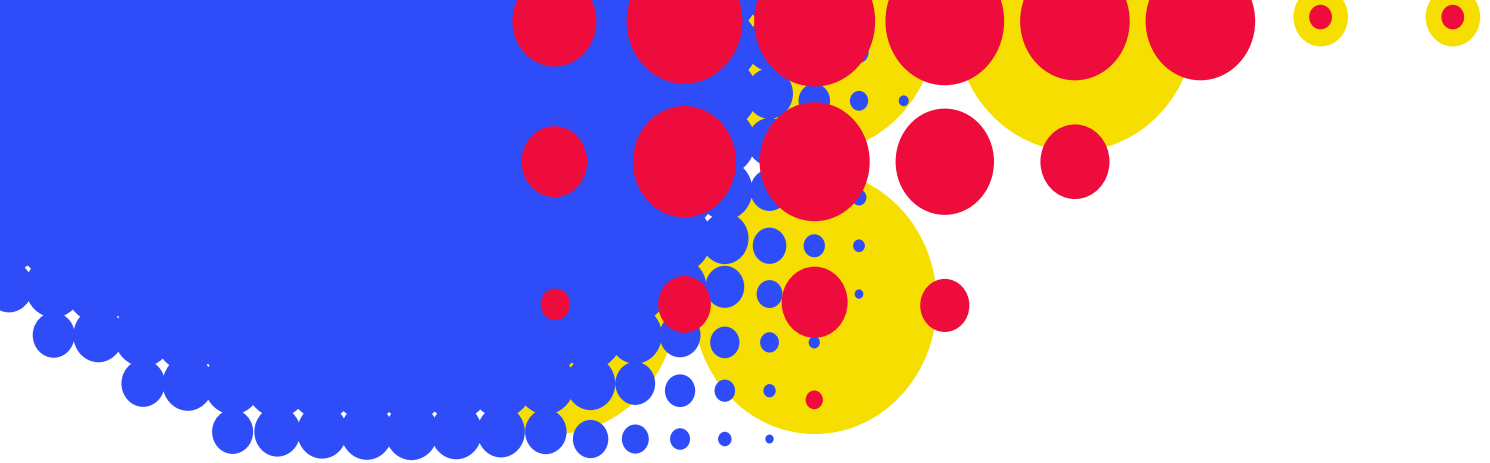




HIV Prevention

Evaluation

Secretariat Management Response

GF/ELO/2026/02/04

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Geneva, Switzerland

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Introduction

Independent evaluation is a critical component of the Global Fund Partnership. It provides an opportunity to generate evidence, strengthen how the Global Fund operates, and inform Board and Secretariat deliberations on strategic priorities. In November 2022, the Board established a new independent evaluation and learning function to ensure that evaluations are relevant, timely, and of high quality, and that they generate actionable findings and recommendations to advance the Global Fund Strategy for ending AIDS, tuberculosis (TB) and malaria as epidemics for 2023-20228.

An integral part of these evaluations is the Secretariat Management Response, which affords the Secretariat the opportunity to comment on the evaluation findings, conclusions and recommendations as well as outline the steps that will be taken forward in response to the evaluation.

The evaluation was commissioned by the Evaluation and Learning Office (ELO) in 2025, under the oversight of the Independent Evaluation Panel (IEP), and carried out by independent evaluators. It focuses on three main areas: how well GC7 grants are designed to support effective HIV prevention; how implementation is progressing in a resource-constrained environment; and how countries are measuring prevention outcomes.

The evaluation is situated within a rapidly evolving global health context. Overall, the evaluation confirms important progress. It shows that HIV prevention investments are increasingly data-driven, better targeted to key populations (KPs) and adolescent girls and young women (AGYW) in high-incidence settings, and more closely aligned with global normative guidance, including WHO and UNAIDS. At the same time, it highlights ongoing challenges, particularly related to achieving sufficient scale for impact, sustaining structural and community-led interventions, and strengthening monitoring and evaluation systems.

These findings come at a time when the global HIV response is facing significant pressure. While new infections have declined over the past decade, they remain well above global targets, and the epidemic is increasingly concentrated among KPs and AGYW. At the same time, funding constraints and shifts in the external financing landscape are requiring countries and partners to make difficult prioritization decisions and focus more sharply on high-impact interventions.

