
2020 Technical Review Panel Lessons Learned

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1. Executive Summary

This report of the Technical Review Panel (TRP) provides lessons learned to applicants, technical partners and the Global Fund Secretariat from the TRP's virtual reviews of Funding Requests in Windows 1 to 3 of the 2020 – 2022 allocation cycle. The report is based on review of **157 Funding Requests** amounting to **US\$11.34 billion** in allocated funds and representing nearly **90 percent** of allocated funds for the present allocation cycle. This report also includes lessons learned from the TRP's review of Detailed Investment Plans for **13 Strategic Initiatives (SIs)**, representing **US\$191 million** of catalytic funds.

1.1 Lessons Learned from Allocation Funding Requests

The TRP notes the following thematic lessons learned from its review of Funding Requests:

- **The impact of COVID-19 on disease programs has been substantial**, as social distancing and lockdowns have resulted in interrupted service delivery and reduced scope of both health facility and community-based activities. The TRP commends countries for the innovations and the low-cost and low-risk adaptive and patient-centered solutions they have taken to address these challenges. The TRP underscores that sustaining progress towards ending HIV, TB and malaria as epidemics will require that intentional action be taken to mitigate both the short- and long-term impacts of COVID-19.
- **Overall, Funding Request submissions have been of high quality.** Of the Funding Requests reviewed in Windows 1 to 3, the TRP reviewers rated over 89 percent as good or very good. The TRP found that applicants successfully used differentiated application modalities to succinctly deliver their Funding Requests. Differentiation should continue, including refining the guidelines for some portfolios, such as multicountry applications, to further support quality improvements.
- **Funding Requests evidenced increased attention to areas critical to achieving Global Fund strategic objectives compared to the last cycle.** These areas include human rights, gender and HIV prevention; resilient and sustainable systems for health (RSSH); financial and systems sustainability; value for money; use of disaggregated epidemiological data to design programs; mobile and migrant populations and cross-border collaboration; and decentralization of systems for health. Progress is still needed in these areas to end the three diseases, and therefore requires their consideration in the development of the next Global Fund Strategy.
- **There is a need to move toward Funding Requests that are strategically focused on results and impact, and demonstrate continuous improvement of program effectiveness and efficiency.** Some countries with significant and ongoing Global Fund investments have not achieved sufficiently impactful programmatic results over time, and continued to have a disconnect between planned disease targets and strategic approaches, activities and planned program budgets. Particularly in these instances, but for other countries as well, the TRP recommends more ambitious and practical approaches to target setting, including more focus on national program results over performance of discrete grants. Notably, the TRP finds that increased coordination and synergy across partners in supporting national disease program efforts is critical to address this concern.
- **The TRP calls attention to the need for greater focus on ensuring that core evidence-based interventions are in place to respond to specific epidemiological contexts.** The TRP emphasizes that there remain opportunities for applicants to appropriately prioritize

investments, including ensuring that core interventions are budgeted within the allocation rather than in the Prioritized Above Allocation Request (PAAR).

In addition to the above thematic lessons learned, the TRP also presents in the report technical lessons on HIV, TB, malaria, RSSH, human rights and gender, and strategic investments and sustainable financing.

1.2 Lessons Learned from Strategic Initiatives

The TRP review of Strategic Initiatives (SIs) was based on tailored review criteria, that aimed to assess the technical soundness, strategic focus and potential for the SI to catalyze the impact of Global Fund grants in a particular area. The TRP's review found that:

- **Overall, the SIs are well positioned to deliver against the Global Fund's strategy and are well focused on Board-approved areas of investment.** Of the 13 SI Detailed Investment Plan reviews completed by the TRP to date, the TRP found the majority to be well fit for purpose. Only three were considered to have major concerns to be addressed during grant finalization and implementation. To further improve SIs, the TRP recommends:
 - Streamlining the SIs in order to avoid fragmentation, transaction costs and management issues. This will include systematizing the selection of SIs and grouping SIs in terms of whether their objectives are "long term" or "gap filling."
 - Improved coordination and alignment at the country level where countries are targets or beneficiaries of multiple SIs.
 - Ensuring strategic allocation between and within the SI areas to avoid spreading funds too thin.
- **A clear overall "theory of change" that defines the impact the Global Fund seeks through SIs, and drives the selection and development of individual SIs would benefit the SI program.** This will facilitate strategic allocation of SI funding to efficiently address key programmatic gaps that have highest potential to catalyze grant impacts. In addition, the theory of change of each individual SI should be based on a clear problem statement, brief delineation of the associated areas to be prioritized for investment, clear indicators for measuring results and how results will be measured with due consideration to program risks and mitigation measures.
- **There is opportunity to improve the approach to TA, which is a key investment area across SIs.** Specifically, the TRP strongly encourages the Global Fund to continue prioritizing country-driven and -owned TA, focusing on building and utilizing local capacity. Additionally, TA should be supported by high-quality terms of reference with time-bound measurable outcomes to strengthen accountability; and efforts should be strengthened to improve coordination of TA provision across development and technical partners.
- **Upstream engagement of the TRP in the SI review process will enable the Secretariat to better leverage the TRP's inputs** to inform the design of the SI program, strategic selection of SI areas of investments and the review of individual SIs.

2. Introduction

This report of the Technical Review Panel (TRP) provides Lessons Learned to applicants, technical partners and the Global Fund Secretariat from the TRP's virtual reviews of Funding Requests Windows 1 to 3 of the 2020 – 2022 allocation cycle. The report is based on review of **157 Funding Requests**, including **8 resubmitted Funding Requests** and **5 multicountry Funding Requests**; and also includes lessons from the TRP's review of Detailed Investment Plans for 13 SIs, representing **US\$191 million** of catalytic funds.

The Funding Requests recommended for grant-making across the three review windows represented **US\$11.34 billion** in allocation funds, or nearly **90 percent** of allocated funds for the allocation cycle. The TRP also recommended **US\$311 million** in catalytic matching funds and **US\$124 million** in catalytic multicountry funds. The TRP further recommended **US\$4.95 billion** in Prioritized Above Allocation Requests (PAARs) to be registered as quality demand and funded, if resources become available.

This report is structured in terms of (i) cross-cutting thematic lessons learned and (ii) technical lessons learned. The report incorporates lessons learned and discussed in earlier reports produced in 2020 namely: the [Technical Review Panel Lessons Learned from Review Window 1 2020-2022 Funding Cycle](#) and [Technical Review Panel Lessons Learned from Review Window 2 2020-2022 Funding Cycle](#), while adding lessons learned from Window 3 and the review of SIs. The report reflects findings from the current allocation cycle and is informed by findings from the preceding allocation cycle (see [TRP Observation Report 2019](#)) and the TRP's recommendations to the Global Fund Board's Strategy Committee for the development of the new Global Fund Strategy (2023 onward).

3. Thematic Lessons Learned

3.1 Impact of COVID-19 on disease programs

The TRP notes that **the COVID-19 pandemic presents grave risks**, within countries and globally, but has also heightened attention to infectious diseases, weak health systems and health inequities. Therefore, countries must look for opportunities to use the COVID-19 response to strengthen key health systems and renew their efforts in the fight against HIV, TB and malaria. While Window 1 Funding Requests were largely written prior to the COVID-19 pandemic, many of the Funding Requests submitted in Windows 2 and 3 acknowledge the impacts and effects of COVID-19 and some presented plans to address the three diseases in the pandemic context.

The impact of COVID-19 on existing and proposed activities has been substantial. Direct and indirect health system impacts include interrupted service delivery and reduced scope for both facility and community-based activities. Constrained public financing has limited non-COVID-19 health budgets, health worker salaries, and necessary co-financing commitments. However, many of the applicants gave evidence of finding ways to continue services, for example, many countries indicated that bed net distribution for malaria still took place. Others responded adaptively to social distancing and lockdowns, with innovative approaches to program implementation including **patient-centered innovations** in HIV and TB such as take-home dosages of opioid substitution therapy, multi-month dispensing of antiretroviral (ART) and TB medications, HIV self-testing, online counseling, and online trainings. The TRP lauds those programs that have been able to maintain progress and welcomes the adaptive innovations and low-cost, low-risk creative solutions it has observed in 2020.

The TRP calls attention to the observation that sustaining progress towards ending HIV, TB and malaria as epidemics will require that intentional action be taken to mitigate the longer-term impacts of COVID-19 such as:

- Reduced household incomes due to loss of employment, leading to increased vulnerability and reduced access to food, health care and other essential services;
- Loss of revenue for local and national government budgets needed to fund basic services including community and outreach services;
- Erosion of health-related human rights and community engagement due to overreaching restrictions on civic space;
- Potential reduction or redirection of development assistance for health from donors; and

- Potential loss of front-line health workers from COVID-19 deaths and response burn-out, as well as reluctance or inability of clients to access services as the pandemic continues.

Recommendation to Applicants

- Despite the urgent need to respond to COVID-19, countries are urged to take all necessary steps to ensure they continue to focus on rights-based and gender-responsive strategies to control and eliminate HIV, TB and malaria.
- Countries and partners are encouraged to use the response to COVID-19 as an opportunity to work more cohesively and collectively to advance and promote country leadership, institution building and systems strengthening for the benefit of those most in need, in alignment with national health goals and the Global Action Plan for Healthy Lives and Well-Being for All (the GAP¹).
- Countries and all stakeholders are urged to redouble efforts to advance universal health coverage (UHC), which is the most effective means to address both the three diseases and the COVID-19 pandemic.
- The TRP recommends that patient-centered innovations and practices implemented in response to the COVID-19 crisis be scaled-up and continued where appropriate.
- Countries are encouraged to **develop and monitor a “do no harm” framework**, considering COVID-19 implications, including ensuring that lockdowns and other means of restricting population movements during COVID-19 do not prevent access to HIV, TB and malaria services; ensuring the safety of community-based and outreach service workers, often members of key populations, and at-risk frontline healthcare workers, the majority of whom are women, including access to adequate personal protective equipment and other measures; expanded use of digital information and interfaces is also vital, with increased attention to equity of digital access, security protocols and data privacy. Heightened attention is also needed to address and mitigate gender-based violence, adapt services for key populations, and to ensure the health needs and human rights of those most vulnerable to COVID-19, as well as to HIV, TB and malaria.
- Countries are encouraged to **invest in building the resilience and capacity of systems for health** as a core strategic response to managing multiple epidemics including COVID-19 and HIV, TB and malaria. These investments should aim to:
 - Increase access to services, particularly for key and vulnerable populations;
 - Improve information, supply chain and logistics arrangements;
 - Expand supervision and quality of care;
 - Strengthen essential health service platforms, especially primary health care and community services; and
 - Together with partners, ensure complementarity and consistency of investments in RSSH through more comprehensive mapping of national and partner RSSH interventions.
- The TRP advises that countries pursue opportunities for **integrating the COVID-19 response and general outbreak preparedness with HIV, TB and malaria programs**, where areas of alignment exist, including reinforcing governance, leadership and planning, improving infection prevention and control, strengthening data and surveillance systems and laboratory services, and expanding community-based services, diagnosis, and quality treatment and care.
- The TRP recommends that **adult on-line training platforms** be considered for both health care workers and peer groups and prioritized over more resource-intensive in-person trainings, during the pandemic and even going forward.

¹ <https://www.who.int/publications-detail/stronger-collaboration-better-health-global-action-plan-for-healthy-lives-and-well-being-for-all>

Recommendation to Technical Partners and the Secretariat

- The TRP encourages technical partners and the Secretariat to work together to explore how the production of real-time data, such as that produced for COVID-19, could be used in the Global Fund's model for HIV, TB and malaria.
- Technical partners are urged to support national systems rather than establishing or using parallel systems for COVID-19 response.

3.2 High quality Funding Request submissions overall

A successful replenishment for the Global Fund in 2019 enabled countries to receive higher allocation funding in the 2020-2022 allocation cycle compared to the preceding cycle. With increased allocation funding, the TRP had greater expectations for countries to capitalize on the opportunity and submit quality funding requests to accelerate ending the diseases. While the TRP found the funding requests reviewed in Windows 1 to 3 to be of good quality, with over 89 percent rated good or very good by the TRP and 95 percent considered well-aligned to the national disease-specific strategic plans (NSPs), there remained a gap between Funding Requests and the TRP's expectations for greater ambition in meeting disease targets and strengthening systems. Many Funding Requests seemed geared to the same level of results as before, despite increased resources. The TRP hopes to see **applicants focus on more ambitious results** in future funding requests; it is no longer sufficient to simply propose a technically sound disease program, but there is a need to better match ambition for both addressing the diseases and strengthening health systems to the available investments.

