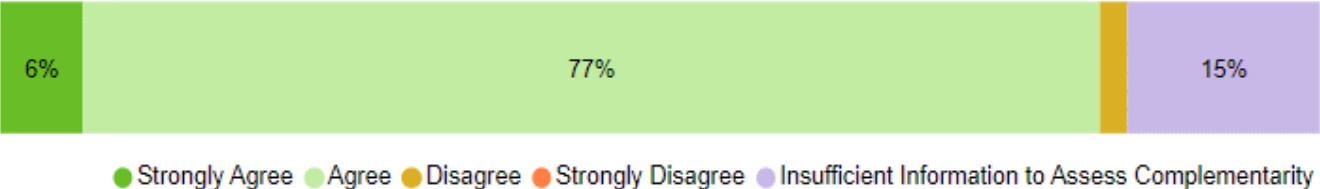

Bar chart: 8% Strongly Agree, 77% Agree, 13% Disagree, N/A

Legend: ● Strongly Agree ● Agree ● Disagree ● Strongly Disagree ● N/A

Bar chart: 33% More focused on system strengthening than system support, 59% More focused on system support than system strengthening, 8% Entirely focused on system support

Legend: ● More focused on system strengthening than system support ● More focused on system support than system strengthening ● Entirely focused on system support

Source: TRP funding request quality survey. W2 funding requests fully recommended for grantmaking, N=61, Charts rounded

Pandemic Preparedness: The funding request demonstrates appropriate investments to strengthen pandemic preparedness and response.

Bar chart: 4% Strongly Agree, 73% Agree, 21% Disagree

Pandemic Preparedness: The funding request investments in Pandemic Preparedness and Response are complementary to COVID19 Response Mechanism investments.


Bar chart: 6% Strongly Agree, 77% Agree, 15% Insufficient Information to Assess Complementarity

Legend: ● Strongly Agree ● Agree ● Disagree ● Strongly Disagree ● Insufficient Information to Assess Complementarity

Source: TRP funding request quality survey. W2 funding requests fully recommended for grantmaking, excluding N/A responses, N=48, Charts rounded

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TRP Funding Request Quality Survey: Sustainability

TRP observed substantive improvements in how funding requests addressed sustainability in Window 2 (W2) (**87% positive** compared to 79% in W1), value for money (89% positive in W2, 77% in W1), and co-financing (73% in W2, 64% in W1). Significant shift from Grant Cycle 6, when the question which integrated sustainability and co-financing was 67% positive. The score on community systems and responses is lower than in W1 but still broadly positive (75% in W2, 87% in W1).

Sustainability: The funding request adequately identifies and addresses challenges to sustainability (in line with the TRP Review Criteria).

| 10% | 77% | 13% |
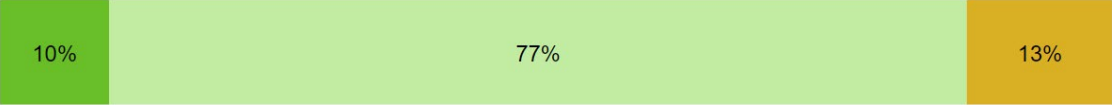
Value for Money (VfM): The funding request invests in increasing program quality, addresses key bottlenecks to program efficiency, strives for economy in provision of program inputs, and addresses equity issues in health services utilization.

| 87% | 10% |

Co-financing: The focus of the co-financing commitments as described in the funding request are appropriate for the country income-level and diseases profiles, and address key challenges to sustainability of program outcomes.

| 7% | 66% | 16% | 11% |
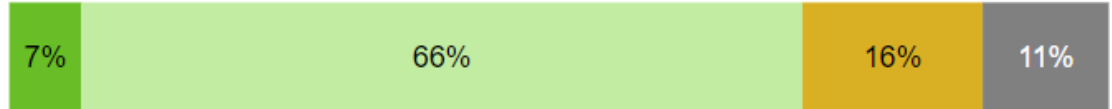
● Strongly Agree ● Agree ● Disagree ● Strongly Disagree ● N/A

Community Systems & Reponses: To what extent are the roles of community-led and -based organizations in service delivery articulated in the funding request?

| 75% | 23% |
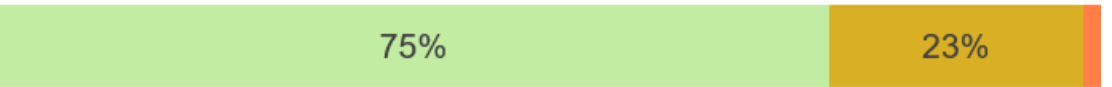
■ Well-articulated ■ Poorly articulated ■ Not articulated

TRP FR Quality Survey: Equity, Gender and Human Rights

TRP saw strong positive movement on equity in Window 2 funding requests (87% positive in W2, 77% in W1). Scores on gender (69% in W2, 69% in W1, 58% in GC6) and human rights (67% in W2, 64% in W1, 66% in GC6) were relatively consistent compared to W1, but gender has made progress since GC6.