The Secretariat welcomes the evaluation and appreciates the extensive work conducted by the evaluators and the collaboration with the ELO. Many of the issues raised are already recognized and are being addressed through ongoing efforts to

strengthen precision prevention, improve targeting, and support more efficient and sustainable delivery models.

1. Summary of the response to the findings and conclusions of the evaluation

The Secretariat welcomes the HIV Prevention Evaluation and appreciates the work of the evaluation team and the Evaluation and Learning Office. The evaluation confirms important progress in HIV prevention programming, including stronger use of epidemiological data, improved targeting of KPs and adolescent AGYW, and closer alignment with WHO, UNAIDS and GPC guidance. At the same time, it highlights persistent challenges related to sustainability, monitoring systems, service delivery approaches and prioritization in a constrained funding environment.

We broadly agree with the overall direction of the findings and welcome the evaluation's recognition of the progress achieved to date. The findings reinforce the importance of continuing to strengthen precision prevention, data-driven prioritization and differentiated service delivery while maintaining a strong focus on KPs and AGYW. The evaluation also underscores the need to improve prevention outcome monitoring, address structural barriers that limit access to services, and ensure that prevention investments remain impactful and sustainable in an increasingly constrained financing environment.

While the Secretariat agrees with five recommendations, it partially agrees with two, and provided comments to recommendation directed at partners. The response reflects the current operating context, including resource constraints, the country-led nature of Global Fund investments, and the shared responsibilities across the broader HIV partnership, including WHO, UNAIDS and other technical partners. In several areas, the recommendations align with ongoing efforts already underway, while in others the Secretariat considers that implementation approaches need to reflect country context, available resources and the respective mandates of partner organizations.

In our management response, we focus on a number of key priorities: maintaining a strong focus on KPs and AGYW, strengthening precision prevention and data-driven prioritization, promoting differentiated and person-centered service delivery, improving prevention outcome monitoring, and addressing structural barriers that limit access to services. We also recognize the need to maximize impact and protect high-priority prevention interventions in a changing financing environment.

A key theme throughout our response is the importance of learning, communication and sharing of knowledge. We recognize that guidance alone is not enough. Countries

also need opportunities to discuss what works, learn from each other and adapt successful approaches to their own context. Across several activities, we will strengthen the dissemination of WHO, UNAIDS, GPC and Global Fund guidance, facilitate regular discussions with PHME colleagues and other relevant focal points, and encourage countries to share implementation experiences. Through Brown Bag sessions, technical discussions and peer learning opportunities, we will support countries in applying lessons learned, adapting successful approaches to their local context, and making more informed decisions on HIV prevention investments and service delivery.

2. Overall utility of the evaluation

The results of the evaluation provide a useful independent view of Global Fund investments in HIV prevention. Many of the findings validate our understanding of what is working well and where further improvements are needed. It also recognizes that current investments are generally aligned with the core priorities, including a focus on key populations, AGYW, precision prevention, differentiated service delivery and data-informed prioritization. The evaluation further highlights that these investments are guided by epidemiological evidence and global normative guidance, providing a strong foundation for achieving prevention impact by directing resources to the populations, geographies and interventions with the greatest potential to reduce new HIV infections.

Its value is particularly important in the current context of major changes in the global HIV financing landscape. The findings reinforce the need to protect high-impact prevention interventions, strengthen sustainability, improve monitoring approaches and ensure that limited resources are directed where they can have the greatest effect.

Going forward, the recommendations will help inform ongoing work and discussions with countries and technical partners. As an independent assessment, the evaluation also helps reinforce key prevention messages and provides practical lessons that can be applied during GC8 implementation. The findings will support efforts to adapt to a more constrained funding environment while maintaining focus on reducing new HIV infections.

