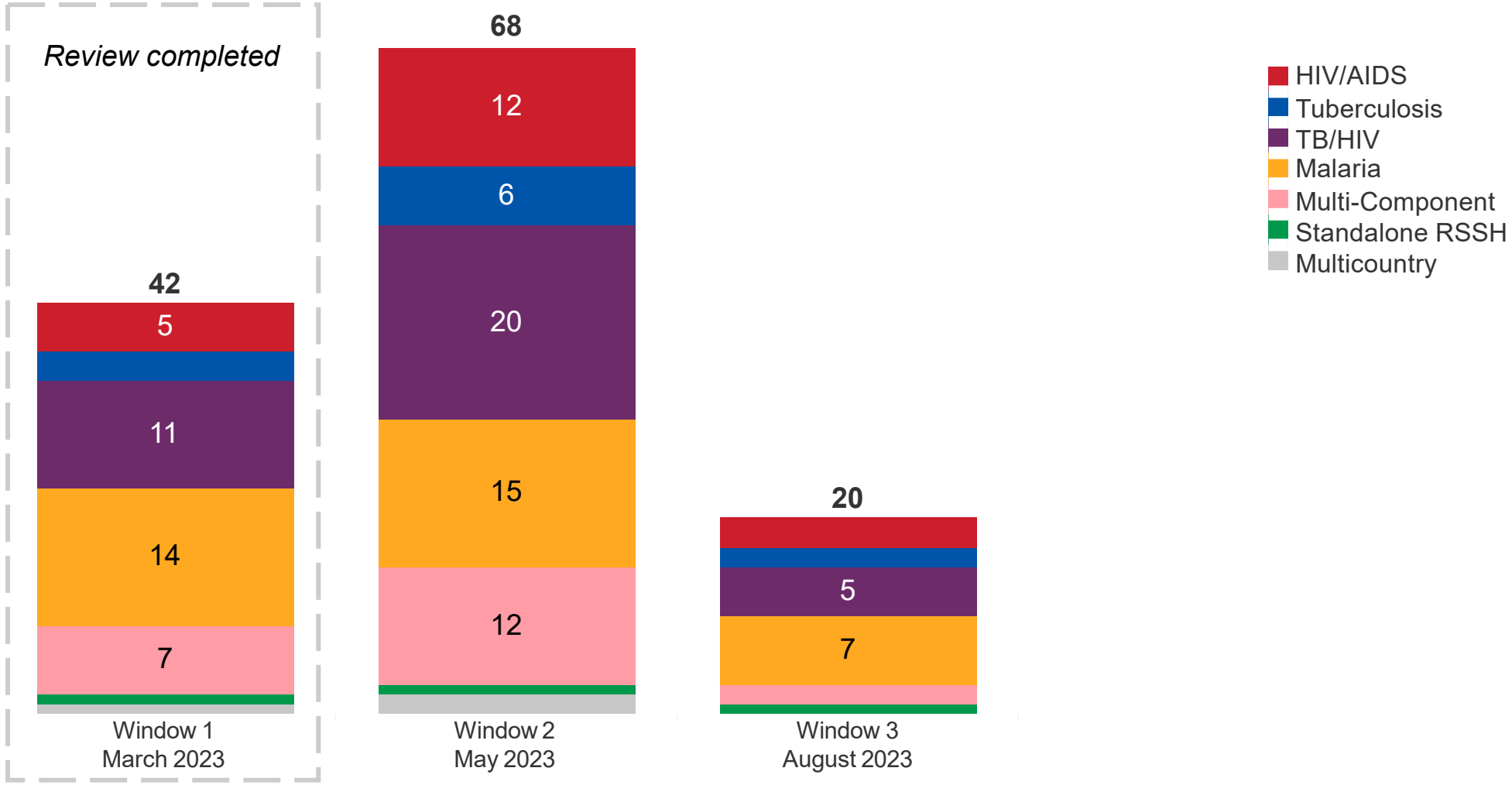
TRP Window 1 Debrief

8 May 2023

Funding Requests in 2023

Approximately 205 Funding Requests are expected in the 2023-2025 allocation period. The majority of Funding Requests for this allocation period will go through TRP review in the first half of 2023.