Improved Funding Requests are partially the result of the Global Fund's continued implementation of differentiation principles, which offers each applicant an application approach and template that are appropriate to their portfolios. Redefinition of the differentiated application process based on lessons learned from the 2017-2019 allocation cycle allowed more countries to use tailored approaches for Funding Request submission (e.g., Tailored for NSPs) in the current cycle. Also, the Modular Framework and Programmatic Gap Tables were used more effectively by applicants. Joint submission of the allocation Funding Requests and the PAAR, and matching funds requests where applicable, enabled the TRP to better analyze synergies and programmatic prioritization. Inclusion of a new resource developed by the Secretariat for each country, the essential data tables, provided greater information to the TRP on the epidemiological situation of countries.

The TRP sees an opportunity to refine the approach to allocation-funded multicountry Funding Requests. The TRP observed that multicountry applications fall into two groups: 1) those that are to fund a mechanism that supports a group of countries and 2) those where a group of small, but discrete country applications are grouped together in a single application for convenience and efficiency. The first group – multicountry or regional mechanisms – is relatively straightforward to review, but the TRP found that there is often variability among countries or diseases in the second group, leading to highly variable applications. The quality of Funding Requests and information provided by countries needs to be sufficient to realize efficiencies in this grouping.

Recommendation to Applicants

- The TRP encourages applicants to build on previous investments to further strengthen systems and make them more sustainable.
- The TRP recommends that Funding Requests submitted by multicountry applicants include a **mapping of programmatic and institutional linkages** between the multicountry grant and country programs, and a clear articulation of **the sustainability path of the proposed multicountry grant**, including co-financing.
- The TRP recommends that multicountry applicants consider leveraging opportunities for **deeper regional coordination and experience sharing**, by investing in regional

interventions such as procurement knowledge management and relevant information system modules.

Recommendation to the Secretariat

- The TRP recommends that the Global Fund Board think harder about maximizing the impact of the Global Fund's resources, taking calculated risks, and better and more constructively investing in sustainability.
- The TRP recommends that the Global Fund **continue creating and refining differentiated funding applications**, while simultaneously providing ongoing training to applicants, partners, and the TRP on how to develop and leverage Funding Request materials appropriately.
- The TRP requests further guidance be provided to applicants on how to most effectively use the Tailored for National Strategic Plans application approach, and how to ensure that any gaps in NSPs are sufficiently addressed in the Funding Request. Further, the TRP requests that the Secretariat and partners qualitatively and quantitatively analyze lessons learned from this modality over the funding cycle to inform future improvement to the application approach.
- The TRP recommends that the Secretariat provide **more guidance on the "typology" of multicountry programs** and whether these grants are expected to focus on regional coordination, capacity building, exchange of experience, pooling of resourcing and/or other values or desirable advantages.
- In the context of differentiation, the TRP requests that the Secretariat provide greater **guidance to applicants and the TRP on what is expected in terms of sustainability and transition preparedness** in multicountry requests, and how to approach assessment of these aspects in applications.

3.3 Areas that received increased attention from applicants compared to the last cycle

The TRP noted positive developments in the content of the Funding Requests reviewed in Windows 1 to 3. The TRP wishes to highlight the following items as particularly relevant for the development of the next Global Fund strategy, given the importance of these areas to sustained progress in the fight against the three diseases. While observing that attention to these areas is encouraging, the TRP also notes that further progress is needed and identifies specific aspects for improvement in subsequent sections of this report.

Human rights, gender and HIV prevention

The TRP observed a substantial increase in human rights focused guidance and initiatives, such as the Breaking Down Barriers Strategic Initiative, with more countries prioritizing measures to address human rights-related barriers to accessing services, including interventions to improve equity in access to key services, compared to the 2017-2019 allocation cycle.

For HIV prevention, progress was also seen in the planning and inclusion of priority HIV prevention interventions in Funding Requests, though major gaps remain against prevention targets agreed by United Nations member states. Proposed interventions were better articulated and focused and were better tailored to key and vulnerable populations. Prevention targets were ambitious and generally aligned to NSPs. Additionally, prevention interventions increasingly referred to differentiated HIV models for gender- and key population- specific programming. While the TRP has seen increased attention to key populations in Funding Requests, their prioritization, differentiation in programming at country-level and tailoring of program delivery to different key populations are still insufficient.

The TRP also noted a decreasing number of civil society Principal Recipients – which in many countries enable access to HIV prevention interventions, particularly for key populations, and the continuation of services as countries transition out of Global Fund financing.

Recommendation to Applicants

- The TRP recommends that programming for key populations be designed with a people-centered approach. While there are commonalities across groups, the one-size-fits-all model is not appropriate and must be adapted depending on epidemiological stratification of country key population characteristics and needs.
- The TRP encourages applicants to ensure that interventions for adolescent girls and young women, in particular, are suited to the epidemiological context, prioritizing those at higher risk and value for money, rather than general education and information that is not tailored to context.

Recommendation to the Secretariat

- The TRP advises the Global Fund to carefully examine implementation arrangements of Principal and Sub-Recipients to ensure that there is sufficient funding for civil society implementers to ensure the sustainability of key programs and service delivery.
- In the context of COVID-19, the TRP recommends that the Secretariat support governments in recognizing the role of civil society organizations in tackling COVID-19 and its consequences and enabling civil society organizations to continue to provide vital services, while encouraging broad civil society participation in the development, oversight, and implementation of COVID-19 recovery plans.

Resilient and sustainable systems for health (RSSH)

While the TRP acknowledges that the level of financing for RSSH has increased, it expresses disappointment that, for many of the Funding Requests, the quality of these investments has not similarly improved. The small increase in RSSH investments is mainly in health systems **support** with a considerable portion for salary supports. Significant investments were also realized in laboratory **support**, separate from integrated service delivery. The TRP observed that a high proportion of desirable RSSH **strengthening** activities were put in PAARs, rather than planned under the core allocation request.

Recommendation to Applicants

- The TRP advises that applicants **frame systems support requests within the country's overall health and community system landscape**, and tie Funding Requests to a comprehensive plan for health systems improvements over time linked to UHC and the national health security agenda. A mapping of partner contributions to RSSH should also be included.
- The TRP recommends that applicants **develop one plan for requesting Global Fund investment in RSSH** that includes a clear picture of the health and community system landscape, an analysis of the prioritized needs/gaps, the sequencing of investments, and elements that would be included in the RSSH requests submitted with each Funding Request when RSSH investments are not consolidated in one Funding Request.
- The TRP recommends that applicants refine their understanding and commitment to RSSH by moving beyond just funding community health workers to inclusion and institutionalization of community system response.
- The TRP encourages applicants to check for consistency of RSSH data across Funding Requests, such as warehousing and distribution charges.

- Additionally, the TRP encourages applicants to clarify who is responsible for the integration and governance of RSSH investments overall; for example, efforts to coordinate TB/HIV activities are well-reflected in several Funding Requests, but could be strengthened in presenting the integration of supportive operations such as training, supervision and monitoring and evaluation.
- The TRP strongly encourages applicants to integrate systems and services where efficiencies can be gained, such as the merging of laboratory diagnostics systems for TB, HIV, malaria and other infections; or integrating disease-oriented services with, for example, reproductive, maternal, neonatal, child and adolescent health and other essential services such as sexual and reproductive health.

Recommendation to Technical Partners

- The TRP recommends that technical partners encourage, as a normative practice, the integration of systems and services as a means to improve access to care and efficiency, especially in light of primary health care, UHC and health security commitments and that they consider the efficiency and sustainability of such practices.

Recommendation to the Secretariat

- The Secretariat should continue to provide guidance to countries on the types of activities that could be included in the RSSH Governance Module. When activities for this module are included in the Funding Request, the Performance Frameworks and Budget should reflect them accordingly. Additionally, the Secretariat should provide guidance on investing in sustainable systems while addressing the three diseases using the WHO's 4S-framework.
- The TRP recommends that the Secretariat provide further guidance to applicants to develop one plan for requesting Global Fund investment in RSSH that includes a clear picture of the health and community system landscape, an analysis of the prioritized needs/gaps, the sequencing for investments, and what elements would be included in the RSSH requests submitted with any disease-specific funding requests.

Financial (and systems) sustainability

In general, the TRP notes **improved discussion of and progress on financial sustainability** in the Funding Requests, including for some countries categorized as challenging operating environments. However, the TRP would like to see more and stronger evidence that the activities proposed in the Funding Requests have been informed by **analysis of the trade-offs between short-term, immediate gains versus long-term investments that would sustain capacity to maintain gains**.

In Funding Requests for countries preparing to transition out of Global Fund financing, the TRP observed varying degrees of preparation for and documentation of transition readiness. The TRP views the Strategic Initiative for Sustainability, Transition and Efficiency as a potential vehicle for improving transition readiness and sustainability in transitioning countries, and also notes the potential role of the Global Fund Health Financing Department and Secretariat Country Teams in health financing discussions at the country level.

Recommendation to Applicants

- The TRP strongly encourages applicants to 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.

- The TRP encourages applicants to consider investments in human resources strategically and with a sustainability plan in mind for the short- and long-term. For example, increased investment in staff salaries must be accompanied by a plan for when and how these salaries will be absorbed into government payrolls and funding should be secured (or projected to be available) when proposing to hire new health workers.
- Additionally, the TRP recommends that all training proposed with Global Fund investments fit within a training strategy that supports national goals and a long-term strategy for disease elimination and/ or systems strengthening. This will require that applicants develop or draw from coherent human resources for health strategies that include supplies, training, retention, motivation and sustainability of funding for health care workers.
- The TRP encourages applicants to consider and adopt innovations where proven efficiencies can be gained. Applicants should explain in the Funding Request why and how proposed innovations will fit within and benefit the rest of the program, and how such innovations will be evaluated and absorbed into the health system in the longer term. It is important that innovations be adopted only where the value to the program is clear, and where investment in innovations leads to increased service delivery and does not leave gaps in basic services.
- Lastly, the TRP strongly encourages sustainability thinking in promoting the long-term integration of the three diseases and the response to COVID-19 with other basic services, especially reproductive, maternal, newborn, child, and adolescent health.

Recommendation to the Secretariat

- The TRP requests that all Tailored for Transition Funding Requests be submitted with an accompanying transition readiness assessment and workplan. The TRP recommends that clear guidance on this be provided in the allocation letter.
- The TRP encourages continued attention to the approach to transition in Tailored for Transition Funding Requests and consideration of extended monitoring of program success beyond transition.
- The TRP recommends that the Secretariat to continue assisting applicants with guidance to develop programmatic gap tables that are based on robust mapping of the coverage by all stakeholders in-country.

Value for money

The TRP notes more attention to value for money in the Funding Requests, most likely prompted by a specific question in the new Funding Request forms on value for money as well as [the new guidance for applicants on this topic](#). The TRP identifies program management costs and in-service training events as key areas in which there is opportunity to further focus on value for money. The TRP notes a **marked increase in program management costs across Funding Requests**, often without justification and even in cases where the allocation amount did not change from the last allocation cycle. This increase is related to issues such as expanded salary support and incentives, some of which are miscategorized as RSSH investments or added to the PAAR. In general, the TRP does not consider program management costs to be an investment in health systems strengthening.

Additionally, the TRP observes large numbers of in-service training events with large budgets (per diems, travel costs), unfocused aims, and insufficient justification based on the RSSH modules. At the same time, there is minimal evidence of investments in more sustainable pre-service training and in strategic human resource development goals.

Following from the observations about innovations above, and in support of value for money, the TRP notes the opportunity for simple, effective alternatives to be employed in the place of investing in increasingly expensive and complicated interventions, including technological advances while

essential basic investments are left out. Another example was the use of modeling, which can be impactful when used thoughtfully, but that was sometimes used without considering relevant country context and which, on occasion, pointed toward solutions currently outside normative guidance. The TRP encourages the adoption of digital health tools, which can be very cost-effective when basic conditions can be met, particularly open-sourced common system interfaces. However, consistent with recommendations already made, these tools should be adopted in consultation with other partners and in support of the wider system so as not to create silos of disease specific tools that are unsustainable.

Recommendation to Applicants

- The TRP requests that applicants categorize program management correctly, i.e. not as an investment in health systems strengthening; applicants should also clearly specify the program management budget within the allocation amount for each Funding Request or component. Program management costs should be carefully examined and negotiated during grant negotiations in order for the Global Fund to maximize value for money.
- The TRP recommends that applicants reflect more comprehensive and strategic planning as the basis for investments in capacity building and training.
- The TRP strongly recommends that applicants prioritize investment in the basics before investing in new technologies that will also require supportive system integration investments.
- The TRP strongly advises applicants to follow normative guidance adapted to their epidemiological context, allowing for learning from country-specific innovation and use of funds in maximally efficient ways.