Annex 1 Detailed Secretariat Response to Recommendations

#	Recommendation 1	Type	Acceptance
	Global Fund Secretariat should maintain HIV prevention for KPs and high-risk AGYW as a core strategic priority and extend the precision prevention approach into GC8. The focus on KPs and AGYW in high-incidence settings remains the Global Fund’s comparative advantage and should be protected despite tightening fiscal conditions and competing demands. Within this changing funding landscape, countries should be encouraged to continually and actively prioritize the most impactful interventions and delivery models, while focusing on geographies and populations most in need.	Critical	Accepted
	Justification for “partially accepted” and “rejected” (for critical and important recommendations)	Not applicable	
	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	The focus on KPs and high-risk AGYW is already central to the GC8 approach. In an increasingly constrained funding environment, the Global Fund is reinforcing a shift toward precision prevention, prioritizing the highest-impact interventions, delivery models, geographies and populations, while making explicit trade-offs to protect investments with the greatest potential to reduce new infections. Reflecting this shift, GC8 guidance encourages countries to move beyond broad demographic approaches and target populations based on epidemiological risk and transmission dynamics, including high-burden geographies and AGYW at elevated risk, such as in settings with large numbers of AGYW with non-regular sexual partners and young women from key populations. This approach brings precision prevention into practice in GC8 by concentrating resources where they are most likely to prevent new infections and deliver the greatest impact.	
	Activities or initiatives required to achieve the intended change (including building on those already)	Activity/Initiative: Continuation of work initiated in GC7 under the HIV incidence reduction workstream delivery, including a	Planned Completion Date Remarks/ Assumptions

	planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	reassessment of the focus countries based on two criteria (using (UNAIDS 2024 data): - countries with the highest number of new infections; and - countries where HIV incidence rates are increasing. The initiative will support these countries throughout the funding request process, with additional tailored support from HIV and CRG advisers, improved alignment of technical assistance from partners, monitoring of HIV prevention investments (level of investment, interventions type, targeting and delivery of those interventions) in funding requests and continued support through grant-making, and implementation.	Ongoing — from GC8 funding request preparation phase to grant implementation (2-4 years, with some exceptions, such as South Africa).	Support will continue throughout grant-making and grant implementation, led by HIV and CRG advisers in collaboration with country teams, and partners.
		Strengthen the targeting of HIV prevention by supporting countries to use sub-national data to prioritize investments in high-incidence geographies and populations most at risk, particularly KPs and AGYW — embedded across funding requests and grant-making, with coordinated support from the Secretariat and partners.	Ongoing — from funding request preparation phase to grant making	CRG and HIV advisers, AGYW and KP advisers in GMD
		Strengthen AGYW programs in the 12 AGYW countries by shifting towards more targeted (use of subnational data, assessment of PEPFAR/DREAMS gaps), integrated, and sustainable approaches — prioritizing those most at risk, embedding services within national systems, strengthening GBV linkages, and transitioning to coordinated, domestically supported responses through	Ongoing — from funding request preparation phase to grant making	CRG and HIV advisers, AGYW advisers in GMD

		funding requests, grant-making, and aligned technical support from the Secretariat and partners.		
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#	Recommendation 2	Type	Acceptance
	Global Fund Secretariat should ensure that Country Coordinating Mechanisms (CCMs) and PRs sustain alignment with Global Prevention Coalition (GPC) guidance and continue to emphasize differentiated service delivery. Increasing investments in robust data systems and tailored prevention services (including biomedical, structural, and behavioral interventions) will equip local stakeholders to make evidence-based decisions that balance cost and impact. This in turn will support context-specific delivery strategies aimed at preserving user preferences, including options for long-acting injectables.	Critical	Partially Accepted
	Justification for “partially accepted” and “rejected” (for critical and important recommendations)	The Secretariat agrees with the importance of promoting the use of Global HIV Prevention Coalition (GPC), WHO and UNAIDS guidance to inform HIV prevention programming. However, funding requests, grant design and implementation remain country-led processes, and the Secretariat has limited ability to directly ensure alignment by CCMs, PRs and other country stakeholders. Adoption of partner guidance ultimately depends on country priorities, capacities and decision-making processes.	
	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	The Secretariat will strengthen efforts to increase awareness and application of relevant GPC, WHO and UNAIDS guidance throughout the funding request, grant-making and implementation processes. This will include embedding key prevention guidance within Global Fund guidance materials, supporting dissemination through country engagement and technical discussions, and ensuring that emerging HIV prevention priorities are communicated to relevant Secretariat teams and the Technical Review Panel. Particular attention will continue to be given to differentiated service delivery, precision prevention and evidence-based HIV prevention approaches that support country-specific prioritization and maximize prevention impact.	