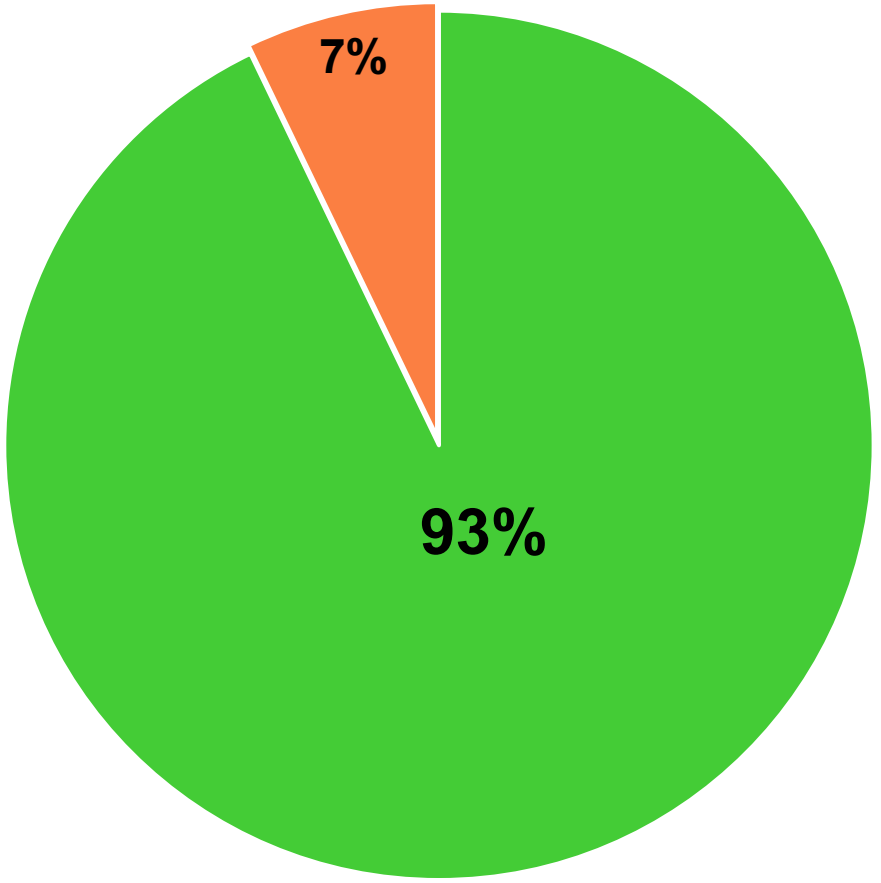


THE GLOBAL FUND

Source: GOS as of 03 May 2023

Overall TRP review outcome Window 1

39 out of 42 funding requests have been recommended for grantmaking. This represents a 7% iteration rate, consistent with the last funding cycle.



Recommended W1 funding amounts

TRP has recommended **$4.9B in allocation funding** for grant-making. This represents over a third of the funding for GC7.

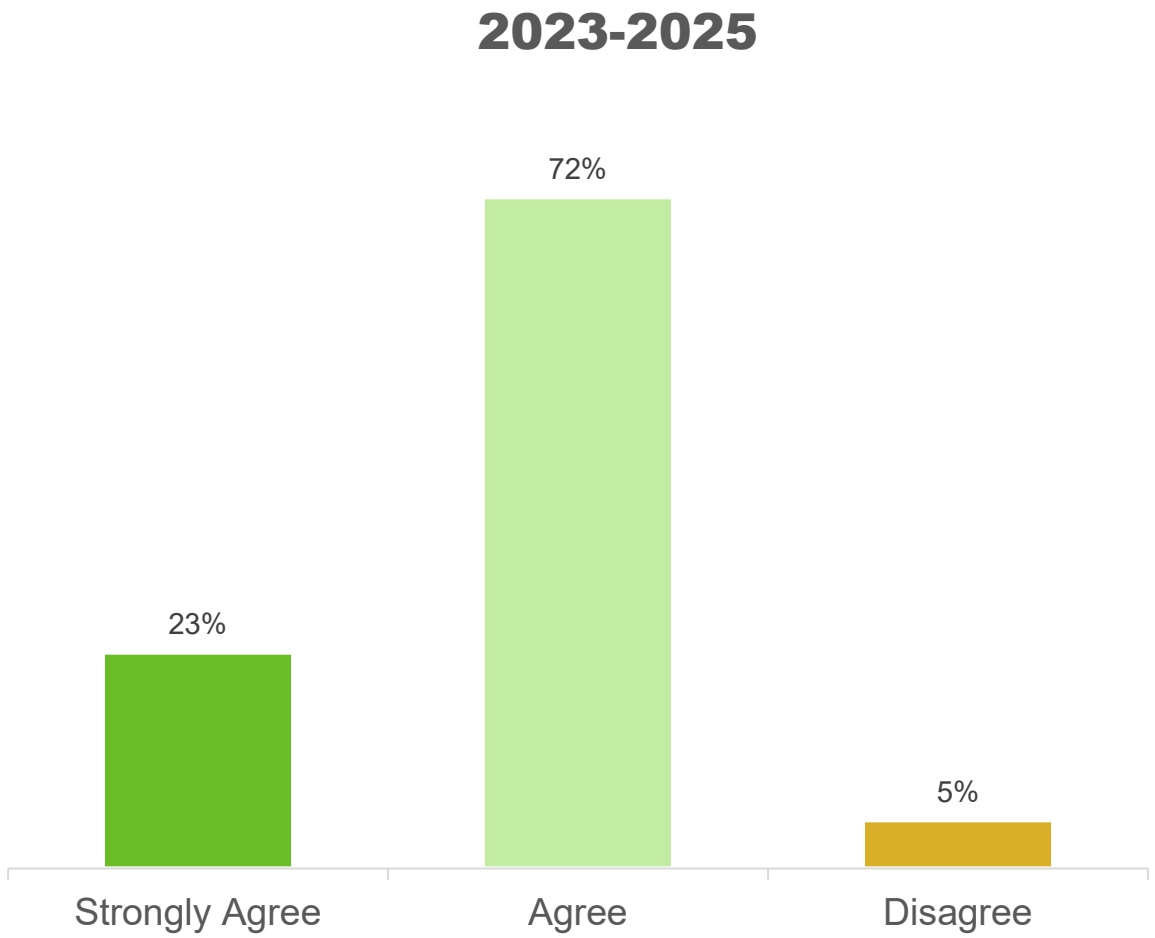
	Recommended Amount (US$)	% total communicated
Allocation	4,906,353,063	37%
Matching Funds	98,250,000	36%
Catalytic Multicountry	50,000,000	44%
Total	**5,054,603,063**	