Focus on Equity: The funding request demonstrates investment in equitable health outcomes with proposals to address structural barriers and improve access.

Strongly Agree	Agree	Disagree
7%	80%	13%
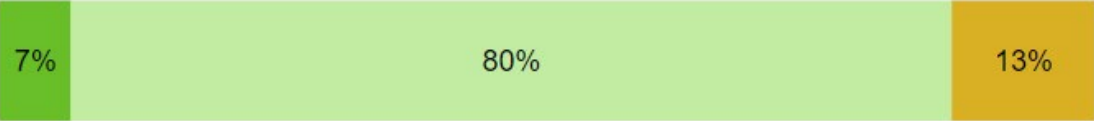
Focus on Gender: The funding request maximizes gender equality by considering and addressing gender inequalities and gender-related barriers that impact on health outcomes.

Strongly Agree	Agree	Disagree	Strongly Disagree
13%	56%	28%	
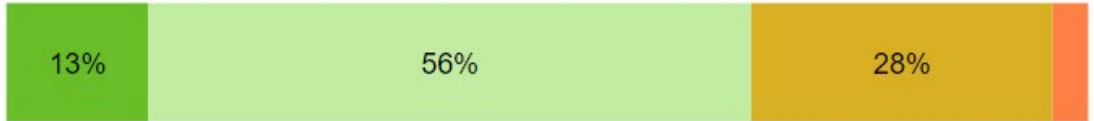
Focus on Human Rights: The funding request ensures that human rights-related barriers to accessing services are adequately analyzed and addressed to achieve the set targets.

Strongly Agree	Agree	Disagree	Strongly Disagree
8%	59%	28%	5%

● Strongly Agree ● Agree ● Disagree ● Strongly Disagree

Thematic observations and recommendations

W2

Observations

Examples of "too little" ambition:

- HIV: Limiting pre-exposure prophylaxis (PrEP) scale-up plans to specific groups or urban areas. Limited introduction of innovative tools such as Dapivirine-Ring and long-acting cabotegravir (CAB-LA). Poor HIV cascade for children.
- TB: Unambitious targets on treatment coverage, drug-resistant TB (DR-TB) detection, child TB case finding, TB preventive treatment (TPT), decentralized services for child TB and DR-TB.
- Examples where applicants planned lots of activities to increase case findings yet didn't increase targets.
- Covering-over gap of ineffective health system by increasing investments in community health workers (CHWs).

Conversely, also examples of "too much" ambition:

- Focus on innovation and ambition but basics (managing advanced HIV, retaining people on treatment) aren't in place. Highest-impact interventions not given sufficient attention compared to "new" interventions.
- Ambitious lab strategies but inadequate investments in lab infrastructure, equipment and human resource capacity.
- Targets not matching reality e.g., HIV with poor cascade but ambitious testing targets, malaria with low antenatal care (ANC) coverage but ambitious targets for intermittent preventive treatment of malaria for pregnant women (IPTp-3).
- Countries proposing scaling up injectable PrEP with no well-organized HIV prevention programs or oral PrEP delivery models to build on, and/or weak existing ART programs.
- Mismatch between ambition to adopt new tools and country's readiness to use them (e.g., proposal includes deployment of digital X-rays with computer-aided detection (CAD) in mobile vans, but no internet for artificial intelligence, no radiologists to interpret the films)
- Applicants "peppering" funding requests with Global Fund strategy language (particularly in relation to gender, human rights and community) but have a big gap in programs, budgets and ability to achieve it.

Recommendations

- Applicants and Partners should not forget to prioritize and sustain core services when planning for new interventions (maintain prevention of mother-to-child transmission of HIV (PMTCT), condoms, linkage to treatment initiation and care from community-based active case finding, etc.)