	Activities or initiatives required to achieve the intended change (including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions
		Collaborate with the Global HIV Prevention Coalition (GPC) to develop and disseminate clear, practical guidance for CCMs and PRs/SRs — including through targeted webinars and engagement ahead of GC8 funding requests — and systematically embed relevant GPC and partner guidance within the Global Fund guidance package.	Was already completed by June 2026 (1 st TRP Window).	Will be implemented by HIV advisers CRG advisers
		Disseminate GPC guidance within Global Fund secretariat	Ongoing	
		Provide regular updates and targeted GC8 FR briefings to the Technical Review Panel (TRP) on evolving HIV prevention priorities and emerging GPC guidance. This will help ensure consistent consideration of GPC-recommended approaches during funding request reviews. The last debriefing with TRP was in June 2026, at least two more are coming.	During GC8 FR. The last debriefing with the TRP took place in June 2026, and at least two more are expected.	

#	Recommendation 3	Type	Acceptance
	Global Fund Secretariat, with support from technical partners should consolidate and share lessons learned from implementing differentiated vs. integrated service delivery models that demonstrate impact in driving access, uptake, and use of biomedical HIV prevention interventions. Clear communication of the benefits and trade-offs between efficiency and access considerations can support countries to design strategies that sustain essential HIV prevention services in an increasingly fiscally constrained environment.	Critical	Accepted

	Justification for “partially accepted” and “rejected” (for critical <u>and</u> important recommendations)	Not applicable		
	Description of intended change (required for “accepted” and “partially accepted” critical <u>and</u> important recommendations)	The Secretariat agrees with the importance of systematically capturing and sharing implementation lessons to support country decision-making on HIV prevention service delivery in an increasingly constrained funding environment. Rather than considering differentiated and integrated service delivery as alternative models, the Secretariat will promote learning on how different combinations of service delivery approaches, system enablers and community-led interventions can improve access, uptake, efficiency and sustainability. Through GC8 processes and partner collaboration, the Secretariat will strengthen the use of implementation evidence and peer learning to help countries adapt proven approaches to their epidemiological context, program maturity and health system capacity.		
	Activities or initiatives required to achieve the intended change (including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions
		The HIV TAP team, in collaboration with partners, will map and analyze country experiences and good practices related to differentiated service delivery, service integration and HIV prevention delivery models. Lessons learned will be synthesized and organized by country profiles, including epidemiological context, program maturity and health system capacity, to support more relevant cross-country learning.	Date Q3-Q4 2026	

		Lead a series of Brown Bag and PHME learning sessions, including joint sessions with RSSH on integration and CRG on differentiated service delivery examples, as well as technical partners (e.g., WHO, GPC), to share case studies, implementation lessons, enabling factors and practical considerations for scaling effective prevention delivery approaches.	Q4 2026; Semester 1 and 2 in 2027	Subject to available resources, learning exchanges will be conducted through study tours, country visits or virtual peer-learning sessions.
		Collaborate with CRG, including through Trusted Access Platform (TAP) and GMD to promote horizontal learning by connecting countries with similar epidemic profiles, prevention priorities and system maturity levels to facilitate peer exchange on effective approaches for improving access, uptake and sustainability of HIV prevention services.	2027	

#	Recommendation 4		Type	Acceptance
	Global Fund Secretariat should continue supporting countries to prioritize KPs according to country specific context. Its support should continue encouraging countries to focus resources on KPs with the highest potential epidemiological impact ensuring that limited resources are directed to optimize outcomes within current fiscal constraints.		Critical	Accepted
	Justification for “partially accepted” and “rejected” (for critical and important recommendations)	Not applicable		

	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	Since the recommendation overlaps with Rec. 1, please see the response to Rec 1 above.		
	Activities or initiatives required to achieve the intended change (including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions
			Please see the response to Rec 1 above	Please see the response to Rec 1 above

#	Recommendation 5	Type	Acceptance
	Global Fund Secretariat should increase context-specific efforts to promote policies that enable KPs access to services, while CCMs should encourage, and PRs should continue, implementation of innovative KP services (such as PrEP vending machine disbursements and teleconsultation services) to reduce KP stigma and improve access to services. This is fundamental to the future success of Global Fund-supported prevention investments and should be prioritized within both national and sub-national governments and health systems, including primary health care centers. Although, it should be acknowledged that this may be challenging in restrictive policy and legal environment.	Important	Accepted
	Justification for “partially accepted” and “rejected” (for critical and important recommendations)	Not applicable	