Recommendation to Technical Partners

- The TRP recommends that partners deliver new normative guidance advising when and how new health services or health systems technologies should be adopted, and what and when old interventions should be dropped or deprioritized.
- The TRP encourages partners to further efforts to tailor technical support to the national context to the extent possible.

Recommendation to the Secretariat

- The TRP recommends that the Secretariat develop and hold to stronger policies to manage program management costs to maximize value for money.

Use of disaggregated epidemiological data to develop program rationale

The TRP was pleased to see continued improvement in the use of disaggregated data for evidence-based decision making. Funding requests were largely guided by epidemiological and programmatic data. The data was often appropriately disaggregated by geography, including by sub-national units, key and vulnerable populations and/or gender. For example, the malaria Funding Requests from multiple High Burden High Impact (HBHI) countries used epidemiological and other data to guide the choice of interventions through stratification and applied modeling analysis to project program impact.

To accompany the positive trends observed in health management information system integration and data collection, the TRP further encourages data use to drive programmatic optimization as key for an effective and mature program.

Recommendation to Applicants

- The TRP strongly encourages applicants to continue to present data-based justification for programming priorities.

Mobile and migrant populations and cross-border collaboration

The TRP was pleased to observe that both country and multicountry Funding Requests identified disease burdens for refugee populations, migrant, mobile, or returning workers, and cross-border or transnational populations. Opportunities remain for Funding Requests to propose programming responses that appropriately address the compounding issues and health needs for these groups, including portability of medical records, health “passports”, and health insurance.

The TRP cautions that special care needs to be taken by the Global Fund Partnership to ensure the avoidance of further stigmatization of migrant and mobile populations as potential vehicles for cross-border disease transmission.

Recommendation to Applicants

- The TRP encourages applicants to adequately address the health needs of refugee, migrant, cross-border and transnational populations, including mitigation measures to address unstable access to healthcare services, marginalization, stigmatization, uncertain legal status, and gender issues.
- The TRP recommends that applicants prioritize establishing and/or strengthening local and national cross-border collaboration and coordination to address TB, HIV and malaria through the collection of data and coordinated approaches with other diseases and affected geographic areas.
- The TRP recommends that country and multicountry applicants with mobile and migrant populations consider developing private-public partnerships, addressing policy issues, and improving access to services beyond screening, by undertaking comprehensive health needs assessments which identify the most vulnerable groups, main risk factors and key barriers to services.

Recommendation to Technical Partners

- The TRP recommends that partners amend existing guidance that overemphasizes the role and efficacy of border screenings in epidemic control in transnational populations, noting that existing measures may have limited effectiveness unless accompanied by a comprehensive service package.
- Additionally, the TRP recommends that Partners develop guidance on comprehensive intervention packages, including private-public partnerships and programming for migrant health, and pilot innovative programs that address the needs of these populations. This is especially important in countries approaching disease elimination.

Recommendation to the Secretariat

- The TRP recommends that the Secretariat facilitate the establishment and/or strengthening of bilateral/multilateral cross-border collaborations to holistically address TB, HIV and malaria, in collaboration with technical and donor partners as well as regional bodies.

Decentralization of health systems

The TRP observed that a number of programs will be implemented in a context of decentralizing health services. The TRP recognizes that decentralization is often a crucial governance reform that can lead to better, more equitable and effective governance and services in the long term. The TRP notes that, at the same time, decentralization can exacerbate limited capacity for governance, budgeting, procurement and management at sub-national levels, resulting in poor absorption of budgets and threatening the effectiveness of disease response programs in the short term. For example, many RSSH interventions require federal level establishment of norms, protocols and oversight capacities, and are not optimally undertaken at the sub-national level. Therefore, RSSH interventions at decentralized levels must be well-defined, with reference to national systems and local capacities.

Recommendation to Applicants

- TRP recommends that applicants undergoing or preparing for decentralization should include information in their Funding Requests that outlines the context and scope of decentralization; relationships between different levels and lines of accountability; the health financing of service delivery; the (expected or known) impact on program implementation and sustainability; the arrangements for capacity building at sub-national levels; and the risks and corresponding mitigation measures related to budgeting, budget execution, procurement, and management.
- The TRP encourages applicants to provide regular updates to the Global Fund Secretariat on the realization of decentralization plans.

Recommendation to the Secretariat

- The TRP requests that the Secretariat highlight key decentralization concerns, if any, and possible risk-mitigation measures in the Secretariat Briefing Notes.
- The TRP recommends that the Secretariat collect and share lessons learned related to decentralization across the grant portfolios, differentiating by the scale of decentralization being undertaken.

3.4 Moving toward Funding Requests that are strategically focused on both results and impact, and demonstrate continuous improvement of program effectiveness and efficiency

Given the increased replenishment for the 2020-2022 allocation cycle, the TRP hoped to see less of business-as-usual and more use of additional push forward difficult reforms that used the resources to secure systems transformation. The TRP acknowledges the difficulty in balancing direct services support and broader systems reform. In particular, the TRP felt that the Funding Requests reviewed demonstrated a missed opportunity to push for UHC in some countries.

Another area the TRP identified for attention in the Funding Requests is the **need for significantly increased coordination across partners**. The Global Fund will need to work differently in the 2020-2022 allocation cycle and beyond, to intensify synergistic efforts with partners, donors and domestic resources, to leverage the full potential of the US\$14 billion replenishment and to maximize the impact of funding from different sources.

Achieving programmatic results with Global Fund investment

The TRP found worrying examples of Funding Requests which indicated that ongoing Global Fund investments have not been translated into programmatic results and impact over time.

Setting and achieving more ambitious, comprehensive and realistic program targets

The TRP has concerns regarding the setting and achieving of unambitious program targets in HIV and TB, particularly given the increase in allocation for many components in this funding cycle. Generally, TB treatment targets seemed to lack ambition given increased resources. HIV and HIV prevention targets, while broadly in line with international commitments, failed to adequately aim for sufficient coverage of key and vulnerable populations considering size estimates. A number of Funding Requests for both TB and HIV displayed a disjuncture between the targets and the strategic approaches, activities and budgets planned for meeting those targets. Scale-up plans were often missing, and TB/HIV integration targets were often not well delineated. Countries advanced in the transition continuum tended to have limited progress in achieving the global HIV targets for prevention but also care cascade. In those settings, the Global Fund grants often offered limited space for the needed TA and essential programming.

The TRP observes the opportunity for applicants to consider the program as a whole and ensure the manner in which all targets in a cascade would be achieved, rather than narrowly focusing on achieving discrete targets within a cascade. For example, Funding Requests for TB sometimes focused on the target of finding missing cases without expanding the focus to include initiating treatment for identified cases or integrating patients into the larger health system. In order to end the epidemics, programming both for populations at greatest risk of disease and for the hardest to reach is needed and should be accompanied with a budget that corresponds to the scale of interventions, includes ambitious targets and strengthens community systems.

Recommendation to Applicants

- The TRP recommends applicants take advantage of funding opportunities to support large-scale, long-term national health reforms and the expansion of UHC. Development assistance for health is declining despite COVID-19 and every health dollar needs to do double duty, supporting HIV, TB and malaria services while advancing broader health systems strengthening at community and government level.
- The TRP encourages all applicants to be more ambitious in their targets in order to make stronger progress against 2030 goals, realistically assessing what can be achieved, and considering limitations of time and financing.
- Applicants are encouraged to comprehensively consider the prevention/treatment/care cascade and ensure that their prioritized programming does not leave key gaps which would limit the effectiveness of earlier interventions.
- The TRP also encourages applicants to scale up programming for high-risk and hard-to-reach populations. Accordingly, countries with substantial increases in allocation funding should increase spending to achieve more ambitious results for high-risk and hard-to-reach populations, designating specific funding for addressing rights- and gender-related barriers to access.

Recommendation to Technical Partners

- The TRP recommends that Technical Partners provide intermediate benchmarks in elimination strategies so that countries are better able to calibrate their targets and deliver more ambitious programs with more sustainable results and long-term impacts.
- The TRP urges technical partners to increase access to TA for countries advanced in the transition continuum to address major gaps in HIV prevention and care continuum and support country political dialogue for greater and more focused domestic investments.

Recommendation to the Secretariat

- The TRP advises the Global Fund and its partners to focus even more on national program results, with greater attention to epidemiological results, and beyond the usual grant performance metrics (e.g., absorption rates). In addition, the Global Fund should look for metrics and grant program methods that increase applicant accountability for their program results.
- The TRP also advises the Global Fund to consider a more practical (less resource-intensive) approach to funding small islands/countries where the disease burden is low, such that focus remains on results rather than individual program investments.

3.5 Opportunity for greater focus on ensuring that core evidence-based interventions are in place to respond to specific epidemiological contexts

The TRP emphasizes the critical observation that there remain opportunities for applicants to improve investment priorities. Funding Requests did not always coherently present an underlying rationale for decisions on what was to be funded. For example, in HIV programming, where there are many steps along the cascade to achieve viral suppression, Funding Requests lacked discussions of how Global Fund financing was part of an overall strategy to strengthen the entire cascade, and often missed outlining the trade-offs between activities that were selected for interventions. In TB Funding Requests, new technologies for case detection were requested, but without linkages to specific TB program targets, systems and needs. While interventions followed normative guidance, more practical technical guidance is needed on effectively and rationally prioritizing across the range of interventions given limited funding.

In addition, many Funding Requests placed essential interventions or inputs in the PAAR, rather than in the core funding request, which would likely result in program gaps if above-allocation funding does not materialize or is obtained late. For example, services were placed in the allocation (e.g. case detection), whereas the commodities required for the service (e.g. drugs for treatment) were placed in the PAAR, or vice versa. This was particularly an issue for the costs of scaling up community services and expanding preventive programs such as long-lasting insecticidal nets and seasonal malaria chemoprevention interventions. In other cases, the PAARs did not sufficiently demonstrate a logical complement to the allocation requests, thus making it difficult for the TRP to see how the activities would amplify progress made to date.

Recommendation to Applicants

- The TRP encourages applicants to prioritize high impact interventions to ensure that critical activities and necessary inputs for program success are in the allocation rather than in the PAAR.
- The TRP requests applicants to explain how their PAARs link to and maximize impact of the allocation investment by sharing investment scenarios indicating how different requested interventions are interrelated.

Recommendation to Technical Partners

- The TRP encourages technical partners to provide better direction on prioritization of interventions within normative guidance, and to support applicants in effectively and strategically prioritizing the range of interventions; this prioritization should be informed by available funding and anticipated effects of proposed activities on other areas in the spectrum of interventions.

4. Technical Lessons Learned

4.1 HIV/AIDS

Overall, the TRP notes significant improvements in HIV programming and using data to inform the prioritization of interventions, including those for key and priority populations. On the other hand, the TRP still noted some missed opportunities to minimize leakage in the HIV clinical cascade and to maximize impact, including by prioritizing HIV prevention activities, improving key and priority population programming, and innovating and differentiating the HIV treatment cascade to ensure high retention.

The TRP also observed critical HIV interventions placed in the PAAR including scale-up of self-testing, ART, viral load coverage, transition to dolutegravir regimens, HIV pre-exposure prophylaxis (PrEP) and key population programming. Considering its concerns about the coverage of these critical interventions, the TRP recommends more attention to ensure core interventions are covered with domestic resources, where possible.

Integration

The TRP was pleased to see the improved integration of reproductive, maternal, newborn, child and adolescent health programming within HIV Funding Requests in the 2020-2022 allocation cycle. Identifying and integrating family planning and other reproductive health services needs to be prioritized as these represent fundamental components of strategies to prevent the mother-to-child transmission of HIV. Dual HIV and syphilis testing for pregnant women was increasingly included in Funding Requests.

Prevention

Funding for prevention interventions has increased as a share of overall HIV funding requested, but the prevention package was not always complete and not always adequately prioritized according to the context. Few applicants attained the target of allocating 25 percent of funding to prevention as proposed by the Global Prevention Coalition; and greater attention needs to be paid to ensure the programs being funded are adequately differentiated for different populations. Additionally, prevention still often includes a range of untargeted, low-impact, and non-specific interventions without differentiation by key populations or sub-groups, and even less attention is paid to outreach for combination prevention services.