- Applicants and Partners should plan for readiness to adopt new tools, taking into account country context and health systems capacity.

- While encouraging ambition, TRP advises Applicants to be realistic and more data driven when setting targets in their funding requests.
  - Accurate gap analysis is essential.
  - Set right expectations about what Global Fund allocation can achieve.
  - Match Performance Framework targets with what is achievable; ambitions should match what's been programmed (realism).

- Some model examples of good target-setting in W2, other applicants/partners can learn from:
  - Mozambique HIV-TB-Malaria: Start with National Strategic Plan, identify what domestic funding and non-Global Fund external funding will cover, then identify what Global Fund will cover. Remaining gap: goes into the Prioritized Above Allocation Request (PAAR). Data-driven down to cost-effectiveness analysis directly aligned to funding request.
  - Kazakhstan HIV (Focused portfolio): sharp focus on priority key populations, scaling-up innovative interventions that have been piloted by other countries.
  - Tanzania TB: assessment of diagnostic infrastructure, identification of gaps, models, estimations, clear split between what should be covered in allocation and PAAR.

Observations

The TRP is concerned by weaknesses in partnership and collaboration at the country level resulting in sub-optimal impact:

- Evidence in several funding requests indicates that in some countries, national leadership (e.g., Ministry of Health) is not coordinating in-country partners effectively. Examples include: fragmented support to national program implementation, inconsistent levels of salary for health workers, uncoordinated supply systems, and some regions covered while others not.

- The Global Fund recognizes that partnerships need to include the full range of donors, civil society, and private sector. However, evidence in the funding requests suggests further coordination is required to center community-led and key population organizations in programming and implementation.

- TRP's review of impact of Global Fund investment was often limited by an inadequate or insufficient description of activities and investments of external and domestic resources as documented in the funding landscape tables, programmatic gap tables and the RSSH Gaps and Priorities annex.

- Private sector engagement in several funding requests was noted to remain sub-optimal with inconsistent mapping of private sector activities (usually disease focused). The TRP noted ambition to leverage private sector for domestic resource mobilization for long-term sustainability.

Thematic Lesson 2 : Need for greater focus on collaboration among partners at country level

Recommendations to Applicants

- Within the context of Global Funds investments, Country Coordinating Mechanisms (CCMs) should take a greater role in coordination of the full range of partners and ensure stewardship of national programs. To fulfil this coordination role CCMs are advised to maintain an up-to-date mapping of donors and supported activities.
- CCMs should continue to meaningfully engage with the full range of communities and community-led organizations and ensure investment in and utilization of community-led monitoring and community system strengthening interventions.
- Future applicants in GC7 are requested to provide a complete picture of investments and activities of in-country partners in existing annexes to funding requests.

Recommendations to Partners and Secretariat

- In-country partners should support capacity building of government ministries to support, guide, and engage with private sector, donors, civil society and other actors. They should also organize and support platforms that facilitate this collaboration.
- The Global Fund Secretariat should continue to build the capacity of CCMs to act as a key coordination platform.

Thematic Lesson 3 : Positive examples of strong funding requests, or strong areas within funding requests

Observations

- Across diseases and funding requests:
  - Deliberate use of a range of national data to guide selection of interventions.
  - Better differentiation, especially areas of focus within Focused portfolios.
- HIV:
  - Increased recognition of more key populations and more intersectionality (E.g., trans and gender diverse people, women prisoners who inject drugs).
  - Greater prioritization and budgeting of advanced HIV disease in comparison with W1.
- TB:
  - Optimization of new diagnostic tools, including molecular WHO-recommended rapid diagnostics (mWRD), chest x-rays and CAD.
  - Use of routine data, supplemented by research, to optimize programming.
- Malaria:
  - Use of data for stratification, prioritization, and targeting interventions.
  - More evidence of using Matchbox data to inform programming.
- Equity, Human Rights, & Gender:
  - More gender and matchbox assessments conducted with some funding requests using these assessments to guide interventions.
  - Greater recognition of punitive legal environments as impacting on access to services.
- Resilient and Sustainable Systems for Health:
  - Compared to GC6, increased investments in quantity and quality of RSSH investments. RSSH investments are consistently synergistic with and complementary to C19RM investments. This is seen even when not a Global Fund RSSH "priority" country.
  - Optimization of and investments in integrated lab systems, health management information systems, and health product management systems.