	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	This recommendation is focused on strengthening context-specific, person-centered and stigma-free HIV prevention approaches for key populations by promoting more enabling service delivery policies and supporting the scale-up of innovative service models across community, virtual, mobile and facility-based platforms. This will be operationalized in line with the new Global HIV Prevention Coalition guidance, including the Trusted Access Platform (TAP) approach, to improve safe, acceptable and reliable access to prevention services for key populations through coordinated community, clinical, virtual and structural interventions. The Secretariat will support countries to integrate these approaches into GC8 funding request development, grant-making and implementation, with greater attention to national and sub-national barriers that limit access for key populations, particularly stigma and discrimination in the provision of health services and in primary health care settings. In restrictive legal and policy environments, support will focus on feasible, safe, context-appropriate measures to reduce service access barriers, strengthen community-led delivery channels, provide legal support and expand differentiated and discreet service options		
	Activities or initiatives required to achieve the intended change (including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions
		Integrate GPC key population guidance and the Trusted Access Platform (TAP) approach into Secretariat support for GC8 funding requests, grant-making, and implementation. The trusted access platform approach was integrated into GF guidance as well as GC8 info sessions and webinars. Promote person-centered program design that combines peer outreach, community safe spaces, virtual and mobile services, differentiated facility access, and linkages with health, legal, and social services based on context and population needs. Support will be provided through targeted investment support from HIV and CRG advisors. Support PRs and partners to develop multi-year plans that progressively integrate vertical HIV prevention services into primary health care. Through sustained	Ongoing: from GC8 funding request preparation through grant implementation (2026–2028).	Led by CRG and HIV advisers, in collaboration with country teams, CCM Hub, PRs and technical partners. Operationalization and risk mitigation will vary depending on the legal,

		community engagement, these plans should assess existing approaches (e.g., peer outreach, drop-in centers, mobile clinics, targeted facilities) to determine which should be maintained and which can be adapted for integration into broader facility- and community-based service delivery models.		policy and health system context of each country
		Support CCMs, PRs through targeted investment support and country stakeholders to identify and address service delivery and policy bottlenecks that limit key population access to HIV prevention services, particularly in sub-national and primary health care settings. This will include encouraging practical, context-specific measures such as provider sensitization and accountability, improved referral pathways, more confidential and differentiated access points, and stronger involvement of community-led organizations in program design, implementation and oversight.	Ongoing – beginning in GC8 funding request development and continuing through grant-making and implementation.	In more restrictive legal or policy environments, progress may be incremental and will prioritize feasible actions within the Global Fund mandate that navigate the legal and policy environment, reduce stigma and improve safe access to services. CRG will play a key role, working with HIV

				advisers and country teams.
		Promote and document innovative key population service delivery models that improve privacy, accessibility, acceptability and continuity of prevention services, including virtual and teleconsultation approaches, discreet product distribution modalities, community-based refill and follow-up models, and other differentiated access options where appropriate. Lessons from implementation will be used to inform country dialogue, funding requests and grant optimization.	Initial dissemination and incorporation into Secretariat support materials by Q2 2027; implementation and learning ongoing through GC8.	Implementation will depend on country readiness, digital access, regulatory feasibility, and the capacity of PRs and community partners to deliver differentiated models safely and sustainably.

#	Recommendation 6	Type	Acceptance
	Global Fund Secretariat should proactively support the monitoring of HIV prevention-related outcomes (e.g., through the POMT approaches). In countries where significant progress has been made in the rollout of the POMT, CCMs and PRs should continue support, and assess its performance and value. In the face of wider pressure of reducing MEL spending, the Global Fund should encourage	Important	Partially Accepted