The TRP highlights the following specifics:

- The TRP saw many countries considering interventions across the pillars of prevention of **mother-to-child transmission of HIV**, but gaps remain as many countries are not yet set to reach full elimination of mother-to-child transmission. For those countries which are close to elimination, increased attention to the perinatal and postnatal period and leakages across the cascade are required, even in high-performing countries where coverage of prevention to mother-to-child activities is at 100 percent. The TRP encourages consideration and prioritization of HIV primary prevention; of family planning and adherence to antiretroviral therapy for pregnant and breastfeeding women and the testing of their partners; of primary prevention in discordant relationships and improved retention of those on ART; and of access to early infant diagnosis.
- While the TRP is pleased to see the inclusion of **PrEP** in many Funding Requests, Funding Requests demonstrated a slow pace of implementation and limited coverage. PrEP often is planned as a pilot, with limited details and plans for impact.
- The TRP would like to see **prevention packages tailored to the specific needs of various segments of key and priority populations**, and this requires more and better expertise in the African region and among Principal Recipients. Positive examples include packages for people

who inject drugs in Bangladesh, for men who have sex with men in Pakistan, and for community-led and gender- and youth-responsive interventions in Nepal. The TRP encourages:

- Comprehensive interventions for people in prison;
 - Ambition, scale and scope of comprehensive prevention for people who inject/use drugs, including the combination of opioid substitution and antiretroviral therapies with needle and syringe programs and gender-sensitive programming for women; and
 - Prevention programming tailored for younger key and priority populations, especially expanding upon the limited expertise seen in African regions and among Principal Recipients.
- **Condom programming** is being revived in some countries, but limited details are provided on how these efforts will be sustainable and impactful in increasing condom use. Additionally, applicants did not always include the newer condom programming guidance from the revised Modular Framework or show ambition in meeting a total market approach to condoms.

Key populations

The TRP notes significant improvements by several countries paying critical attention to key and priority population programming. There has been an increasing focus and attention to priority populations, including in targets. However, these targets are not always backed by realistic resources, the funding required to reach them is in the PAAR, or the funding is based on low size estimates. Specifically, the TRP noted the following:

- Interventions related to **pediatric HIV** were often missing from Funding Requests in countries where the epidemiology indicates there is an unmet need.
- Interventions for adolescent girls and young women were included in many Funding Requests, but acknowledgement of **adolescent girls and young women** as a key population did not result in sufficiently differentiated or evidence-based interventions. The level of risk of different sub-populations, including young key populations and out-of-school girls, needs to be evaluated in order for these groups to fully benefit from interventions. The TRP also noted missed opportunities for integration and synergy with reproductive, maternal, newborn, child and adolescent health programs and broader sexual and reproductive health.
- Improved inclusion of the broader range of key populations in line with normative guidelines in Funding Requests was seen, however some applicants, especially from the African region, continue to ignore **men who have sex with men, transgender people, people in prisons, and people who inject/use drugs and their various intersections**, even in cases where multiple previous TRP recommendations have called for attention to the needs of these populations.
- The **lack of or gaps in reliable data** and size estimations for transgender people and other key populations is a contributing issue to inadequate programming for these populations globally.
- Increasing attention is being paid to reach the partners of key populations, but **activities to reach these partners are poorly described** and metrics for monitoring the outcome of these interventions (e.g. coverage indicators) are often absent or lacking ambition.
- More **ambition and investment for an impactful scale and quality assurance of harm reduction is needed**, including needle and syringe programming, opioid substitution therapy, and **harm reduction in prisons** given high levels of criminalization of drug use.

Testing and diagnostics

The TRP observed the opportunity to increase ambition around testing and for expansion of differentiated testing, including rapid, self-testing and provider assisted referral/index testing in some contexts. There is a need for applicants to acknowledge implementation barriers to testing and to enhance efforts to address them. The TRP also encourages **systematically planned differentiated and innovative HIV testing**, for example, based on the review of the acceptability,

barriers and positivity rates of different approaches and settings among key and other populations, particularly those with higher gaps in knowing their status and linkages to care.

The TRP encourages **improved access to viral load testing** and **detailed plans to expand access**, including plans for transporting specimens and for relaying results back to clinicians and patients.

Treatment cascade

While many countries have progressed in meeting treatment cascade targets (UNAIDS 90-90-90 or 95-95-95), there remain challenges. For example, some countries have not yet adopted the **“Test and Start” approach** to ensure immediate initiation on ART. While countries are in the process of transitioning to optimized ART regimens, including dolutegravir- based regimens, some countries have delayed **transition to Tenofovir, Lamivudine, and Dolutegravir (TLD)** proposing up to three years to fully transition, with unclear transition plans that are neither time-bound nor costed. There is also room to improve treatment cascade data and programming for certain populations, including the disaggregation of data by gender, age, and key population group in most countries.

However, there are also positive observations. For example, elements of differentiated care delivery are planned in nearly all Funding Requests across the portfolios where the Global Fund continues supporting care. A number of good practices and creative solutions are planned, particularly in the context of COVID-19, with good attention to associated gaps and opportunities in RSSH.

Value for money and sustainability in pre-transition settings

As countries approach the UNAIDS 90-90-90 or 95-95-95 targets, finding the last few cases, retaining patients with challenging circumstances, and maintaining viral suppression will cost more, and may require extraordinary activities. Nonetheless, these efforts will represent value for money if the net effect is decreased transmission.

As countries take over funding of HIV treatment through domestic resources, Funding Requests lack details on how they will achieve the global targets for testing, treatment and viral load suppression. In settings with lower HIV prevalence and higher income, ambition is lacking to advance towards ending HIV. Limited efforts are in place to measure the cascade progress and analyze root-causes for gaps and opportunities to improve cascade. Clarity is needed on how treatment will be ensured if testing results in increased diagnoses in components not funded by the Global Fund. Moreover, key population programming remains dependent on the Global Fund and other donors, while increasingly acknowledging that this programming requires state systems for sustainable purchase of services from civil society organizations. Some Funding Requests plan the development of their systems for government institutions to contract nongovernmental organizations only in the last cycle of funding.

Recommendation to Applicants

Prevention

- The TRP encourages applicants to move toward greater ambition and innovation in prevention programming.
- The TRP recommends that applicants minimize leakage in the prevention of mother-to-child transmission and pediatric care clinical cascade using clear strategies, including primary prevention, family planning and support for adherence to antiretroviral therapy for pregnant and breastfeeding women, with these interventions going into the core allocation Funding Request rather than the PAAR.

- The TRP recommends that applicants review prevention guidance, especially related to condom programming, and encourages applicants to program to attain the Global Prevention Coalition funding targets.
- The TRP requests that applicants familiarize themselves with and ensure correct use of the UNAIDS 90-90-90 targets, and articulate progress towards 95-95-95 goals. Data should be critically analyzed and used to highlight gaps in each element of the cascade, including for specific key populations.
- The TRP advises applicants to prioritize and budget for PrEP within the core allocation funding request, especially for key and priority populations with the highest vulnerabilities.
- The TRP encourages applicants to tailor HIV prevention packages to the needs of specific segments of key and priority populations considering age, gender, specific vulnerabilities and intersectionality of vulnerability. Applicants should aim for well-budgeted combination prevention programming. This also includes addressing the legal environment in which prevention is provided in order to directly impact key populations' ability to access services.
- The TRP recommends that applicants deprioritize low-impact interventions, such as general HIV awareness raising activities in the prevention module and reallocate funds to high-impact, evidence-based interventions suited to the specific epidemiological context; advocacy and awareness-raising activities, where proposed, should focus on areas of demonstrated need, such as PrEP updates.

Key populations

- The TRP reiterates its call for applicants to recognize the existence of key populations.
- The TRP recommends that applicants address barriers related to the legal, policy, and cultural context of interventions, ensuring community systems are strengthened appropriately and the leadership of applicable Country or Regional Coordinating Mechanisms is inclusive.
- To address the needs of key populations adequately, the TRP recommends that applicants:
 - Generate appropriate data related to all segments of key populations, while considering human rights concerns to ensure safety of criminalized and marginalized populations;
 - Accelerate rapid assessments and understanding of key populations' needs;
 - Differentiate interventions according to the unique specificities of each segment within the key populations;
 - Involve key populations in planning, implementation, and monitoring of interventions, including by selecting key population organizations as Principal or Sub-Recipients;
 - Ensure that the selection of Principal and Sub-Recipients for key population programming considers their preparedness for leading such programming and working with key populations;
 - Make interventions comprehensive; and
 - Secure appropriate resources to support comprehensive intervention implementation.
- The TRP encourages applicants to differentiate within programs for adolescent girls and young women, including interventions to address the causes of vulnerability, such as helping girls to stay in school and improving the treatment of sexually transmitted infections. Applicants are encouraged to consider a broader focus on the partners of adolescent girls and young women by improving coverage of testing and ART among men.

Testing

- The TRP recommends that applicants adopt, adapt, plan, and systematically implement good practices known to optimize HIV testing, including index-testing and HIV self-testing.
- The TRP recommends more detailed plans concerning known barriers and challenges to testing such as linkage following HIV self-testing, or inclusion of operational research to document barriers and lessons learned.

Treatment cascade

- The TRP recommends that applicants differentiate care packages by epidemiological context, providing details on each step of the cascade and strategies to improve and cover gaps in normative treatment even if not funded by the Global Fund.
- The TRP requests that applicants plan and accelerate the pace of rapid ART initiation, of transition to TLD and of access to viral load testing and early infant diagnosis.
- The TRP urges applicants to provide disaggregated cascade data.
- The TRP recommends that applicants pay particular attention to the long-term sustainability of ART programs through cost-saving innovations and domestic funding mechanisms.

Recommendation to Technical Partners

Prevention

- **The TRP recommends that technical partners assist and support applicants to carefully analyze their data, identify critical gaps and implement innovative strategies to address identified gaps.**
- The TRP requests that technical partners share practical tools for innovation in prevention and, in particular, assist countries with PrEP programming as there is still some ambiguity in guidance on implementation and evaluation of programs.
- The TRP recommends that technical partners share practical tools for planning and monitoring and ensuring quality of online services.
- The TRP encourages technical partners to support countries in adjusting condom programming in line with evolving guidance, supporting strategies to increase condom uptake and developing related sustainability strategies.

Key populations

- The TRP recommends that technical partners work with the Global Fund Secretariat to ensure that new, improved guidance is provided to applicants on programming for adolescent girls and young women, specifically encouraging greater disaggregation of risk and related differentiation of interventions for this population.
- The TRP recommends that technical partners seek and share regional solutions for supporting initiation of key population mapping, programming and quality assurance, including TA for programming among people who inject drugs in Sub-Saharan Africa.

Testing

- The TRP recommends that technical partners produce more guidance and case studies on common barriers to differentiated testing and strategies countries have used to overcome them.

Treatment cascade

- The TRP requests that technical partners assist countries in fine-tuning their monitoring and evaluation systems to help identify issues related to access, testing, retention and viral load suppression among key populations, age and gender groups.
- The TRP recommends that technical partners develop more directive guidance for dolutegravir transition planning.

Recommendation to the Secretariat

Prevention

- The TRP recommends the Secretariat develop incentives for countries to increase domestic investment in prevention including, but not limited to, condom and key population programming.

Key populations

- The TRP requests that the Secretariat provide TA to enable applicants to use available evidence and information to adequately segment, plan and fund focused interventions for key populations and their sub-groups.
- The TRP recommends that the Secretariat monitor and report on Global Fund investments in harm reduction, including analyses of coverage, of quality trends and of gender-responsiveness.

Value for money and sustainability in pre-transition settings

- The TRP recommends that the Global Fund provide greater clarity on what can be funded with respect to key co-morbidities such as hepatitis, cervical cancer screening, and hormone therapy in focused portfolio countries to enable better integration with services.
- The TRP recommends that the Secretariat support focused portfolio countries to plan ambitious HIV care cascades with adequate measures.

4.2 TB

The TRP is pleased to see focus across Funding Requests on the diagnosis of and provision of patient-centered care for both drug sensitive and drug resistant TB, and on measures to upscale TB prevention, including TB preventive treatment. However, strengthening of interventions and services are required, including detailed analysis of existing gaps and careful planning.

TB preventive therapy

The TRP sees opportunity for **TB preventive therapy to be more broadly prioritized** in Funding Requests, especially for people living with HIV, household contacts under the age of five, and contacts of people with multi-drug resistant TB. The TRP did not observe sufficient employment of contact investigation strategies and WHO-recommended operational research for shorter TB preventive treatment to assess potential impact.

Additionally, despite acknowledgement by national **TB programs of children as a part of the missing case burden**, interventions to reach them, such as school screening programs, are either not planned, or are planned on a small scale, often as pilots, or lack the necessary ambition to close the detection gap. Moreover, no Funding Request addressed **TB in adolescents**. The TRP flags the urgency of scaling universal access to diagnostic testing, including for children and particularly those under the age of five.