Matching fund priority areas recommended for GM

	Requested Amount (US$)	Recommended Amount (US$)	% total communicated
HIV Prevention	18,800,000	17,800,000	36%
TB: Find & successfully treat the missing people with DS-TB and DR-TB	34,000,000	34,000,000	41%
Incentivizing RSSH quality and scale	24,000,000	24,000,000	34%
Effective community systems & responses	12,000,000	12,000,000	28%
Scaling up programs to remove human rights and gender related barriers	11,900,000	10,450,000	33%
Total	**100,700,000**	**98,250,000**	**36%**

TRP Funding Request Quality Survey: Overall

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

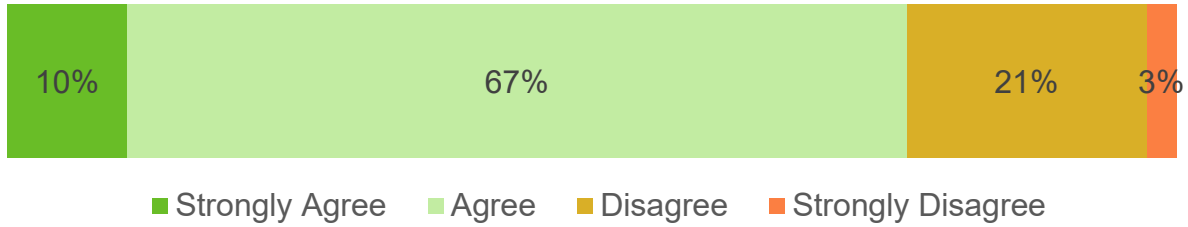


Source: TRP funding request quality survey. W1 FRs Recommended for Grantmaking, N=39

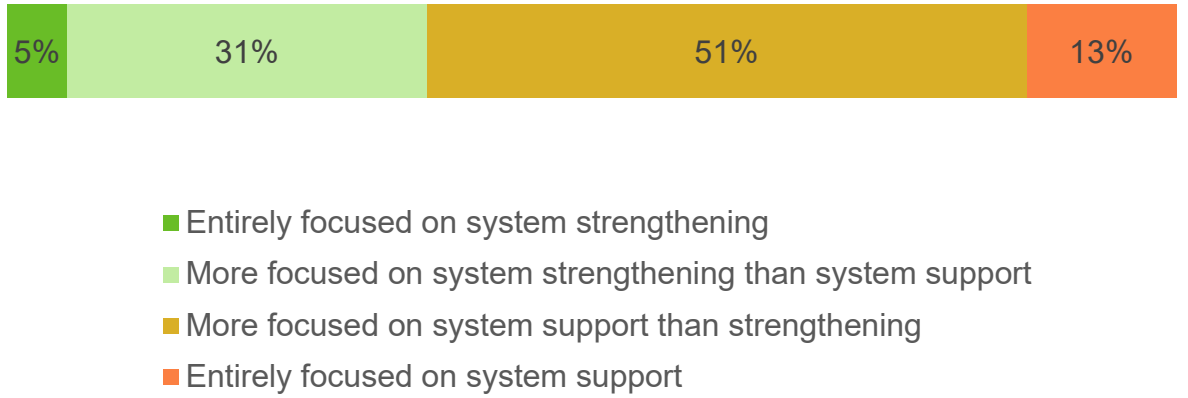
TRP Funding Request Quality Survey: RSSH

TRP observed strategic focus on RSSH in 77% of funding requests recommended for grant-making, which is higher than in the previous funding cycle. TRP assessed that 36% of funding requests are more focused on system strengthening than system support.

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



Focus on RSSH: To what extent does the funding request demonstrate focus on systems strengthening or systems support.



Source: TRP funding request quality survey. W1 FRs Recommended for Grantmaking, N=39

TRP Funding Request Quality Survey: FR Focus

TRP observed strongest focus on community systems and responses with 87% positive rating. Addressing human rights barriers has the lowest relative rating, but this 64% positive is an improvement over the previous funding cycle.