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Observations

Overall, greater focus observed on programmatic and financial sustainability in funding requests:

- At a program level, examples of integration across the three diseases, beyond presentation of integrated funding requests. Examples include triple elimination and some integration of HIV and sexual and reproductive health and rights (SRHR) programs.
- Greater reflection of the role of communities seen in funding requests, demonstrated by deliberate introduction of public contracting. Continuing challenges in enabling the legal structure for public contracting in some countries.
- Despite overall financing challenges, TRP is encouraged to see some examples of increasing domestic financing across countries at different points in the development continuum, including in Challenging Operating Environments (COEs)s (e.g., picking up a greater share of commodity costs)
- Promising examples of innovative financing to complement Global Fund financing e.g., synergies with multilateral investments, virtual pooling.

The TRP also noted areas for concerns related to sustainability, where more concrete steps are needed:

- Human resource sustainability remains a challenge, when TRP is seeing public sector and CHW remuneration included in funding requests with no transition plan to domestic funding.
- In some countries, lack of reliable information on domestic health expenditure (i.e., resource tracking) and inadequate planning for financial sustainability.
- Evidence of community system strengthening investments, but structural barriers remain. Examples of countries where the legal environment (related to human rights) and regulatory systems have not been addressed effectively to ensure sustainability. In environments where certain behaviors are criminalized, some organizations cannot register or apply for funding, hindering the impact and sustainability of funding.

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Thematic Lesson 4 :

Recommendations

Public contracting:

- Partners and CCMs should work with and support governments to create an enabling environment and national budgetary allocation for the establishment and implementation of public contracting, which can be accessed by civil society organizations (CSOs), community-based organizations (CBOs) and community-led organizations (CLOs.)
- Secretariat and Partners should facilitate the exchange of learnings between implementing countries.
- Partners and the Secretariat should continue to engage in community capacity building to better equip community-based organizations to credibly access government funding through public contracting.

Human Resources:

- TRP encourages the Secretariat to be increasingly strict about circumstances in which it approves salaries and top-ups in grants. While ensuring that community health workers are adequately remunerated, the TRP recommends that the Secretariat should require a timebound agreement on how these salaries will be transitioned into national budgets (directly by government or through public contracting).

Financial sustainability:

- Implementing countries are advised to improve visibility of financial sustainability through coordinated financial approaches at the country level, specifically in relation to tracking health expenditures and domestic financing for HIV, TB and malaria.

Programmatic sustainability:

- GF Board and Secretariat are requested to use their diplomatic voice to engage with Governments where hostile environments are a barrier to effective health programming, in respect of human rights and civil society space.

Technical observations and recommendations

Equity, Human Rights and Gender Lessons

Observations

1. Overall, the TRP observed more funding request narratives recognizing **structural barriers** to care and acknowledging that it is critical to address human rights and gender barriers in order to reach the last mile across all three diseases.

    A. The TRP observed this via an increased number of **assessments** (including Malaria Matchbox, gender assessments) although assessments are not yet consistently being used to inform programming, monitoring and evaluation and budgets. The TRP observed a deliberate effort in malaria programming to integrate equity, human rights and gender considerations.

2. **Hostile legal environments** were observed in an increasing number of countries (this includes conflict, new or increased enforcement of laws criminalizing lesbian, gay, bi, trans, and queer (LGBTQ) populations, stigma, barriers to registration, harmful norms) – risking fragile gains made.

    A. The TRP drew on the community annex in a few cases, to provide context on community engagement and found it to be a useful supplementary tool.

    B. Legal response mechanisms in several countries were critical to mitigating the impact of stigma and hostile environments.

3. Many countries indicated **gender-based violence (GBV)** as one of key gender-related barriers to services. Stronger linkages to GBV services continue to be proposed but not sufficiently budgeted for in allocation.

    A. Normative guidance is lacking related to intersection of disease and GBV, particularly in conflict.

4. Many countries showed strategic focus on key populations, yet **intersectionality** among key and vulnerable population (e.g., young key populations, male sex workers, women who use drugs, key populations among refugees or in prison) is poorly addressed with tailored interventions. Many TB programs strengthened access to services for people deprived of liberty.

5. There are several countries with momentum around updating and harmonizing their **CHW** program; there is untapped potential to further mainstream equity, human rights and gender perspectives (e.g., equitable compensation for CHWs, better gender balance among cadres to reach more women, and empowerment of CHWs who are key populations) which add to the sustainability and impact of the community health programs.