	adoption of lower cost outcome monitoring approaches like those included in the POMT to help generate real-time evidence to inform prevention programming.			
	Justification for “partially accepted” and “rejected” (for critical and important recommendations)	The Secretariat supports the recommendation to strengthen monitoring of HIV prevention outcomes and welcomes the work of the HIV Prevention Evaluation Team to develop a questionnaire to better understand how POMT is being used, how useful countries find it, and how the data are being applied in program decision-making. At the same time, the Secretariat cannot ensure that CCMs and PRs continue to support and assess POMT, as these are country-led decisions. The Secretariat can, however, support countries through guidance, technical assistance and knowledge sharing. Given the growing pressure on monitoring and evaluation budgets, and the expected reduction in external support for surveillance activities, the Secretariat will encourage countries to build on existing POMT experience and consider more practical and lower-cost approaches to outcome monitoring		
	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	Evaluation findings show that, although countries recognize the importance of monitoring HIV prevention outcomes, POMT use remains uneven and often depends on external support. The Secretariat will therefore promote practical, sustainable and lower-cost approaches to prevention outcome monitoring. The Secretariat will also capture and share lessons from countries using POMT, including examples of how POMT data have informed programmatic decision-making. This will help encourage peer learning, wider uptake of POMT, and continuous improvement of the tools and guidance. The overall aim is to support countries in generating useful prevention data through routine systems, while reducing reliance on large and costly surveys.		
	Activities or initiatives required to achieve the intended change	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions

	(including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Consolidate findings from the HIV Prevention Evaluation, additional feedback from PHME colleagues supporting countries that have implemented POMT, and information from HIV incidence reduction and 12 AGYW priority countries on current and planned use of POMT. This will help identify priority improvements to the tool, technical assistance needs, and opportunities to promote POMT as a practical alternative to large and costly population-based surveys. Findings and proposed actions will be discussed through regular PHME engagement and learning sessions.	Q3 2026; Q1 2027	
		Building on implementation experience, the HIV TAP team will update and simplify POMT tools and supporting guidance to improve usability and sustainability.	By the end of 2027	
		Ensure technical assistance to countries and facilitate engagement with technical partners to support the integration of POMT into existing national monitoring systems or the transition from costly population-based surveys to more routine and cost-efficient prevention outcome monitoring approaches. Support will focus primarily on countries from the HIV incidence reduction cohort and the 12 AGYW priority countries, particularly those that demonstrate readiness to pilot sustainable monitoring solutions and strengthen the use of routinely collected data for program decision-making.	Ongoing	The scope and scale of technical assistance will depend on the availability of partner resources and/or savings generated through Secretariat-managed projects and initiatives.

		Work with RSSH, CRG and GMD colleagues to identify opportunities to integrate POMT approaches into existing national monitoring and data systems. This will include exploring links with community-led monitoring, routine service and client monitoring systems, DHIS-based reporting platforms and other country-owned data collection mechanisms to support more sustainable prevention outcome monitoring over time.	Ongoing	
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#	Recommendation 7		Type	Acceptance
	Global Fund Secretariat should work with technical partners to support CCMs and PRs to proactively plan for and prioritize structural interventions that reduce HIV risk and improve access, uptake, and use of HIV prevention options within a country's specific epidemiological or cultural context. These prioritized interventions should be integrated into future program design to safeguard the continuity of the most critical and effective structural interventions for driving HIV prevention outcomes, while also considering the current environment of limited Global Fund resources. This approach will support continuous flexibility in order to respond to politically challenging contexts that require investments to reduce barriers to accessing services.		Important	Accepted
	Justification for “partially accepted” and “rejected” (for critical and important recommendations)	Not applicable		
	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	In line with GC8 prioritization and impact guidance, the Global Fund Secretariat will support CCMs and PRs to identify, prioritize, and integrate critical structural interventions into HIV prevention programs, tailored to country-specific contexts. This aims to better address HIV risk and barriers to access and uptake, especially for key populations, while ensuring efficiency in a constrained funding environment.		