Diagnostic approaches and services

The TRP acknowledges **innovation embraced across the diagnostic cascade for TB** in line with WHO recommendations and normative guidance. However, the TRP noted that Funding Requests included financing for new tools without:

- An analysis of the entire diagnostic landscape, human resource needs or a logistical plan for implementation and support, including infrastructure, procurement, supply chain management, training, maintenance, or quality assurance; and
- Algorithms adapted to the universal use of these new tools.

New tools seen in Funding Requests included loop-mediated isothermal amplification (TB LAMP), TrueNat, Lateral flow urine lipoarabinomannan assay (TB-LAM), and digital, portable, and mobile chest x-ray. However, the introduction of new tools, in addition to the basis of a strong health system, requires:

- A clear context-specific rationale that delineates how all risk groups will be covered, particularly when new technologies are recommended exclusively for high-risk groups;
- Implementation plans that cover specimen transport that is provided by health services, reporting and evaluation systems, integration of appropriately linked interventions and sustainability, including plans for maintenance service of new technologies; and
- Information on how they would be additive and complementary to previous investments.

Cascade of care

There is a need for greater analysis and attention to what happens **throughout the course of care** in addition to case finding, notably identifying and **addressing leakages across the entire care cascade from screening patients showing symptoms to the completion of treatment**. A number of elements remain insufficiently addressed in many Funding Requests, namely:

- Data availability and quality, including data that are disaggregated by age and sex;
- Linkage to treatment, particularly in interventions targeted at providing active TB case finding among key populations;
- Support to persons with TB, especially persons with rifampicin-resistant or multi-drug resistant TB throughout the length of treatment, so that TB treatment is completed and treatment outcomes are reported according to the normative guidance;
- TB drug safety monitoring and management;
- Human resource development for laboratory staff;
- Treatment coverage; and
- Information on the proportion of TB patients with catastrophic costs.

Additionally, holistic approaches are needed to address child and adolescent **TB**, including:

- Quality data;
- Contact investigation strategies;
- Linkages to TB preventive treatment;
- Diagnostic algorithms;
- Access plans for diagnostics;
- Staff training and mentorship;
- Nutrition services; and
- Reproductive, maternal, newborn, child and adolescent health.

RSSH for TB

The TRP encourages the **inclusion and integration of laboratory information systems with health information systems**, particularly for TB, TB/HIV immunization programs, malaria programs and campaigns, mental health, primary health care, and reproductive, maternal, newborn, child, and adolescent health. The TRP would like to see more RSSH activities proposed for TB that have impacts across the three diseases and the health systems, including, but not limited to TB.

Private sector

The TRP observed increasing recognition of the role of the private sector in TB care and prevention. The TRP saw the opportunity in Funding Requests for an expanded role of the private sector in TB service delivery as well as acknowledgement of the heterogeneity of the private sector and generation of sustainable linkages with national TB programs.

Building national capacity

The TRP noted attention to program management strengthening mainly focused on technical aspects of coordination and management with little or no emphasis on continued development, supportive supervision and mentorship of national, intermediate, district, sub-recipient and community level leadership. To drive efficient, high-achieving programs, the need for strong program managers and motivated human resources for health is key.

TB response in the context of COVID-19

The TRP is pleased to see the **adaptation of TB strategies for drug-sensitive and drug-resistant forms of TB in the context of COVID-19**, including longer drug refills, a shift from directly observed to virtually observed treatment, and a movement away from hospitalization for treatment initiation. The TRP recommends further adaptation and innovation such as digital x-rays read by Artificial Intelligence, home delivery of medicines, testing for TB and COVID-19 concurrently, and enhancing digital adherence technologies.

Key populations

The TRP would like to see greater attention to **TB management in mobile populations and in camps/centers for internally displaced people** as well as differentiated interventions to reach identified populations, such as men (particularly young men), who frequently have TB burdens higher than the general population.

The TRP observed increased attention and interventions for **TB care and prevention among migrant, mobile, refugee and cross-border populations** in Funding Requests. However, these were often included without detailed situation analysis, operational plans or well-described specific interventions based on detailed situational analyses. Some applicants identified these groups as key populations across Funding Requests but did not describe coordination between the disease programs in providing services.

Recommendation to Applicants

Cascade of care

- The TRP advises applicants to carry out root cause analyses of the leakages in the TB cascade to inform and prioritize interventions, geographical areas and populations proposed in Funding Requests. To develop differentiated and innovative interventions that address root causes, the TRP suggests the use of data from routine surveillance systems and operational research.

Diagnostic cascade

- The TRP recommends applicants to address the need for holistic approaches to designing and supporting the entire diagnostic cascade, including the integration of laboratory testing, of radiographic services, and of active case finding and other campaign strategies.
- When introducing new tools, the TRP urges that applicants analyze the selection of the tools, their value for money, and the implementation and logistical requirements based on epidemiologic information.
- The TRP urges applicants to present and put into place the structures necessary to support the introduction of the new tools; including specimen networking; recording and reporting; diagnosis, treatment start, and notification linkages; health staff training; and supportive

supervision in introduction and implementation of new tools, sustainability of their use, and careful management decisions on where the new tools are placed within the health systems coupled with a diagnostic algorithms.

TB preventive therapy

- The TRP recommends that applicants prioritize adaptation of innovations in drug-sensitive and resistant TB prevention in line with normative guidance, including for high priority populations, such as children and adolescents. This requires training of health care workers in child contact management and monitoring and evaluation to track the care cascade for children and adolescents. This includes introduction of short TB preventive treatment regimens to improve and ensure treatment completion.

Private sector

- The TRP recommends applicants to consider the sustainability of engagement of the private sector and to assess the quality of engagement through well-stipulated regulations.

Building national capacity

- The TRP recommends that applicants include leadership and management capacity building strategies as core components of Funding Requests to ensure that the capacity at the national, intermediate and district levels of the national TB program is strong, particularly in the countries undergoing decentralization.

TB responses in the context of COVID-19

- The TRP recommends applicants to seek synergies between the responses to COVID-19 and TB, including the development of contact tracing programs and TB preventive treatment through operational and implementation research.

Recommendation to Technical Partners

Cascade of care

- The TRP recommends that technical partners support applicants to introduce and scale up innovations in care, including care for people with TB and comorbidities, such as HIV infection, diabetes mellitus, as well as presentation of routinely available TB data as cascades of care at all levels of TB services. Construction and analysis of the available data as a cascade of care will facilitate identification of leakages and should be followed up with necessary action and ensure that people with presumptive TB found to have TB are linked to treatment and care and supported to complete their TB treatment. Interventions to ensure data quality are a priority to support these processes.

Diagnostic cascade

- The TRP highlights to technical partners that the transport of specimens continues to be a major bottleneck to increasing access to rapid molecular diagnostics. Although most Funding Requests include activities to strengthen the specimen transport network, there is little analysis of the total needs and capacity required.
- Most specimen transport networks use a hub and spoke approach. Although this is reasonable on a small/medium scale, there are increasing opportunities to optimize the services by applying network science and technologies for national scale-up. Moreover, the implementation of integrated sample transportation systems for TB and HIV, at least in urban areas, should be encouraged. Technical partners and the Secretariat may consider this an area that would benefit from strategic investments.

- The TRP recommends technical partners to support applicants in introducing and implementing new tools, including comprehensive plans that include reporting and evaluation of new tools and external and internal quality assurance systems.

TB preventive therapy

- The TRP would like to highlight the need for technical partner support in assisting applicants to strengthen programs for finding missing people with TB; implementing contact management programs; providing preventive TB therapy to eligible populations in alignment with normative guidance; reducing morbidity and mortality from TB; addressing catastrophic costs.

TB responses in the context of COVID-19

- The TRP recommends that technical partners support applicants to mitigate the impact of COVID-19 on TB diagnosis and care, and conduct operational and implementation research on the introduction of innovations and lessons learned from COVID-19 response.

Key populations

- The TRP recommends technical partners to facilitate the establishment and/or strengthening of bilateral and multilateral cross-border collaborations to holistically address key population needs for TB, as well as for HIV and malaria. Additionally, technical partners are encouraged to support applicants to conduct situation analyses and develop operational plans for cross-border programs and interventions targeting migrant, refugee, and cross-border populations.

Recommendation to the Secretariat

- The TRP recommends that the Secretariat ensure improved use of routine TB data at all levels of national TB programs to construct the cascades for TB diagnosis and care. Analysis of these cascades at facility, district and intermediate levels can yield identification of the major leakages that the programs should aim to close. Correspondingly, the programs can find more missing people with drug-sensitive and drug-resistant TB and improve the quality of TB case holding, quality of TB and co-morbidity services, and TB prevention. Information on root causes of major leakages in these cascades can focus training, supportive supervision and mentorship interventions to improve performance.

4.3 Malaria

Malaria burden and prioritization

The TRP is concerned to see an **increased malaria burden in several key countries**, as well as stalled or slowed progress against malaria in others, including decline in malaria intervention coverage. However, there was no clear analysis or discussion on possible causes of these observations in the Funding Requests. To ensure investment for impact, it is imperative to **understand and target bottlenecks** impeding progress toward malaria national strategic plan goals and elimination.

The TRP notes that **significant programmatic gaps for key malaria control interventions** remain, in long-lasting insecticidal nets (LLINs), artemisinin-based combination therapies (ACTs), rapid diagnostic tests (RDTs), and community case management. This is due to budget constraints and a lack of prioritization and focus on high impact interventions in some countries with the largest allocations from the Global Fund. These bottlenecks resulted in some countries placing substantial amounts of resources for critical essential interventions in the PAARs.

Evidence-based program design and selection of interventions

Also, while the TRP observed **generally good use of data within Funding Requests** and accompanying documents to show country malaria epidemiological profiles, including disease trend data, difficulties in adjusting key malaria control interventions to the epidemiological conditions of the countries remain. The TRP notes data for **cross-border initiatives** appear to be of higher quality than national data from other areas of the countries. These initiatives are encouraged to work in tandem with national programs to support improvement of data quality within the countries across all populations.

Gaps in normative guidance

The updated WHO technical brief includes **useful approaches to help countries to stratify and prioritize interventions**. However, the TRP would like additional clarification on normative guidance for integrated vector control management, larval source management guidelines, piperonyl butoxide (PBO) nets, commodity quality assurance, and relapse management for *P. vivax* infections.

Value for money, sustainability, and tailoring interventions to malaria elimination settings

Applicants in low malaria transmission, pre-elimination and elimination settings should prioritize interventions **targeting drivers of transmission and hotspots**. The TRP noted room for Funding Requests to better focus on malaria elimination, greater clarity on the respective thresholds for action in different scenarios and corresponding choice of interventions; for example, indoor residual spraying (IRS) versus various case management strategies versus enhanced LLIN distribution versus focal larval control.

Intervention phase-out and exit plans are critical to prevent malaria resurgences and upsurges. However, the TRP observed initiation or geographical expansion of IRS in Funding Requests with no clear strategy to exit, replace or scale-back as populations at-risk of malaria decline or when resources are withdrawn.

Additionally, while **intermittent preventive treatment of malaria in pregnancy (IPTp)** is recommended for moderate-high *P. falciparum* transmission areas and **seasonal malaria chemoprevention (SMC)** for areas where transmission is highly seasonal with clinical attack rates of >0.1 per season, some applicants requested funds to sustain or expand these interventions regardless of the changing burden of malaria transmission.

The TRP further noted **confusion between case investigation or classification and the focus of the investigation**. Applicants should be advised to define the type of focus and geographical area, outline the threshold for a response, and delineate each appropriate response.

Migrant, mobile, refugee and cross-border populations

Migrant workers, mobile, refugee and cross-border populations represent a high-risk group as well as possible carriers of malaria parasites across countries or from endemic to non-endemic areas within countries. This becomes an increasingly important problem as transmission approaches zero or when a country has heterogeneous transmission. The TRP observed that an increasing number of countries are planning or have undertaken assessments to guide targeted interventions for high-risk populations and others have highlighted challenges in effectively establishing and implementing **cross-border collaborative initiatives**, particularly in pre-elimination or transition contexts. However, Funding Requests from the previous cycle that included cross-border initiatives seemed to have focus on bilateral national-level collaboration with suboptimal results. During this allocation cycle, the TRP requested applicants to provide more detail on the initiatives to ensure better progress in this critical area.