6. **Budget allocations** for human rights and gender interventions were inadequately resourced across W2 funding requests.

    A. 28 W2 countries allocated 0-1% to the 'removing gender and human rights related barriers' module.

    B. Countries participating in the Breaking Down Barriers program and matching fund tended to include higher quality interventions and, in some cases, higher allocations to removing gender and human rights related barriers.

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Equity, Human Rights and Gender Lessons

Recommendations

1. **Overall:** Technical Partners and Secretariat should continue supporting countries with gender and/or human rights assessments and the Malaria Matchbox. Applicants should ensure findings of these assessments inform their funding requests, budgets and program implementation

2. **Hostile Environments:** Technical partners and Secretariat should support advocacy to mitigate the impact of hostile environments. Secretariat should consider emergency funding for civil society advocacy and community-led intervention in hostile environments (taking into account participation in CCM and other processes might not be possible).

   A. The Secretariat should continue to strengthen the community annex tool and process, and consider its inclusion in funding request packages. In-country partners should lead on identifying the emerging needs in hostile contexts.

   B. Applicants should invest in community-led monitoring (CLM) to ensure a quick response to rights violations in rapidly-changing contexts.

3. **GBV:** Partners should support applicants to strengthen GBV linkages (policy, financing, and service provision) at country level; and actively explore the development of new normative guidance at the intersection of diseases and GBV, particularly in conflict.

4. **Intersectionality and differentiated programming:** Applicants should ensure tailored interventions address such critical interventions for maximizing impact. Secretariat and technical partners need to foster further support for intersectional programming and budgeting.

5. **CHWs:** Applicants should undertake and/or utilize existing equity, human rights and gender analyses to inform updates to CHWs programs.

6. **Budget allocation:** the Secretariat should support Applicants to allocate adequate budget for removing gender and human rights-related barriers and invest in structures and systems which support larger budget allocations to this critical area of funding. The Breaking Down Barriers strategic initiative and matching funds should be further scaled-up.

Malaria Lessons

- **Funding gaps:** Countries continue to face significant challenges in funding core treatment and prevention.
- **Data use:** TRP has observed better use of country data for prioritization and targeting of interventions. One country in particular is commended for conducting a detailed sub-nation analysis of the epidemiological trends in malaria and intervention coverage, which was used to inform their funding request.
- **Allocation misalignment:** TRP has observed large increases in malaria burden in some countries due to natural and man-made disasters which will take time to reverse. Country allocation amounts did not appear to account for these situations.
- **Pre-referral rectal artesunate suppositories (RAS):** TRP has observed positive examples of countries including pre-referral RAS, but some funding requests did not demonstrate a strong referral system for severe malaria, as per WHO recommendations.
- **Indoor residual spraying (IRS):** TRP has observed high burden countries with gaps in vector control shifting from IRS to effective insecticide treated nets (ITNs) to cover more of their high-risk populations. Yet some high-burden countries continue to use IRS over next- generation ITNs even where large gaps of vector control coverage exist.
- **Elimination:** In some elimination settings, the TRP observed inadequate timely foci response in case-based surveillance implementation, which is not aligned with WHO elimination guidance.

Malaria Lessons

Recommendations to Applicants

- TRP recommends countries follow the latest WHO guidelines for management of severe malaria, including striving to establish and support a strong referral system for severe malaria in remote settings where pre-referral RAS is used. The TRP recommends this be clearly articulated in funding requests.

- In resource constrained settings in high-burden countries where large gaps exist for vector control, countries may consider replacing IRS with effective ITNs, with a focus on maximizing coverage and use among the highest risk populations. TRP recommends applicants include a strong justification in their funding requests for their use of IRS in these contexts.

- The TRP recommends applicants work with technical partners to focus on building sufficient capacity and human resources to implement complete foci responses in countries that are in the elimination phase, following WHO recommendations.

Recommendations for Technical Partners and the Secretariat

- Allocation methodology: The TRP recommends the Secretariat and partners review their allocation methodology to include factoring in more recent epidemiological contexts.

- The Secretariat should consider coordinated regional funding approaches to help address the increasing malaria burden as a result of natural and man-made disasters, including accounting for population movement across borders.