		The intended change is to embed structural interventions systematically within prevention packages, funding requests, grant-making, and implementation where they are essential for impact. This includes enabling flexibility in restrictive contexts and investing in approaches that reduce stigma, discrimination, violence, and other barriers, while supporting human rights risk mitigation and sustainable responses, including during transitions. Additionally, the Secretariat will work with partners to advance a Trusted Access Platform (TAP) approach, supporting person-centered prevention programs that integrate community, clinical, virtual, and structural services.		
	Activities or initiatives required to achieve the intended change (including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions
		Support countries, CCMs, and PRs to identify and prioritize high-impact structural interventions during funding request development and grant-making, using epidemiological, programmatic, and contextual analysis to determine which interventions are most critical to reducing HIV risk and improving access to prevention services for priority populations.	Ongoing — from funding request preparation phase to grant-making	Support will be led by HIV and CRG advisers in collaboration with country teams, CCM hub and technical partners, with emphasis on ensuring that structural interventions are appropriately prioritized alongside biomedical and behavioral prevention approaches within available resources

		Work with technical partners through platforms such as the HIV situation room, joint working group, community engagement strategic initiative coordination mechanism, SSLN and GPC to strengthen practical guidance and country support on how to integrate prioritized structural interventions into HIV prevention program design, particularly in settings where stigma, discrimination, criminalization, gender inequality, violence, or other social and legal barriers limit effective access to services.	Ongoing — through GC8 funding request development and grant-making and implementation	This will require close coordination across HIV, CRG, and country teams, and alignment with partner technical assistance to help countries adapt programming to politically and culturally challenging contexts while maintaining focus on impact and feasibility
		Work with partners to adapt and promote a Trusted Access Platform (TAP) approach for key population HIV prevention programming, and support its application in relevant country contexts as part of differentiated and person-centered prevention design. This will include using TAP concepts to inform program planning, service delivery design, and implementation support so that prevention programs are built around trusted entry points and coordinated service platforms that improve access, acceptability, continuity, and responsiveness for key populations.	Ongoing — beginning in GC8 funding request preparation and continuing through grant-making and early implementation	Implementation will be undertaken with relevant technical partners and community stakeholders, drawing on existing guidance for planning and managing HIV programs with key populations utilizing

				a trusted access platform approach.
		Support countries to document and apply lessons learned on structural interventions and access-enabling service models in restrictive or politically challenging contexts, including approaches that reduce stigma, discrimination, fear of disclosure, and other barriers affecting HIV prevention access for key populations. This will help inform more adaptive programming and allow countries to preserve critical structural elements of prevention responses when resources are constrained, including by capitalizing on catalytic investments such as the HRG SI and HIV prevention matching funds, and by mobilizing additional private sector resources to sustain and scale these efforts.	By the end of 2027	Continued collaboration across HIV, CRG, and country teams will be undertaken, as well as partner support for documentation, technical assistance, and dissemination of practical lessons across countries.

#	Recommendation 8	Type	Acceptance
	Global Fund partners should support countries to increase (1) national ownership and domestic financing; (2) integration of HIV prevention services into existing national platforms while ensuring sufficient service delivery differentiation to promote access; (3) community engagement; and (4) effective coordination of in-country stakeholders in order to support the sustainability of future HIV prevention programming, including GC8.	For partners	Not applicable
	Justification for “partially accepted” and “rejected” (for	The Secretariat agrees with the overall intent of the recommendation. National ownership and domestic financing, integration of HIV services, community engagement, and effective country	

	critical and important recommendations)	coordination are all important elements of a sustainable HIV response and are already reflected in the strategies, guidance and country support provided by the Global Fund and technical partners, including WHO and UNAIDS. However, the recommendation does not clearly specify which partners should undertake which actions, in which countries, or through what mechanisms. As partner organizations operate under their own mandates, governance structures and country priorities, the Secretariat has limited ability to direct or ensure how individual partners provide support at country level. For this reason, the recommendation cannot be directly implemented by the Secretariat. That said, the Secretariat will continue to engage partners around the evaluation of findings and proposed management actions. The evaluation results (evaluation brief and management response) will be shared with partners and discussed through existing coordination mechanisms, including the HIV Situation Room and meetings with the GPC and its constituencies. These discussions will provide an opportunity to present the Secretariat's planned actions, encourage alignment across partners, and support proactive engagement in areas where additional country support may be needed beyond the actions undertaken by the Global Fund.		
	Description of intended change (required for “accepted” and “partially accepted” critical and important recommendations)	Not applicable		
	Activities or initiatives required to achieve the intended change (including building on those already planned, under way or completed) and how they will be operationalized by which functions (required for “accepted” and “partially accepted” critical and important recommendations)	Activity/Initiative	Planned Completion Date	Remarks/ Assumptions
		Not applicable	Not applicable	Not applicable