Monitoring the spread of Anopheles stephensi in Africa

Anopheles stephensi is an efficient vector for urban malaria and is a threat to elimination. The TRP observed a need to better understand its spread, breeding, resting and biting behavior and susceptibility to insecticides in Africa given its emergence in the horn of Africa and potential spread to nearby countries with similar environmental conditions. Although there is the 2019 WHO guidance to support countries to monitor invasion and spread, countries are not yet prioritizing entomological surveillance to better understand the vector and its spread.

Recommendation to Applicants

Malaria burden and prioritization concerns

- The TRP encourages countries to undertake critical analysis of data to identify and understand factors underlying the observed epidemiological trends, particularly in settings where progress towards impact has stalled or reversed.
- The TRP recommends that applicants revise guidelines and engage communities in developing behavior change communication approaches and strategies needed to drive uptake of core interventions as the current ones are not yielding sufficient impact. Targeted and context-specific messaging is needed.

Evidence-based program design and selection of interventions

- The TRP would like to see applicants better use epidemiological and programmatic data, including: evaluation of gaps, prioritization of interventions targeting key and vulnerable populations, and geographical/ ecological targeting, such as urban versus rural settings. This is particularly important for an evidence-based response to insecticide resistance, for which the TRP felt insufficient data was provided to justify the cost and use of PBO nets and IRS.
- The TRP encourages applicants with a considerable malaria burden and those in elimination settings to extensively use epidemiological and programmatic data to guide the choice of interventions through stratification and modeling (when appropriate) analysis to project impact at national and sub-national levels. The collection and use of robust data is critical in decision-making, targeting drivers of malaria transmission, and prioritizing interventions. Where data is lacking, appropriate epidemiological, entomological, LLIN durability, and coverage assessments should be routinely undertaken to provide the evidence-base necessary to inform subsequent actions.
- The TRP urges applicants to select interventions, for example LLINs versus IRS, based on data on effectiveness, coverage for all populations, as well as cost-effectiveness for the program overall.
- The TRP recommends as critically important strengthened surveillance, including at district and regional levels, quality assurance of products, and robust innovative resistance management strategies to prevent and address the spread of both drug and insecticide resistance.

Value for money, sustainability, and tailoring interventions to malaria elimination settings

- The TRP recommends applicants to identify interventions based on value for money in achieving results by using and describing costing and efficiency assessment tools, in addition to epidemiological evidence.
- The TRP encourages a deliberate effort for efficient and judicious use of resources by applicants, especially through integration and increased domestic financing as well as engagement of the private sector to maintain gains and ensure needed scale-up of critical interventions.

Migrant, mobile, refugee and cross-border populations

- The TRP encourages applicants to work on harmonization and data sharing between multinational cross-border initiatives and national malaria control and/or elimination programs through comprehensive health needs assessments that identify risk factors and barriers to malaria services in participating countries.
- The TRP recommends applicants to consider local-level cross-border collaborations, such as district-to-district with the involvement of nongovernmental and other community-based organizations.
- Lastly, the TRP encourages exploring opportunities to improve health in these populations, and to look beyond malaria and collaborate across the three diseases.

*Monitoring the spread of *Anopheles stephensi* in Africa*

- The TRP underscores the importance of implementing entomological surveillance and monitoring of *Anopheles stephensi* following WHO guidance.

Recommendation to Technical Partners

- The TRP recommends that technical partners emphasize the importance of achieving full coverage of core interventions in line with guidance, and to update normative guidance specially to support:
 - The prioritization process in coordination with other partners;
 - Comprehensive malaria interventions targeting migrants and mobile populations focusing at sub-national district border levels;
 - The withdrawal or scale-back of SMC and IPTp in low transmission/elimination settings;
 - Implementation and uptake of innovative approaches and sharing findings;
 - IRS exit strategies and surveillance systems to guide prioritization of malaria interventions;
 - The development of robust monitoring and evaluation capacity and systems in order to strengthen evaluation approaches.
- The TRP asks WHO and other partners to continue to support countries to strengthen their routine entomological surveillance, monitoring and reporting – including that of *Anopheles stephensi*.

4.4 RSSH

The TRP noted a continued **emphasis on supporting health systems rather than strengthening systems**, with substantial funding going to continuing functioning of national entities. Overall, the TRP rated the Funding Request focus on RSSH as poorer than in the 2017-2019 allocation cycle, with only 34 percent of Funding Requests rated as demonstrating a strategic focus on RSSH compared to 41 percent previously. Moreover, despite an increased number of disease-RSSH integrated applications, this is also reflected in RSSH funding supporting disease program implementation rather than the wider applicability for strengthening and sustaining of health systems supporting service delivery beyond the three diseases.

Human resources for health

The TRP observed recurring requests for **short-term training activities** rather than ambition to create sustainable, nationally led human resource capacity building at scale. Additionally, the TRP noted the opportunity to actively **gather feedback from community health workers** and at the community level to better develop Funding Requests.

Digital and health management information systems

The TRP notes that **strategies and frameworks for digital health** are strongly needed. Many Funding Requests propose implementation of digital health solutions, often as a strategy to address specific components of the health system, rather than as part of a **comprehensive digital health strategy** to support the delivery of essential health services. When migrating to digital platforms, the TRP noted that Funding Requests focused exclusively on content without considering user experience or enhancement of programmatic efficiency. Health management information systems are the highest priority, with complementary systems needed including integration and interoperability of systems going down to the community level as well as enabling infrastructure such as connectivity, power supply, mobile access, internet literacy, data warehouse and security, and compliance with national policy. Logistics management information systems and human resource information systems are also critical.

Additionally, the TRP observed that **logistics management information systems** were fragmented across disease components and between public and private sectors.

Lastly, the TRP was pleased to note **overall that information systems were widely integrated for the three diseases** and often included the integration of logistics management information systems, labs, human resources for health and other features of primary health care. The TRP noted the opportunity to extend to other essential services such as immunization; reproductive, maternal, newborn, and child health; or integrated management of childhood illness. Interoperability between District Health Information System 2 and other systems is acknowledged by the TRP as a strength in six countries, but in most cases digital health was not often perceived as part of a comprehensive package of care that could help address issues, but rather as a small, attractive solution to a disease-specific problem.

Laboratory systems

The TRP observed many Funding Requests describing **laboratories for TB and HIV** operating in a vertical fashion or independent of clinical laboratories in hospitals and health centers, which is inefficient and expensive. The TRP noted that the introduction of limited numbers of GeneXpert machines makes sample transport systems critical. When these are non-functional, they require patients to travel, creating a cost barrier and negative impacts, such as reduced case finding and unsatisfactory treatment follow up. The TRP noted the opportunity for these systems to extend beyond TB and to be integrated across disease programs and made comprehensive.

The TRP was concerned to see limited to no domestic financing for reagents and kits for laboratory diagnosis, indicating an extreme reliance on the Global Fund.

Governance and national health strategies

The TRP noted that the RSSH component of the Funding Requests often addressed **only the specific needs of the three disease programs rather than the underlining RSSH needs** reflected in the national health plans which represent country ownership, are born out of epidemiological evidence and are shaped by broad consultative processes. In particular, the TRP noted that few Funding Requests included investments in health governance and leadership either through systems, institution building, leadership training, or financial or other management systems for health.

RSSH and sustainability

The TRP noted that RSSH is critical for **sustainability**, particularly in transition Funding Requests. However, many **transition Funding Requests** were developed building on recommendations from transition readiness assessment reports, without insights on how key areas will be accomplished or by whom. Within transition Funding Requests, capacity-building activities were planned for within

the life of Global Fund financing rather than ongoing TA needs to address national institutional capacity.

The TRP highlights that RSSH investments require **longer timeframes** than the Global Fund's three-year allocation cycle and therefore need to both build on previous investments, as well as toward sustainability along the health systems development continuum.

Decentralization

The TRP noted that **decentralization is a highly complex process that takes many forms**, with varying impacts on delivery of disease control programs. The TRP observed the opportunity to better reflect strategies or plans to address the potential implications of altered financing arrangements to preserve gains made under the Global Fund investments, such as retaining trained personnel – particularly at the community level – and in terms of continued engagement of effective civil society interventions for key populations. The TRP did not see Funding Requests that recognize the wider implications of decentralization in terms of the changes to financial, governance and other health systems, but rather Funding Requests to fill gaps and maintain the previously centralized disease programs. This misses the opportunity to develop new integrated systems to deliver people-focused services which are led and managed closer to the communities they serve. The TRP also noted the challenges presented by negotiating agreements and tracking co-financing commitments as well as establishing accountability frameworks presented by decentralization.

Recommendation to Applicants

Human resources for health

- The TRP recommends a more strategic, and integrated approach to strengthening human resources for health to assure sustainable disease control and elimination, including longer-term planning for adequate numbers of qualified, high-performing health workers.

Digital and health management information systems

- The TRP recommends that applicants develop and include in Funding Requests a national digital health plan or strategy and demonstrate alignment of proposed digital investments with the national strategy. Where there is no national strategy, the Funding Request should include a plan to develop an appropriate framework prior to grant implementation and ensure that proposed tools do not fragment the health system.
- The TRP encourages applicants to conduct a detailed analysis of the requisite IT infrastructure and plans to address associated gaps before embarking on system-wide digital health solutions that may not achieve scale and impact. Partnerships with the private sector, including telecommunication operators, and the Ministries of Information or Telecommunication should be included in national digital health strategies. Investments should prioritize existing solutions instead of developing new tools.

Laboratory systems

- The TRP recommends that applicants looking at laboratory systems should use a systems approach as opposed to mainly focusing investments on infrastructural requests such as procurement of equipment, including smartphones and trainings. Applicants should explore all possible opportunities for efficiencies and synergies between programs in designing laboratory strengthening interventions and sample transport systems.

RSSH and sustainability

- The TRP recommends applicants to highlight all efforts made in the current grant to transition key RSSH interventions to government funding, backed by good documentation.

Decentralization

- In countries where decentralization has taken or will take place, the TRP urges applicants to identify the changes in roles and responsibilities at different levels and propose how consequent capacity building needs will be assessed from the perspective of strengthening the whole decentralized health system.

Recommendation to Technical Partners

- The TRP recommends technical partners to support and facilitate ministries of health and Principal Recipients to engage with ministries of telecommunication and the private sector, in order to encourage development and implementation of comprehensive and inclusive digital health strategies that leverage domestic resources and foster sustainability.

Recommendation to the Secretariat

- The TRP recommends that the Secretariat consider TA to encourage wider systems strengthening approaches and the needs of multiple disease programs when designing new lab systems.
- The TRP recommends the Secretariat to work with applicants to pilot decentralized programming and financial management in countries where capacity appears sufficient at the decentralized levels to work across the portfolio. Where appropriate, the Secretariat is encouraged to consider standard minimum conditions for co-financing or for other elements in the Funding Request applicable to all the decentralized units.
- The TRP recommends the Secretariat's technical working group to develop guidance on digital health as part of comprehensive RSSH investments.

4.5 Human rights and gender

Differentiated programming

The TRP noted the **opportunity to address complex interactions of gender and human rights-related barriers to services** among populations at greatest risk in Funding Requests. Simple and broad analyses were provided instead of the necessary fine-tuning of interventions, such as acknowledgement of adolescent girls and young women without disaggregation by sex, risk level, location, and circumstance as well as data on and tailored interventions for their partners.

Communities and community systems strengthening

The TRP noted **the need for more attention to the vital role of communities**, which require anti-racist and decolonizing frameworks in order to reach empowerment. The TRP saw the opportunity to better identify and respond to significant socio-economic, ethnic, racial, and other inequalities. The TRP observed that UHC was presented as having eliminated barriers to access for key populations, despite evidence that significant service and financial barriers remain.

The TRP also observed decreased dual-track financing and reinforced the need for attention to and safeguarding of **financing of both government and civil society implementing partners**, a mechanism that has supported community-centered responses in the past.

The TRP observed that **community systems strengthening was conflated with community health system strengthening** through interventions focused on community health workers or was neglected in the context of decentralization or transition. The TRP noted the opportunity to address broader dimensions of community systems strengthening such as capacity-building for key

population-led civil society organizations or promoting an enabling environment for rights-based and gender-sensitive programming. One area in particular that would benefit from strengthening is community-based case management for multi-drug resistant TB.

Gender

The TRP observed **limited attention to the gender dimensions of the three diseases**, particularly malaria, with inadequate use of sex-/gender- and age-disaggregated data. Some Funding Requests went as far as to say that gender was not an issue or, when gender disparities were presented, they did not always translate into interventions. The TRP sees opportunity to better integrate sexual and reproductive health and rights in Funding Requests, including family planning, cervical cancer and mental health. The TRP also noted across diseases that there were insufficient interventions proposed to address gender-based violence against women, trans and queer people, or other forms of violence, despite documented effects on disease risk and outcomes.