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

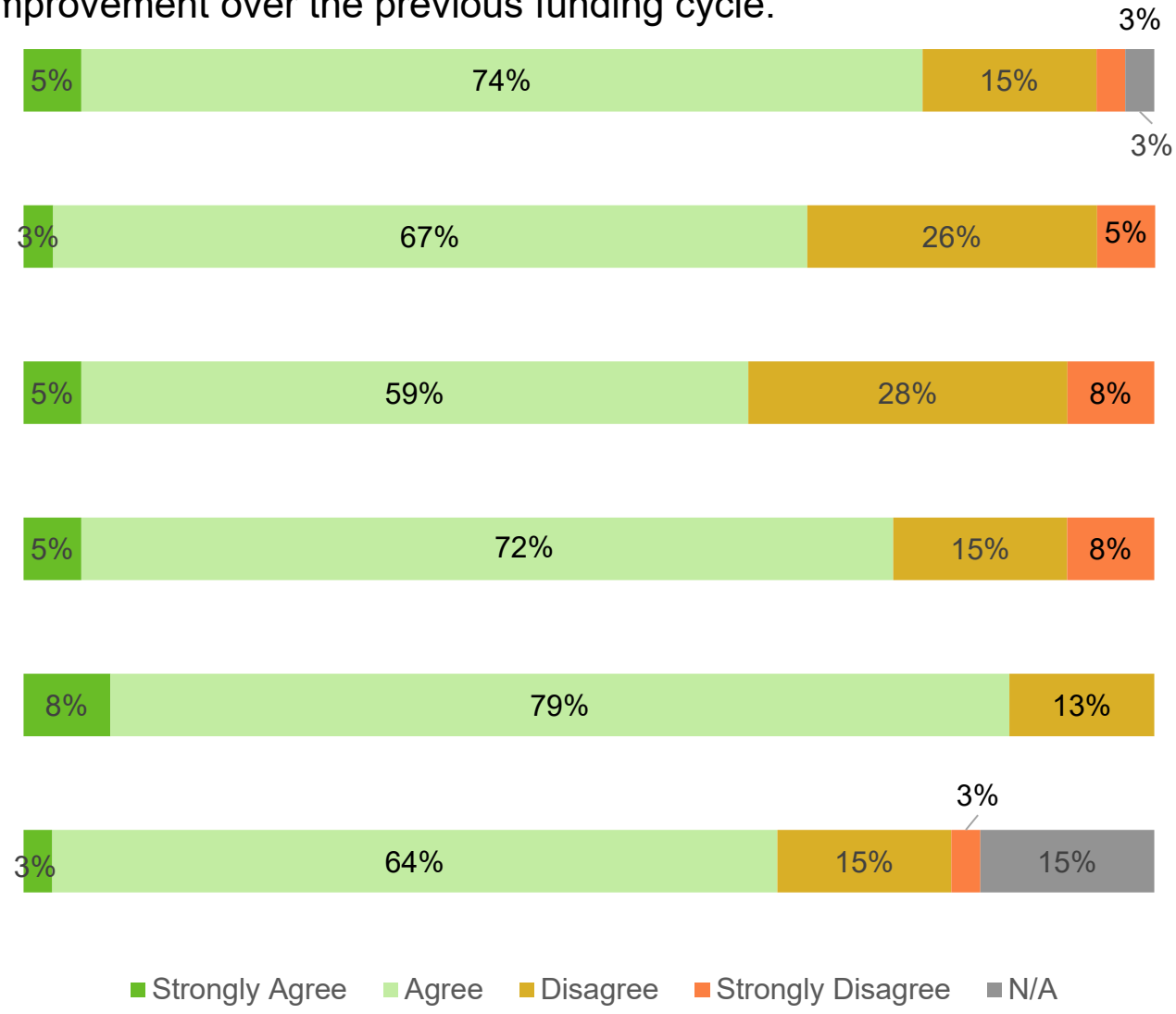
Focus on Gender: The funding request maximizes gender equality by considering and addressing gender inequalities and gender-related barriers that impact on health outcomes.

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

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

Community Systems & Reponses: To what extent are the roles of community-led and -based organizations in service delivery articulated in the funding request? (Scale of Not Articulated to Extremely Well Articulated)

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



Source: TRP funding request quality survey. W1 FRs Recommended for Grantmaking, N=39

Thematic observations and recommendations

Thematic Lesson 1 : Tough prioritization needed

Observations

- Limited resources and increasing needs. Can't be everywhere, do everything. GF allocation insufficient. Seeing "thinly spread" or "frontloaded" budgets. Seeing large PAAR submissions (e.g., much larger than 30% - some over 100%, with commodities split across allocation + PAAR).
  - In malaria: some applicants don't have enough funds to do vector control and case management.
  - In malaria there is explicit stratification guidance/TA on where to put resources, yet TRP seeing mixed results: not all countries following the guidance. All HBHI have risk stratification done; more challenges in countries that are not HBHI
  - In TB: increasing diagnoses means increasing costs for treatment, with some treatment being unfunded.
  - In HIV: Improving attempts at prioritization, limited by poor disaggregated data. Advanced HIV not being prioritized for funding.
- TRP is seeing two concerning scenarios: some applicants splitting essential investments across allocation and PAAR because the funding is insufficient. Also seeing some applicants putting "less essential" investments in allocation with core interventions in PAAR
- In financially-constrained environments with increasing disease burden – can't continue to do business as usual. TRP has seen a few examples of high-level indicators going in the wrong direction yet a lack of change in approach.
- Gaps in quality and use of data to inform prioritization: data disaggregated by gender, age, sub-populations and geography and key population data (size estimates) are often missing or underused.
- HRG assessments being done but interventions not always budgeted in allocation. Risk that equity, human rights and gender investments fall out in prioritization discussions – TRP has seen cases where they are in the PAAR instead of allocation.
- TRP has observed high management costs in the funding requests (e.g., high travel costs, HR costs, management costs) - some of the management costs are hidden in other intervention budgets
- Program Essentials framework has caused some confusion for Window 1 applicants, not helping applicants to prioritize