HIV Lesson 1 : Epi Analysis

Observations

- The TRP saw inconsistent information on distributions of HIV by population and geography.
- Epidemiological, integrated, and biobehavioral surveys were often not current or inclusive of all populations, resulting in inaccurate size estimates.
- Many countries presented cascades which were not sufficiently disaggregated to cover relevant populations (e.g., finer age disaggregation).
- HIV prevention cascades were often missing.
- There was a lack of data on main co-morbidities (non-communicable diseases including mental health, co-infections).

Recommendations to Applicants

- Applicants should ensure that biobehavioral surveys and population size estimates are current and cover all populations and that this data is used to guide program implementation.
- Applicants should analyze the distribution of HIV by population and geography, looking especially at the burden of disease and coverage of interventions.
- In cases where data is missing from the pre-filled Essential Data Tables, applicants are requested to provide the missing data.

Recommendations to Partners

- Partners should support better cascade analyses, ensuring that HIV prevention cascades are performed and that cascades are sufficiently disaggregated by age.

HIV Lesson 2 :

Poor performance on pediatric and adolescent HIV management

Observations

- Insufficient understanding and progress was made in closing the pediatric cascade, especially in the use of finer-age disaggregation to better tailor interventions.
- Many funding requests inadequately addressed adolescent HIV, insufficiently considering the complexities of treatment and adherence in these populations.

Recommendations to Applicants

- Renew a focus on children and adolescents living with HIV: from testing, to treatment, adherence, viral load testing and suppression. These should be linked to PMTCT and to maternal and child health services.
- More quickly adopt new normative guidance on pediatric treatment. Consider the new dosing recommendations in forthcoming guidelines to facilitate faster adoption of recommended dolutegravir (DTG) regimens.

Recommendations to Partners & Secretariat

- Partners and Secretariat should work with applicants to accelerate uptake of normative guidance.

HIV Lesson 3 : Exclusion of some key populations in HIV interventions

Observations

- Some groups of key populations were excluded in surveys or from differentiated services funded by the allocation, particularly in countries with repressive legal environments.

Recommendations to Applicants

- Based on epidemiological context and vulnerability, ensure inclusion of interventions and budgeting for all relevant key populations in line with WHO Consolidated Guidelines for HIV, Hepatitis and Sexually Transmitted Infections for Key Populations.

- Enhance the inclusion of all key and vulnerable communities in HIV service delivery, surveys, and evaluation, addressing their unique needs.

HIV Lesson 4 : Treatment optimization

Observations

- TRP noted variations in regimens being used for second line HIV treatment.
- A lack of progress was seen on the introduction of DTG (a cheaper option than protease-inhibitor based regimens) as second line treatment.
- Lack of progress was also seen on the treatment of some opportunistic infections, such as cryptococcal meningitis.

Recommendations to Applicants

- Applicants should follow and adopt treatment guidelines aligned to WHO normative guidance using DTG as 2nd line, which has a cost benefit.

Recommendations to Partners & Secretariat

- Partners and Secretariat should work with applicants to accelerate uptake of normative guidance, with urgency when there is a cost benefit that will allow funding more interventions now in the Register of Unfunded Quality Demand.

HIV Lesson 5 :

Challenges in sufficient differentiation and adaptation of HIV interventions

Observations

- The TRP saw a lack of differentiation for Adolescent Girls and Young Women (AGYW): different age groups, different geographies, and different profiles to help target interventions.
- Applications did not provide enough details on how applicants were undertaking differentiated service delivery (DSD).
- Interventions like PrEP, and HIV self-testing were proposed without details on how they would be adapted based on epidemiological context and populations.

Recommendations to Applicants

- Adopt normative guidance (e.g., from the Global HIV Prevention Coalition) to improve targeted interventions for AGYW.
- Provide more details in funding requests on DSD provision based on population and geography.
- Adapt service delivery for interventions, considering factors such as HIV risk level, vulnerability to HIV, accessibility, and user preferences. Adhere to normative guidance, especially for PrEP.

TB Lesson 1 :

Observations

All funding requests included modules and interventions to expand detection – and demonstrated more action to:

- find more children, adolescents and men with TB.
- enhance TB detection in advanced HIV disease (and more widely in: services to reduce the TB burden in people living with HIV; in intensified TB case finding in HIV care; and in scale-up of TPT among people living with HIV).
- ensure strong TB detection in health facilities, in addition to community level activities.
- aim towards nation-wide case finding and ensure quality implementation.
- ensure support of community health/TB activities; laboratory and commodity supply; linkage to treatment initiation; and people-centered care.
- reach out to (remote) rural areas; urban slums were frequently covered though not at scale.
- monitor progress and make sure to targets were met.