Key populations

The TRP noted that many Funding Requests failed to **prioritize funding for effective programs for and led by key populations**. Scaled and comprehensive programming as well as community mobilization and empowerment for key and vulnerable populations were frequently missing from Funding Requests; affected populations included people in prison and other closed settings, people who inject drugs, gay men and other men who have sex with men, transgender people, sex workers, mobile and cross-border populations, refugees, internally displaced people, and stateless people. Furthermore, some key populations still face criminalization, which creates barriers to effective programming and leads to rising disease rates. The TRP would like to see better articulation of the responsibility of governments in delivering services to key populations.

The TRP noted that the Global Fund's transition funding policies require grant funds to be spent on key population and civil society programming in transitioning contexts, leaving this programming in a highly **precarious position post-transition**.

The TRP saw that many Funding Requests discussed disease burden for **migrant, mobile, refugee and cross-border populations**, although this did not translate into appropriate programming. The TRP notes the opportunity for more comprehensive programming in addition to border health screenings and to develop public-private partnerships as part of comprehensive programming.

Countries with severe human rights challenges

The TRP reviewed Funding Requests from countries where the **political environment is extremely hostile to a wide range of human rights**. Such contexts, if not well addressed, may pose reputational risks to the Global Fund as an institution if very large gaps in coverage of evidence-based interventions for those at greatest risk persist and progress in prevention interventions and in efforts to reduce human rights-related barriers through programmatic interventions remains inadequate. There are ongoing challenges of scaling-up interventions in countries with punitive laws and policies, persistent stigma and discrimination, and lack of access to justice such as the death penalty for same-sex relations. Legal assessment may be conducted but the findings are often not applied to inform interventions.

Recommendation to Applicants

Communities and community systems strengthening

- The TRP recommends that applicants ensure that sufficient funding, at least 10 percent as recommended by the Global HIV Prevention Coalition, is allocated to community-led programming.
- In transitioning contexts, the TRP advises applicants to include dedicated interventions to address civil society strengthening and build social contracting and other public financing options for community involvement to foresee co-financing of interventions delivered by civil society to test those mechanisms and demonstrate country's commitment to take over.

Gender and key populations

- The TRP urges applicants to include disaggregated human rights and gender analysis, activities and indicators across the three diseases. Furthermore, the TRP asks that applicants develop gender-responsive programming with specific interventions that address gender-based barriers to services and gendered determinants of poor outcomes, as well as gender-based violence. The TRP strongly recommends that all key population programming be accompanied by allocation of adequate budget for the planned interventions.
- The TRP recommends that applicants make more effort to reduce human rights-related barriers to services, building on learnings from the Breaking Down Barriers Strategic Initiative.
- For migrant, mobile, refugee, and cross-border populations, the TRP recommends addressing associated policy and legislative issues as well as improving access to comprehensive services.

Countries with human rights challenges

- The TRP encourages applicants to comprehensively assess human rights- and gender-related barriers and differentiate program approaches in Funding Requests following updated and comprehensive guidance from the Global Fund and from technical partners. Attention should be paid to develop more indicators which follow progress in reducing human rights and gender-based barriers.

Recommendation to Technical Partners

- The TRP recommends technical partners to provide TA to translate malaria and TB analyses into solid programming based on contextually grounded evidence about gender-based inequities in access to services. These would be best supported by a list of best-practices and model interventions to help countries move beyond assessments.
- The TRP encourages that partners review transition planning guidance, tools, and best practices.
- The TRP recommends technical partners to produce expanded guidance, tools, and best practices for financing community and civil society involvement in disease response, with the aim of strengthening inclusion, effectiveness and sustainability. These materials should focus on actions to address other work outside of services, such as supporting watchdog capabilities, capacity building and advocacy functions.
- The TRP encourages that technical partners use normative guidance to recommend that countries report sex, gender, and age disaggregated data on key indicators and develop guidance for responding to all forms of violence. The TRP also urges technical partners to provide guidance on working with young populations, including those involved in sex work as well as adolescent boys and young men.

- The TRP recommends technical partners to support applicants in exploring opportunities for comprehensive HIV prevention programming, including PrEP for key populations and adolescent girls and young women.
- The TRP recommends UN partners to accelerate engagement at country level where key populations are criminalized.

Recommendation to the Secretariat and Board

- The TRP recommends the Secretariat require increased funding of key populations through national budgets in advance of transition as a pre-condition for receiving a final Global Fund allocation or grant.
- The TRP recommends the Secretariat to enhance the modular framework to include comprehensive mental health and psychosocial support interventions.
- The TRP requests the Secretariat to share trends in the human rights environment over allocation cycles with the TRP.
- The TRP recommends that the Global Fund Board address the risk of financing countries with substantial human rights challenges.
- The TRP requests additional guidance from the Secretariat on what can and cannot be financed by the Global Fund, and encourages that lessons learned from the Breaking Down Barriers Strategic Initiative to be shared across the partnership.

4.6 Strategic investment and sustainable financing

Value for money

The TRP was pleased to **see Funding Requests with greater attention to value for money**. The TRP saw applicants expand analysis beyond the focus on 'economy' to all the five elements of value for money, such as economy, efficiency, effectiveness, equity and sustainability, to include deeper consideration of trade-offs between efficiency and equity for example and ensuring sustainability more consistently. As some countries take on procurement of program drugs and commodities, the TRP saw that public procurement legislation can be a barrier to value for money and program sustainability; as laws may require procurement from local agents or producers, some of whom have a local monopoly and hence charge well above international prices. Similarly, the TRP noted that public procurement legislation can hinder local and national authorities from successful social contracting of civil society organizations, such as the requirement for bidders to have extensive financial resources beyond what is feasible for local organizations.

Additionally, the TRP sees the advantage of including training and retraining, which is a large component of the program management costs in Funding Requests but recommends that **digital and other alternatives to costly in-person trainings** should be developed. Training should be strategically selected to translate into meaningful infrastructure and human resource strengthening.

The TRP noted the inclusion of **van-based mobile testing for TB** in some Funding Requests, for which the TRP would like to see more detailed evidence on its cost-effectiveness when compared to fixed services including van use for more than just TB.

Private sector engagement

The TRP was pleased to observe **increasing recognition of private sector engagement in HIV, TB and malaria care and prevention**. However, this has not been translated into attention paid to the heterogeneity of the private sector, evaluation of and support to quality of care, and the sustainability of this engagement which should be rooted in systems changes. Additionally, private sector engagement activities were frequently put in the PAAR.

Sustainability

The TRP noted that **program-specific financial sustainability plans and health strategies** need to be improved in Funding Requests. This is a complex, multidimensional problem and the TRP recognizes that addressing it will take time and cuts across several recommendations. For example, a disproportionate number of inputs seem to be for consumables rather than systems building. Some Funding Requests are 80 percent or more commodities, and the balance is largely travel and per diems making grants largely about systems support rather than strengthening. Meeting co-financing commitments does not necessarily mean the goals of the co-financing program are being met, such as increased public budget commitment to health and to the three diseases in particular. Sustainability challenges exist for countries as they move along the development continuum, particularly for countries moving into middle-income status which often results in a decline in overall external development assistance for health.

Technical assistance

The TRP noted that not many Funding Requests included **clear TA strategies and comprehensive, measurable and costed TA plans** that consider all levels of the health system, including civil society organizations.

Community health workers

The TRP noted that community health worker plans could be better leveraged and those included in Funding Requests were fragmented and underdeveloped or organized into vertical programming.

Recommendation to Applicants

Value for money

- The TRP emphasizes that applicants across different income levels should focus efforts on improving the supply chain and access to procurement.
- The TRP recommends applicants to ensure health financing reforms, including financial protection policies, performance-based financing, etc., are addressing the entire health system, and are supported by strong domestic buy-in, increasing budget allocation to health, and donors' technical and financial support.

Private sector engagement

- The TRP recommends applicants to consider whether an increased role is envisioned for the private sector in case finding, drug and commodity production, service delivery, and preparedness.

Sustainability and decentralization

- The TRP encourages all applicants to make references to sustainability in the Funding Request, including low-income countries and/or challenging operating environments which can focus on efficiencies, integration, coherence as well as maintaining government expenditure on health.
- The TRP recommends that applicants pay greater attention to political economy, governance and institutional challenges to meeting disease program objectives in order to ensure the right balance between short- and long-term investments. Applicants should show how the Global Fund program will invest in and support these crucial elements.
- The TRP urges applicants to use Global Fund resources as effectively as possible reducing the amount spent on program management, while strengthening the harmonization of

salaries, rationalizing the use and distribution of salary supplements, and using innovative mechanisms and co-financing arrangements to build better value for money.

- The TRP asks that applicants provide information on decentralization of governance and health financing of service delivery, and how it is affecting financial flows and governance in Funding Requests.

Community health workers

- The TRP recommends applicants to ensure integrated training to avoid community health worker silos.
- The TRP requests applicants differentiate general community health worker cadres from key population-led civil society organizations.

Recommendation to Technical Partners

- In order to build value for money and strengthen sustainability, the TRP recommends technical partners to support TA plans that focus on national capacity building, specifically, TA to support strengthening and integration of supply chain management systems with health management information systems, District Health Information Software 2, financial management systems and logistics management information systems.

Recommendation to the Secretariat

- The TRP recommends the Secretariat to strengthen efforts to encourage applicants to adopt pooled procurement mechanisms when available.
- The TRP welcomes dialogue with the Secretariat's Health Financing team, including dialogue on health financing reforms and value for money best practices. The TRP would like for this team to develop a repository of Global Health financing research such as country or regional studies on user fee impact and decentralized facility financing.
- The TRP encourages the Secretariat teams to engage in policy dialogues on health financing in the country.
- The TRP asks that the Secretariat provide clear guidance to transitioning countries on requirements for transition readiness assessments and workplans.
- The TRP requests that the Secretariat track and measure investments by Principal Recipients to support capacity building, institution strengthening, and governance, including and particularly in the case of international organization Principal Recipients.

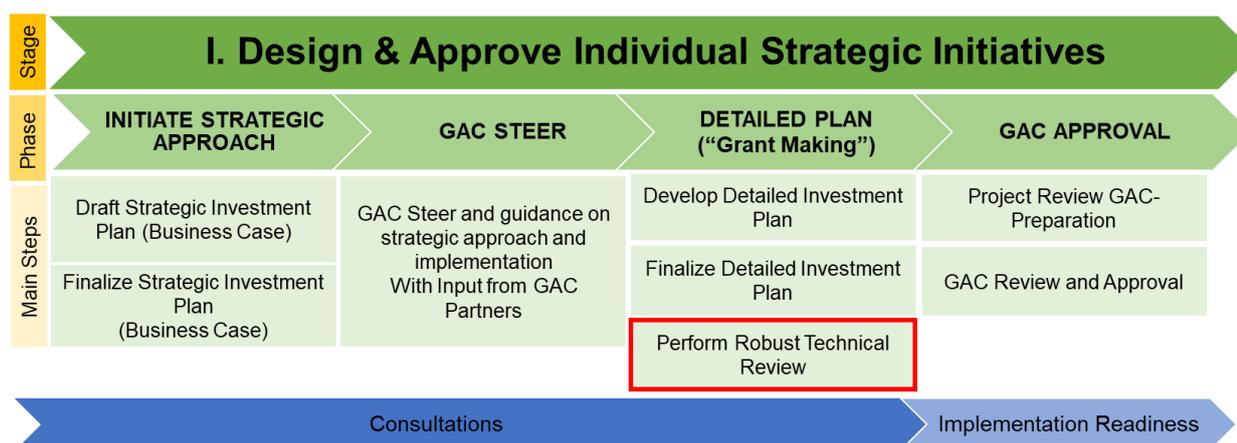
5. Strategic Initiative Lessons Learned

As part of its role as an independent review body, the TRP was asked to support a "robust technical review" of Strategic Initiatives (SIs) which are part of the Catalytic Investments of the Global Fund planned to complement the country disease and RSSH grants.² The Strategic Initiatives aim "to provide limited funding for centrally managed approaches that cannot be addressed through country allocations due to their cross-cutting or off-cycle nature, but are critical to ensure country allocations deliver against the Strategy."

² GF/B41/03 – Revision 1: Catalytic Investments for the 2020-2022 Allocation Period (15-16 May 2019, Geneva)

The TRP's review occurred following:

- The Board and Strategy Committee's approval of the Catalytic Investment amounts, areas of focus, and operationalization plans;
- Extensive and ongoing consultation and coordination with technical and development partners;
- Guidance on strategic approach and implementation from the Secretariat's internal Grant Approvals Committee; and
- Detailed Investment Plan development by the SI workstream leads within the Secretariat.