Thematic Lesson 1 : Tough prioritization needed

Recommendations

For Applicants

- Fundamentals first and focus on impact to save lives based on country-context and data:
  - Data for tailoring: Tailor interventions to priority and underserved populations using geographic prioritization and data disaggregated by key population, gender & age to more precisely target investments. If precision data isn't available: use qualitative data, e.g., HRG assessments, with a reality check on context and social factors.
  - Malaria: countries need to use stratification and/or available data to inform prioritization and sub-national tailoring of interventions in order to maximize coverage and impact.
  - HIV generalized epidemic: if key population data estimates are missing then use modeling and available data.
  - TB: assessments of key and vulnerable populations can support prioritization of integrated people-centered services.
  - Optimize available tools and data for assessing progress/impact. Rationalize surveys within budgetary constraints.
- Focus investments towards prioritized populations/geographies (such as Y3 case management for malaria) in line with NSPs and normative guidance to achieve PF coverage targets. Avoid putting priority investments in PAAR
- Funding requests should focus on country priorities rather than just including what they think the Global Fund and TRP want to see in funding requests. Applicants should explain on what grounds they have made trade-offs to ensure value for money.
- There is an ethical concern that not all being diagnosed are being treated. Treatment should be prioritized within allocation and progressively funded by domestic resources. Avoid using PAAR.
- TRP urges applicants to focus budgets on programs and avoid excessive program management costs.

Thematic Lesson 1 : Tough prioritization needed

Recommendations
For the Secretariat & Partners
• Technical partners should strengthen core technical teams that advise on FRs and program development to ensure fundamentals are adequately prioritized, costed and planned. Partners should assist applicants to manage trade-offs and more rigorously focus resources on appropriately tailored interventions in line with country context and normative guidance. • Technical partners should ensure guidelines are more explicit on what to do when burden and needs are increasing against the backdrop of diminishing resources, and share useful tools to help applicants avoid funding being thinly spread (not just say “prioritize”). • Secretariat should review role of program essentials in prioritization and provide guidance to applicants on how these sit within the context of global normative guidance, national strategic plans and programs. • TRP appreciates the "*Decision-Making Aide for Investments into HIV Prevention among Adolescent Girls and Young Women*" (Global HIV Prevention Coalition & UNAIDS, April 2023) which is a useful prioritization tool and recommends that this is shared with future applicants.

Thematic Lesson 2: Positive shifts in integration, but opportunities for improvement

Observations: Positive Findings

- Funding requests are better reflecting an emphasis on integration. Progress is being seen. The new RSSH annex has potential as a good tool to foster integrated people-centered services, if used well.
- Integrated funding requests or multiple funding requests from same country coming to the same TRP review window are well-received by TRP as they help to visualize where integration is happening or should happen.
- TRP saw positive examples of integration in the following areas: labs optimization, Community Health Workers, community-led monitoring for the three diseases, human rights and gender with TB/HIV etc.

Observations: Missed Opportunities

- Program Level: More coordination and synergies needed among programs.
- Disease service delivery: Further integration is desirable across three diseases, RMNCAH, sexual and reproductive health (SRH), and Primary Health Care.
- System Level: Supply chain; Data/data management systems
- Focused portfolios: challenge for integration of HIV/TB programs into PHC while retaining the tight focus on key populations
- Missed opportunities for partner harmonization and coordination at country level. Unclear whether/how technical partners are supporting countries on integration

Thematic Lesson 2: Positive shifts in integration, but opportunities for improvement

Recommendations	
For Applicants	**For the Secretariat & Partners**
• To ensure that services are people-centered, community systems strengthening components (such as community-led monitoring) need to be resourced and driven by local communities. • Applicants are encouraged to continue presenting integrated funding requests. If an applicant is developing multiple funding requests, they should be submitted in one window. • Integration presented at funding request stage should translate into implementation. CCM must oversee this. CCMs need to closely liaise with MoH and other relevant Ministries and stakeholders, including communities to develop and sustain integration opportunities.	• Meaningful harmonization and coordination is needed to foster integration within country programs. • Further guidance is needed on i) what to integrate, ii) where to integrate, and iii) why (with a focus on outcomes noting integration is not an end in itself)

Thematic Lesson 3 : Sustainability concerns: domestic health financing

Observations

- Broadly positive commitment to increasing health financing, although this is not consistent across portfolios.
- Inadequate detail in the Funding Landscape Table, with limited visibility of government and external commitments.
- Some encouraging examples of government contracting of CSOs and private sector, with room to scale up.
- Examples of planned or concluded blended (joint) financing arrangements, although without timely TRP engagement.

Recommendations

For Applicants

- Increase focus on domestic resource mobilization. In addition.
- Remove regulatory barriers that prevent public funding of local CSOs.
- Specify on where government uptake is expected over the next implementation period.

For Secretariat and Partners

- Closely track and provide greater visibility on domestic co-financing commitments and implementation to improve accountability.
- The Global Fund to evaluate its existing blended joint financing initiatives and share lessons across the Partnership.
- Secretariat and TRP to urgently agree on the arrangements for the TRP's early engagement on Global Fund's blended financing.