Recommendations

For applicants:

- Strengthen the introduction and implementation of all recommendations of the revised (2022) normative guidance on child and adolescent TB; invite technical support when necessary.
- Systematically use stools for WHO-recommended rapid diagnostics and urine for TB-LAM (Lipoarabinomannan).
- Target interventions to the 'right' geographies and populations to optimize yield.
- Consider access-related barriers to case finding (e.g., stigma, discrimination, distance, user fees, transport costs, etc.)
- Monitoring and evaluation: see W1 Lessons Learned (e.g., on better use of cascade analysis for monitoring continuum of care, support of integrated data flow)

For partners:

- Consider engagement with the UNICEF agenda for action on childhood tuberculosis.

TB Lesson 2 :

Need for continuous quality improvement in TB care for better treatment outcomes

Observations

Many funding requests recognize need to reduce deaths and loss to follow-up and not evaluated among:

- People with DR-TB and people living with HIV with TB
- Adolescents with TB

- A limited amount of information was seen about management of adverse drug effects, especially among people with DR-TB.

Recommendations

For applicants:

- Shorten treatment regimens and use child-friendly preparations, ensuring that drug-safety is monitored and managed.
- Ensure that person-centered care and adherence support is provided. Consider using digital adherence technologies. Recognize the need for 'youth-friendly' services for adolescents with TB.
- Find out root causes for undesirable outcomes if these are not yet known and develop approaches to address them.
- Expand meaningful interventions to reduce stigma and out-of-pocket costs and to increase social and nutritional support, etc.

For partners:

- Support applicants in their efforts to maximize TB cure and treatment completion to prevent development of drug resistance.
- Support cascade analyses of case holding.

RSSH Lesson 1 : Limited progress on health sector reforms to promote Integrated People-centered Quality Health services

Observations

- The TRP overall observed that RSSH indicators in the performance framework were still inadequate to measure progress; RSSH assessments were limited to quantitative data, making the context difficult to assess.
- While noting difficulty of governance reforms, the TRP noted that some key governance and stewardship issues were often under-addressed in funding requests, except for support for planning and meetings.
- There were missed opportunities for countries to integrate the various RSSH-related applicant guidance materials into program design and for them to learn from their peers.
- The TRP saw limited information in the funding requests to show that evidence-based policy making was based on systematic evidence or that health system reforms were addressed.
- The TRP identified a need for greater attention to value for money and efficiencies in the prioritization of interventions.

Recommendations to Applicants

- Applicants need to prioritize activities to catalyze governance and stewardship reforms considering programmatic and country context, make use of normative guidance and support from technical partners, and track actions with accountable and effective outcomes (e.g., addressing personnel gaps, quality of care, etc.).
- Applicants need to use key annexes (RSSH Gaps and Priorities Annex, Funding Landscape Table, and Programmatic Gap Tables) as tools to assess system-wide gaps (both programmatic and financial) to inform and prioritize their interventions. This will improve the VfM of their requests.
- Applicants are encouraged to refer to case studies from good practices for RSSH interventions and to use simple resources which summarize operational guidelines, such as the one-pager on Value for Money.

Recommendations to Partners & the Secretariat

- The Secretariat should develop more indicators, qualitative assessments, and workplan tracking measures for RSSH (including on critical approaches) which can be included in the funding request narrative, Performance Frameworks and Essential Data Tables for GC7.
- Partners should support countries in reforming health systems governance, strengthening their ability to capitalize on experience and learning, and basing policy-making on this evidence.

RSSH Lesson 2:

Encouraging signs to include health financing module, but continued incomplete information on co-financing, funding landscape and social health insurance

Observations

- The TRP saw incomplete information on the financial contributions and funding landscape of applicants.
- National Public Financial Management (PFM) systems were often underperforming, reducing the opportunities for use of domestic systems by donors – further weakening the PFM systems.
- The TRP was encouraged to see that some requests had "Health Financing" modules. Unfortunately, these were often weak and unambitious.
- Many countries adopted primary health-care (PHC) or universal health coverage (UHC) objectives, but social health insurance implementation was found to be lagging in many. Difficulties were seen in many funding requests on integrating HIV, TB, and malaria into service/benefit packages.
- The TRP saw an inconsistent level of quality and degree of information in funding landscape tables and RSSH Gaps and Priorities Annex making it difficult to assess for potential duplication of efforts and progress in domestic financing and co-financing.
- The TRP saw progress from applicants in a couple transition portfolios in how they detailed key elements of sustainability (Financial: increased domestic financing. Programmatic: support to programs, transition and sustainability plans). However, they noted that operational plans were still missing on investments in areas such as human resources for health and for health products.