Of the 24 SI areas of focus approved by the Board, the TRP was invited to review the 15 SIs listed below. The remaining nine SIs were not reviewed due to their design or were reviewed separately by other experts due to their design. This report includes lessons learned from 13 SIs reviewed so far by the TRP in late 2020 and early 2021.³

- HIV
 - Condom Programming
 - Differentiated HIV Service Delivery
 - TB Preventative Treatment for People Living with HIV
 - Adolescent Girls and Young Women
- TB
 - Targeted TA for Innovative Approaches for Finding Missing People with TB
- Malaria
 - Regional Coordination and Targeted TA for Implementation and Elimination
- Resilient and Sustainable Systems for Health (RSSH) and Cross-cutting
 - Data
 - Human Rights
 - Sustainability, Transition and Efficiency
 - Procurement and Supply Chain Management Transformation
 - Service Delivery Innovations, including:
 - South-to-south strategic support and learning (*Pending TRP review*)
 - Human Resources for Health Strengthening and Quality of Care
 - National Laboratory System Improvement
 - Strategic Private Sector Approaches (*Pending TRP review*)
 - Innovative Finance

³ As noted below, the SIs on "South-to-south strategic support and learning" and "Strategic Private Sector Approaches" are yet to undergo TRP review.

The TRP lessons learned presented below cover the added value of SIs, the content and quality of SI investment plans, including how the SIs built on lessons learned from the 2017-2019 allocation period and the complementarities with ongoing similar efforts across the partnership, as well as the TRP's perspectives on the SI review process.

5.1 Strategic value and management across SIs

The TRP acknowledges that the SIs are intended to catalyze the impact of Global Fund country grants and are the primary means to finance important, strategic areas that do not fit within the allocation funding request driven country-level approach. The TRP supports the selection of SI areas for the 2020-2022 allocation period, which focus on critical programming gaps that will contribute to the catalytic impact of the Global Fund investments. The TRP also commends the establishment of an SI Project Management Office within the Secretariat with the responsibility of ensuring effective implementation of the Board's decision on SIs through timely coordination of the development of SI investment plans, independent review and reporting. The TRP notes that the SIs cover a broad range of programmatic areas, which is considered appropriate given that the SIs are the sole funding stream beyond country (or multicountry) grants. The TRP appreciates the flexibility inherent in the SI mechanism to use these funds in agile, targeted and impactful ways that respond to evolving contexts.

Of the 13 SI reviews completed to date, the TRP only had major concerns with three. Overall, the SIs are well positioned to deliver against the Global Fund's strategy and are well focused on the Board-approved areas of investment, serving as key drivers of impact. The SIs complement the focus areas of Global Fund grants, serve the Global Fund Strategic Objectives, address critical gaps, are supported by a strong evidence base, and provide opportunities for linkages and synergies with other catalytic funds.

The TRP would like to make certain recommendations for improvement of the overall SI program:

Group, streamline and systematize SI selection: The TRP sees an opportunity to streamline the SIs in order to avoid fragmentation, transaction costs and management issues. The TRP acknowledges the level of partner engagement and collaboration during the development of the SIs. The TRP recommends grouping and systematizing selection of SIs to maximize resources and ensure efficiencies across ongoing investments by managing related topics within one SI, rather than several. The TRP recommends that the Global Fund:

- Consider the formulation of new categories, such as “long-term SIs” or “gap-filling SIs”, with timelines and associated indicator frameworks that are appropriate to each category and may extend beyond the standard three-year allocation period, for which suitable design and measurement criteria are created to facilitate the development and review.
- Continue to ensure synergies and complementarities between SIs and ongoing country and regional investments by the Global Fund and partners including donors and other parallel organizations.
- Recognizing that many SIs function as a “proof of concept”, ensure that close attention is paid to evaluation, lessons learned and recommendations, as SIs are implemented.
- Expand the scope, and where necessary, the budget of some SIs to maximize their strategic value. For example:
 - The Strengthening National Laboratory Systems and Health Security SI contains initiatives that are critical to ending HIV, TB and Malaria, and to addressing COVID-19 that could benefit many more countries and have greater impact by strengthening leadership and governance of laboratory systems.
 - Consider expanding the scope of the SI on TB Preventative Treatment for People Living with HIV to include access to preventive therapy for all TB contacts. This

- modification would align with normative guidance to support TB preventive treatment among other at-risk populations for latent TB infection regardless of their HIV status.
- With increased funding, the Sustainability, Transition and Efficiency SI could further boost the impact of the disease programs and of the Global Fund.
- Future TB SIs would be improved by updating their scope to incorporate prioritized groups of missing people, such as migrants, refugees and cross-border populations; differentiated approaches for men in highly gendered epidemiological settings; people living in conflict settings; and other vulnerable groups.

Enhance synergies and efficient coordination between SIs: Where countries are targets or beneficiaries of multiple SIs, greater coordination and alignment of implementers is needed at the country level. This will help avoid confusion as well as promote integration and better implementation of SI and core country disease programs. Similarly, the SI Project Management Office should consider means of reducing transaction and other costs while maximizing country-specific outcomes across the SIs.

Rationalize allocation of funds between and within SIs: The TRP believes that the 2020-2022 allocation for SIs of US\$343 million would benefit from better strategic allocation between and within the SI areas and was spread too thin across focus areas, preventing maximum impact. In some SIs, such as the SI on Innovative Approaches for Finding Missing People with TB, funds were split evenly between countries rather than using a differentiated, context-driven approach to funding such as consideration for challenging operating environments. In future SIs, the TRP recommends differentiation of approaches and allocation of budget based on country and program context.

Ensure attention to anti-racist and decolonizing global health efforts that complement existing allocation funded programs and partner investments: The TRP urges the Global Fund to ensure that all elements of SIs are consistent with policies and suitable practices to redress racism and colonizing actions. This supports overall Global Fund principles and includes:

- Ensuring robust participation of national programs and local communities in the selection and design of activities;
- Ensuring full use of local resources and expertise in implementing the SIs;
- Reliance on communities and other local actors in the monitoring and evaluation of the SIs; and
- Considering longer-term needs for technical support and determining means of ensuring these can be fulfilled with local resources.

5.2 Theory of change

The TRP considers that the upstream selection of the SI areas of focus appears to be appropriately informed by and directly tied to the broader strategic objectives of the Global Fund strategy 2017-2022.

However, there is a lack of a clear overall “theory of change” guiding the impact the Global Fund seeks through the SIs, and driving selection and delivery of individual SIs. The TRP recognizes that the SIs were developed organically to address critical gaps and needs identified by the partnership, so are somewhat scattered across different program areas. Yet the SIs as a whole would be stronger if a more strategic approach was applied to the selection of investment areas and delineation of expected impacts. The TRP recommends that the SI program be based on an overall framework or theory of change to ensure:

- Available SI funding is being allocated efficiently to address key programmatic gaps that have highest potential to catalyze grant impacts; and
- Clear articulation of the short-term versus the long-term expectations for the SIs.

A clear theory of change will also enable the measurement and evaluation of catalytic impact and SIs' additive value with rigor across SIs, ultimately supporting development of robust lessons learned to inform future Global Fund investment decisions.

5.3 Measuring changes and results for individual SIs

Each individual SI should be formulated based on a theory of change. With the exception of the SI on National Laboratory System Improvement, the SI detailed investment plans lacked strong frameworks for measuring results and outcomes of the proposed interventions.

The TRP recommends that the theory of change for future SIs be strengthened by:

- Clearly presenting the problem to be addressed by the SI within the context of the Board-approved area of investment;
- Specifying the key areas prioritized in the SI based on the problem statement;
- Explaining the program content or the interventions to be implemented within the areas prioritized;
- Describing the theory of change framework that specifies the indicators to be used in measuring the results of implementation including how they will be measured, and how they will be used to inform progress on the problem statement, both in the short and long term; and
- Better determination of program risks and mitigation efforts.

Further, the TRP notes the opportunity to strengthen alignment of SI indicator frameworks with those of country and multicountry grants as well as the Global Fund key performance indicators. While this may not be appropriate for all SIs, country or regional settings, alignment would better support ensuring appropriate outcomes, measurement, and, in certain cases, smooth integration of interventions into country grants.

5.4 Technical assistance (TA)

The TRP strongly encourages the Global Fund to continue to prioritize country ownership of TA, with TA being driven by country-level assessments, focusing on building and utilizing local capacity, and moving away from reliance on international TA providers and towards use of national and regional TA providers. The majority of SIs reviewed by the TRP included significant financing for TA, which the TRP finds an appropriate way to address the areas of focus. The TRP recommends that the Secretariat and partners consider investing in utilizing and building local TA capacities as part of SI implementation. In line with the value of partnerships underlined in the Global Fund Strategy, it is essential that the Global Fund functions, and is seen to function, as a role model for supporting and mobilizing regional and national TA networks to support country programs.

Across SIs, the development of high-quality terms of reference is essential if providers are to be held accountable. The delivery of the desired outcomes of TA should be measured rigorously through carefully considered indicators and benchmarks, detailed in the terms of reference and reflected in SI indicator frameworks and, as applicable, in country-level indicator frameworks. The TRP recommends that the TA providers' performance be measured using these indicators and used in making decisions on future SI implementers.

The TRP is supportive of the efforts to consult and coordinate with development and technical partners on the national and regional level across the SIs, particularly when it comes to the provision of TA. The TRP notes that such coordination is particularly important when TA delivers one-off assessments with the potential to influence the timeframe, workplans, and indicators of other interventions, including other TA. This coordination is also essential in countries that are targeted by multiple SIs, such as Tanzania, Bangladesh, and Zambia. In such instances, tracking

the impact of individual SIs may present challenges and might be best examined at the level of overall SI program performance in these countries.

To improve efficiencies internally, the TRP would encourage the SIs to take advantage of TRP recommendations to country disease programs to guide where resources would be most impactful. In its review of allocation Funding Requests, the TRP often recommends that countries invest in TA in specific areas, many of which overlap with the SIs. The TRP noted that the SI Sustainability, Transition and Efficiency effectively addressed potential issues of overlap and duplication with the country funding requests. Specifically, the SI should systematically review and consider the TRP Review and Recommendation Forms of countries preparing for transition to inform the types of assignments to be funded through the SI.

5.5 TRP engagement in the SI review process

The TRP welcomes the opportunity to contribute to rigorous technical review of the SIs in accordance with the Board's decision on SIs, including being engaged in strategy development discussions and discussions at Board and Committee meetings at which future SI focus areas will be discussed. The TRP notes that its review of SIs happened considerably further "downstream" than would have been optimal; the TRP was engaged when focus areas were already defined by the Board, detailed investment plans were already developed by the Secretariat in consultation with partners, and initial steer had been provided by the Secretariat's Grant Approvals Committee. TRP review at this late stage limited the scope and impact of TRP strategic and technical inputs and consequently the opportunity to contribute significantly in shaping the SI investment plan. Some SIs that came to the TRP, such as the SI for Condom Programming and SI for Adolescent Girls and Young Women, had externally advertised Requests for Proposal for potential service providers before TRP review. While the TRP still provided technical input of strategic value, the TRP was not comfortable with the costs that may have resulted from substantial changes and therefore felt there was little room to provide input. The TRP recommends that independent technical reviewers be engaged upstream in the overall SI program selection and design, as well as in review of individual SIs.

The TRP greatly appreciated the discussions with Secretariat SI workstream leads during the review process, as they provided clarifications to clarify the review and demonstrated depth and knowledge of what went into developing the detailed investment plans. The TRP notes that there is scope to enhance the documentation provided for review to ensure the most critical information to enable technical review is captured. Welcome improvements would include:

- In the case of continuing SIs, providing a clear description of the accomplishments during the previous implementation period and how lessons learned have been incorporated in the new submission;
- Providing detailed information on the particular SI's linkage with the country disease/RSSH program and other programs, such as other SIs or TA recommended by the TRP in reviewing the country disease funding request;
- Providing a robust theory of change for the SI investment plan;
- Including more budget details with a breakdown of funds for TA and other interventions to support better assessment of value for money; and
- Presenting a clear set of indicators for measuring outcomes that are aligned with country disease program indicators and that measure the added value of the SIs to assess effectiveness and complementarity to country disease programs.

The TRP also recommends that the review process include clear guidelines on how the Secretariat workstream leads will provide clarifications to issues raised by the TRP in cases where the TRP has major concerns about the technical merit, strategic focus or value for money of the SI investment plan.