Thematic Lesson 4 : Community Health Workers: positive steps and opportunities

Observations

- TRP has seen a step-change in terms of interest and investments in expanding use of Community Health Worker (CHWs) across a range of countries.
- Some CHW programs addressed people-centered services within and across programs. More needed to improve harmonization of different CHW cadres.
- Missed opportunities for aligning CHW programs within the broader Human Resources for Health (HRH) policies and budgets. CHWs continue to fill critical HRH gaps, especially at PHC level.
- TRP saw some examples of assimilation of CHWs into national health workforce, however, most CHWs programs are still externally funded.
- Promising examples of digitalization of health information systems for CHWs in some countries– enabling better delivery of services and better data to capture use of services.
- Encouraging examples of safer programming for women CHW, considering the risks of gender-based violence and insecurity (consistent with Protection from Sexual Abuse and Harassment principles).

Thematic Lesson 4 : Community Health Workers: positive steps and opportunities

Recommendations

For Applicants

- Prioritize resourcing for CHWs to deliver people-centered services within the local context, applying a stronger gender lens and in line with the national HRH policies.
- Adapt CHW programming in line with the WHO Primary Health Care Operational Framework, and other normative guidance. Harmonize CHW remuneration, prioritize integrated training, and supportive supervision where applicable, and provide necessary commodities and ensure safer working conditions.
- Progressively assimilate CHWs into primary health care systems and government payroll.
- Provide mapping of CHWs across all programs and funding sources including C19RM.
- Implement interoperable digitalization of Community Health Information Management Systems to support service delivery, improve quality and monitor impact.

Technical observations and recommendations

ESSH Lesson: Mixed RSSH progress including in RSSH Priority Countries

Observations

- Integrated funding requests provided greater visibility into integration opportunities (regarding service provision, M&E, training, supervision, quality improvement and supply chain) with notable improvements in broader community systems strengthening and laboratory optimization.
- Momentum in private sector engagement including contracting across three diseases, often catalyzed by COVID-19 innovations. However, proposed interventions are often focused on advocacy, with limited attention to reporting, performance monitoring and regulation.
- Some funding requests and Secretariat Briefing Notes (SBNs) provided increased visibility to current and planned C19RM RSSH investments. However, the TRP noted possible risk of duplication between W1 grants and upcoming C19RM PO2.
- Mixed quality of the RSSH analyses (some countries conducting the analysis separately by each program) without taking a systems lens and missing opportunities to address cross-cutting RSSH gaps.
- RSSH investments are insufficiently prioritized in allocation budgets especially for PHC level, in focused portfolio and challenging operating environment countries. Most investments are in community health workers (CHW), lab systems, data management systems.

ESSH Lesson: Mixed RSSH progress including in RSSH Priority Countries

Recommendations

For Applicants

- Build on the coordination established in developing integrated funding requests and mapping investments in the RSSH Gaps and Priorities Annex to strengthen integrated programming. In addition to using the RSSH critical approaches, applicants are encouraged to adapt the WHO Operational Framework for Primary Health Care to prioritize RSSH investments at PHC level.
- Applicants planning private sector engagement should develop robust private sector engagement strategies including opportunities for integrated supportive supervision, reporting into NHMIS and capacity building as part of quality assurance/ regulatory framework.
- Applicants encouraged to continue to build community systems for health and pay more attention to addressing the broader aspects of CSS as well as increasing and optimising investments in CHWs.
- Applicants should conduct thorough mapping of RSSH elements in the approved W1 grants and planned C19RM PO Wave 2 as well as future GC7 components that are yet to come for TRP review, and make sure RSSH are really supporting the strengthening of the overall health system (including reforms in terms of governance, decentralized HRH management and financing), and not just providing one-shot or program-specific health system support.

For Partners and the Secretariat

- RSSH mapping and funding landscape analysis across all health systems pillars (beyond the current critical approaches guidance to focus on only three priorities per disease program). This will increase visibility on the gaps and opportunities for complementarity across the entire health system.
- Secretariat to consider adapting the program and funding landscape template to help capture RSSH gaps and priorities consistently.
- Provide more detailed guidance to applicants on Private Sector Engagement including definitions, best practices and examples of program design, regulatory framework and outcomes.
- Secretariat and partners to intensify support on CSS, in line with the existing Global Fund guidance on CSS.
- Secretariat and TRP to maintain greater engagement on TRP's involvement in C19RM reviews to foster improved visibility across C19RM and GC7 Window 2 reviews to optimize integration and mitigate risk of duplication of investments.