Recommendations to Applicants

- Applicants should strengthen their public financial management systems to monitor health expenditures, including those on HIV, TB and Malaria.

Recommendations to Partners & the Secretariat

- The Secretariat should support countries to gather and prepare a more complete financial landscape with visibility on how Global Fund spending sits alongside other external and domestic spending in a country. This should include RSSH investments across all building blocks.
- Partners and the Secretariat need to support applicants with integrating HIV, TB and malaria into PHC service and UHC benefit packages.
- The Secretariat should provide the TRP with improved information on realization of co-financing commitments and domestic financing for disease programs to enable the TRP to make an informed decision and help leverage and orient co-financing towards impactful interventions.
- Partners and the Secretariat should support Focused and Transition portfolio countries with developing detailed analyses on key elements of sustainability, with detailed operational plans on sustainability and transition that include the broader health systems and not just key populations and civil society.

RSSH Lesson 3: Early-stages integration in PHC noted, but still a long way to go

Observations

- The TRP saw evidence of early-stage integration of PHC in some countries, but notes that most funding requests provided limited details on integrating disease-specific service delivery into PHC.
- An encouraging shift was seen towards integration of community health workers but missed opportunities were noted to address community systems strengthening as a holistic approach (e.g., civil society capacity building, community-led monitoring, community engagement and coordination, leadership building).
- Many countries faced important challenges related to human resources for health (HRH) including shortages, quality, and donor dependency for in-service training and supervision. Limited examples were seen of the Global Fund or Partners supporting the strengthening of HRH in a comprehensive and sustainable way.

Recommendations to Partners & the Secretariat

- Support a continued focus of applicants on integrating disease specific interventions into PHC.
- Address missed opportunities to strengthen all elements of community systems strengthening (especially community-led monitoring) and focus on linking programs with health systems as complements and not as replacements
- Support applicants in developing comprehensive plans for HRH including conducting labour market analyses and developing human resource management systems to inform future HRH reforms towards programmatic impact and sustainability.

RSSH Lesson 4:

Some progress on HMIS, LMIS and HPMS noted, but critical challenges remain

Observations

- The TRP saw progress on how applicants used data to plan interventions (especially with integrated health management TRP information systems (HMIS) supported by C19RM), but gaps in data quality continued.

- Limited progress was seen on the integration and interoperability of data management information systems (HMIS, Logistics Management and Information Systems (LMIS), and Human Resource Information Systems (HRIS)).

- The TRP saw focus and investment on supply chain management (such as HPMS supported by C19RM), but challenges persisted on procurement, regulatory capacity, stock management, warehousing capacity, information systems, and transportation (especially last-mile delivery). Supply chain strategic plans were of varying quality or absent. Evidence was seen of increased investments in laboratory systems (such as sample transport, quality assurance, human resources, and logistics). These were largely complementary to investments supported by C19RM. However, some funding requests showed limited evidence of having been informed by gaps analyses or detailed strategic plans.

Recommendations to Partners & the Secretariat

- Technical Partners and the Secretariat should provide enhanced support to countries on using data to inform program decisions.

- Technical Partners should support countries to accelerate the data integration process for their information management systems, including HMIS, LMIS, HRIS, and HPMS.

- Technical Partners and the Secretariat should provide additional support to countries on supply chain strengthening. This support should include a focus on last-mile delivery and on using evidence-based prioritization to prevent stock-outs.

- Technical partners should support countries with performing laboratory system gaps analyses to inform strategic plans and build towards effective laboratory systems which can better support the disease programs.

- The Secretariat and Partners to provide further structured guidance on supply chain management, to help inform country-level supply chain management plans. This includes Global Fund policy guidance on infrastructure investments such as warehouses.

- The Secretariat and Partners should work to identify ways that investments in health systems strengthening can benefit from the use of country-led and sustainable pooled procurement mechanisms.