EHRG Lesson: Progress observed, with effort still needed across several areas

Observations

- More HRG assessments, including Malaria Matchbox, are being conducted. Quality varies, with too few participatory processes and meaningful community engagement. Many assessments were conducted late in the grant cycle, and findings were not used to inform programming and budgeting for GC7 funding requests.
- Essential HRG activities continue to be in the PAAR.
- Lack of coverage targets and interventions for specific populations (e.g., refugees, migrant populations). Key populations often discussed as 'one' population without consideration of differentiation between and within key populations, including gendered differences.
- The impact of social determinants which make people vulnerable was often not well articulated.
- A few applicants attempt addressing the risks to program impact related to the worsening human rights environment, with repressive legislation planned in several countries across regions.
- Few applicants have developed interventions to address the imminent threats to program effectiveness of the worsening human rights environment in several countries, with repressive legislation planned in countries in many regions.
- The new guidance on AGYW (released during Window 1) was appreciated and should inform programming. Few AGYW FRs considered intersectionality of risk and the overlapping of AGYW from key populations.
- Data still not gender and age disaggregated (even in HIV) which limits effective prioritization. Some applicants collect this data but do not use or report at national level, and it is not referenced in most FRs.
- More CLM, but with variable quality, and unclear if there is meaningful community engagement. Feedback mechanisms are often missing and support for community-led advocacy is absent, under funded or in the PAAR only.
- Where differentiated services for key populations are included some FRs overlook the need to ensure safety and protection for these populations, their clients and CSO staff (e.g., people who use drugs may need protection when they pick up OST; peer educators working with men who have sex with men need protection where there is regressive legislation).

EHRG Lesson: Progress observed, with effort still needed across several areas

Recommendations

For Applicants

- Ensure that HRG assessments (including Malaria Matchbox) are conducted in a participatory manner, early in the grant cycle and that the findings inform programming and budgeting.
- Budget EHRG interventions in the allocation, as separate modules and/or integrated within HIV, TB, malaria and RSSH modules. Avoid placing essential HRG activities in the PAAR.
- Key population programming should include activities and a budget to protect members of key populations and CSO staff against violence, legal persecution and exploitation.
- Consider interventions to address emerging legislative challenges.
- Follow recently issued AGYW guidance and differentiate services according to intersections, e.g. for young women selling sex and/or using drugs.
- Develop and implement CLM systems in line with normative guidance, ensuring that these are driven by communities, include feedback mechanisms, use data to inform programming and integrate with routine data collection systems.

For Partners and the Secretariat

- Ensure that sex disaggregation is mandatory in the Performance Framework, across all diseases in both high and core countries. The lack of these data impacts prioritization, strategic focus, the development of technically sound funding requests and weakens value for money.
- WHO and UNAIDS need to update normative guidance to request gender and sex disaggregated sex data in all reporting.

Malaria Lesson 1 : Lack of data-informed prioritization in some resource-constrained settings

Observations

- An effective strategy for prioritization, which involves sub-national tailoring of malaria interventions informed by data-driven geographic stratification, is not completed in all countries.

Recommendations

For Applicants

- All countries should strive to include a formal risk stratification to be used to inform sub-national tailoring and prioritization of malaria interventions in their funding request.
- Follow WHO normative guidance and provide accompanying rationale for the scale, type and mix of effective vector control based on the best available data on disease burden, transmission potential, insecticide resistance and trends in intervention coverage.
- Ensure all at-risk populations have access to quality malaria case management.
- Findings from Malaria Matchbox and other Gender and Equity assessments should also be deployed where they assist in identifying sub-populations that require additional focus where warranted.
- In resource constrained contexts where not all at-risk populations can be covered by core malaria interventions, it is recommended to prioritize effective vector control and access to effective case management at full coverage in the highest-burden areas to maximize impact on malaria mortality first, and then expand interventions based on sub-national tailoring to lower burden areas with available funding.
- In resource constrained contexts, the funding request should include a plan to mobilize additional resources to fill gaps so that all at-risk populations can be covered by effective vector control and case management at a minimum, followed by expansion of sub-nationally tailored interventions.

For Technical Partners and the Secretariat

- Support all countries to use data-informed risk stratification, sub-national tailoring and prioritization in their funding requests.

Malaria Lesson 2 : Stagnation and resurgence of malaria cases and deaths in some countries

Observations

- Despite continuous investments in malaria control, cases and deaths have been on the rise for the past two funding cycles in many countries. Some countries have not presented in their funding request an updated data-driven strategy to reverse these trends - *Business as usual in these contexts is unlikely to achieve impact, strategic focus or value for money.*

Recommendations

For Applicants

- All countries with stagnation/resurgence should undertake a situation analysis to better understand the underlying factors, asking for technical assistance where needed. In addition, applicants should better utilize program reviews/mid term reviews to identify factors associated with sub-optimal progress regularly and systematically.
- The following factors should be considered in the situation analysis at a minimum: changing malaria epidemiology, funding gaps and lags in program performance, trends in core intervention coverage/access, intervention failures, health system and community barriers, as well as natural, human and economic disasters that have impacted malaria program performance, at-risk populations and malaria transmission.
- Results of the situation analyses should be used to inform an updated strategy presented in the funding request to reverse these trends and maximize impact in preventing malaria deaths.
- Where resources are insufficient to carry out the full updated strategy, use the principles of intervention prioritization based on data-informed risk microstratification and sub-national tailoring, maximizing reductions in malaria death.

TB Lesson

Gaps in more systemic detection of people with DS- and DR-TB, despite investments and expanded strategies

Observations

- Most funding requests presented past and planned investments in expanding access to mWRD, digital CXR, TB-HIV collaboration, strong community TB care, active case finding interventions, and private sector engagement.
- However, progress and ambition for the detection of people with TB are lagging. Many applicants provided scanty information on TB detection at health facilities.
- More consistent implementation of community TB case finding and active case finding among key populations (children, people in prisons, IDPs, migrants, miners, etc.). However, context-specific screening algorithms were weakly presented. While most FRs plan to find children with TB, they present no information on contact investigation cascade including TB preventive treatment.
- Funding requests rarely described the use of sputum/presumptive TB registers and data use and how data from various strategies of finding 'missing' people with TB will be integrated in the analysis of diagnostic cascades and TB information systems. There was missing data on and strategies to address pre-treatment loss to follow-up (LTFU).
- Most applicants plan for HIV-TB collaboration but do not cover other TB comorbidities and social determinants, such as malnutrition, DM, smoking, silicosis, etc.

TB Lesson

Gaps in more systemic detection of people with DS- and DR-TB, despite investments and expanded strategies

Recommendations

For Applicants

- Apply cascade analysis to identify and reduce gaps in various case finding strategies, including TB detection in facilities and sub-national levels to ensure better continuum of care, including
  - where relevant, establish registers of people with presumptive TB integrating data from various entry points and approaches,
  - use rates for presumptive TB rate/100,000 population and sputum positivity rates (ie the proportion of people with bacteriologically confirmed TB out of all people with sputum examination results) to better understand quality of TB case finding services by facility and sub-national levels, and
  - establish estimates of pre-treatment LTFU.
- Optimize the use of new technologies for better detection.
- Adopt data-driven monitoring and supportive interventions for facilities, districts, etc. that are ‘falling behind.’
- Consider operational research to facilitate a selection of the most appropriate algorithm for screening and linkage to diagnosis and care.

For Partners

- Support integrated data flow from the community and population-focused interventions of finding ‘missing’ people with TB to general TB information management system (in health settings).
- Support TA and operational research to produce the cascades and define the optimal algorithms to link the community-level and population-focused approaches with TB care.
- Advance shaping the market to reduce the cost of all diagnostic technologies and new treatment regimens since the applicants face tough prioritization in the limited budget.

HIV Lesson 1 : Limited programming among key populations with the highest incidence and vulnerabilities

Observations

- There was a positive trend of more attention to key populations across funding requests.
- Still, key populations programming often lacked:
  - ambition for impact (e.g., low targets of PrEP among MSM, PrEP often in PAAR, low scale or pilot OST),
  - differentiation to diverse (sub)populations (e.g., trans and gender diverse populations, sub-groups of people who use drugs); and insufficient attention to the inter-sections between (sub)populations (including AGYW),
  - adaptations to complex policy environments and major gender inequalities,
  - alignment with guidance for evidence-based opioid substitution therapy,
  - strategies to address viral hepatitis among people who use drugs and other populations.
- Limited precision of programming among adolescent girls and young women using HIV incidence data and weak prioritization of those from key populations and with intersectional vulnerabilities.
- Some countries planned approaches to address barriers to PrEP uptake and diversify PrEP options, though missed opportunities to include vaginal Dapivirine and PrEP for pregnant and breastfeeding women remain.
- Several applicants delay adoption of key documents to inform strategic programming, establish packages of combination prevention and increase their sustainability.

HIV Lesson 2: Uneven progress to address gaps in HIV cascades and care, despite improved data

Observations

- Most countries adopted or plan adopting the UNAIDS targets of 95-95-95. Some countries with generalized epidemics show improving cascades. However, some other applicants continue to struggle with particularly poor cascades and insufficient plans to address challenges at each stage of the cascade.
- Some applicants continue to delay normative guidance such as WHO-recommended testing and diagnostic algorithms, decentralizing ART from tertiary or secondary care and insufficient planning for higher-scale viral load testing.
- Countries continue progressive use of multi-month dispensing and other differentiated service delivery approaches. However, few set up effective systems for preventing loss or reaching lost-to-follow-up and measuring/addressing treatment adherence.
- Several funding requests lacked strategies for addressing HIV care gaps among children, key populations and/or PTMCT including through greater integration with RMNCAH, SRHR, TB and primary care.
- Applicants--even those close to 95-95-95-often missed opportunities to address advanced HIV disease (AHD), including co-infections and non-communicable disease integration.

HIV Lessons :

Recommendations

For Applicants

- Increase focus on quality of key population programming, notably for people who use drugs, engaging them to adapt to complex environments and gender inequalities.
- Update AGYW programming prioritization and packages using HIV incidence data in line with the new guidance from the Global HIV Prevention Coalition.
- Follow national strategic plans and national guidelines in developing funding requests, ensuring sustainability and visibility of country-owned national priorities to external partners including the Global Fund.
- Reinvigorate focus on quality of care, treatment adherence, reaching those lost-to-follow up, and longevity, in addition to 95-95-95 targets.

For Partners

- Provide TA to countries to address challenges preventing progress towards 95-95-95 targets, especially in countries with weak points in their cascades, some concentrated epidemics and among underserved populations;
- Support visibility and provide TA to address treatment adherence, and longevity.
- For the Global Fund, technical partners and other major donors align messages, and funding policies on diversified PrEP delivery options, AHD, CD4 and management of coinfections/comorbidities in restrictive funding environment.
- Support countries to update HIV diagnostic algorithm especially in the context of the changing epidemic.